

How Online Evaluation Supports an Academic CME Program

Jeanne G. Cole¹, MS, Christopher Braster, BS², Pauline Sylvester, MBA¹, Daphney Wright¹

¹Office of CME (OCME), Jefferson Medical College; ²Academic & Instructional Support & Resources (AISR), Thomas Jefferson University, Philadelphia, PA <http://jeffline.jefferson.edu/jeffcme/>

Purpose and Description

This poster reports our experience in the development and implementation of online evaluation processes for Jefferson's certified CME activities.

In 2009, a complex jointly sponsored activity* led Jefferson's CME and AISR Offices to experiment with an online evaluation process as a way to manage data collection and analysis in a cost-effective, efficient, and timely fashion.

AISR designed a participant database, navigation, reporting and administrative functionality

OCME conceptualized the needs, and designed questions and instructions.

Together, the OCME and AISR developed an online process that

- ❖ Provided web-based access to evaluations
- ❖ Eliminated paper copies and related processing
- ❖ Expanded our routine evaluation questions to collect additional activity outcomes
- ❖ Captured comments in an organized, typed fashion
- ❖ Automated the calculation of responses (% and mean)
- ❖ Permitted real-time review of data onsite at the meeting
- ❖ Provided for participant download of credit records and integration with existing record keeping systems.

We anticipated improvements in data quality, processing speed, and reduced costs. These improvements were realized.

In addition, the activity saw an increase in response rates

"The conference was wonderful and I can't believe how smoothly the evaluation went, as well as the positive comments regarding the process."

*The activity included over 120 presenters, over 90 plenary and concurrent sessions, and anticipated approximately 1100 attendees. Past evaluations (by different CME provider) had been paper-based.

Development Time and Money

Approximately 7 weeks elapsed between the initial discussion between OCME and AISR and the completion of the final online process. "On the fly" changes were made as needed, usually in under 24 hours.

OCME had included estimate of cost in its fees to the joint sponsor. We paid AISR ~\$1500, a one-time fee for development. Iterative costs for future use is less. OCME administrative costs were similar to production of paper evaluation, though with higher levels of collaboration with the joint sponsor.

Removing paper from the process eliminated the need for duplication, shipping back and forth to conference, and the processing and storing of evaluation data. Aside from the environmental impact, significant direct and indirect cost savings were realized.

A Second Experience – RSS Evaluation

Initial success encouraged another experiment with our annual RSS evaluation. Previously paper-based, RSS evaluations required extensive handling despite use of scanning technology. They were time consuming to process and historically had low response rates.

We adapted the concept of the initial online evaluation to RSS. With AISR, the OCME designed a single point of access, where participants used pull down menus to select each RSS series they attended. Once again, we expanded our routine questions to assess additional outcomes of RSS attendance.



Benefits of Online Evaluation

Anticipated

- ❖ Increased response rates
- ❖ Reduced costs for paper and handling
- ❖ Quicker turn around time due to more efficient data collection and automated analysis
- ❖ Ability to share results easily
- ❖ Better questions that more directly relate to ACCME Updated Criteria
- ❖ Potential for increased e-communications and follow up.
- ❖ Template easily adapted and available for additional activities

Unanticipated

- ❖ Shared immediate access to results with program planners
- ❖ Improved communications/reporting with RSS contacts
- ❖ For RSS:
 - ❖ Ability to share institution-wide results as a benchmark for RSS performance
 - ❖ Incorporation of RSS evaluation results into ongoing planning for improvement

For Activity Planners

- ❖ Timely review of activity impact on attendees and accomplishment of stated objectives
- ❖ Improved linkage between educational components and evaluation
- ❖ Real time access to results allows for adjustments based on participant feedback
- ❖ Special RSS benefits:
 - ❖ Ability to compare individual RSS data to aggregate RSS data
 - ❖ Utilize RSS data to identify areas for improvement and make changes in RSS for next certification cycle

For CME Administration

- ❖ Increased documentation of compliance with ACCME Updated Criteria
- ❖ Identify potential disconnects between the learners scope of practice, needs, and expected outcomes
 - ❖ Use data to provide suggestions for improvement and guidance to activity planners
- ❖ Increase quality of interactions between the CME Office and the activity planners
- ❖ Adaptable to ACCME PARS reporting
- ❖ Standardizes data collection and eases administrative burdens of a large academic provider's CME program
- ❖ Centralizes activity information to make it easily accessible to all staff
 - ❖ Reduces processing time and costs
 - ❖ Creates a paperless process

Special RSS benefits:

- ❖ Identify areas for improvement that should be addressed in next certification cycle
- ❖ Easy monitoring of each RSS to ensure compliance with ACCME Updated Criteria
- ❖ Ensure that the activity is focused on physician competence, performance and/or patient outcomes

"Necessity is the mother of taking chances"

Mark Twain