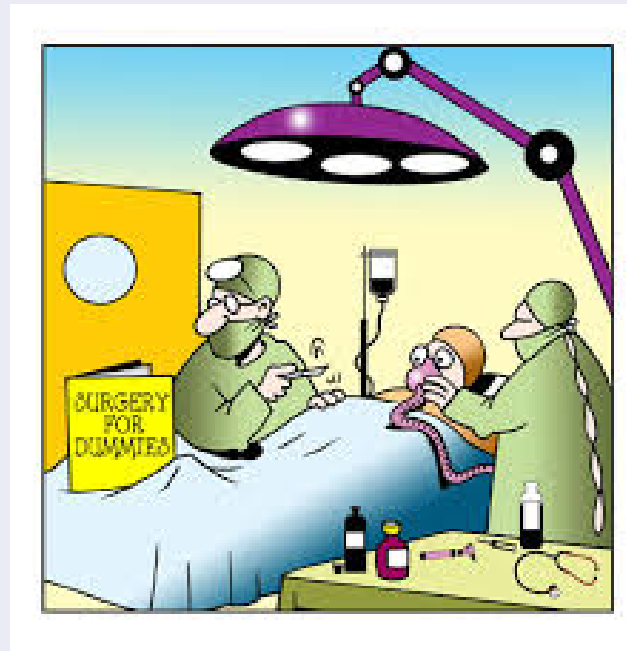# A Deep Dive into Criterion 11 - 13

Did You Hear The One About the Doctor?

Did You Hear the One About the Doctor? An Examination of Doctor Jokes Posted on Facebook

- National Library of Medicine
- Journal of medical internet research
- Peer reviewed article
- February, 2014
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3936271/

Background

- Social networking sites such as Facebook have become immensely popular in recent years and present a unique opportunity for researchers to eavesdrop on the collective conversation of current societal issues.

Objective

- We sought to explore doctor-related humor by examining doctor jokes posted on Facebook.

Methods

- We performed a cross-sectional study of 33,326 monitored Facebook users, 263 (0.79%) of whom posted a joke that referenced doctors on their Facebook wall during a 6-month observation period (December 15, 2010 to June 16, 2011). We compared characteristics of so-called jokers to nonjokers and identified the characteristics of jokes that predicted joke success measured by having elicited at least one electronic laugh (eg, an LOL or "laughing out loud") as well as the total number of Facebook "likes" the joke received.

Results

- Jokers told 156 unique doctor jokes and were the same age as nonjokers but had larger social networks (median Facebook friends 227 vs 132, $P<.001$) and were more likely to be divorced, separated, or widowed ($P<.01$). In 39.7% (62/156) of unique jokes, the joke was at the expense of doctors. Jokes at the expense of doctors compared to jokes not at the expense of doctors tended to be more successful in eliciting an electronic laugh (46.5% vs 37.3%), although the association was statistically insignificant. In our adjusted models, jokes that were based on current events received considerably more Facebook likes (rate ratio [RR] 2.36, 95% CI 0.97-5.74).

Conclusions

- This study provides insight into the use of social networking sites for research pertaining to health and medicine, including the world of doctor-related humor.

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Root Post

Matthew Davis

Here's one for you guys. . .

I asked my doctor, "How do you determine whether or not an older person should be put in an old age home?" "Well," he said, "we fill up a bathtub, then we offer a teaspoon, a teacup and a bucket to the person to empty the bath tub." "Oh, I understand," I said. "A normal person would use the bucket because it is biggest." "No" he said. "A normal person would pull the plug. Do you want a bed near the window?"

Like · Comment · Share · 3 hours ago

👍 Carol Sue Haney, Bill Weeks, Brenda Sirovich and Denise Anthony like this.

Carol Sue Haney
Good one!
2 hours ago · Like

Bill Weeks
I'll have to remember that one.
44 minutes ago · Like

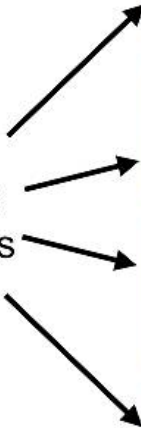Comments
from Friends

Brenda Sirovich
2 much. ROTFL!!
30 minutes ago · Like

Denise Anthony
Goofball.
a few seconds ago · Like

Write a comment...

Did You Hear The One About Criterion 11?

