WHAT CAN WE IN CPD *LEARN* FROM OUR COVID 19 ISOLATION?

CPD PULSE POINTS—ACEHP

JUNE 11, 2020

IF YOU WANT TO DANCE, YOU HAVE TO PAY THE FIDDLER

HUMOR & IMPACT

Humor: *'When we look at commercials in **2030**, they most likely will say--Were you or someone you know ever exposed to hand sanitizers, Lysol or bleach during the **2020** coronavirus international pandemic? If so, you may be eligible for compensation!'*

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Impact of Pandemic: For every important choice we need to make in our CME/CPD worlds, there is usually a price to pay—the correct choices are usually fairly inexpensive, but **the wrong choices prove to be very expensive!**

SUGGESTIONS FOR STAFF

1. Independent Medical Education Department (IMED) office staff need to demand more ***educational outcomes data*** from educational providers who seek to obtain grants from industry
2. IMED staff need to understand the ***principles of learning and change*** and demand that CME/CPD providers design and evaluate learning activities consistent with these concepts
3. IMED staff could seek to ***contribute to the profession*** through involvement with the activities and management of the ACEhp, ACCME and/or SACME
4. (PERSONAL): ***Reconnect with old friends/colleagues*** on phone, FB, Twitter, Snap Chat. Linked-In, e-mail

SHIFT IN IMPORTANT *VALUE PROPOSITIONS*

1. **From (2007):** "Allows the company to achieve and maintain a ***position as a leader*** in health care"
2. **To:** *"Provides support of the* ***most appropriate use of medication*** *to improve the health status of the patient in certified CME/CPD activities" and helps develop guidelines for being better prepared for the next possible round of this corona virus or the next national/international pandemic!*

MOVING FROM CME TO CPD

1. **From (CME):** Focus on ***course production*** driven by an enrollment economy
2. **To (CPD):** Focus on using CPD as an integral part of healthcare systems that are ***improving healthcare outcomes*** through solving problems identified as gaps in health professional or system knowledge, competence or performance

2. PROFESSIONAL EDUCATION ORGANIZATIONS

(LIKE ACEHP, ACCME, SACME)

LIVE AS IF
YOU WERE
TO DIE
TOMORROW;
LEARN AS IF
YOU WERE
TO LIVE
FOREVER

HUMOR & IMPACT

Humor: '*You'll stay on the couch! You'll stay in your room! You'll stay in a chair for a meeting on ZOOM! You'll stay in the bathroom—a brief getaway! There are* so many places at home you will stay!'…Dr. Fauchi/Suess

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Impact of Pandemic: Self-directed learning is one of those pursuits that can help make time pass more quickly, keep your mind occupied, allow you to emerge from this pandemic **a more thoughtful person**—and helping to build professional **'learning organizations'** can better assist physicians in their quest for life-long learning

SUGGESTIONS FOR STAFF

1. Staff need to not only **help physicians learn** to provide better care to patients, but also **become better clinical educators**!
2. Take **content you have already created** and **provide it to clinicians in different ways**, based on what is most helpful to them in their current situation

SHIFT IN VALUE PROPOSITIONS

1. **From (2007):** The educational target audiences of these type of organizations are *primarily CE staff*
2. ***To:*** **Target audiences** for CPD need to include providers, physician members and **their host institutions**

MOVING FROM CME TO CPD

1. **From (CME):** Help their members and target audiences to learn using primarily **lectures to disseminate information**
2. **To CPD**: Using the most effective formats, methods and evaluation strategies to enhance learning and **help clinical learners to apply what is learned** to **their practice settings** in order to improve care

3. HOSPITALS AND HEALTH SYSTEMS

IT'S ALWAYS DARKEST BEFORE THE DAWN

HUMOR & IMPACT

Humor: *'I've spent 2 weeks hanging out with myself and I am so sorry to every person I have ever spent time with!'*

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Impact of Pandemic: Hospitals have become the front-line of this pandemic. Understanding **clinicians learning needs** during this time has to include information on how to assist them in **survival techniques, establishing medical priorities, taking care of their own health and mental health needs, communicating more effectively with their families** and the families of their patients!

SUGGESTIONS FOR STAFF

1. Finding new resources and approaches to **clinician self-directed learning** to assist Medical Staff with so little time available and the constant disease and death that surrounds them
2. **Collaborate** with other parts of health systems **to create/disseminate information about the disease** that can **assist in their learning and survival**
3. Look for other ways of **bringing the necessary science and technology** into the **daily decision making of physicians and leaders**

SHIFT IN VALUE PROPOSITIONS

1. **From (2007):** Being a '*source of CME credit for physicians'*
2. **To:** Making sure that ***the hospitals and health systems and their clinical staff are better prepared for the next catastrophic, medical emergency***

MOVING FROM CME TO CPD

1. **From (CME):** Allowing pharma and device companies to fund and suggest faculty for grand rounds activities (RSS)
2. **To (CPD): Designing grand-round activities based on problems uncovered in analyzing quality of care data** and/or to **prepare for possible future catastrophic events that threaten the entire community**

4. MEDICAL SCHOOLS

PEOPLE
DON'T KNOW
WHAT THEY
DON'T KNOW

HUMOR & IMPACT

Humor: *'This quarantine made me realize I have no real hobbies besides going out to eat and spending money!'*

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Impact of Pandemic: The ***'I don't know squared syndrome'*** is rampant across the continuum of medical education. A major goal whether working in undergraduate medical education, graduate medical education or CME/CPD—do more to ***help learners figure out what they don't know—motivation is a key to learning***, especially if you have time on your hands!

