

Using Online Evaluation to Drive Improvement in Regularly Scheduled Series

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Purpose and Description

This poster reports our experience in the redesign and implementation of online certification and evaluation processes for Jefferson's certified Regularly Scheduled Series (RSS) CME activities.

In early 2009, a complex jointly sponsored activity led Jefferson's OCME and AISR Offices to experiment with an online evaluation process as a way manage data collection and analysis in a cost-effective, efficient, and timely fashion. AISR designed a participant database, navigation, reporting and administrative functionality. OCME conceptualized the needs, and designed questions and instructions.

Early Results of Online Evaluation

We developed an online process that

- ❖ Provided web-based access to evaluations
- ❖ Eliminated paper copies and related processing tasks
- ❖ Expanded our routine evaluation questions to collect additional activity outcomes
- ❖ Captured comments in an organized, typed fashion
- ❖ Automated the calculation of responses (% and mean)
- ❖ Permitted real-time review of data onsite at the meeting, and real time sharing of data with planners
- ❖ Provided for participant download of credit records and integration with existing record keeping systems.
- ❖ Provided significant savings in terms of personnel and materials at a very reasonable cost

We anticipated improvements in data quality, processing speed, and reduced costs. These improvements were realized. In addition, we increased response rates.

Milestones of Evolving Online RSS Processes

OCME has utilized a web-based system for certifying a managing its RSS since 2007. RSS processes now include the RSS application, session registration, COI and compliance management. Online evaluation for RSS was introduced in 2009. In FY2010 major changes across the system were introduced.

- updated the online application as part of our transition to the updated criteria
- Integrated FY09 evaluation results into the updated RSS application
- Revised the online evaluation based on first yr experience and results
- Added online reporting capability for end users for session compliance

What Changed in Our RSS Evaluation

Year 1: On the fly

We realized that we could easily

- share the results with program directors by providing a link to results on our online session registration
- show the results for ALL RSS compared to an individual RSS, so program directors could benchmark their RSS against institutional ratings

While our first year of experience with the RSS online evaluation was positive, feedback from our users led to change

Year 2: Planning for Improvement

- Clarified questions and/or reduced the number of questions
- Separated clinically-oriented RSS questions from others
- Added specific questions relating to changes in competence, performance and/or patient care

PART 2: General Evaluation of Regularly Scheduled Conference/Regularly Scheduled Series

View the [list of dates/topics/speakers](#) for FY10.

Please interpret the use of the word "practice" broadly to mean either, clinical practice, research practice, educational practice, etc. If the RSC/RSS you are evaluating is related to clinical care, please also complete Part III below.

| To what extent ... | Very High | High | Moderate | Low | Very Low |
|---|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Were you satisfied with the overall quality of this activity? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Was the content of the program relevant to your professional responsibilities? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Was the content of this series relevant to your level of expertise? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Did this series promote change in your competence (what you can do)? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Did this series promote change in your performance (what you do)? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Was your participation in this program to satisfy recertification requirements? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Were speaker presentations free from commercial influence or bias? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PART 3: For Clinical RSC/RSS ONLY

| To what extent ... | Very High | High | Moderate | Low | Very Low |
|---|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Were patient care recommendations evidence based? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Were practice tools made available to participants for use in practice? (guidelines, checklist, etc.) | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Did sessions focus on actual practice data measuring performances? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| As a result of attending this Regularly Scheduled Conference, did you: | | | | | YES NO |
| Conduct a chart audit to determine if your performance was consistent with presented recommendations. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adopt or adapt a new clinical guideline into your practice that was recommended during one of the sessions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Incorporate patient education activities that you did not do before. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you have answered yes to any of these items, please provide a brief explanation what you did. Doing so will help us document the educational value of this regularly scheduled series to the ACCME and permit to continue to grant credit for this activity.

What Changed in Our RSS Application

We enhanced our RSS application

Online applications and related processes link:

- planning to the Updated Criteria
- education about the Updated Criteria into the process
- Documentation and record keeping to the Updated Criteria

We integrated past evaluation data into the application to support RSS planning for improvement

- Planners see their past year results vs ALL Jefferson RSS evaluation results for selected benchmarks including: Quality and the promotion of change in competence, performance, patient outcomes
- Planners are required to describe improvement plans when their results are below Jefferson averages

| 5A. Examining Prior Year Evaluation Data and Identifying Improvements Needed | | | |
|--|---|---|---|
| My FY09 Annual Evaluation Scores for the following items were: | | | |
| Key Indicator (scale 1-5, 5 being highest) | Aggregated Results from ALL Jefferson RSC/RSS (769 responses) | Results for my RSC in FY09 (23 responses) | Plan for improvement (or indicate NA) |
| Extent to which RSC/RSS... Presented content relative to level of expertise | 4.34 | 4.13 | Presenters will receive more guidance regarding the level of expertise. |
| Promoted change in competence (what you can do) | 4.07 | 3.70 | Presenters will give specific recommendation on how practitioners can incorporate changes into their practice. |
| Promoted change in performance (what you actually do) | 4.01 | 3.57 | More participants will be persuaded to change their approach by presenting convincing data that validates new approaches. |
| Promoted change in patient outcomes (if applicable) | 3.86 | 3.35 | We will evaluate through departmental reviews if practice has improved and if not re-address the problem. |
| Overall Quality | 4.40 | 4.13 | The education committee will provide specific recommendations to speakers on how to improve the quality of their presentations. |

Conclusions

The evolved format of our RSS evaluation allows planners to complete their RSS applications that focus on:

- Identified areas of needed change
- Implementing strategies to meet educational goals
- Meeting the needs of the intended audience
- Promoting a change in practice

By combining 2 online processes (evaluation/recertification) we made it easier for the RSS applicant to view and react to their results. If needed, we require they develop improvement plans. This allows the OCME to monitor the application status and demonstrate compliance with Updated Criteria.

Changes in online RSS processes have been cost effective. Since initiated, online RSS evaluation in early 2009, including completely revised and integrated RSS set or processes, programming and maintenance cost has been approximately \$1300 using Jefferson AISR Office capabilities.

This process improves documentation that our RSS have an impact on competency, performance and/or patient outcomes. RSS applicants are enriched as we work with them to complete the process.