Planning Core Competencies into CME Programs

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JUST WHAT ARE CORE COMPETENCIES?

- AOA and ACGME standards for learner performance in graduate medical education.
- A fundamental knowledge, ability of expertise in specific subject areas or skill sets in the field of medicine.
- Concept being embraced by JCAHO, specialty college certification, and FSMB for CME content and outcomes measures
- Strongly encouraged by AOA CCME.
HOW ARE CORE COMPETENCIES UTILIZED IN GRADUATE MEDICAL EDUCATION?

- Core competencies drive the didactic and clinical curriculum.
- All core competencies must have multiple assessment modalities.
- Graduating physicians must be documented as “competent” in each of the core competencies/skill sets.
- Competency is attested by Program Director at conclusion of training program.
HOW SHOULD CME SPONSORS UTILIZE THE CORE COMPETENCIES?

- During the needs assessment process and outcomes measures process, assign core competencies as indicated.
- Core competencies will assist the CME sponsor in justifying programs and improving outcomes measures.
- The requirement of CME core competencies is on the horizon, so it is best to prepare now.
WHAT IS THE BEST WAY TO START IMPLEMENTING CORE COMPETENCIES?

- Familiarize your CME Committee about core competencies.
- Add core competency assignment to your needs assessment process.
- Add core competency to your CME Activity Checklist

We have included sample handouts that demonstrate the incorporation of core competencies into your CME process.
CORE COMPETENCY 1

OSTEOPATHIC PHILOSOPHY AND OSTEOPATHIC MANIPULATIVE MEDICINE

• Practitioners are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.
CORE COMPETENCY 1
OSTEOPATHIC PHILOSOPHY AND OSTEO PATHIC MANIPULATIVE MEDICINE

CME Applications:
- Any OMM Lecture/Workshop.
- A lecture which highlights the osteopathic “holistic” approach to a clinical issue.
- Any lecture which adds OMM into the list of applicable therapies.
CORE COMPETENCY 1
OSTEOPATHIC PHILOSOPHY AND OSTEOPATHIC MANIPULATIVE MEDICINE

- Alternative Medicine
  - Addressed the osteopathic approach to alternative medicine – specific health care issues best treated with OMM alone and in conjunction with other alternative medicine techniques
  - Addressed acupuncture – basic understanding of biochemical and physiological effects of acupuncture and treatment effects, benefits, risks and side effects
CORE COMPETENCY 2

**MEDICAL KNOWLEDGE**

- Practitioners are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in life-long learning activities, including research.
CORE COMPETENCY 2
MEDICAL KNOWLEDGE

CME Applications:
○ Any CME activity highlighting a new medication/skill/procedure.
○ Any CME activity which emphasizes current research.
CORE COMPETENCY 2
MEDICAL KNOWLEDGE

- Anticoagulation: From Current Perspective to Future Trends
  - Addressed correct dosage of anticoagulant medication, monitoring of therapeutic INR and how to determine the appropriate candidates for anticoagulation medication
CORE COMPETENCY 3

PATIENT CARE

• Practitioners must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine and health promotion.
CORE COMPETENCY 3
PATIENT CARE

CME Applications:
- CME programs that involve preventive health concepts/innovations.
- CME programs that include the psychological/emotional support of the patient.
CORE COMPETENCY 3

PATIENT CARE

- Assessing and Managing Pain in the Hospital Setting
  - Addressed ways to improve current evaluation of pain and appropriate pain control in patient in a hospital setting to improve comfort and satisfaction of patient which could improve healing time.
CORE COMPETENCY 4

INTERPERSONAL AND COMMUNICATION SKILLS

- Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of health care teams.
CORE COMPETENCY 4
INTERPERSONAL AND COMMUNICATION SKILLS

CME Applications:

- CME activities that involve physician audience interaction.
- CME activities that highlight communication challenges in the doctor-patient relationship.
CORE COMPETENCY 4
INTERPERSONAL AND COMMUNICATION SKILLS

- Faculty Development
  - Addressed educational goals that a preceptor might desire to achieve educational objectives
  - Addressed constructing and implementing an assessment technique suitable for clinical teaching environment
“What’s the fish like today?”
CORE COMPETENCY 5

