



AiAMC

Alliance of Independent
Academic Medical Centers

**SUPPORTING THE
MOST PRECIOUS
RESOURCE
IN HEALTHCARE –
OUR PEOPLE**

Graham McMahon, MD MMSc
President and CEO



Accreditation Council™
for Continuing Medical Education

learn well

Maximizing Quality and Minimizing Harm

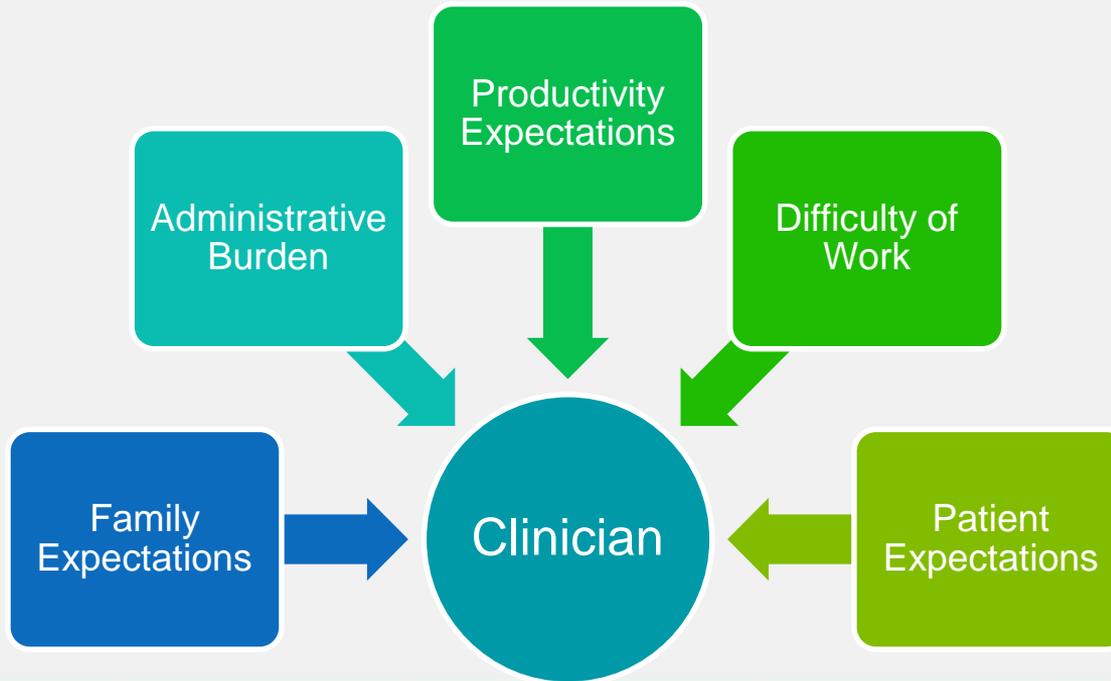
No patient will be inadvertently harmed while being cared for here:

- Problem identification
- Goal definition
- Identify system influences, controls, constraints
- Pilot and evaluate
- Policies, regulations, reporting systems, retraining

Patients will receive optimal care and outcomes here:

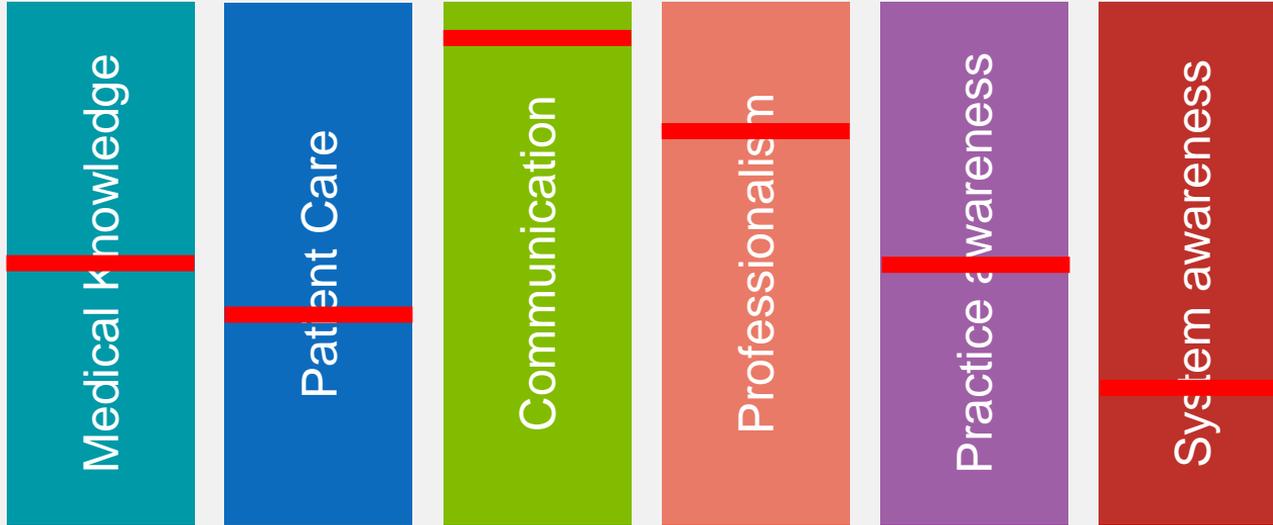
- Competence
- Patient-centered systems
- Collaboration
- Engagement in continuous improvement
- Humility and curiosity

Changing Environment



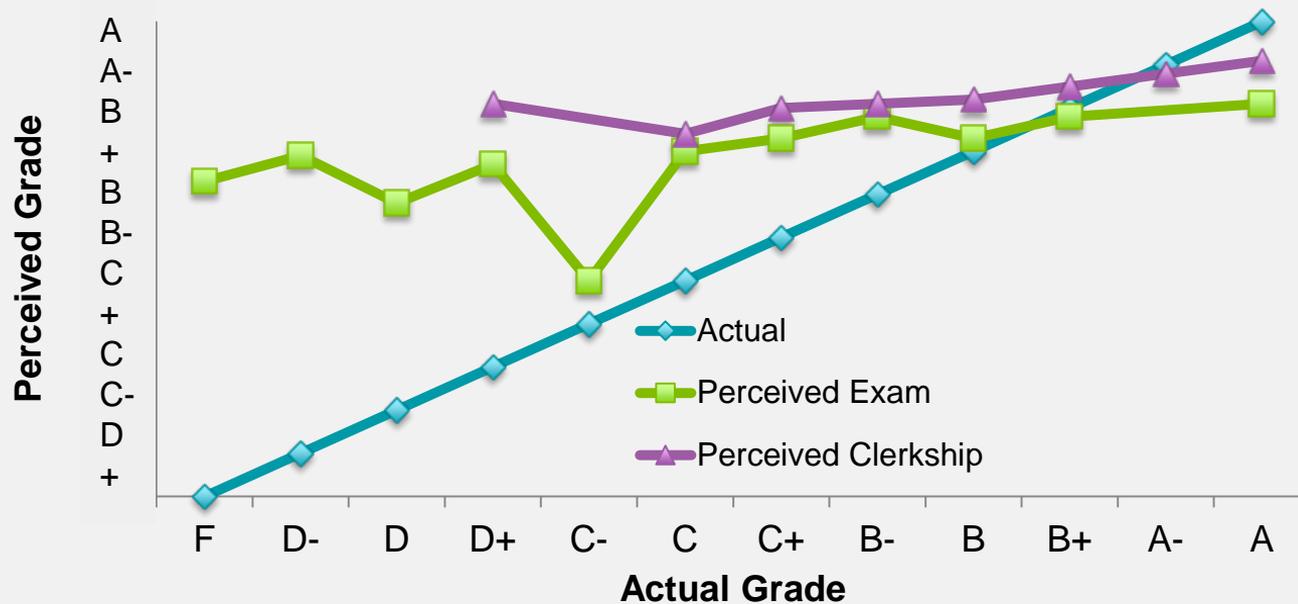
WHAT MAKES A GOOD DOCTOR?

