Additional CME Planning Information: as of 8/25/14

Please refer to the updated 2014 CME Application and "Steps for Joint Providership" for your review and consideration of how to plan a CME activity. This application incorporates the ACCME's accreditation requirements, policies and Standards for Commercial Support (SCS) which bases all CME activities on essentially identifying evidence-based, professional practice gaps for each activity. Below is the current Chicago Medical Society's CME mission statement which should always be kept in mind as we review CME activities. Included are examples of certain components of the CME application for your further consideration.

Chicago Medical Society's CME Mission:

The mission of the Continuing Medical Education (CME) program of the Chicago Medical Society (CMS) is dedicated to promoting improved health, quality and patient care through educational activities, in conjunction with joint providers, to the medical community of Cook County and other medical organizations both nationally and internationally. CMS is committed to providing education that enhances participant competence, performance, knowledge and/or patient outcomes. The overall goal of the CMS CME program is to advance physician competence, facilitate delivery and application of new knowledge to the identified professional education gaps.

Description of a Professional Practices Gap: *When there is a gap between what the professional is doing or accomplishing compared to what is "achievable" on the basis of current professional knowledge*.

Below is some Q & A on how our planning needs to focus on changes the CME participants (physician learners) ***competence*** (as opposed to passive learning as in past activities). In addition, examples of "professional practice gaps" are provided by the ACCME to further illustrate.

1. **Criterion #1 says, "expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program." What definition of 'competence' is ACCME using? Does it mean knowledge and skill, or does it mean the application of knowledge or skill in practice? If the later is true, how does it differ from performance?**
   In the ACCME context, we are using Miller's (1990) definition of competence as "knowing how" to do something. Knowledge, in the presence of experience and judgment, is translated into ability (competence) – which has not yet put into practice. It is what a professional would do in practice, if given the opportunity. The skills, abilities and strategies one implements in practice are performance.

   See **Miller GE.** The assessment of clinical skills/competence/performance. Acad Med. 1990; 65(9 Suppl):S63-7.

2. **In Criterion # 2, what is meant by "professional practice gap?"**
   This is an ACCME adaptation of an Agency for Healthcare Research and Quality (AHRQ) definition of a gap in the quality of patient care – where the gap is "the difference between health care **processes or outcomes** observed in practice, and those **potentially achievable** on the basis of current professional knowledge."

   The ACCME does not want to limit the scope of CME providers' or learners' educational projects. Part or all of some professionals' practices include important non-clinical, non-patient care elements which are still considered relevant to continuing medical education.
   When there is a gap between what the professional is doing or accomplishing compared to what is "achievable on the basis of current professional knowledge," there is a professional practice gap.

   See **Kaveh G**. et al, Technical Review, Number 9 , Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies Volume 1—Series Overview and Methodology, Publication No. 04-0051-1 Agency for Healthcare Research and Quality , U.S. Department of Health and Human Services Contract No. 290-02-0017, August 2004.

3. Can you provide me with some solid examples of the type of data that would be acceptable in meeting Criterion #11,"The provider analyzes changes in learners (*competence*, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions."

Through self-assessment or self-audit, the physicians in an ACCME accredited group practice might identify the following professional practice gap:

Professional Practice Gap = "We are not identifying any patients in our practice that are drug dependant or addicted and we know 10% of the people in our community are addicted." (Source: Office of National Drug Control Policy) The mission of the accredited provider includes an expression of expected results of the CME program in terms of changes in competence and performance and patient outcomes. The provider decides that they would like to, and does, develop a series of educational interventions, varying in format and content, designed to change each of competence and performance and patient outcomes - with respect to the care of addicted patients.

To assess changes in *competence*, the provider might ask the physician learner: "What questions will you ask your patients now regarding drug dependence and addiction that you were not asking before the activity?" *Note: Now we need to focus on developing active learning interventions (as opposed to passive learning objectives) for the physician learner to take back and implement with either his/her medical practice or with his/her patients*).