



Pennsylvania  
**MEDICAL SOCIETY**  
*Doctors and Patients. Preserve the Relationship.*

# A Toolkit for Overall Program Evaluation and Improvement

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# Overall Program Evaluation and Improvement Toolkit

## Introduction

This toolkit is not intended as a prescriptive document outlining required components of an overall program evaluation. Rather, it is intended to be an educational resource which includes suggestions and ideas that could help strategically evaluate your program of CME. This could be of immense value to the administration of your organization as well as having value to demonstrate compliance with the CME accreditation requirements.<sup>1</sup>

The information in this resource is divided into four steps and designed to answer the following questions:

- Step 1 – What kind of data could be collected?
- Step 2 – Who could be included in the overall program evaluation?
- Step 3 – How might a provider conduct an overall program evaluation?
- Step 4 – Who might want to see the review/evaluation?

In addition, two reference worksheets are included at the end of the guide to help facilitate the evaluation and improvement process.

So let's get started...

## Step 1: What kind of data could be collected?

### I. Data on Activities

#### A. Type and Number of Activities<sup>2</sup>

When considering the type of activities offered in a program evaluation, you should review all the CME activities accredited by your organization, including joint sponsored activities if applicable.

This section might also reference any program expansion or retraction information such as increase or decrease in the number of total activities or increase or decrease in types of activities, etc.

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<sup>1</sup> *The ACCME's 2006 Accreditation Criteria include four criteria related to overall program evaluation and improvement. **Criterion 12** requires a provider to gather data or information and conduct a program-based analysis to determine how well the organization has met the CME mission based on the individual activities the organization has accredited. As part of the CME mission review process, a provider should also consider whether potential improvements or changes to the organization's CME operations (related to planners, faculty, infrastructure, methods, resources, facilities, individual activities, evaluation, etc.) are needed to help the organization better meet the CME mission. This process of identifying improvements or changes is **Criterion 13**. When a provider then puts the changes or improvements into motion or the changes/improvements are completed, the provider has addressed the requirements for **Criterion 14**. The final criterion, **Criterion 15**, requires a provider at some point to then assess how effective the changes/improvements they implemented really were, if at all, in helping to meet the CME mission.*

<sup>2</sup> The annual report required by the Pennsylvania Medical Society which is filed each year through the ACCME Online Provider Database contains this information.

B. Target Audience

This can be gathered in several ways. Often this is reported by activity, which is most common, or by specific group of physicians/healthcare providers, which is less common. Examples of gathering data by group could include primary care, specialists/sub-specialists, general medical staff, departmental staff (ER, OB, cardiologists, surgical staff, etc.), committee members, and individual physicians (self-directed learning).

This section might also reflect information regarding increase or decrease in physician participation in any areas such as types of activities or online learning, etc.

C. Attendance<sup>2</sup>

Both physician and non-physician attendance should be considered.

If not included under Target Audience section, this section might also reflect information regarding overall increase or decrease in participation in any areas such as types of activities or online learning or by physician and non-physician demographics, etc.

D. Total Credit Hours Awarded<sup>2</sup>

This can be compiled either grouped by types of activities or as a final annual total.

E. Major Content Areas

The programs could be categorized in a way that is most applicable to how your mission statement addresses content (*medical knowledge, specialty topics, skills, risk management, ACGME/ABMS competencies, communications, core measures or other quality initiatives, public health topics, etc.*) so that you can easily compare content areas referenced in the CME mission to actual content areas covered by your activities.

F. Trends in Evaluation and Change Data

This area involves the most thinking. You could consider questions such as:

- Does your evaluation data consist of solely activity evaluation forms?
- What information are you collecting through the evaluation forms?
- If you utilized open-ended questions on an evaluation form, what is your analysis of the data collected?
- Do you have data from other departments' pre/post activities for comparison?
- Are you measuring data corresponding to changes in physician competence or performance, or patient outcomes?
- How are you measuring for changes in physician competence or performance, or patient outcomes?
- Has the PI department identified any evidence of change in the organization?

Examples:

- use or avoidance of specific treatment, medications, or other intervention;
- reduction in outliers;
- reduction in number and type of medical errors;
- demonstration of knowledge retention;
- use of new strategies or tools
- compliance with specific regulations, requirements;
- improved or earlier recognition of conditions, etc.

G. Other components of CME **activities** about which a provider may have data or information:

Effectiveness of faculty <sup>3</sup>	Factors identified that impact on patient outcomes
Incorporation of adult learning principles <sup>3</sup>	Independence
Format in support of desired results	Use of non-educational strategies
Content matched scope of learner practice	Format supports desired results
Strategies to address barriers to change	Link to framework for QI

II. Budget Data<sup>3</sup> - The following information is fairly standard for every program. It breaks down the costs of producing the activities. A summary of the items related to actual dollars for income or expenses is already required as part of the Annual Report so a provider could choose to repurpose this data for the overall program evaluation .