PROFESSIONALISM

• Practitioners are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning and sensitivity to a diverse patient population. Practitioners should be cognizant of their own physical and mental health in order to care effectively for patients.
CORE COMPETENCY 5
PROFESSIONALISM

CME Applications:
- CME programs centered around risk issues, medical ethics, medical-legal issues.
- CME programs that include discussion of physician impairment and state medical board issues.
CORE COMPETENCY 5
PROFESSIONALISM

- Physician Impairment
  - Addressed problems, incidences and prevalence in dealing with denial on physician impairment
  - Addressed proper medical/legal management of the impaired professional; protecting patients, colleagues and public while assisting the impaired professional recovery
CORE COMPETENCY 6

PRACTICE-BASED LEARNING AND IMPROVEMENT

• Practitioners must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods and improve patient care practices.
CME Applications:

- CME activities which highlight “best practices” or improved clinical pathways.
- CME activities that demonstrate evidence-based methodology.
CORE COMPETENCY 6
PRACTICE-BASED LEARNING AND IMPROVEMENT

- Patient Care Implications of Current Clinical Vascular Research
  - Addressed risks of post-thrombotic syndrome and benefit of a strategy of thrombus removal
  - Addressed current vascular research
CORE COMPETENCY 7

SYSTEM-BASED PRACTICE

- Practitioners are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system and practice cost-effective medicine.
CORE COMPETENCY 7
SYSTEM-BASED PRACTICE

CME Applications:
- CME programs that include methods for patient care quality assessment.
- CME programs that include utilization of public health systems and adjunctive community healthcare modalities.
Clinical Documentation – The Key to an Accurate Physician Profile

- Addressed how thorough documentation on medical record allow for accurate translation into correct coding profile
- Addressed how correct coding and documentation affects physician income, liability reduction, medical necessity and quality of care
SAMPLE CME ACTIVITY CHECKLIST

CME ACTIVITY CHECKLIST

TO BE COMPLETED

1. Need identified

2. CORE Competencies Addressed

3. Topic and learning objectives identified

4. Guest faculty shows
   name: ___________________ institute: ___________________
   contact: ___________________ phone: ___________________

5. Guest speaker, initial phone contact

6. Letter sent confirming date and learning objectives

7. Approved for _____ credit hours in category 1. AOA category _____

8. Activity handouts/online reviewed prior to activity

9. If conflict of interest, how was it resolved?

10. Facility chosen and reserved
    Contact: ___________________ phone: ___________________

11. Guest speaker contacted re: travel, accommodations, A/V, luncheon

12. A/V ordered, menu selected

13. Invitations sent summarizing learning objectives

14. "Evaluation forms" prepared including key learning objectives

15. Call center in, confirm menu and arrangements (number of participants)

16. Confirm A/V order, delivery and set-up

17. Last contact with guest speaker

18. Room set-up

19. Introduction of speaker, disclosures of financial interest, research, commercial support, product identification

20. Monitoring of activity

21. Complete paperwork

22. Present summative evaluation to CME committee
CME NEEDS ASSESSMENT

CONTINUING MEDICAL EDUCATION NEEDS ASSESSMENT

DATE: __________________________

SUBMITTING COMMITTEE/DEPARTMENT: __________________________

TOPIC: __________________________

REASON: __________________________

__ EXECUTIVE COMMITTEE

__ MEMBER

__ CME PROGRAM EVALUATIONS

LIST THE EDUCATIONAL OBJECTIVES OF THE ACTIVITY:

1. __________________________
   CORE Competency: __________

2. __________________________
   CORE Competency: __________

3. __________________________
   CORE Competency: __________

4. __________________________
   CORE Competency: __________

SUGGESTED SPEAKERS: __________________________

CORE COMPETENCIES:

COMPETENCY 3. PATIENT CARE

COMPETENCY 4. INTERPERSONAL AND COMMUNICATION SKILLS

COMPETENCY 5. PRACTICE-BASED LEARNING AND IMPROVEMENT

COMPETENCY 6. SYSTEM-BASED PRACTICE