

**EXAMPLE OF A COMPLETED CME MATRIX FOR  
A WORK SHOP PRESENTED AT SEA IN 2016  
ON “HOW TO RUN A WORKSHOP”**

**Thanks to Melisa Davidson, MD and Bridget  
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## CME PLANNING MATRIX (C2, C3, C5)

Identify a minimum of one gap/need and three learning objectives.

<b>Professional Practice Gaps</b> <small>C2</small>  <i>Defined as: the difference between ACTUAL (what is) and IDEAL (what should be). Ask yourself, "What is the problem in practice?" It can be clinical or practice management related.</i>  <b>Please include at least 1 source/reference for each item.</b>	<b>Underlying Educational Needs</b> <small>C2</small>  <i>Consider what kind of educational needs might be contributing to the identified gap.</i>  <b>Knowledge</b> – having information <b>Competence</b> – knowing how to do something (e.g., skills, abilities, strategies), which has not yet been put into practice <b>Performance</b> – the skills, abilities, and strategies one implements in practice  <i>For example, do the docs not know about the gold standard specified by Y (knowledge change required)? Or do the docs not know how to perform X procedure according to the gold standard (competence change required)? Or, do they know about the gold standard and how to do the procedure, but is there some other barrier (lack of reimbursement, institutional limitations, etc.) that is stopping them from performing the procedure as desired (performance change required)?</i>	<b>Desired Results</b> <small>C3</small> <b>(Learning Objectives)</b>  <i>List the learning objectives that address the professional practice gap(s) and underlying educational need(s) – and specify what type of change each one represents. At minimum, every CME activity must be designed to change learners' <u>competence, performance, or patient outcomes.</u></i>  <b>Competence</b> – knowing how to do something (e.g., skills, abilities, strategies), which has not yet been put into practice <b>Performance</b> – the skills, abilities, and strategies one implements in practice <b>Patient Outcomes</b> – the consequences of actual performance in practice	<b>Education Design/ Methodology</b> <small>C5</small> <i>(see * below)</i>  <i>List the educational method(s)/ format(s) that will be used to achieve each stated objective(s).</i>
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### EXAMPLE:

<p><u>Actual:</u> 75% of anesthesiologists perform <b>X</b> procedure according to the gold standard technique as specified by <b>Y</b>.</p> <p><u>Ideal:</u> 100% of anesthesiologists perform <b>X</b> procedure according to the gold standard technique as specified by <b>Y</b>.</p> <p><u>Gap:</u> 1 in 4 anesthesiologists is not performing <b>X</b> procedure according to the gold standard as specified by <b>Y</b>.</p>	<p>Briefly Describe: <i>Some anesthesiologists either do not know how to perform <b>X</b> procedure according to the gold standard as specified by <b>Y</b>, or there are other barriers (lack of reimbursement, institutional limitations, etc.) preventing them from performing the procedure as desired.</i></p> <p>Type(s) of educational need underlying this professional practice gap:</p> <p><input type="checkbox"/> Knowledge  <input checked="" type="checkbox"/> Competence  <input checked="" type="checkbox"/> Performance</p>	<p>Upon completion of this activity, learners will:</p> <p><i>Describe a treatment plan that includes <b>X</b> procedure, according to the guidelines specified by <b>Y</b>. (Change in competence)</i></p> <p><i>Perform <b>X</b> procedure, according to the guidelines specified by <b>Y</b>. (Change in performance)</i></p> <p><i>Apply optimal coding practices when treating <b>Z</b> in patients in order to maximize reimbursement from third party payers. (Change in performance)</i></p> <p><i>Report reduced incidence of post-operative infections in patients who receive treatment for <b>Z</b>. (Change in patient outcomes)</i></p>	<p><i>Didactic lecture (knowledge &amp; competence); and Case presentations (competence); and Workshops (competence &amp; performance).</i></p>
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Professional Practice Gaps	Underlying Educational Needs	Desired Results (Learning Objectives)	Education Design/ Methodology
<p><b>Actual:</b> Workshops are used in a variety of settings, including high-profile, large national meetings such as SEA, with varying degrees of success and learner satisfaction.</p> <p><b>Ideal:</b> All faculty follow recommended guidelines for effective workshop development, implementation and management.</p> <p><b>Gap:</b> Faculty lack both knowledge and skills to run an effective workshop.</p>	<p><b>Briefly Describe:</b> A workshop is an important methodology for teaching both small and large groups utilizing a learner-centered, active process. As noted in the introduction to this application, “a workshop is a short-term learning experience that encourages active, experiential learning and uses a variety of learning activities to meet the needs of diverse learners.” Workshops can be used in a variety of settings, ranging from local resident didactics to faculty development in large national meetings. Unfortunately, there remains great variety in workshop effectiveness and learner satisfaction. At face value (personally) and through analyzing evaluations (e.g. local, regional, and national meeting workshops), a potential reason for workshop failure is lack of knowledge and skill on the part of the workshop author and/or facilitators. Furthermore, junior faculty may not feel comfortable using this modality without prior experience. The hands-on workshop that we offer provides an opportunity for practice in a non-threatening environment.</p> <p>Type(s) of educational need underlying this professional practice gap:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Knowledge</li> <li><input checked="" type="checkbox"/> Competence</li> <li><input checked="" type="checkbox"/> Performance</li> </ul>	<p>Upon completion of this activity, learners will:</p> <p>Describe a framework for creating, managing and facilitating a workshop. (Change in knowledge)</p> <p>In small groups, develop a sample workshop curriculum using knowledge gained from the above, utilizing a structured template intended to guide performance. (Change in performance)</p> <p>Using report-outs from small groups, discuss strategies and pearls for running a highly successful workshop. (Change in competence)</p>	<p>Didactic presentation (knowledge); and workshop (competence and performance)</p>