A Wide Range of Competencies



WHAT MAKES A GOOD DOCTOR?

Overconfidence is a problem for HCPs



What's Holding Us Back?

- Many people are complacent about and have difficulty identifying their own areas for growth
- It is nearly impossible to surmise what you do not know
- We are poor assessors of the extent of our own deficits
- Practice types and learning needs are extremely diverse – there is no standard curriculum for clinicians in practice
- It's challenging to engage cognitively when you're tired, stressed, distracted or burned out

Issues in Our System

System Challenges

- Problems with patient safety well known
- Disparities in access and quality
- Inefficient costly care

Organizational Challenges

- Belief in staid models
- Cost of technology
- Lack of leadership responsibility
- Resource limitations
- Retraining staff

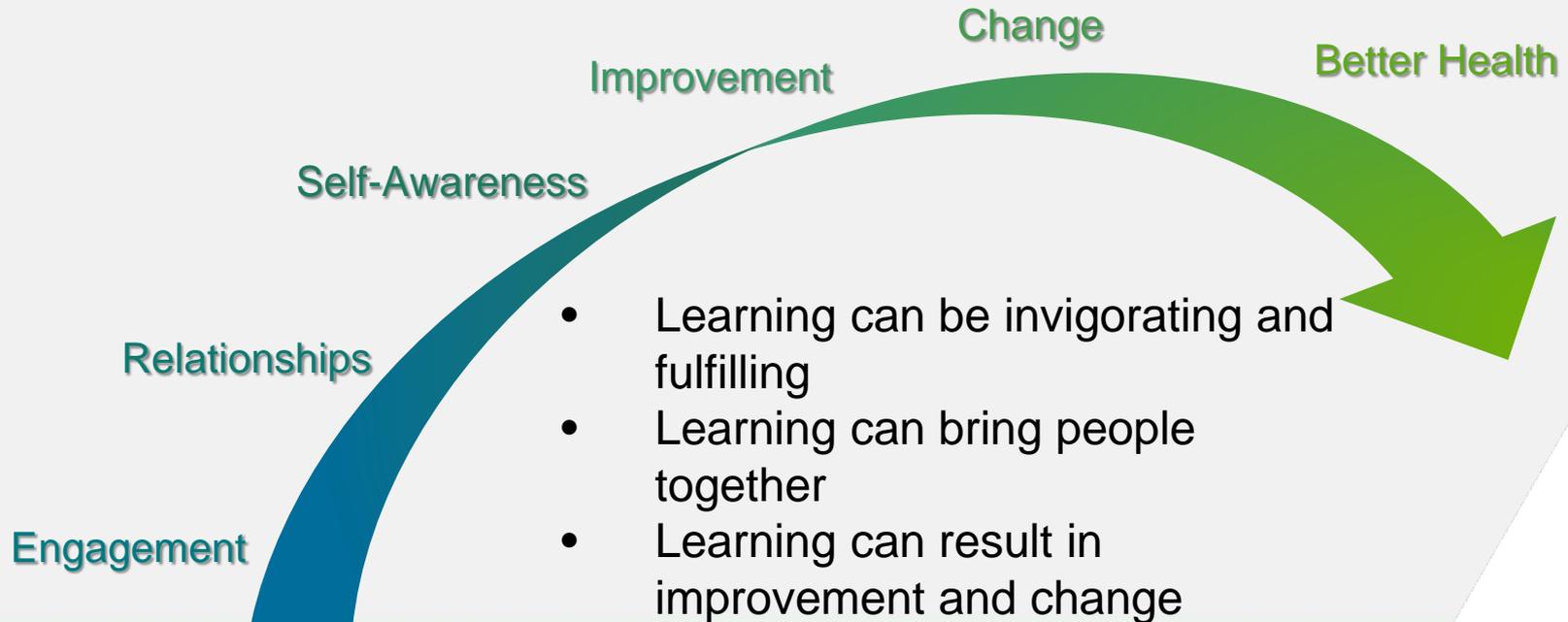
Learner Challenges