Criteria 11

The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

ACCME Note:

- The provider is asked to analyze the overall changes in competence, performance, or patient outcomes facilitated by their CME program using data and <u>information from each CME activity</u>. Providers who only measure change in knowledge in all their activities will not have any data on change in competence, performance, or patient outcomes to analyze.

Criteria 1

The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

Background

- We have conducted 9 RSS sessions in the past year in our organization as well as 4 Courses and 2 live CME symposia. Our CME mission includes our desire to change physician competence, performance, and patient outcomes through our educational interventions.

Objective

- Analyze changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

Methods

- We performed a study of 1,357 CME activity participant, 271(0.20%) of whom returned a CME activity evaluation during a 12-month observation period (January 1, 2017 to December 31,2017). We compared activities that were planned to change competence as one group, patient outcomes as another group.

Results

- For activities designed to change competence, 79% indicated a change that they planned to implement in their practice. Data was collected for changes in performance included multiple assessment methods including three month post activity questionnaires and data registries. Overall, there was a change in performance for 68% of respondents. We held one activity to measure patient outcomes by educating physicians on a new protocol to decrease negative patient outcomes and data indicates that post CME the outcomes improved 5%.

Conclusions

- Overall, we have a better understanding of how our programs are impacting change for our participants.

There Is More than One Way!

- Some providers look at ALL their data in aggregate
- Some providers look at a representative sample of their activity data
- Some providers break their data into groups (eg activity type, disease state, department, etc) and analyze each group separately

What Works Best for YOUR CME Program?

Case Example #1 – C11

In its performance-in-practice materials for a regularly scheduled series activity entitled, "Breast Cancer Tumor Conference," Western Health System includes the following for Attachment 5 of the Structured Abstract as documentation of "The data or information generated from this activity about changes achieved in learners' competence or performance or patient outcomes."

Case Example #1 – C11

Focus Group Reports:

(For sessions held March 2015-June 2015)

Facilitator: Dr. Dre

- 7 participants from conference sessions (including 3 attendings, 2 nurse leaders, 1 resident, and 1 genetics counselor)

- All representatives shared new strategies for managing early diagnosis and consultation regarding surgery

- Identified system-based obstacles for implementing some strategies (e.g. scheduling delays for genetic counselors, poor communication between clinical and social work staff).

- Shared that it would be helpful to share this feedback with the group as a whole.

Case Example #1 – C11

<u>Focus Group Reports:</u>

(for sessions held July 2015-September 2015)

Facilitator: Ms. Black

- 8 participants (2 surgeons, 1 medical records, chief quality officer, 1 attending, 2 nurse, practitioners, and 1 medical scribe)

- Sessions on medical informatics were interesting, but didn't provide actionable next steps. Participants didn't know how to apply the information.

- Suggestions to include a tool (maybe a checklist) for future sessions

Case Example #1 – C11

<u>Focus Group Reports:</u>

(for sessions held July 2015-September 2015)

Facilitator: Dr. Long

- 9 participants (2 surgical staff, 1 pathology attending, 1 path student, 1 case manager, quality manager, 1 pharmacist, and 2 oncology residents)

- "The coffee is terrible. Can we go back to having Starbucks?!"

- Participants said it was helpful to have the team participate this past quarter – had great discussions how to implement changes to our shared processes.

- Participants appreciated seeing their data - "Great to see how survivor data is improving." –and suggest that we should bring more data into conferences to provide feedback on how we're improving.

Case Example #1 – C11

Does this performance in practice material support compliance with the expectations of Criterion 11 for this CME activity?

a. Yes
b. No

Case Example #1 – C11

Does this performance in practice material support compliance with the expectations of Criterion 11 for this CME activity?

a. Yes
b. No

Case Example #1 – C11

Answer:

The provider's performance-in-practice materials demonstrate that they have "data or information" and analyze learners' changes in competence, performance, or patient outcomes as a result of the CME activity. Criterion 11 does not require a "change" measure of each individual learner.

(Keep in mind, if the activity was also registered for ABIM MOC points, then those learners who received MOC points would, in fact, need to have evidence they participated in the evaluation mechanism.)

Case Example #2 – C11

Self-Study Report:

"Our CME program offers activities that incorporate a variety of methods to assess learning. Our faculty look for changes in physicians' strategies during the activity via observation of role-play exercises, simulated events, and facilitated discussion."

Case Example #2 – C11

Performance in Practice (activity) files:

All activity files include a "Post-Activity Summary" paragraph written by the course director that includes faculty observations of changes in learners during the course. These summary paragraphs include statements like:

Case Example #2 – C11

Performance in Practice (activity) files:

• At the end of the course, faculty observed learners demonstrating use of the new standard "SBAR" hand-off communication method.