**\*Select educational methods based on the type of gap or need being addressed and that enable participants to achieve the learning objective and desired results.**

- *Didactic lecture (knowledge& competence)*
- *Roundtable and/or problem-based discussions (knowledge & competence)*
- *Case presentations (knowledge & competence)*
- *Workshops (knowledge & competence)*
- *Self-study print or online guides (knowledge & competence)*
- *Moderated poster sessions (knowledge& competence)*
- *Panel discussions (knowledge& competence)*
- *Q&A sessions (knowledge& competence)*
- *Simulation/skills labs (competence & performance)*
- *Video instruction (knowledge& competence)*

## Needs Assessment Data and Sources (select two at minimum)

Please indicate how the need for this activity was brought to your attention. Select all that apply and provide supportive documentation for all boxes checked. **If you cannot provide documentation, do NOT check the source.**

<input type="checkbox"/>	Continuing review of changes in quality of care as revealed by national data resources <i>Potential sources of documentation: Consider aggregate reports about physician performance or patient outcomes from organizations such as AHRQ, CMS, NIH, state and federal quality organizations, closed claims data, insurance companies, National Quality Forum, HEDIS indicators from NCQA.</i>
<input type="checkbox"/>	Ongoing census of diagnoses and treatments <i>Potential sources of documentation: CDC Morbidity and Mortality Report, FDA alerts and reports, etc.</i>
<input type="checkbox"/>	Advice from authorities on the field or relevant medical societies <i>Potential sources of documentation: list of expert names/medical societies AND summary of recommendation(s)</i>
<input checked="" type="checkbox"/>	Formal or informal requests or surveys of the target audience, faculty, or staff <i>Potential sources of documentation: summary of requests or surveys. Note: must show information related to areas of education need/topics of interest (not logistical summaries, i.e., food, venue, etc.)</i>
<input checked="" type="checkbox"/>	Discussion in meetings of society committees, planning and editorial boards, and boards of directors <i>Potential sources of documentation: summary of meeting minutes showing information discussed was related to areas of education need/topics of interest (not logistical summaries, i.e., food, venue, etc.)</i>
<input type="checkbox"/>	Data from peer-reviewed journals, government sources, consensus reports <i>Potential sources of documentation: abstracts/full journal articles, government-produced documents describing educational need and physician practice gaps</i>
<input type="checkbox"/>	Review of ABA examinations and/or recertification requirements <i>Potential sources of documentation: board review/update requirements</i>
<input type="checkbox"/>	New technology, methods of diagnosis/treatment <i>Potential sources of documentation: description of new procedure, technology, treatment, etc.</i>
<input type="checkbox"/>	Legislative, regulatory, or organizational changes affecting patient care <i>Potential sources of documentation: new or revised legislation, standards, guidelines</i>
<input type="checkbox"/>	Accreditation patient safety goals, guidelines, or standards <i>Potential sources of documentation: Joint Commission, AHRQ,ACGME, ABA or ABMS, NQF, NCQA</i>
<input type="checkbox"/>	Other, please specify:

## Incorporation of Recommendations from Previous Activities

Has this activity been offered previously? Yes  No

If yes, please list any changes that will be incorporated into this activity based on the evaluation results from the previous activity.

This activity was offered at the University of Vermont College of Medicine Teaching Academy Retreat in December 2015. It was highly successful, based upon evaluation results, as well as direct unsolicited feedback from participants as much as a month following the workshop. For example, an experienced faculty reported that she used our template and guidelines to submit a workshop proposal to her own national specialty meeting. The only change recommended by participants is to increase the time allowed for small group report-outs and further discussion (only 1 hour was allotted for retreat workshops), which is accommodated in this meeting de facto with 90 minutes allotted for all workshops.

## Evaluation and Outcomes

How will you measure if changes in competence, performance, or patient outcomes have occurred? (select all that apply)  
(Note: Record and maintain summary data for each evaluation method selected.)

### Knowledge/Competence

<input checked="" type="checkbox"/>	Evaluation form for participants (required)	<input type="checkbox"/>	Physician and/or patient surveys
<input type="checkbox"/>	Audience response system (ARS)	<input type="checkbox"/>	Other, specify:
<input type="checkbox"/>	Customized pre- and posttest		

### Performance

<input type="checkbox"/>	Adherence to guidelines	<input type="checkbox"/>	Case-based studies
<input type="checkbox"/>	Customized follow-up survey/interview/focus group about actual change in practice at specified intervals	<input type="checkbox"/>	Direct observations (labs, simulations)
		<input checked="" type="checkbox"/>	Other, specify: For willing faculty, will collect information (e.g. successful workshop submissions, evaluation results, personal performance assessments) to gauge how practices have changed.