

CME Application Guide

Application Section	Poor	Fair	Good
<p>Practice Gaps: specifically describes the difference between current practice and best practice for your target audience. This is something that your learners should know or do, but don't.</p> <p>Example: There is overwhelming evidence of adverse events in surgical practice, often due to inadequate communication and/or poor teamwork. The World Health Organization (WHO)'s World Alliance for Patient Safety launched the 'Safe Surgery Saves Lives' campaign in 2009, introducing the Surgical Safety Checklist. The checklist is aimed to improve patient safety through enhanced communication, teamwork, and a culture of safety in the operating room. This checklist has not been implemented across the operating rooms throughout the HHC system, and our data indicates that a number of preventable serious safety events have occurred.</p>	<p>The practice gap does not explain why the education is needed.</p>	<p>The practice gap explains why the education may be needed, but lacks supporting evidence (data).</p>	<p>The practice gap clearly states why the education is needed.</p> <p>Supported by data that justifies the need for your target audience.</p> <p>Examples of data:</p> <ul style="list-style-type: none"> • EPIC/Chart Reviews • M&M • Quality hospital/state/federal initiative • decrease in adherence to protocol • staff member request for education • increase in similar diagnoses • new law/policy/ pharmaceutical/technology • Joint Commission/DPH mandate
<p>Current Practice: specifically describes current knowledge or performance outcomes of the target audience.</p> <p>Example: Surgical Safety Checklists are being used in only x % of OR cases at y Hospital.</p>	<p>Learners' current practice is not included.</p>	<p>The learners' current practice is included, but not defined by individual, departmental, or hospital specific metrics.</p>	<p>The application includes learners' current practice in detail, including metrics where available (x% of the time providers are not doing y).</p> <p>It includes data specific to the unit/department/facility.</p>
<p>Best Practice: specifically describes what the provider should know or do and is supported by evidence-based research when possible.</p> <p>Example: Surgical providers across the HHC system will complete and document the WHO's 3-part Surgical Safety Checklist with each patient.</p>	<p>Best practice is not included.</p>	<p>Best practice is loosely defined.</p>	<p>Best practice is formally defined, detailed, and specific to the department or hospital (will do "y" x% of the time).</p>
<p>Definition of Best Practice: Cite peer-reviewed, recent, published research; professional practice guidelines</p>	<p>There is no scientific source provided, the source does not apply to the topic, is not current, or is not peer-reviewed.</p>	<p>At least one current, valid, and appropriate scientific source has been provided.</p>	<p>Several recent and valid peer-reviewed sources, and/or practice guidelines, have been provided.</p>
<p>Learning Objectives: specifically describes what the learner should be able to do at the end of the educational activity.</p> <p>Addresses the practice gap.</p> <p>Should be SMART:</p> <ul style="list-style-type: none"> • Specific • Measurable • Attainable • Results- focused • Time-focused 	<p>The learning objectives do not clearly state what participants should be able to achieve as a result of participating in the event.</p> <p>Learning objectives are not SMART, and do not close the associated practice gap.</p>	<p>The learning objectives loosely state what participants should be able to achieve as a result of participating in the activity.</p> <p>The learning objectives may or may not address the practice gap.</p>	<p>Each learning objective is SMART and clearly states what participants should be able to achieve as a result of participating in the event.</p> <p>Designed to close the practice gap.</p>

<p><u>Writing Well-Worded Learning Objectives</u></p> <p>Example:</p> <ol style="list-style-type: none"> 1. Describe the impact of team dynamics and communication on the potential for error in the OR. 2. Review methods to improve communication and teamwork in the OR. 3. Employ a safety checklist prior to initiating any surgery in order to minimize risk and complications in the OR. 			
<p>Educational Format: the teaching format selected and why. Should maximize learning and increase active participation.</p> <p>Consider a variety of methods that could include: didactic lecture, Q&A, supervised skills practice, simulation, pocket cards, peer-to-peer discussions, posted or emailed reminders</p> <p>Example: The OR safety checklist session will include didactic lecture, a copy of the checklist, and simulated application of the safety checklist. This combination of methods was selected to ensure complete knowledge and access to the safety check-list. Simulation was included to demonstrate and practice the application and use of the safety checklist in a simulated OR setting.</p>	<p>The educational design is missing, or not appropriate to achieve the desired learning objectives.</p> <p>Does not state why this approach was selected.</p>	<p>The stated educational design is an appropriate method to achieve stated learning objectives.</p>	<p>The educational design includes a variety of methods to increase retention.</p> <p>Supports active learning and maximizes the educational impact leading to opportunity for improvement in performance, and patient outcomes.</p>
<p>Evaluation and Outcomes: the category and tools/methods selected to evaluate the education provided.</p> <p>Must choose at least ONE category of outcomes measurement, and ONE tool or method for each category selected.</p> <p>Categories include:</p> <ul style="list-style-type: none"> • <i>Competence:</i> learner APPLIES learning in a simulated setting • <i>Performance:</i> learner APPLIES learning in a clinical setting • <i>Patient Outcomes:</i> change in patient outcomes occurs <p>Tools and Methods of Measurement: Consider a variety of formal and informal methods that could include pre-/post-test, documented commitment to change, observation in practice or clinical settings, self-reported competence or change, chart reviews, follow-up surveys to measure change, changes in M&M rates.</p> <p>Example: This session included observed competence in a simulated setting followed by a group debriefing and discussion as well as a provider's stated commitment to change. In 3 and 6 months, chart reviews will be completed to determine compliance level with checklist completion.</p>	<p>There is no evaluation method chosen.</p>	<p>The evaluation method selected is not appropriate to the education or target audience.</p>	<p>Multiple evaluation tools will be used to measure changes in strategy, performance, or patient outcomes.</p>