



Promoting lifelong learning in health care

IOM presentation 12/11/08

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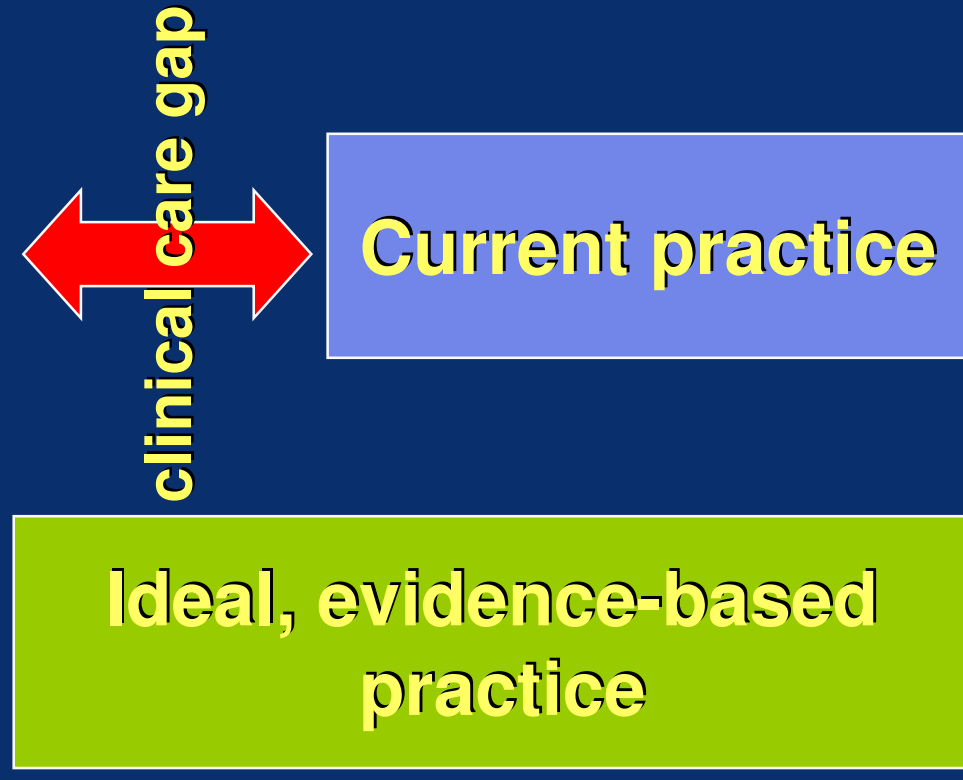
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An outline

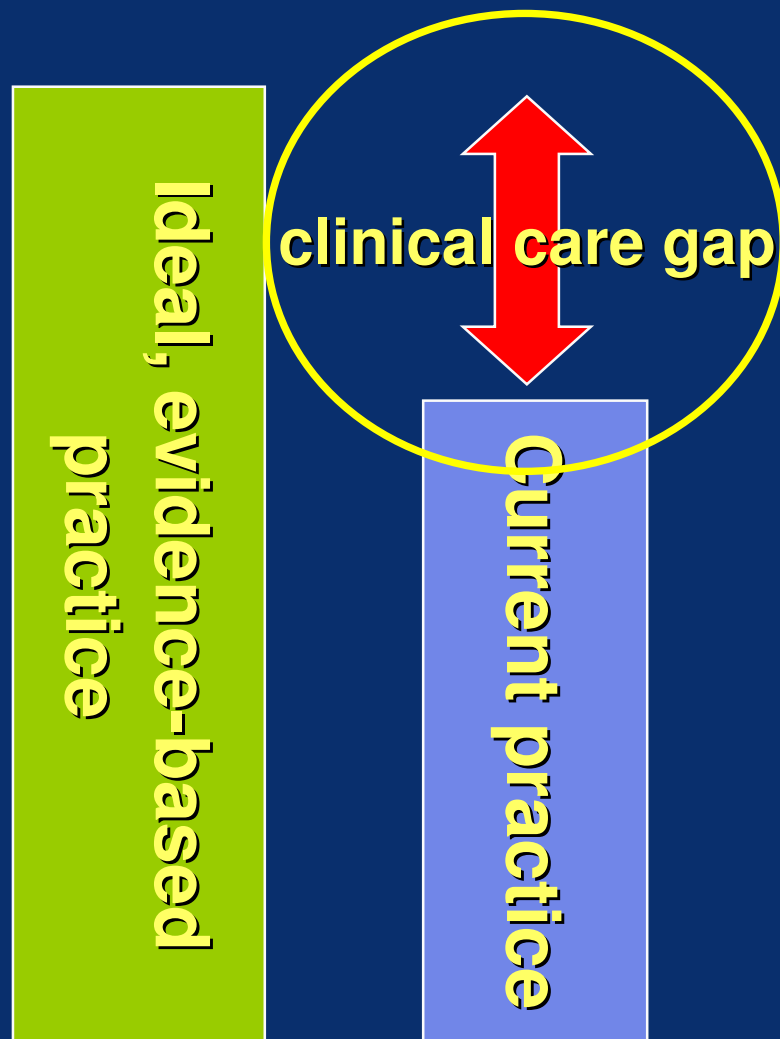
1. *Background*: the clinical care gap, the domain of knowledge translation, the Macy Foundation Report on CE in health care (2007)
2. *The AAMC/AACN initiative*
 - Timelines
 - Four clusters of work
 - Products
 - Collaborative efforts
3. *Implications* for IOM discussion
4. *Wrap-up*: forces for change in the “CME” environment