• Participant simulation exercises revealed that learners were willing to try out a variety of techniques learned in this RSS series and felt more confident and prepared during conversations about end of life care.

• During the open discussion following lecture, participants engaged in conversation around real-life scenarios and elicited examples of how they would apply new diagnostic strategies into their practice.

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Case Example #2 – C11

Does the information provided meet the requirement for Criterion 11?

a. Yes
b. No
c. Unsure

Case Example #2 – C11

Does the information provided meet the requirement for Criterion 11?

a.   Yes
b.   No
c.   Unsure

Case Example #2 – C11

At this point, the provider has not shown evidence that it analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

Case Example #2 – C11

Accreditation Interview:

The provider described that the CME office compiles a report that shows each course conducted, and what learner changes were observed by the faculty. This report excerpts 1-2 sentences from the course directors' summary notes. The provider described that the CME Committee reviews the report during their quarterly meetings to provide feedback on the effectiveness of the education being delivered.

Case Example #2 – C11

Does the information provided meet the requirement for Criterion 11?

a. Yes
b. No
c. Unsure

Case Example #3 – C11

Structured Abstract Attachment #5:

The data or information generated from this activity examines changes in learners' competence or performance, or patient outcomes (C11). The provider included the material below:

Case Example #3 – C11

On a scale of 1 to 5, with 5 being very satisfied and 1 being very dissatisfied, please indicate level of satisfaction with…	1	2	3	4	5
1. The effectiveness of the presenter.					
2. The amount of time allowed to ask questions.					
3. The date/time of the session.					
On a scale of 1 to 5, with 5 being very likely and 1 being very unlikely , please indicate…					
4. The likeliness you will make a change in your practice as a result of this activity.					

Case Example #3 – C11

Summary of evaluation information gathered:

Our Medical Grand Rounds regularly scheduled series (RSS) is held monthly for a total of 12 sessions for the year. A total of 108 evaluations were returned across the 12 sessions with the results showing:

- Speaker effectiveness – 85% of respondents were satisfied or very satisfied.
- Time to ask questions – 70% of respondents were satisfied or very satisfied.
- Date/time of the session – 96% of respondents were satisfied or very satisfied
- Likelihood that a change of practice would occur – 79% of respondents were likely to make a change in practice.

Case Example #2 – C11

Does the information collected from the evaluation form meet the requirement for Criterion 11?

a. Yes
b. No
c. Unsure

Case Example #2 – C11

Does the information collected from the evaluation form meet the requirement for Criterion 11?

a. Yes
b. No
c. Unsure

Case Example #3 – C11

On a scale of 1 to 5, with 5 being very satisfied and 1 being very dissatisfied, please indicate level of satisfaction with…	1	2	3	4	5
1. The effectiveness of the presenter.					
2. The amount of time allowed to ask questions.					
3. The date/time of the session.					
4. Please describe what you will change in practice as a result of this activity:					

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Case Example #3 – C11

<u>Summary of evaluation information gathered:</u>

Our Medical Grand Rounds regularly scheduled series (RSS) is held monthly for a total of 12 sessions for the year. A total of 108 evaluations were returned across the 12 sessions with the results showing:

- Speaker effectiveness – 85% of respondents were satisfied or very satisfied.
- Time to ask questions – 70% of respondents were satisfied or very satisfied.
- Date/time of the session – 96% of respondents were satisfied or very satisfied
- Changes in practice identified as a result of this activity:
  - I now know how to refer my patients to the headache center
  - Will try to use checklist for identifying patients in need of a referral
  - Great information!
  - Headache center referral criteria

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Case Example #3 – C11

Does the information collected from the evaluation form meet the requirement for Criterion 11?

a. Yes
b. No
c. Unsure

How Do We Look from 30,000 Feet?

Use the data that you collected and analyze it to see how effective your overall CME program is at improving the competence, performance, and/or patient outcomes of your learners.

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Criteria 12

- The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.

ACCME Note:

- The provider is asked to integrate C11 information with a broader view of the CME program and organization – to determine the program's success at meeting the expected results of its CME mission as described in C1. There are clear relationships between C11, C12, and C13 which relate to improvement plans based on this program-based analysis.