- Overburdened, burned out, lack the joy of learning
- Poor self-awareness & complacency
- Compliance consumption
- Credit vs. learning

What Have We learned?

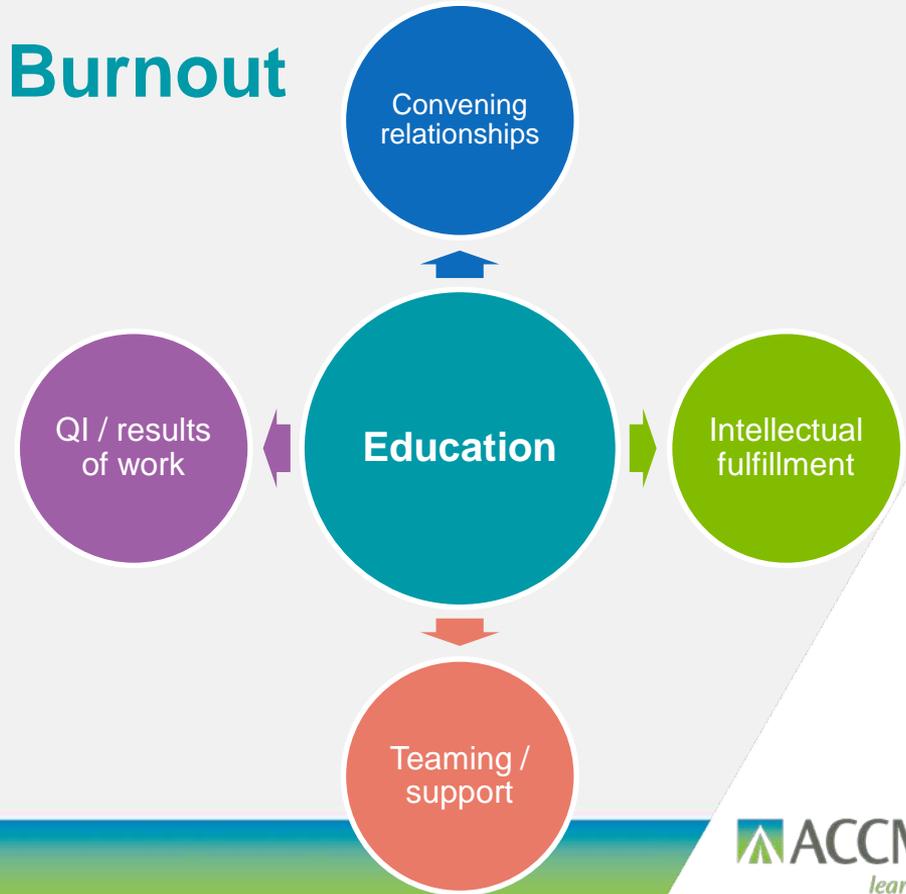
- Physicians have high attainment and capacity, and motivated for mastery, but many competing pressures on clinicians for time & attention
- Self-awareness is often poor; competence is assumed
- Hard to learn by observation; especially hard to unlearn; need feedback
- We all learn differently and tend to learn better together; context/relevance is important
- It's essential to evolve from the view of CME as compliance rather than professional development
- CME has to evolve to meet the changing needs of healthcare professionals

Education Can Be Transformative



Education Can Mitigate Burnout

- ✓ Collective goals and values
- ✓ Improving quality as a team
- ✓ Interprofessional collaboration
- ✓ Engaged as leaders



