

# THE ACTIVITY PLANNING PROCESS

## A QUICK SUMMARY

Continuing medical education can now be thought of as a four-stage process. The first step is to identify a professional practice gap or problem in practice. The second step is to engage in one or more educational interventions designed to reduce or eliminate the gap or problem. The third step is to evaluate the educational intervention(s) for the degree to which the gap was closed. The fourth step is outcomes assessment of our activities to see if we have affected the stated practice gap or if additional learning opportunities are necessary to eliminate the gap or problem.

### Step 1

#### Needs Assessment and Program Objectives

The Course Director and Planning Committee must identify the educational need or professional practice gap that the proposed activity addresses. The methods or processes used to identify the need must be explained and documented. Some examples of methods to identify needs are: survey of target audience, self-assessment tests, patient care audit/QA reports, mortality/morbidity statistics, peer reviewed abstracts, faculty perception, and/or consensus of experts.

The Committee can then establish learning objectives consistent with and reflecting the identified needs. The objectives or goals must be explicit so that, when the program is evaluated, it can be determined whether these objectives were in fact achieved, and whether the activity is likely to result in improved patient care. Also, a summary or statement of the learning objectives must be included in any published announcement of the program.

### Step 2

#### Educational Design

The program design for any CME activity must be appropriate for a physician audience and for achieving the stated objectives. The design of the activity can be in multiple formats, dependent on the desired outcomes to change learners' strategies/skills (competence), what they actually do in practice (performance) and/or their impact on the patient or on the care delivered (patient outcomes). For example, a hands-on workshop might be appropriate in one case; a lecture format might be appropriate in another; slides, videotape or electronic polling might be considered in still other cases.

### Step 3

#### Evaluation

The evaluation instrument is designed to provide an assessment from the learner that measures achievement of the educational purpose and objectives of the activity. It also serves as a means to collect data and information about the changes that result from the educational intervention, including changes learners expect to make, changes that learners actually make, and/or the impact on patients.

### Step 4

#### Assessment of Expected Outcomes

The data collected from activity evaluations and follow-up surveys helps us gauge the impact of our CME activities and our CME program overall. Our mission in providing CME accredited activities is to provide medical information which generates improvements in multidisciplinary patient care. To assess the outcomes of our activities, we will use a variety of tools including evaluations of participant satisfaction, pre-and post-activity knowledge assessment, self-reported change (intended and actual) in practice performance, and objective assessments of quality of patient care and patient satisfaction. Results of these assessments will be shared with the course director and planners to determine if the activity goals have been met or if additional education on the topics should be considered.