1) Background:

The clinical care gap



The clinical care gap and the knowledge translation imperative



“Knowledge translation is the effective and timely incorporation of evidence-based information into the practices of health professionals in such a way as to effect optimal health care outcomes and maximize the potential of the health system” – *Canadian Inst. for Health Research definition, 2001*

The goal: using continuing education to close the clinical care gap

Educational	Current picture	Possible scenario
Less effective	Didactic courses Print materials Attention to knowledge retention	
Effective	Some examples of – Better Interventions: audit, feedback, some reminders, IT-support PBL curricula; PBLI methods in GME	Widespread use of effective CME and learning strategies

2) Promoting Lifelong Learning

- joint initiative of the AAMC and the American Association of Colleges of Nursing
- four major clusters/concentrations/themes
- three phase project:
 - *Phase 1*: lit review, synthesis and distillation (Oct 2008-Feb 2009)
 - *Phase 2*: consensus re literature, implications and recommendations (Feb 9-10, 2009)
 - *Phase 3*: refinement of recommendations, production of full report, soliciting grant support, website development

Four major clusters of work

Effective formal continuing education: *applying research evidence to courses, conferences*

Alternatives to formal continuing education: *academic detailing, reminders, POC resources, informatics, opinion leaders, etc*

The learner-clinician: *promoting the acquisition and testing of lifelong learning skills*

Inter-professional Education: *team training, interdisciplinary learning and care*

An example of reworking continuing education delivery...Methods for changing provider performance by Pathman stages*

Methods/ Stages	Awareness	Agreement	Adoption	Adherence
Predisposing	Print , Lectures, Conferences Academic detail, Media	Interactive, sequential sessions		
Enabling		Small groups, Opinion leaders	Pt. Education, Opinion leaders	
Reinforcing			Reminders, Audit/ feedback	Reminders Audit/ feedback

Products (by mid-year 2009)

- Full report (lit review plus recommendations)
- Website
- Possible grant support for
 - Faculty development – workshops, train-the-trainer, other programs
 - Evidence based resources
 - R&D initiatives
- Further collaboration (e.g., AMA/AAMC)
- Possible - Medical School Objectives Program, others

Current Collaborative Projects

SACME (Society for Academic CME)

- **The premier scholarly, research-focused CME organization**
- **Mayo Conference Meeting, Sept 24-26 2008**

Domains: theoretical constructs; learning, behavior and change; curriculum; instruction; evaluation and measurement; knowledge translation and dissemination

Strategies: infrastructure for a research agenda; develop strategic collaboration and partnerships; identify stakeholders and their interests; obtain adequate and stable funding; develop accessible databases; organize a cadre of qualified researchers, and build a pipeline for training future researchers; enhance processes to disseminate and implement research findings

Culture of CME Research: CME units to develop appropriate skill sets/competencies for leadership, staffing support and research; Medical school CME researchers require academic status, with protected time for scholarly work, promotion, and access to tenure

NBME/AAMC/ABIM/ACCME: Meeting on Feedback, Dec 3-4. 2008

3) Implications for continuing health care education, the care gap & the IOM

Evidence, Information:

- bias
- format *
- comparative effectiveness

Vectors, Communication Channels

- ↑ effect of traditional education *
- ↑ non traditional methods *

The learner-clinician:

- self-assessment; lifelong learning skills *

Health Care environment:

- public/patient education
- role of health setting

Research:

- questions
- capacity

4) Forces for change

Research about bias, self assessment, effective CME



Conflict of interest; public, other perception



Emphasis on QI, outcomes



IOM and other calls for team-based, IT-mediated strategies



Knowledge explosion



Content issues



Competency assessment, MOC, MOL



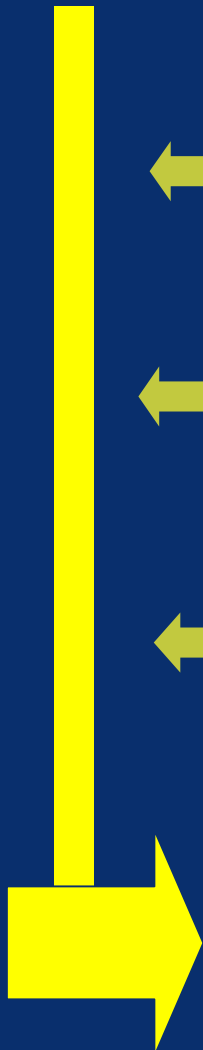
Lack of \$ support for "CME" – medical schools, physicians themselves



Resistance to MOL, MOC



Perception that CME = lectures; physician training



Next Steps...

Your comments, suggestions,
questions.....

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