A. Expense Evaluation

1. Speakers
2. Meals (luncheons/breaks)
3. Staff (salary & benefits for both full- and part-time employees)
4. Supplies/Postage/Printing
5. Advertisement/Marketing

B. Income Evaluation

1. Institutional Support
2. Commercial Support
3. Registration/Advertising income
4. Trends - How has the income component changed over the recent past and how is it expected to change?
5. Evaluation of the appropriateness of fees that are assessed  
This requires a reflection on whether you are charging too much, too little, or appropriate fee. Look at the attendance, the costs of the program, and competitive venues.
6. Average costs per program  
This information allows the committee and institution to better place value on the various activities. It also allows for budgeting for future programs. It can also be broken down into cost per attendee per program or cost per targeted attendee per program

III. Types of information related to the CME program as a whole

A. Changes/Revisions in Program Processes, Policies, or Staff<sup>4</sup>

On a yearly basis the Committee could report what, if any, changes have been made to the CME Program. This could reflect a range of information such as process changes or staffing changes to new activities. It showcases what the Committee has been doing. Ideally this report would also include identification of deficiencies and changes made to correct them.

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<sup>3</sup> Not an accreditation requirement

<sup>4</sup> Also useful for Criteria 13-15

B. Growth and New Initiatives

Compile a list of proposed new activities or initiatives as well as the origin of the practice gaps/needs assessment for each.

C. External Collaboration<sup>5</sup>

Did you accredit any activities that resulted from any new or revised collaboration with external stakeholders or community resources? If not, are there any external entities that you might want to work with that would be to the benefit to the CME program?

D. Barriers and Factors Impacting CME

**Was there anything happening outside of healthcare that could impact CME?**

Examples may include:

- The shifting demographics in your community – baby boomers retiring
- Changes in culture, demographics, literacy rates, etc. in your community
- Changes in Internet, electronic media use and expectations for use
- Recent economic struggles – increases in unemployed and uninsured population
- Public perceptions concerning malpractice legislation reform in PA
- Changes in healthcare legislation and healthcare reform

**What is happening within the healthcare industry that impacts CME?** You could look within the healthcare industry for key issues that may impact CME and your program.

Examples may include:

- Shifts from inpatient to outpatient care
- Increased competition from specialty practices setting up outpatient services as businesses
- Reimbursement issues
- Act 13
- Electronic medical records and privacy
- JCAHO, Department of Health, State Board of Medicine, PMS, other regulatory organizations
- Evidence-based medicine
- Pharmaceutical industry in general and in relation to CME
- Research, current practice, accreditation standards for CME
- Health professional labor issues

Were potential barriers to physician change identified as a result of any of the accredited activities? Were the barriers internal or external? Did the CME program and/or the activity planners consider other opportunities to address these barriers?

E. System-Based Practice and Integration of CME

**What is happening within our organization that impacts CME?**

What are organizational key issues that may impact CME? Examples may include:

- Relationship of physicians/medical staff to organization (politics)
- Medical staff requirements, credentialing, board certification
- Financial, operational, and other health of the organization
- Physician involvement in PI, administration, and other key functions of the organization
- Continuum of care and services provided by organization

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<sup>5</sup> Also useful in Criteria 16-22

- Key issues, strategies, initiatives, focus, mission, etc. of the organization
- Community/stakeholder/organization issues

Were there any internal committees or resources that you worked with or could utilize to the benefit of your CME program? Did any of your CME activities utilize non-educational tools and resources to supplement the CME sessions? Did your CME department reach out to other departments and/or joint sponsors to improve communication and understanding?

Could you provide an overview of CME ties to organizational mission/strategic initiatives?

Another option – are there other reference, educational and performance-based ties within the organization? Physicians may be engaged in other significant learning outside the CME program that may be important to mention or create linkages. For example, if your institution pays for a service like UpToDate where the physician earns CME (provided from UpToDate – not your institution) for just referencing point of care information in the hospital.

## **Step 2 – Who could be included in the evaluation?**

### **I. Departments**

All Departments or groups producing Category 1 activities can be involved in providing data and perhaps feedback for the Evaluation. You may want to include not only medically related departments, such as Surgery, Nursing, etc., but also administrative such as Quality Improvement, Planning & Marketing and Training & Development.

### **II. Committees**

Committees providing data to the CME Committee for practice gaps/needs assessment, this may include any or all of the following:

- |                       |                              |
|-----------------------|------------------------------|
| - QI                  | - Medical Executive          |
| - Infection Control   | - Legislative Affairs        |
| - Transfusion/Tissue  | - Board of Directors         |
| - Pharmacy            | - Physician Staff Committees |
| - Utilization         | - Patient Representative     |
| - Library (Librarian) |                              |

In some cases, you may have physicians on the CME Committee or leading key CME activities that serve on some of the committees referenced above. These physicians could represent both the CME committee and the other committee and in many cases, may be a great asset because they represent both the external and CME committee and can really tie the two together. Thus you don't have to make special provisions for the PI committee, for example, when you may have a physician on your CME committee who also sits on that group.