Let's Go Back to the Data

Results

- For activities designed to change competence, 79% indicated a change that they planned to implement in their practice. Data was collected for changes in performance included multiple assessment methods including three month post activity questionnaires and data registries. Overall, there was a change in performance for 68% of respondents. We held one activity to measure patient outcomes by educating physicians on a new protocol to decrease negative patient outcomes and data indicates that post CME the outcomes improved 5%.

Conclusions

- Overall, we have a better understanding of how our programs are impacting change for our participants.

Let's Go Back to the Data

- What does the data you've collected tell you about how well you are meeting the expected results of your CME mission?
- What conclusions can you draw about:
  - What you are doing particularly well?
  - What you are not doing so well?
  - What you are doing ok, but could be doing better?
  - What obstacles exist to doing better?

Case Example #1 – C12

Self-Study:

The provider described that the organization does a "SWOT" (strengths-weaknesses-opportunities-threats) analysis and has a comprehensive strategic planning process associated with its annual retreat. The analysis included the CME Program.

Case Example #1 – C12

Does the information collected from the evaluation form meet the requirement for Criterion 12?

a. Yes
b. No
c. Unsure

Case Example #1 – C12

Does the information collected from the evaluation form meet the requirement for Criterion 12?

a. Yes
b. No
c. Unsure

Case Example #1 – C12

Self-Study:

The provider described that the organization does a "SWOT" (strengths-weaknesses-opportunities-threats) analysis and has a comprehensive strategic planning process associated with its annual retreat. The analysis included the CME Program and the degree to which the organization had achieved the expected results of its mission statement.

Case Example #1 – C12

Does the information collected from the evaluation form meet the requirement for Criterion 12?

a. Yes
b. No
c. Unsure

Case Example #1 – C12

Does the information collected from the evaluation form meet the requirement for Criterion 12?

a. Yes
b. No
c. Unsure

Case Example #1 – C12

Self-Study:

In its self-study report, the provider concluded that it had achieved a portion of its expected results of, "updating the knowledge and skills of physicians in both their own disciplines and in the other disciplines with which they provided care."

Case Example #1 – C12

Does the information collected from the evaluation form meet the requirement for Criterion 12?

a. Yes
b. No
c. Unsure

Case Example #1 – C12

Does the information collected from the evaluation form meet the requirement for Criterion 12?

a. Yes
b. No
c. Unsure

C13

- The provider identifies, plans and implements the needed or desired changes in the overall program (eg, planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.

ACCME Note:

- The provider identifies its own 'professional practice gaps' in terms of its performance as a CME provider - and creates a strategic plan for organizational improvement, based on the insights from C11 and 12.

Let's Go Back to the Data

Results

- For activities designed to change competence, 79% indicated a change that they planned to implement in their practice. Data was collected for changes in performance included multiple assessment methods including three month post activity questionnaires and data registries. Overall, there was a change in performance for 68% of respondents. We held one activity to measure patient outcomes by educating physicians on a new protocol to decrease negative patient outcomes and data indicates that post CME the outcomes improved 5%.

Conclusions

- Overall, we have a better understanding of how our programs are impacting change for our participants.

What Changes in the Overall Program Might Be Incorporated?

- What conclusions did you draw about:
  - ~~What you are doing particularly well?~~
  - What you are not doing so well?
  - What you are doing ok, but could be doing better?
  - What obstacles exist to doing better?

Case Example #1 – C13

- In its self-study report, the provider describes an improvement plan based on reports that determine if they are maintaining attendee levels from primary disciplines in team care, activity evaluations that determine whether to continue with certain educational formats and exhibits, debriefing meetings after the annual meeting to identify process or logistics areas for improvement, and membership surveys to determine why non-participants do not attend the annual meeting.

Case Example #1 – C13

Does the information collected from the evaluation form meet the requirement for Criterion 12?

a. Yes
b. No
c. Unsure

Case Example #1 – C13

Does the information collected from the evaluation form meet the requirement for Criterion 13?

a. Yes
b. No
c. Unsure

Case Example #2 – C13

- The provider indicated that upon review of its effectiveness, no changes or improvements were required.

Case Example #2 – C13

Does the information collected from the evaluation form meet the requirement for Criterion 13?

a. Yes
b. No
c. Unsure

Case Example #2 – C13

Does the information collected from the evaluation form meet the requirement for Criterion 12?

a. Yes – HOWEVER...
b. No
c. Unsure

Case Example #2 – C13

- If noncompliance findings in other Criteria indicate there are, in fact, improvements that could be made – the finding would be noncompliance for Criterion 13.