

Different Strokes, Different Folks:
MAINPRO-C and Best Practice Course credits

Changing your practice and earning extra CPD credits

The theory and the reward:

Educational activities are more effective if they respond to your specific needs and if they stimulate you to make your own assessment of your practice habits and to make your own decisions concerning changes. This section describes pre- and post-workshop activities designed to help you make the desired changes concerning strokes and TIA's. It provides the tools you need to do this as well as to claim the extra CPD credits recognized by the College of Family Physicians of Canada or by the Royal College of Physicians and Surgeons of Canada. These credits, in the MAINPRO-C or Best Practice Course categories, can only be attributed if you complete all the following steps and submit the appropriate documents to CAEP. CAEP will then send you a certificate for the credits obtained.

The overall process has three phases:

The *first phase* involves an assessment, by you, of your own practice habits and the formulation of one or more questions that are particularly pertinent to you before attending the workshop. These questions should be returned to CAEP before the workshop so that the speakers can adapt the program to your needs.

The *second phase* is your participation in the workshop and the formulation of practice questions concerning change or verification.

The *third phase* is a reassessment, again by you in the months following the workshop, of your own practice using an audit, with a reflection on changes you have or have not made, and a choice concerning future efforts that you may make on this subject. The completed forms should then be sent to CAEP and, following approval, a certificate for your extra CPD credits will be returned to you. You will receive one reminder from CAEP about 2 months after the workshop, just in case you have forgotten.

Is it really worth it?

This does involve extra work on your part but by completing these three phases you will greatly improve the educational benefit that you receive from this program. You will be much more comfortable in your approach to strokes and TIA's in the emergency department and you will be confident that your approach is up-to-date. Both you and your patients will be more satisfied than before. It is well worth the effort.

Questions:

If you any questions at any time about what you should do and how you obtain these extra CPD credits please contact:

cme@caep.ca

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Pre-workshop activities:

There are **two parts** to the pre-workshop activity. We first ask you to reflect on your current practice with respect to the following questions. You may also wish to reflect on other aspects of your practice. This can be done simply by reflection or you could also audit a few charts if you want to get a clearer picture of what you actually do.

Step 1a:

Your current practice	Yes	No	Not sure	Comments, questions
In patients with possible stroke or TIA do you routinely note the exact time of symptom onset?				
In patients with possible stroke or TIA do you routinely and specifically enquire about previous episodes of amaurosis fugax?				
When testing for pronator drift (a) do you start with the fingers in full extension? (b) how long do wait before deciding the test is normal?	a)			
	b) time			
Do you specify the territory (artery and/or anatomic structure) affected?				
Do you classify the lesion as one of probably ischemic, hemorrhagic, embolic, or other origin?				
(for a TIA) do you classify the risk of recurrence as high, moderate, or other?				
(for a stroke) do you make certain the patient is normo-glycemic?				
Is an ECG done and the interpretation noted in the chart?				
(for TIA)do you discharge patients with appropriate anti-thrombotic treatment?				
Other practice question				
Other practice question				
Other practice question				

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Step 1b: Your entries on this page may or may not be related to your work on the previous page.

Questions: please write down two questions concerning strokes and TIA's in the ED that you would like answered at the workshop.

1. _____

2. _____

Changes: please list two aspects of your approach to strokes and TIA's that you would particularly like to get feedback on, or change, or improve, during the workshop or afterwards in your ED.

3. _____

4. _____

Please fax this sheet only to CAEP at 613-523-0190

or by email to cme@caep.ca

before attending the workshop

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Accreditation Status

Certificants of the College of Family Physicians of Canada

“This program meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited for 6 MAINPRO-M1 and 3 MAINPRO-C credits.”

Attendance at the *Different Strokes, Different folks* Roadshow entitles you to 6 MAINPRO-M1 credits for which you will receive a certificate on site.

You must complete the post workshop activities to receive your 3 MAINPRO-C credits. You receive a certificate with the details of the credits earned upon successful of completion and submission of the forms to CAEP.

Fellows of the Royal College of Physicians and Surgeons of Canada

“Different Strokes, Different folks is a Best Practice Course as approved by the Royal College of Physicians and Surgeons of Canada.”

It is an accredited Group Learning Activity and you may claim 6 hours of credit under Section1 for which you receive your certificate on attendance.

If you complete the post workshop activities, you may claim additional credits under Sections 1, 4 and 5. (Please see example on the next page).

You will receive a certificate with the details of the credits earned upon successful of completion and submission of the forms to CAEP.

There are no additional charges for these certificates. Costs are included in your registration fees.