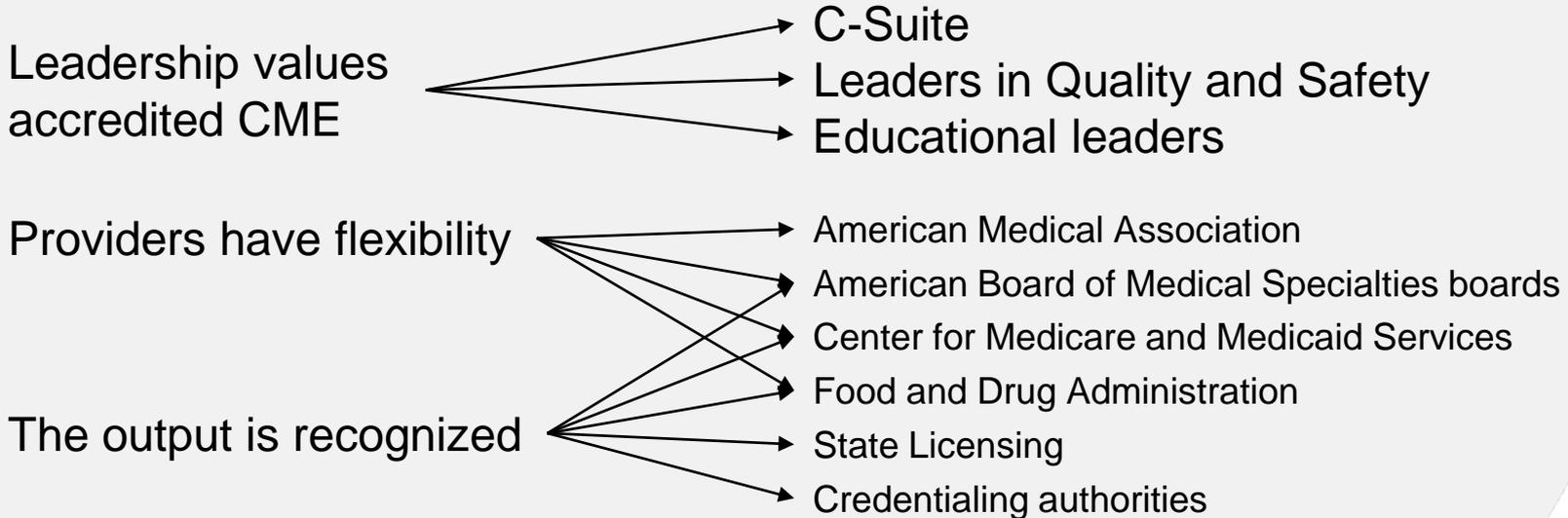
FOSTERING WORKFORCE IMPROVEMENT WITH ACCREDITED CME

Education delivers ROI for employers too

- Higher quality of care
- More effective teams
- Reduced costs and utilization
- Worker satisfaction
- Worker productivity
- Reduced turnover



