

Chair/coordinator: Duplicate as needed



## CME Participant Quarterly Impact Study

CME Event Effectiveness Policy 9/01/2000

Form updated 9/17/ 2008

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Overall, did this event/Regularly Scheduled Series deliver what you came to learn?

Yes?  Comment: \_\_\_\_\_

No?  Comment: \_\_\_\_\_

2. List an example of something you learned that can be applied in practice: \_\_\_\_\_

3. What is your professional practice gap educational need that can be addressed by this CME activity? *Ask yourself – Is the need a gap in my clinical knowledge, competence, performance? Could it be a combination of all three?*

*See examples of Desirable Physician Attributes-next page*

Comments: \_\_\_\_\_

4. How have these CME educational experiences helped you in fulfilling your:

Clinical knowledge/competence-Explain: \_\_\_\_\_

Clinical performance –Explain: \_\_\_\_\_

Patient outcomes –Explain: \_\_\_\_\_

5. What degree of confidence do you have that you will apply your “new” learning into your practice?

100%  75%  50%  25%  0%

4. Would you recommend this event to colleagues?  Yes  No.

5. What did you dislike about this event?

\_\_\_\_\_

6. Future topics needed? \_\_\_\_\_

*Validation of the Clinical Content of this Event (required by policy no. 2002-B-09, effective 8/30/2002)*

7. Do you feel that the recommendations involving clinical medicine made by presenters at this event are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindication in the care of patients?  Yes

No. If No, please explain:

\_\_\_\_\_

8. Do you feel that any scientific research referred to by presenters in support of this event or patient care recommendations conform to the generally accepted standards of experimental design, data collection and analysis?  Yes  No. If No, please explain:

\_\_\_\_\_

9. Do you feel that this event promotes recommendations, treatment or manners of practicing medicine that are not within the *definition of CME*, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients?  Yes

No. If Yes, please explain: \_\_\_\_\_

**Return to the Event Chairperson.**

**CME Definition:** CME consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services for patients, the public, or the profession. CME represents that body of knowledge and skills generally recognized and accepted by the professions as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.



**Some Examples of Desirable Physician Attributes (Criterion #6)**

<b>Institute of Medicine Core Competencies</b>	<b>ACGME/ABMS Competencies</b>	<b>ABMS Maintenance of Certification</b>
<p><b>Provide patient-centered care</b> – identify, respect, and care about patients’ differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health</p> <p><b>Work in interdisciplinary teams</b> – cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable</p> <p><b>Employ evidence-based practice</b> – integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible</p> <p><b>Apply quality improvement</b> – identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality</p> <p><b>Utilize informatics</b> – communicate, manage, knowledge, mitigate error, and support decision making using information technology</p>	<p><b>Patient care</b> that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health</p> <p><b>Medical knowledge</b> about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care</p> <p><b>Practice-based learning and improvement</b> that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care</p> <p><b>Interpersonal and communication skills</b> that result in effective information exchange and teaming with patients, their families, and other health professionals</p> <p><b>Professionalism</b>, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population</p> <p><b>Systems-based practice</b>, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.</p>	<p>Evidence of <b>professional standing</b>, such as an unrestricted license, a license that has no limitations on the practice of medicine and surgery in that jurisdiction.</p> <p>Evidence of a <b>commitment to lifelong learning</b> and involvement in a periodic self-assessment process to guide continuing learning.</p> <p>Evidence of <b>cognitive expertise</b> based on performance on an examination. That exam should be secure, reliable and valid. It must contain questions on fundamental knowledge, up-to-date practice-related knowledge, and other issues such as ethics and professionalism.</p> <p>Evidence of evaluation of <b>performance in practice</b>, including the medical care provided for common/major health problems (e.g., asthma, diabetes, heart disease, hernia, hip surgery) and physicians behaviors, such as communication and professionalism, as they relate to patient care.</p>

For more information on these physician attributes, visit:

<http://www.iom.edu/CMS/3809/4634/5914.aspx>

[www.acgme.org](http://www.acgme.org)

[www.abms.org](http://www.abms.org)