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BEST PRACTICE COURSES:

GUIDELINES FOR COURSE PARTICIPANTS
(To be provided to every participant of a Best Practice Course)

Dear course participant,

Best Practice Courses (BPC) are designed to assist you to apply what you have learned during the session to your practice. They enable Fellows to earn a large number of credits towards maintenance of certification.

You can expect the following activities to be present at every BPC:

1. The specific behaviors or guidelines that the planners expect you to adopt in your practice will be made known to you during the course. You will be provided with references to the supporting evidence in the peer-reviewed literature.
2. You will be given ample opportunity to express how you currently manage the practice under review and to identify barriers to the introduction of new practices. You will be provided with practical ways of overcoming these barriers.
3. You will be provided with a self-audit form, which you can complete for the last 5-10 cases in your practice with the clinical problem presented at the course.
4. You earn one additional one credit per hour at the workshop by submitting the results of the self-audit of your practice and a record of any Personal Learning Projects you complete as a consequence of applying new ideas to your practice.

The following steps demonstrate how Dr Smith, an Emergency Physician, attending a BPC sponsored by the CAEP to upgrade her management of airway problem while earning 28 credits towards maintenance of certification.

STEP	ACTIVITY COMPLETED BY FELLOW	HOURS OF CPD	SECTION OF FRAMEWORK	CREDITS EARNED
1.	Dr Smith attends the 8 hour workshop on airway management.	8 hours	Section 1 (1 credit per hour)	8
2.	She identifies 5-10 patients for which she has recently managed the airway and completes the self-audit form from the patients' charts.	2-4 hours	Section 5 (2 credits per hour)	4 - 8
3.	Dr Smith identifies a change she wishes to make in her management of the airway. She reads the literature provided at the course, discusses it with a colleague if necessary, and manages her next patient with the new therapeutic approach. She completes a Personal Learning Project (PLP) and records it in PC Diary or paper diary.	4 hours	Section 4 (1 credit per hour)	4
5.	Dr Smith sends in to the Course planners: a) Copies of the completed audit forms with the names of the 5-10 patients obliterated; and b) the completed diary entry for the PLP	8 hours	Section 1 – additional 1 credit per hour of workshop for submitting data	8
	TOTAL CREDITS EARNED FOR MAXIMUM PARTICIPATION			28 credits

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Post workshop activities to reinforce learning and earn extra CME credits:

This completes the last four steps of a reflective learning process involving five key steps.

- Step #1 Reflect on your practice and formulate questions for which you would like to find answers (done before the workshop).
- Step #2 At the end of the workshop, identify one thing you would like to change or verify about your practice, and one question for which you still need an answer.
- Step #3 Review the information provided and discussed during the workshop. Obtain and evaluate any other information you judge pertinent. Formulate one or two practice review questions.
- Step #4 Perform an audit of five to ten (5-10) of your recent cases of strokes and TIA's (can be a mix)
- Step #5 Make practice decisions based on all this information, and plan to apply it to future patients with strokes and TIA's. Then, 1-3 months later, evaluate the impact of this decision on your practice, and send in a brief report to CAEP. You will receive, following approval, your certificate for the credits in the MAINPRO-C category or in Sections 1, 4 and 5 of the RCPSC MOC programs.

AT THE END OF THE WORKSHOP DAY

Step #2 Identify one thing you would like to change or verify about your practice, and one question for which you still need an answer.

One thing you would like to change or verify about your practice

Changes that other workshop participants are considering _____

One question for which you still need an answer

sheet #1

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**Step #3 Review the information provided and discussed during the workshop.
Obtain and evaluate any other information you judge pertinent.
Formulate one or two practice review questions.**

What information did the workshop provide that has an impact on your choice of change to be made or practice habit to be verified?

Point 1: _____

Point 2: _____

Point 3: _____

What other sources of information did you seek out (if any), and what points did they contribute to your reflection? (Cite source/reference and note the important points)

Source 1: _____

Source 2: _____

Reformulate one or two practice questions, namely what do you wish to change and or verify about your approach to strokes and TIA's in the ED?

Practice question #1: _____

Practice question #2: _____

sheet#2

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Step #4 Perform an audit of five to ten (5-10) of your recent cases with strokes and TIA's (may be a mix of diagnoses)

A clinical audit is not necessarily a scientific study. It is meant to give you an accurate snapshot of one or two aspects of your usual practice for a given problem or group of problems; it is not intended to provide statistically valid measures.