### **III. Support Groups**

All groups of people that support the CME program can be included in data collection and evaluation including, but not limited to the following:

- A. Administrative and Secretarial Staff
- B. Dietary and Food Services

- C. Medical Photography/Printshop
- D. Patient Support Groups

### **Step 3 – How might a provider conduct an overall program evaluation?**

*Every provider is required to complete the overall program evaluation and improvement process at least once during the accreditation term. However, many providers conduct a formal evaluation on an annual basis because they find it easier to compile and manage data from a smaller timeframe.*

*The outline below is a hybrid of some practices being used in various programs around the state. The outline presents a potential strategy for proceeding but these practices are not required steps per the criterion. There are many other variations and options to consider when pursuing an overall program evaluation process; providers need to develop a process that is appropriate for their needs and resources.*

- I. Prepare the Annual Report for the Pennsylvania Medical Society
  - A. Data Collection - this gives you and the committee some data concerning the activities and costs of the program for the calendar year.
  - B. Compilation of Report - preparing the report is usually completed in January or February due to reporting deadlines from the Medical Society
- II. Collect Other Data
  - Identify other data needed for assessing the overall performance of the program over the past year. Examples of data to be collected are outlined in Step 1 of this Toolkit and can include information regarding finance, evaluations, outcomes, attendance, changes in competence or performance, changes in committee or CME program, collaboration, barriers to change, and system-based practices. Try to reach out to as many of the Stakeholders identified in Step 2 above and incorporate their input.
- III. Format and Time Frame - Determine the format and date for in-depth evaluation
  - A. Format
    - 1. The format can be as simple as an extended meeting or can be a half-day “retreat” by the committee
    - 2. A worksheet or fact sheet is needed to guide the discussion. Review materials should include the data collected above for Item I “PAMED Annual Report” and Item II “Other Data” presented in a clear format.
  - B. Time Frame Options
    - 1. Academic Year - since many programs follow the academic year, this is best done about four or so months before the “new year” for CME activities.
    - 2. Fiscal Year - there are some programs that follow the fiscal year and so this meeting would be helpful before the budget is due.
- IV. Review the Mission
  - A. Evaluation - At this point, an analysis and comparison occurs using the data that has been collected and the Mission Statement of the CME Program.
    - Did we fulfill our **purpose**?

- Did we cover the **content** we wanted?
- Did we attract the **target audience** we were after?
- Did we use the **types of activities** we intended?
- Did we achieve our **expected results** of changing competence, performance, or patient outcomes?

Based on your analysis, is your current overall program fulfilling your CME mission expectations? Do you need to make changes to your “programming” to meet your CME mission or do you need to amend your CME mission to accurately reflect the direction of your CME program?

- B. Application - This review is a logical outcome of the evaluation process, and results in a “based on the data, it looks like we need to \_\_\_\_\_ next year” kind of thinking.

#### V. Outcomes

- A. Key Outcomes - determine key outcomes across the program; this is the core of the meeting and addresses general or specific improvements
- B. Processes - a second focus is on the administration of the program and can include processes the committee uses, the way the program is administered, record keeping, joint sponsorship issues, commercial support.

#### VI. Written Summary

- Many providers choose to prepare a written summary to evidence compliance. If you choose this route, you can make the overall program evaluation summary available to stakeholders, as appropriate (see Step 5 of the Tool Kit). Physicians might just be sent a “Wow!” email while the medical staff committee and administration may be sent a summary of the financial and impact analysis.

#### VII. Planning for Next Year (C13-15)

- Use the report as basis for planning for the overall program for the coming year. As you outline key outcomes and activities for the coming year, what changes and improvements have you identified as necessary to either the CME mission or to the programming? What steps are necessary to implement these changes, who will be involved or responsible for implementing the changes, and how or when will these improvements be measured in the future?

*The actual data collection for Items I and II could be an ongoing process; some institutions do a quarterly report to the committee and key stakeholders. In these instances, they base the data collection on key variables being tracked for the year to determine performance and improvements made. Sometimes committees adjust practices, but forget to document that this action was an attempt to improve a process based on data received as part of an ongoing overall program evaluation.*

#### **Step 4 – Who might want to see the review/evaluation?**

After the report is developed, it could be circulated to key constituencies in the organization. By doing this, key stakeholders are informed about the role of the CME program in the organization as well as environmental trends that may affect the scope and effectiveness of programming. In addition, feedback from various stakeholders may prove valuable for identifying opportunities and barriers for future initiatives.