Building the Value of CME



Evolution in Delivery Models for CPD

National Specialty

- Standards of care
- Best practices
- Larger group

Local & Team

- Local issues
- Mentorship
- Team development
- Small group

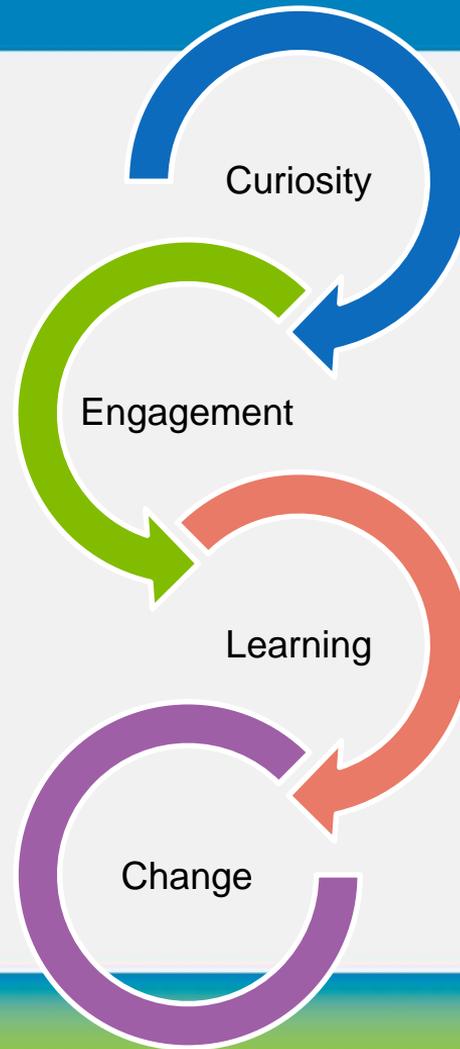


FOSTERING WORKFORCE IMPROVEMENT

Facilitating Effective Learning for Professionals...

Relevant
Meaningful
Trusted
Efficient

Supported
Measured
Rewarded
Reflected
Repeated



Curiosity

Mentor
Stimulate
Provoke
Inspire

Engagement

Learning

Progressive
Personalized
Practiced
Provide feedback

Change

Evolving Continuing Education Together

What each **clinician** needs to do for themselves



- Develop insights on their own personal strengths and areas for growth
- Make a personal learning plan
- Participate actively; avoid assuming you're learning

What **educators** need to do for clinicians



- Create quality and active learning experiences
- Foster Interprofessional CE
- Link with system needs
- Ensure it is a safe space
- Advise and support

Internal Leadership

- Competency management as an organizational responsibility
- Cultural shift to valuing learning and people over process
- Facilitating creativity
- Professional development of the CPD team
- Data management



A female healthcare professional with long dark hair, wearing glasses and a white lab coat over teal scrubs. She has a stethoscope around her neck and a surgical mask hanging from it. She is looking down at a white smartphone in her hands. The background is a blurred clinical setting.

Evolving approaches to performance management for clinicians

- Strategy for the CME provider
- Redesigning Live Learning
- Redesigning Online Learning
- Educational Technology
- Workplace Learning
- Team-Based Learning
- Social Learning
- QI Learning

Use Data to Identify Gaps and Goals

Leadership Priorities:

- Patient safety errors
- HCAHPS measures
- CMS measures
- Preventable readmissions

Internal Sources:

- Quality dashboards
- M&M
- Case conferences
- Sentinel events, near miss and good catch registries
- Bottom-up voices and reports

External Sources:

- Hospitalcompare
- CDC National healthcare Safety Network
- Collaborative Alliance for Nursing Outcomes
- National Database of Nursing Quality Indicators
- IHI / JC / NQF / Leapfrog
- Office of Statewide Health Planning

Key Tactics for Educational Development

People

- Chief learning officer
- Educators
- Time to convene
- Clinician empowerment
- Mentorship

