

You asked about running a CME Course..... Getting Started

This booklet is designed to help professionals who want to develop a CME course begin the process of identifying the essential elements of an educational program. Additional information on all of these subjects can be obtained through the Continuing Medical Education and Professional Development Office or by referring to the on-line resource list provided at the end. The Office of CME provides comprehensive conference support for all sizes of meetings.

The Planning Committee

Every course needs a planning committee.

Purpose

- Design the program.
- Ensure program relevance
- Develop marketing plan for program

Ideal Size

- 6-8 professionals representing both the expertise to be covered within the program and 'typical' consumers of the intended product.

Note: Bodies that assign study credits to events require that members/certificants of their organizations will not award study credits unless their members are integrally involved in the planning process. Courses designed for family physicians must have family physicians on the planning committee. Courses designed for pharmacists must have pharmacists on the planning committee.

Individual Member Responsibilities

- Bring good ideas to planning meetings from personal experience, discussions with colleagues, and reading
- Review needs assessment data
- Contact selected speakers to ensure the intent of each session is communicated to them
- Market program to colleagues

Rationale for the Course

Questions to consider

- Why do you want to run the course?
- What is the need for the course?
- What do you expect to accomplish through the course?

Financing Programs

Funding educational programs can be expensive and care and attention must be taken to avoid

- Being overly optimistic about potential numbers of attendees who can be recruited
- Charging too high a tuition fee. Tuition fees that can be charged (\$200 + per day is realistic only for skill based educational programs). Going rates are much lower (\$125 - \$150).
- Counting on pharmaceutical company largesse. Companies determine participation based on field staff availability, ability of the venue to help them reach physicians they would otherwise not reach that they want to reach, and the match of program with their marketing/business plan. Display space ranges from \$500 to \$1000 per day.
- Signing hotel contracts without a complete understanding of the implications of canceling a program or not using the classroom, meal and bedroom space originally negotiated. Should a course be cancelled, the organization may be liable for all of the costs associated with classroom, bedroom and meals. It is best to be conservative when booking bedroom, meal and classroom space.
- Having too many visiting speakers who have to be funded from the tuition revenue as the tuition fees often become sufficiently high that a program is not marketable.

Agreeing to extraordinary arrangements for one or more of the visiting speakers without considering its impact on other speakers and the tuition fee. Public sector (University) policy precludes reimbursement of Business Class Airfare.

Determining the Need for the Course

Needs assessment is an integral part of course design. Numerous techniques exist to determine needs including

- Surveys of potential participants
- Focus groups
- Clinical audits
- National clinical, health or utilization data

Course Objectives

Course objectives establish the framework for the course and guide the selection of topics and speakers. The development of objectives should consider

- Knowledge to be gained
- Skills to be acquired
- Attitudes that might change
- Practice outcomes

Target Audience

Professionals attend relatively few educational days each year. Family physicians will meet the required 50 hours per year through a variety of courses, teaching, rounds, supper meetings, and self-directed learning activities.

Learning Activities

Learning that results in change in practice is associated with the use of multiple learning formats and types. Relatively little change occurs with didactic and passive learning formats. In designing educational programs consider how you will ensure active participation through

- Small group learning
- Case based discussion
- Dyad and triad discussion groups
- Simulations
- Exercise labs

Time Lines

Twelve to 15 months is a reasonable timeline when developing programs. If the program involves calls for papers and peer review processes, the time lines will be extended.

Expect to spend

- 3-9 months (3-5 meetings) determining objectives, determining content, identifying potential speakers
- 2-3 months contacting speakers and finding replacements for those unable to speak at the time/place designated
- 4 weeks designing and finalizing brochure
- 2 – 4 months marketing program (brochure mail-out and registration). More than 4 months may be needed for 'hard to reach' participants.

Evaluation

Evaluation provides a yard stick of the courses' worth to participants and information that can be used to design the next course. In designing a course evaluation, attention needs to be paid to

- What information will be useful in designing the next course?
- What feedback will be helpful to the teachers?
- The length of the questionnaire as participants rarely complete long surveys.

Reasonable Expectations

Recruitment of participants to CME can be challenging.

- Family physician work schedules along with the courses physicians normally attend (locally, provincially, nationally and internationally) make it difficult to

attract physicians to ‘new courses’. Single discipline courses for family physicians will often attract only 30 or 40 physicians during the first few years of a course’s lifespan. Family physicians work across a wide domain of medicine and often prefer multi disciplinary educational programs over a 1 – 3 day program focused on a single discipline/clinical problem in which they may have relatively few patients.

- Attendance by specialists at local programs is dependent on their perception of the relevance of the topic, ability to change work schedules, specialty group commitment to the endeavor, and the leadership and insistence of the planning committee that their colleagues attend the program.
- Attendance of other health professionals is dependent on the relevance of the topic to their day to day work, institutional ability to cover their services, and financial issues (organizational and/or personal ability to pay).

The impact of single CME programs can be limited. The Davis et al. (1995, 1999) systematic reviews of the CME literature show that CME can have an impact on physician practice and patient outcomes. However, not all CME results in change. Needs assessment, interactive learning, multiple educational formats, and reminder/reinforcement of learning all determine course outcome. Highly didactic programs are least likely to result in change.

Resources

University of Toronto 10 Steps in Designing a Course

<http://www.cme.utoronto.ca/coursedesign/steps.html>

This site provides a step by step approach to planning CME courses.

University of Toronto, Planning Group Continuing Medical Education.

<http://www.library.utoronto.ca/medicine/med/ce/catagory-menu.htm>

This resource contains examples of needs assessment tools, evaluation tools, writing objectives and other information pertinent to the mechanics of instructional design for CME program development.

References

Davis, D., Thomson, M.A., Freemantle, N., Wolf, F.M., Mazmanian, P.E., & Taylor-Vaisey, A. (1999). Impact of formal continuing medical education. Do conferences, workshops, rounds and other traditional continuing education activities change physician behavior or health care outcomes, *Journal of the American Medical Association*, 282, 867-874.

Davis, D.A., Thomson, M.A., Oxman, A.D., & Haynes, R.B. (1995). Changing physician performance: A systematic review of the effect of continuing medical education strategies. *Journal of the American Medical Association*, 274, 700-705.