Finding your cases for the audit:

You may not have any easy way of tracing the charts of patients with strokes or TIA's. Charts most likely to be useful might be those with diagnoses such as stroke or CVA or TIA or any synonyms or "possible" diagnoses. If you don't have a registry with diagnoses perhaps you could find them through your billing codes. Don't worry too much about methodology in finding your cases - it is often a question of sifting through various lists, and pulling out 10-20 or so charts in order to find about 5-10 which actually deal with the problems being audited. It is important to remember that you don't have to get all your consecutive cases over a certain time period in order to do a valuable audit. As long as you don't consciously select the cases (i.e. take the good and leave the bad) amongst the charts that are available, then your audit will be useful.

Doing the audit:

Use the sheet provided, one for each chart (make copies). We have constructed the sheet to audit the most common difficulties concerning strokes and TIA's but you may wish to assess some other aspect that is more important to you - this will depend on your revised practice questions. **It is preferable to concentrate on only one or two of the listed skills, or on the question you have identified yourself** - the most effective audits are those that are most focused.

Review each chart, filling in an audit sheet. Add any comments as you go.

Fill in the summary sheet (attached):

This will contain your subjective conclusions, as well as any objective data from the audit.

Step #5a Make a practice decision based on all this information, and apply it to future patients with a thromboembolic disorder.

This is actually the last item on the audit summary sheet. Essentially it states what you wish to try to do differently in future thromboembolic problems (or what you particularly want to keep doing the same way but need to concentrate on to maintain quality), and how you plan to achieve these goals.

Step #5b Then, 1 to 2 months later, evaluate the impact of this decision on your practice, and send in a brief report to CAEP

This can and should be done even if you have not actually had many cases of strokes and TIA's during the interval. The important aspect here from an educational point of view is to re-visit the question and to maintain or revise your conclusions and your decisions in step #5a. Use the final report sheet (attached) to summarize your thoughts and conclusions on your management of thromboembolic problems at this time.

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Chart review sheet:

STROKES AND TIA'S

USE ONE COPY OF THIS PAGE FOR EACH CHART

Final diagnosis at discharge: _____

chart # _____ **age:** _____ **sex:** _____

Date of visit to ED: _____

Practice question (cross out those you do not wish to verify)	Not assessed	NO	YES	What was noted in the chart (plan, done, etc.)?
Did you note the exact time of symptom onset?				
Did you specifically enquire about previous episodes of amaurosis fugax?				
When testing for pronator drift (a) did you start with the fingers in full extension? (b) how long did you have patient maintain position before deciding the test was negative?	(a)			
	(b)time			
Did you specify the territory (artery and/or anatomic structure) affected?				
Did you classify the lesion as one of probable ischemic, hemorrhagic, embolic, or other origin?				
(for a TIA) did you classify the risk of recurrence as high, moderate, or other?				
(for a stroke) did you make certain the patient was normo-glycemic?				
Was an ECG done and the interpretation noted in the chart?				
(for TIA) Was the patient treated with appropriate anti-thrombotic agents?				
Other practice question				
Other practice question				

Comments _____

Evaluation:

Would I likely do something different for a similar patient next time

YES NO MAYBE

Date of revision: _____

Initials _____

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Audit summary sheet:

Your revised practice questions (final formulations from step 2):

Charts audited:

Chart number (no name)	Date of ED visit		Chart number (no name)	Date of ED visit

Results of the chart audit:

Number of charts where I would now likely modify my approach if I had the same patient again:

_____ charts out of _____ (specify number)

Specific comments on my management of these patients:

Step #5a Make a practice decision based on all this information, and apply it to future patients with strokes and TIA's.

Based on your reflection and your chart audit, what decision have you made about any changes in your practice?

How will you integrate this decision into your patient care?

Date filled in:

sheet #3

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Final report sheet on your post-P & D activities and conclusions:

(Step #5b Then, a few months later, evaluate the impact of this decision on your practice, and send in a brief report to CAEP)

Do you still agree with the practice decision you made concerning thromboembolic disorder management?

How successful have you been in implementing this decision into your practice?

Very successful partially successful not successful at all
Not enough cases yet

What factors hindered or helped the implementation of your practice decision, and do you plan to make any further changes in your objectives or your strategy?

Other comments on your results, or your conclusions, or on this whole process.

Date this sheet completed _____

Name _____ Signature: _____

sheet #4

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Cover sheet for submitting requests for credits for the post workshop activity:

Send to CAEP CME at:

**Canadian Association of Emergency Physicians
1785 Alta Vista Drive, Suite 104
Ottawa, ON K1G 3Y6**

(800) 463-1158 ext #12

Your name and mailing address:

Your College membership number(s): _____

The date you attended the Different Strokes, Different Folks workshop: _____

Check list: have you included all of the following, duly filled in?

- Sheet #1**
- Sheet #2**
- Sheet#3**
- Sheet#4**

Your signature: _____

Date: _____

You will receive the appropriate detailed CME credit certificate by mail.