Technology

- LMS
- Process improvement engine

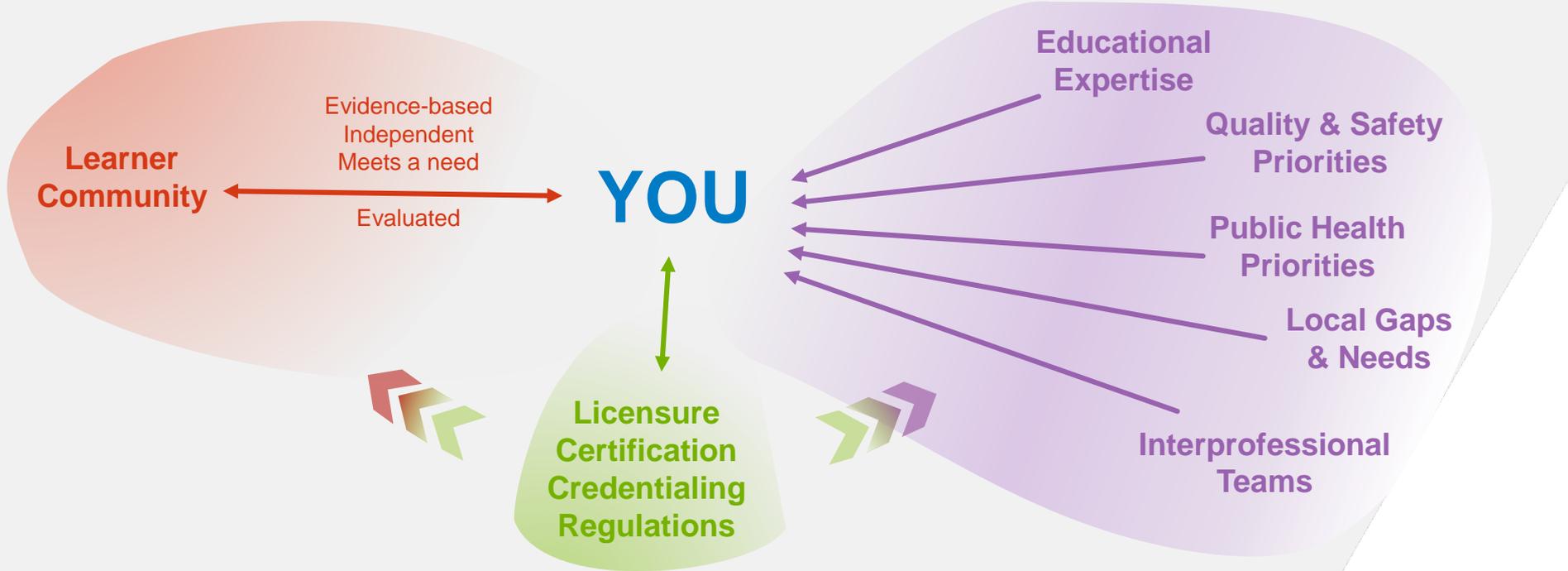
Collaborations

- QI w/CME
- UME, GME w/CME
- Med, Nursing, Pharmacy and other professions
- Educational space
- Professionalism
- Wellness

Information

- Survey of needs
- Annual educational strategy
- Outcome data

How Can You Build Connections?



How CME is Evolving

- Meaningful, relevant
- Active, participatory learning
- Provides feedback
- More local opportunities
- Easy search
- Greater variety
- Interprofessional
- Counts for a variety of regulatory expectations
- Tracked automatically
- Delivers personalized recommendations
- Supported by employer

EDUCATION FOR THE TEAM, BY THE TEAM

Joint Accreditation Collaboration

- Collaboration with Colleague Accreditors
 - ✓ Nursing
 - ✓ Pharmacy
 - ✓ Social Work
 - ✓ Physician Assistant
 - ✓ Optometry
 - ✓ Psychology
- Single pathway for issuing multiple credits
- Community of learning



JOINT ACCREDITATION™
INTERPROFESSIONAL CONTINUING EDUCATION

Summary

- Physician education is challenging
- Traditional view of CME needs to evolve and is changing quickly
 - New formats and approaches, esp local and team-based
 - Diverse array of relevant, practical programs
 - Increased focus on leadership, communication, QI
- Health system leadership to manage their people is key
- ACCME is here to help

THANK YOU!

Follow ACCME on Social Media



[facebook.com/AccreditedCME](https://www.facebook.com/AccreditedCME)



[@AccreditedCME](https://twitter.com/AccreditedCME)



[linkedin.com/company/AccreditedCME](https://www.linkedin.com/company/AccreditedCME)



<https://www.instagram.com/accreditedcme/>

Contact me: gmcMahon@accme.org