

An Online Commitment to Change Project: Report on Initial Experience

Vaughn Wurst, BS¹, Pauline Sylvester, MBA¹, Christopher D. Braster, BS², Jeanne G. Cole, EdD¹
¹Office of CME (OCME), Jefferson Medical College; ²Academic & Instructional Support & Resources (AISR), Thomas Jefferson University, Philadelphia, PA <http://jeffline.jefferson.edu/jeffcme/>

Purpose

To enhance the effectiveness of a CME symposium and positively impact physician practice and improve patient care, we developed a Commitment to Change (CTC) reinforcement tool and follow up process. Since 2008 the Jefferson Medical College Office of Continuing Medical Education (OCME) has employed an online process for evaluating CME activities. Based on our success with online evaluation, we decided to incorporate a commitment to change (CTC) process into the online evaluation as a pilot.

Methods

Our standard online post-conference evaluation was modified to include questions specific to the CTC project and was piloted with an annual Cerebrovascular Conference. Meeting attendees were given an option to participate in the CTC project which consisted of 2 Stages. All attendees received a follow up survey six months post conference. Those who opted in were asked questions regarding the implementation of their indicated change; those who did not opt in were asked to assess the impact of the activity in changing their practice based on the stated learner objectives.

ONLINE PROCESS

STAGE 1: Online Program Evaluation w/CTC Project

Commitment to Change Project

Participants can earn one additional continuing medical education credit by participating in the Commitment to Change project. To earn this credit, participants commit to a specific action plan for improvement in their own practice, and must report back on their success. There is no additional fee for this project. While additional continuing nursing education contact hours are not available for this project, nurses are welcome to participate in the Commitment to Change.

We will contact you **6 months (September 2010)*** after the conference for a follow-up survey. Would you like to participate?

- Yes
 No

30 (17%) of the 170 conference attendees indicated they would participate in the CTC Project during Stage 1

A required Yes/No field permitted easy sorting for future communications

Action Plan

In the space available, describe below **one specific activity that you plan to carry out in your education or practice setting**, based on the information you have learned today.

My commitment to making this change is

- Very high
 High
 Moderate
 Very Low
 Low

*NOTE: The intention of the CTC Project was to conduct a 6 Month follow-up to all the participants. However, the development of the follow-up survey questions and the creation of the reporting function delayed the distribution for two months

OPT IN: 6 Month Follow-up

Following the conference, all attendees who **opted in** and provided an Action Plan were sent an email thanking them for their participation in the pilot and inviting them to provide feedback on their progress in implementing the indicated change.

ONLINE PROCESS

STAGE 2: 6 Month Follow-up Survey

As part of the evaluation process for the March 2010 Cerebrovascular Update held in Philadelphia, you indicated you planned to make changes in your practice. Please complete this brief survey to report on your progress in making changes in your practice.

In the conference evaluation, when asked what one specific change you intended to make in your practice as a result of attending the conference, you indicated the following:

"Implement more aggressive acute stroke treatment"

The responses provided by the participants during Stage 1 was filled in automatically for Stage 2

1. Did you initiate the change you specified?

- Yes
 No

If the answer to this question was "Yes", participants were given an additional set of questions.

a. Rate the Extent of Implementation of this change.

- <25% completed
 25-50% completed
 51-75% completed
 76-99% completed
 100% completed

b. Do you believe your decision to change or try to change this practice influenced any of your colleagues in your practice environment?

- Yes
 No
 If yes, how?

c. Did you make any other changes in your practice as a result of participating in this conference?

- Yes
 No
 If yes, specify?

All participants were also asked about any barriers encountered to making their change as well as any additional resources used to further their knowledge of the topics, or support taking action on new knowledge. Upon submission of the survey, participants were given links to access relevant guidelines for stroke care.

OPT OUT: 6 Month Follow-up

Following the conference, all attendees who did not participate in the CTC pilot also received a follow up survey asking them to rate the extent to which they made a change in their practices as it related to the stated learner objectives.

ONLINE PROCESS

Below are the Learner Objectives from the activity. For each one, please indicate if you made a change in your practice as it relates to the objective listed.

Assess the epidemiology and the risk factors for stroke, and implement preventative measures to reduce the risk of primary and secondary stroke	If yes, how successful were you in implementing the change?		
	Yes	No	Not applicable to my practice
	Very Low		
	Low		
	Moderate		
	High		
	Very High		

Results

OPT IN: Of the 30 participants who opted-in to the project, 5 (17%) completed the follow-up survey (1 MD, 4 Non-MD's).

- 1 participant fully implemented practice change
- 3 others indicated a implementation rate of 25%-99%

Changes implemented: More aggressive stroke treatment; Improved documentation of the use of IPA

OPT OUT: 140 other participants were contacted. 13 (9%) completed the follow up survey (all non MDs).

Changes related to objectives: Responses indicate that participants made a change related to 6 of the 10 stated Learner Objectives. (a Not Applicable option was provided)

Barriers Identified: "Few nurses are able to attend stroke rounds due to the high volume and acuity of the patients and the need for more relief staff"; "Increased volume of patients who embellished their complaint in order to be advanced in the triage protocols"; "People who don't feel well are more apt to be compliant and people who do feel well tend to slack off on their follow ups and medication regime."

Other resources accessed : Standard Textbooks; Peer Reviewed Journals; Web-Based Resources and Clinical Guidelines

What We've Learned

- Using online resources for a CTC Project allows for easy enrollment by participants and provides an efficient way for CME administrators to track and analyze the information provided
- Too long of an interval between initial evaluation and follow-up can negatively effect continued participation
- Reminders are needed in between the initial evaluation and the follow-up survey to encourage participants to actively work on their action plan
- Reminders also serve as reinforcements of the need for participants to actively think about performance improvement, and could contain links to additional resources
- Separating MD's from Non-MD's is needed for analysis
- Color coding to show MD v Non-MD responses useful

How We Applied What We Learned

- A revised version of the CTC Project was used for an Anesthesiology conference which asked participants to provide changes they will make in their practice on a topic by topic basis. This allowed for more focused responses to the question of intended change; we will follow up with all who responded
- For the most recent Cerebrovascular Update Conference we shortened the interval to 4 months to increase follow-up participation
- To better quantify data results, all future online CTC projects will ask participants to identify their role, (e.g., MD, RN, Admin., etc.)