Ideally the CME Committee will be involved in completing the overall program evaluation. The committee should discuss the strengths and weaknesses of the program, exploring opportunities for improvement. This information would be used to evaluate the degree to which the mission is being met and to determine the scope of upcoming programming. Members of the committee should become familiar with the issues described in the report in order to become informed advocates of the program.

Following review by the CME committee the report can be circulated to a number of individuals within and external to the hospital. This process can be valuable in a variety of ways, including: preparing stakeholders for participation in the CME survey, raising awareness of the value of the CME program, and raising opportunities for linkages of CME with other projects. Prior to distribution, the document should be reviewed to assure that content is appropriate for dissemination. Potential recipients might include:

- *Key medical staff committees, particularly quality improvement committees:* This affords an opportunity to explore linkages between CME quality initiatives, for the purposes of needs assessment, programming, and outcomes measurement. In addition, medical staff members may become more aware of the value of the CME program to the institution. This process may be useful for identifying potential new members of the CME committee.
- *The medical executive committee and vice president of medical affairs:* The medical staff leadership should have an opportunity to review the report in order to explore potential linkages of CME with other initiatives and to provide feedback on alignment of CME with the medical staff strategic priorities (quality improvement, credentialing, referral development, etc.). Medical staff leadership may become key advocates of the CME program through this process.
- *Key hospital departments:* The report/evaluation may create opportunities for tighter linkages of the CME program with other departments, such as planning and marketing and staff/nursing education.
- *The CEO:* After sending the report to the CEO, it might be worthwhile to arrange an appointment with the CME committee chair and other key individuals to review major issues, including strategic priorities and resource allocation. This process may be very valuable in preparing the CEO for the CME survey.
- *The hospital board of directors.* Distribution of the report to the hospital's board should be thoroughly discussed with senior leadership of the organization, including the CEO. Approval should be obtained before providing any documents to board members. Rather than forwarding the full report, consideration may be given to including key points in committee meeting minutes or developing a brief presentation for a board or sub-committee meeting.
- *Community groups.* The CME office may consider forwarding the report or certain portions of it to individuals outside of the hospital who participated in the self study process or to other organizations that might become partners in future educational programs. Such entities might include patient advocacy groups, business leaders, or community agencies. Plans for external distribution should be discussed with senior leadership of the hospital, including the planning and marketing or community relations departments. Approval from administration should be obtained before any documents are sent to external entities or individuals.

## Overall Program Evaluation and Improvement Toolkit

### Ideas to get you started...

*The following questions may be helpful in generating data for your institution's overall program evaluation. Answer the following questions based on your institution's CME Program. Use your Mission Statement and Organizational Chart, as well as any evaluation process that you already participate in.*

#### 1. What changes have occurred to the program over the past year?

What was the change?	This change was a result of:

#### 2. How well does your mission statement reflect the CME activities at your institution?

<b>Purpose:</b>	
<b>Target Audience:</b>	
<b>Content:</b>	
<b>Types of Activities:</b>	
<b>Expected Outcomes:</b>	

#### 3. Have any processes been put in place to assist in an overall program evaluation?

<b>People involved:</b>	
<b>Data used:</b>	
<b>Format and/or timing:</b>	
<b>Sharing results:</b>	
<b>Other:</b>	

**4. How does the CME program provide value to the institution?**

<b>Value:</b>	<b>To Whom:</b>

**5. As a result of present or future activities, are there any outcome measurements you are tracking or planning to track?**

<b>Measure to be tracked:</b>	<b>How will you track this measure?</b>

**6. Are or were there issues or outside forces that had an effect on your CME program? Are there any issues or outside forces that may affect it in the future?**

<b>Issue or outside forces:</b>	<b>How have these impacted the CME program?</b>

**7. Are there key internal and external stakeholders that could help your CME program?**

Stakeholder:	What is the benefit they would bring to the program?

**8. Do you (or could you) communicate with the stakeholders regarding program needs and outcomes or overall program evaluation results?**

Stakeholder:	Communication strategy?

**9. What are the expectations of the stakeholders in your institution and how well does the program already address those expectations?**

Stakeholder:	Stakeholder expectations?	How well does CME program meet these expectations or not?

**10. Did your program identify any barriers to physician change as a result of any accredited activities and, if so, did you identify or implement any strategies to overcome these barriers?**

<b>Barrier to physician change:</b>	<b>Strategy to overcome barrier identified or implemented?</b>

**11. Did the CME office use (or recommend to activity planners) any non-CME tools or resources to enhance the changes desired as a result of the accredited activities?**

<b>Tool or resource used:</b>	<b>How was this used?</b>

**12. Is the CME program (through staff, committee volunteers, other roles, processes, etc.) positioned to influence future CME activities and work within the system for quality improvement?**

<b>CME Program resource:</b>	<b>Influences CME and supports quality improvement how?</b>