SUGGESTIONS FOR STAFF

1. Staff in Medical Schools need to work closely with departments' attempts to ***make Grand Rounds (RSS) more meaningful*** to the quality of care being given by the physicians in that department or in the hospital
2. Help Departments look at the healthcare quality data available and ***design learning experiences for their physicians*** who provide this care—they should be ***one of the most important of their target audiences***!

SHIFT IN VALUE PROPOSITIONS

1. **From (2007):** Serving as a primary source of required CME credit
2. **To:** Facilitating ***translation of institution's clinical research into its bedside clinical practice***

MOVING FROM CME TO CPD

1. **From (CME):** Lecture dominated format that is episodic and non-reinforcing
2. To CPD: *Learning based on identified gaps in knowledge, competence and performance* as an integral part of hospital/healthcare system and departmental quality improvement efforts

5. MECC’S

THE ABILITY TO FANTASIZE IS THE ABILITY TO SURVIVE

HUMOR & IMPACT

1. **Humor:** *'Gonna ask momma if that offer to slap me into next year is still on the table!'*

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2. **Impact of Pandemic:** It is very ***difficult to serve two masters*** and in this case, it is often both the clinician and the company creating medications or products/procedures—but these ***do not need to compete if your goal is to help physicians learn the most appropriate use,*** rather than just understand that the new products exist!

SUGGESTIONS FOR STAFF

1. Staff in MECC's need to **create learning activities** for physicians and other clinicians **that focus on better understanding common treatments and their benefits and risks, as opposed to availability**
2. **Create better needs assessment and outcomes reports from CPD activities to protect the interests of their own organizations, as well as the faculty and the funding sources**

SHIFT IN VALUE PROPOSITIONS

1. **From (2007):** Creating additional business opportunities for the parent company
2. **To:** Contributing to the physician learning and change knowledge base within medical education

MOVING FROM CME TO CPD

1. **From (CME):** Little evidence of impact on clinician practice or patient outcomes
2. **To (CPD):** Focus on **improving patient outcomes**

6. SPECIALTY SOCIETIES

START WITH THE END IN MIND

HUMOR & IMPACT

Humor: '*Just wait until 30 million patients all want an appointment for their annual physical!'*

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Impact of Pandemic: Staff in specialty societies are all dealing with educational products that are very expensive to produce but bring in a significant amount of the expected annual revenue. Now, live conferences and annual scientific sessions are moving to on-line versions of a sampling of the content with an opportunity for a small % of the revenue. Is it possible that the overall business model will have to change? Strategic planning will become critically important and starting that process with the 'end in mind' will be a key to that process!

SUGGESTIONS FOR STAFF

1. This process of strategic planning will probably **need to re-evaluate all content delivery systems before matching identified gaps in competence, performance or patient outcomes**. This will include many of the on-line versions of learning, as well as small group activities and large conferences for when the country and societies have recovered from the pandemic.
2. Just as countries, states, counties and cities are having to create or adopt/adapt criteria for re-opening aspects of society, **specialty societies will need to establish criteria for using available learning formats**
3. **Creation of a competency-based medical education curriculum** is the bedrock of matching gaps with content and delivery methods. Seek out staff from those specialty societies who have already created one of these to guide your efforts in this difficult, but important endeavor!

SHIFT IN VALUE PROPOSITIONS

1. **From (2002):** Brings revenue into the Society
2. **To: Links the Society's quality activities** (eg guidelines, curriculum, performance measures, registries) **with effective dissemination** of that information to the membership

MOVING FROM CME TO CPD

1. **From (CME):** Little evidence of impact on clinician practice or patient outcomes
2. **To:** Development of a **collaborative learning system** based on use of **competency-based curriculum, quality measures, multiple content delivery modalities and outcomes studies and articles**

7. STATE MEDICAL SOCIETIES

YOU BETTER GET YOUR DUCKS IN A ROW

HUMOR & IMPACT

Humor: *'Anyone else's car getting 3 weeks to the gallon at the moment?'*

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Impact of Pandemic: Clarifying the role a state medical society plays in the continuing professional development of physicians will be the most important undertaking of these providers. How can they assist local hospitals, private physician practices, and other health professionals in a meaningful way? Answering this question will require significant outreach to physicians in particular state(s) and collaboration with other CME/CPD stakeholders within a given geographic region. Post pandemic resources for these efforts will also be less than historical trends, which will require even more collaboration to be effective!

SUGGESTIONS FOR STAFF

1. Staff (if there are any) need to determine how to reach out to CME/CPD colleagues' within and outside a particular state to **better understand different models for effective interaction with state-wide practicing physicians.**
2. Looking for opportunities to **collaborate with other accredited providers** and with other health professional groups within or outside the state and with **those groups that are mandating certain CME/CPD content** for physicians within the state offer more opportunities for **providing needed learning services to physicians, especially those practicing in more rural areas**

SHIFT IN VALUE PROPOSITIONS

1. **From (2002):** Serving as a joint sponsor for providers within their state with limited educational resources
2. **To: Identifying gaps in competence, performance or patient outcomes that are unique to the state and that would require multiple CME/CPD providers to collaborate with healthcare institutions. In addition, could also provide patient care data to help identify needs and study outcomes of these collaborative efforts**

MOVING FROM CME TO CPD

1. **From (CME):** Lack of timely response to clinician learner needs
2. **To (CPD):** Focus on improving patient outcomes across the state/region, especially in the more rural areas

ONE FINAL THOUGHT…

EVERY IMPORTANT LIST HAS 7 +/- 2 ELEMENTS

THANK YOU AND STAY SAFE AND WELL