

Expanded Outcomes Framework for Effective CME - The Way Forward for Pakistan

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ABSTRACT

Continuing Medical Education (CME) providers recognize the importance to plan educational activities that focus to improving and assessing knowledge, competency and performance outcomes rather than on attendance and satisfaction. This perspective proposes using an expanded outcomes framework for planning and assessing CME. The expanded outcomes framework supports backward planning, that starts with the population health outcomes (level 7) and moves backward, to providing continuing education for physicians that may result in improved outcomes. We the authors recognize the complexity of this framework, the recently evolved CME system in Pakistan, and the limited resources; and therefore, we suggest that planning and assessment should begin at level 3, physician knowledge. Thus, be mindful of the end and the scope of this framework that is associated and leads toward the improvement of population health outcomes.

Key Words: *Continuing medical education (CME). Expanded outcomes framework. Physicians. Way forward. Pakistan.*

Currently, Pakistan is in the phase of developing a structured framework for Continuing Medical Education (CME) for the healthcare professionals. Interestingly, the majority of the continuing medical education activities that are planned in Pakistan are influenced by commercial companies,² and do not necessarily reflect the characteristics of evidence-based CME. Evidence-based CME provides content that is developed from research that follows the principles of scientific investigation.³ This situation exists primarily because CME providers in Pakistan are not aware of recent advances in CME planning, the newly evolved national accreditation system, and inadequate regulations on commercial companies' influence on CME planning.

The Aga Khan University (AKU) is a private not-for-profit international organization with central campus in Karachi and is a best-practice model for medical institutions in Pakistan. In 2008, AKU established the Department of Continuing Professional Education with the aim to provide healthcare professionals with the current knowledge and skills to improve practicing behaviours necessary to deliver quality patient care, advance healthcare policy, and to create an impact in the community.⁴ In addition, AKU is collaborating with the national accrediting body and higher education institutions to improve the accreditation framework for

continuing medical education for all healthcare professionals. As a front-runner, AKU has formally integrated a credentialing system for physicians within its network of hospitals and health systems. Under this system, physicians are required to demonstrate life-long learning and attendance in CME activities in order to remain current and to maintain their privileges. AKU's goal is to move forward as a CME leader in Pakistan to provide educational activities focus to improve physician knowledge, competence, performance, and patient health status instead of attendance and satisfaction.

With this goal in mind, we the authors promote the use of an expanded outcomes framework, that is an extension of the Miller framework (knows; knows how; shows how; does). This expanded outcomes framework offers an idealistic approach to CME planning and assessment that is focused on achieving desired outcomes, with population health (level 7) as the highest goal and physician participation (level 1) as the lowest.¹ The plan works in a somewhat backwards manner; as it starts with the outcomes of the highest level and works downward (Figure 1). Needs at each level of outcomes are assessed through gap-analysis, thus indicating to providers where to start planning and assessing outcomes for the physicians. CME providers in the United States are successfully utilizing versions of this backward framework to assess gaps in patient health, physician practice, competence, and knowledge, and hence planning, implementing and evaluating evidence-based educational interventions to improve patient care.⁵ Conversely, CME activities in Pakistan are currently planned and measured at levels 1 and 2 (Figure 1); however, need for urgent planning and assessing of continuing medical education interventions at higher levels of outcomes i.e. knowledge, competence and performance has been proven.⁶

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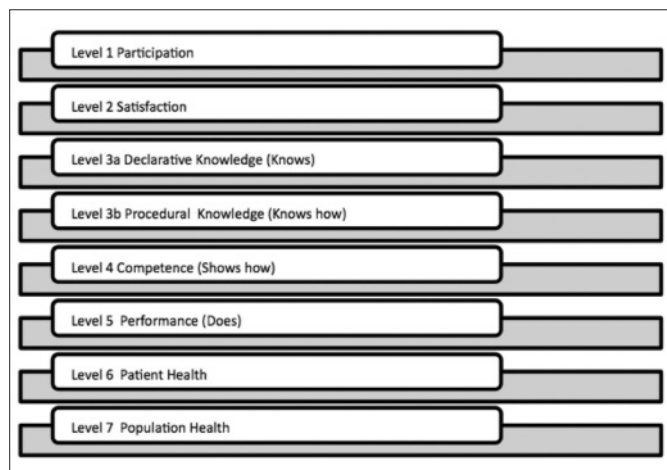


Figure 1: Expanded outcomes framework.¹

Moreover, quality and accreditation agencies, policy makers and CME proponents around the world, citing the existing gaps in the quality of healthcare, have called for directing the role for CME toward improving in physician knowledge, competence, and performance rather than attending alone.

Recognizing the usefulness of backward planning and assessment in CME, the international driving forces and the future trends, we, therefore, advocate the use of an expanded outcomes framework. Realistically, not all CME providers in Pakistan has the capability to work through backwards planning in the fashion just outlined. We suggest that planning and assessment should begin

at level 3a or 3b, physician knowledge i.e. what a physician should know or be able to describe and what he actually knows or describes. Thus, we should be mindful of the end and scope of this framework that is associated and leads toward the improvement in competence (level 4), performance (level 5) and population and patient health (levels 6 and 7).

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