



Cooking in the CME Kitchen: Accrediting CPD intradepartmental activities

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It is unfortunate that many valuable intradepartmental activities, although very well organized with respect to continuing medical education criteria, are not set to deliver credit to the physicians attending these events at “home.”

The Canadian Maincert-MainPro® program for family physicians and maintenance of competence program (MOCOMP) for specialists has given us the taste and recipes of how physicians can obtain credits for their CME activities. In recent years, many meetings organized by federations, societies, faculties of medicine and associations, at the provincial and national levels, were able to develop processes to recognize physician participation.

There is limited attention or time dedicated to revising traditional activities like grand rounds, case discussions and other in-hospital meetings. I think it is time to do it for those

who didn't have time to revisit the way we look at intradepartmental activities. These are a unique way of learning in our “kitchen,” far from “neighbours.”

We can easily discuss with colleagues living in the same environment and this may be more favourable for interaction in some instances. The cost is also very low and implication is, in many cases, more important. The problem is physicians are very busy and even if we have the recipe from the College of Family Physicians and the Royal College on how to accredit these activities, many find it too complicated, time-consuming and don't know how to simplify the process.

In our university and hospital, this problem was discussed in detail at our continuing medical education (CME) centre and we were able to share experiences from many departments. In fact, our goal was to help physicians in

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Amend your departmental regulations to designate a planning committee.

departments “cook” in their own CME kitchen! Over the last five years, our department developed such a process and I would like to share our experience with you.

The analogy of meal preparation is interesting because who would like to cook without a helper! The “grand chef” never prepares food alone and is there to ensure everything is done so as to get the best result: client satisfaction. Our secretary is our assistant and the entire program is based on her expertise and devotion.

First of all, you must establish the modalities of functioning with the physician and the assistant in your group who will be responsible for the continuing professional development (CPD) program in your department. It is better to amend your departmental regulations to designate this person and create a planning committee for the program.

Then, you are ready to plan and hold meetings. Create the list of the meetings in your department (date, title of the presentation, name of the speaker and the room number). This list is publicized many times/year or as needed by e-mail to intradepartmental members. If you want to send invitations to colleagues outside your department, you can do it using a

notice or other tools of choice. Your assistant will send a letter of invitation to the chosen speaker to confirm the agenda and to obtain the objectives of its talk at least two to four weeks before. He/she will prepare the evaluation form of the activity.

Establish with him/her the modality to be sure the completed sheet will be available in enough quantity and will be dropped in the meeting room before the session begins (sometimes it is done the day before in the afternoon for early morning session.) One of the participants will bring the completed sheets back to the assistant's office at the end.

Now it is time for the assistant to enter the data collected during the meeting inside the data bank of the CPD program. He/she checks to be sure all completed evaluation forms have been recovered after the activity.

Two Excel™ databases have been created to log the data. One for the evaluation of each activity, where each participant's evaluation is logged in and a preformatted summary of the activity is automatically done at the last column of this table for future statistics. Our CME centre provides a copy of these databases on the Web site for our colleagues by using a password. For each new activity, the assistant uses the same model and only needs to

*Encourage
Attendees to
suggest topics
or speakers
of interest.*

enter specific data relating to the session. He/she only needs to enter the data using some sign, like an "X" in the column corresponding to the answer at the question for each participant or put the information required to appropriately identify the session (title, date, *etc.*). At the end, he/she saves the document in the CPD file for this year. He/she will also transfer the summary of the session in the annual summary for final statistics and attendance registry.

The assistant will then prepare and send the feedback to the speaker, including a standard thank-you letter with a copy of the evaluation summary of the session already prepared by a modified Excel™ sheet recovering the information already entered in the data bank. If you wish, he/she will also prepare and send documents confirming the participation to the session to members and other non-members of the department who are frequently attending your meetings and, therefore, considered "participants" to the group.

An important step is the compilation and constitution of the departmental registry of attendance. The members can then enter their credits in the site of the Royal College for the specialists (www.Mainport.org) or according to the usual process for family physicians. After each activity,

our assistant recovers the stub of participation with the name and signature of the attendees and enters this fact into the database to record the attendance for each meeting. It is easy to go enter our number of hours of CPD and get credits for it.

In the evaluation sheet of each activity, there is a section where attendees can write suggestions for future events and subjects they would like to hear about to improve their practice. The assistant is prospectively compiling these suggestions.

Biannually or annually, he/she sends a notice to members and residents about subjects of meetings or interesting speakers they would like to invite. A compilation of these suggestions will be done for the next CPD planning committee and will serve as a base to create the list of the meetings in your department for the next year... and the cycle starts again.

Ah! As you can see, getting accreditation for CPD intradepartmental activities is not so difficult. As is the case with cooking, physicians like me just need a little bit of help to cook in the CME kitchen... bon appetit!

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