OUTCOMES OF CPD: WHAT THE LITERATURE TELLS US

9th National CPD Accreditation Conference
September 26, 2017

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Presenter Disclosure

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❖ **Relationships with commercial interests:**
  - No conflicts of interest to disclose

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• The 9th National CPD Accreditation Conference has received NO COMMERCIAL financial support

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Talk Outline

1. Conceptualizing CPD
2. The evidence
3. Measuring CPD effectiveness
4. Implementing CPD
CONCEPTUALIZING CPD

PART I
Poll Question 1

What are the keywords you associate with CPD?
CPD “encompasses multiple educational and developmental activities physicians undertake to maintain and enhance their knowledge, skills, performance and relationships in the provision of healthcare”

(Sargeant et al., 2013)
20 Predictions for the future of CPD

- Interprofessional education
- Governance of CPD stakeholders
- Theory-informed realist research and evaluation
- Peer-to-peer coaching and learning
- Integration of the education and clinical practice continuum
- Reorganization of CPD units
- Sociology of behavior change
- Interdisciplinary interventions

(Olson, 2012)
CPD is...

Research Administration Education

- Continuing Education
- Knowledge Translation
- Quality Improvement
- Patient Safety
- Faculty Development

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(Kitto et al., 2013; Kitto et al., 2015; Kitto et al., 2015)
Is CME Effective?

- Improves physician performance and patient health outcomes
- Has a more reliably positive impact on physician performance than on patient health outcomes
- Leads to greater improvement in physician performance and patient health if it is:
  - More interactive
  - Involves multiple exposures
  - Longer
  - Focused on outcomes that are considered important by physicians
  - Uses more methods

(Cervero & Gaines, 2014 & 2015)
Is CPD more effective?


- **CE, QI:** Integrating Essential Components of Quality Improvement into a New Paradigm for Continuing Education. Van Hoof, Thomas J.; Meehan, Thomas P. Journal of Continuing Education in the Health Professions. 31(3):207-214, Summer 2011


- **Evaluation:** Evaluations of Educational Interventions: Getting Them Published and Increasing Their Impact. Olson, Curtis A.; Bakken, Lori L. Journal of Continuing Education in the Health Professions. 33(2): 77-80, Spring 2013

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“A **business case** may exist if the investing entity believes that a positive indirect effect on organizational function and sustainability will accrue within a reasonable time frame.”

Few health leaders (hospitals) have embraced CPD of their human capital as an organizational responsibility and opportunity

(McMahon, 2017)
From CPD to High Value CPD

1. Learning activity
2. Enabling outcomes
   ✓ Improving population health
   ✓ Enhancing patient experience of care
   ✓ Reducing per capita cost of health care
   ✓ Improving work life of health care providers (clinicians and staff)
3. Important to stakeholders

The value of high-value CPD calculated as:

Value = (Quality + Outcomes) / Cost

Demonstrating the value or business case for CPD is largely unexplored at present

MEASURING CPD EFFECTIVENESS

PART III
### Outcomes-Based CPD Model

**Challenges…**

(Levels 4, 5, 6, 7 of Moore’s Framework)

<table>
<thead>
<tr>
<th>CME Framework</th>
<th>Description</th>
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<tbody>
<tr>
<td>Participation</td>
<td>LEVEL 1 The number of healthcare professionals who participated in the CME activity or program.</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>LEVEL 2 The degree to which the expectations of the participants about the setting and delivery of the CE activity or program were met.</td>
</tr>
<tr>
<td>Learning</td>
<td>LEVEL 3a Learning: Declarative Knowledge The degree to which participants could demonstrate that they know what that the CE activity or program intended them to know.</td>
</tr>
<tr>
<td></td>
<td>LEVEL 3b Learning: Procedural Knowledge The degree to which participants could demonstrate that they know how to do what the CE activity or program intended them to know how to do.</td>
</tr>
<tr>
<td>Competence</td>
<td>LEVEL 4 The degree to which participants could show in an educational setting how to do what the CE activity or program intended them to be able to do.</td>
</tr>
<tr>
<td>Performance</td>
<td>LEVEL 5 The degree to which participants could do what the CE activity or program intended them to be able to do in their practices.</td>
</tr>
<tr>
<td>Patient health</td>
<td>LEVEL 6 The degree to which the health status of patients improves due to changes in the practice behavior of participants.</td>
</tr>
<tr>
<td>Community health</td>
<td>LEVEL 7 The degree to which the health status of a community of patients changes due to changes in the practice behavior of participants.</td>
</tr>
</tbody>
</table>

(Moore et al., 2009)
Measuring Impact of CPD on the Workplace

Workplace Operations
• Impact on facility

Workplace Development
• Learning outcomes and competencies
• Staff retention and recruitment

IMPLEMENTING CPD

PART IV
• Aligning and Educating for Quality (AE4Q)
  • AAMC to help medical schools and teaching hospitals align QI with CME
  • Greater use of quality data in CME and QI
  • Greater use of CME as an intervention for clinical improvement

(Davis et al., 2013)
Local Research Examples: SDL in CPD

- What CanMEDS-informed SDL do Canadian physicians currently engage in? and how are each of the CanMeds competencies represented in the literature?
- What are the barriers and facilitators for CanMEDS-informed SDL in CPD?
- What theoretical perspectives and frameworks are used in CanMEDS-informed SDL activities? Are there any trends in the deployment and evaluation of SDL interventions related to each of the CanMEDS roles?
Local Research Examples: CBME in Family Medicine CPD

- **STAGE 1: Position Paper** “Knowledge Translating Competency-Based CPD in Family Medicine: Uncharted territory”  
  *(Kitto et al., 2017, in press, Canadian Family Physician)*

- **STAGE 2: Scoping Review** “The Current State of CBME Implementation in North American Family Medicine Residency and Continuing Education Programs”  *(in progress)*

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CONCLUDING REMARKS
Knowledge-Translating CPD

- CPD represents an effective vehicle for knowledge transfer

(Wallace & May, 2016;
Building KT/CPD Communities of Practice

- Bringing the KT and CPD communities together to form better strategies to enhance the application of evidence in practice and ultimately improving health outcomes for patients

- JCEHP Editorial “CPD and KT: A Special Collaboration” (Kane, 2011)
Key messages

1. Build more evidence in CPD
2. Evaluation at higher levels of multi-faceted CPD programs
3. Continue to strengthen relationships with KT, PS, QI
Better Outcomes
(levels 4, 5, 6, 7 of Moore’s Framework)

Moore et al., 2009

Moore et al., 2009

Key messages
1) Download Poll Everywhere from the App Store

OR

Go to the website: www.pollev.com

2) Join the poll: pollev.com/9NAC

Poll Question 2

What are the keywords you associate with CPD?
Thank you!
References


References


Sargeant J, Bruce D, Campbell CM. Practicing Physicians' Needs for Assessment and Feedback as Part of Professional Development. J Cont Educ Health Prof 2013;33(S1).

