Strengthening the Foundation of Learning: Integrating Outcomes Assessment

ACPE’s 14th Conference on CPE
Building Bridges to Reposition CPE

Don Moore, PhD
Vanderbilt University School of Medicine
September 25, 2011
Learning objectives

After participating in this session today, you should be able to

1. Summarize an outcomes framework for conceptualizing and measuring the impact of CPE activities.
2. Identify the importance of “starting with the end in mind”.
3. Discuss how planning for and assessing outcomes coexist along a continuum in achieving your mission.
4. A value proposition for your CPE program.
Outcomes Framework

Outcome: the result of an action or activity.

Educational outcome: the result of an educational activity.

Seven levels of outcomes:
1. Community Health
2. Patient Health Status
3. Performance
4. Competence
   a. Declarative Knowledge
   b. Procedural Knowledge
5. Learning
6. Satisfaction
7. Participation

Outcomes-based CPE

- Start with the end in mind – outcomes framework
- Take into account physician stages of learning
- Focus on clinical problems and provide knowledge that can be used in practice.
- Provide opportunities for practice and feedback in authentic settings

COMMUNITY HEALTH STATUS

1. Starting at the end of the outcomes framework, data may show that the health status of the community is sub-optimal in asthma:
   - Under use of corticosteroids
   - Exposure to pet dander as an asthma trigger
   - Overuse of short-acting beta agonists

2. Sources of data:
   - Objective: Epidemiological data and reports
   - Subjective: Community self-report
Standard 2: Educational needs assessment

Identify gaps

- **Patient Health Status**: improvements in patient health status that result from improved practice behavior
- **Performance**: applying the knowledge gained in the practice setting
- **Competence**: demonstrating capability to apply knowledge in educational setting
- **Learning**: evidence reported in medical literature about what to do, how to do it, and when to do it.

\[
\text{GAP} = \text{sub-optimal}
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\[
\text{current patient health performance competence learning}
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\[
\text{optimal patient health performance competence learning}
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PATIENT HEALTH STATUS

1. Continuing in the outcomes framework, data may show that the health status of a group of patients served by a pharmacy is sub-optimal in asthma:
   - Under use of corticosteroids
   - Exposure to pet dander as an asthma trigger
   - Overuse of short-acting beta agonists

2. Sources of data:
   - Objective: Health status measures recorded in pharmacy records or administrative databases
   - Subjective: Patient self-report of health status
PHARMACIST PERFORMANCE

1. Continuing in the outcomes framework, data may show that the performance of the pharmacists in the pharmacies that these patients with asthma use do not consistently work with patients and physicians to address these problems:
   • Under use of corticosteroids
   • Exposure to pet dander as an asthma trigger
   • Overuse of short-acting beta agonists

2. Sources of data:
   • Objective: Observation of performance in patient care setting; patient charts; administrative databases
   • Subjective: self-report of perform
PHARMACIST COMPETENCE

1. Continuing in the outcomes framework, data may show that the pharmacists who work in the pharmacies that these patients with asthma use cannot consistently show that they can work with patients and physicians to address these problems:
   • Under use of corticosteroids
   • Exposure to pet dander as an asthma trigger
   • Overuse of short-acting beta agonists

2. Source of data:
   • **Objective**: Observation in educational setting
   • **Subjective**: Self-report of competence; intention to change
PHARMACIST LEARNING
(Procedural knowledge)

1. Continuing in the outcomes framework, data may show that the pharmacists who work in the pharmacies that these patients with asthma use do not consistently know how or when to work with patients and physicians to address these problems:
   • Under use of corticosteroids
   • Exposure to pet dander as an asthma trigger
   • Overuse of short-acting beta agonists

2. Source of data:
   • **Objective**: tests of knowledge
   • **Subjective**: Self-report of knowledge
PHARMACIST LEARNING (Declarative knowledge)

1. Continuing in the outcomes framework, data may show that the pharmacists who work in the pharmacies that these patients with asthma use do not consistently know what to do to work with patients and physicians to address these problems:
   - Under use of corticosteroids
   - Exposure to pet dander as an asthma trigger
   - Overuse of short-acting beta agonists

2. Source of data:
   - **Objective**: Pre- and posttests of knowledge
   - **Subjective**: Self-report of knowledge
# Outcomes-based CPE

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## Assessment

- Needs Assessment

- Formative Assessment

- Summative Assessment
### ACPE’s Standards

**Educational Planning**

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| Knowledge                | Knowledge-based CPE activity               | Describe and discuss knowledge, skills, and attitudes  
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  - Procedural (how and when) | Presentation  
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  Feedback |
| Skill                    |                                            |                                                           |                                               |
| Attitudes                |                                            |                                                           |                                               |
Outcomes-based CPE

- Start with the end in mind – outcomes framework
- *Take into account physician stages of learning*
- Focus on clinical problems and provide knowledge that can be used in practice.
- Provide opportunities for practice and feedback in authentic settings

# Outcomes-based CPE

Consider stages of learning

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Outcomes-based CPE

- Start with the end in mind – outcomes framework
- Take into account pharmacist stages of learning
- Focus on clinical problems and provide knowledge that can be used in practice.
- Provide opportunities for practice and feedback in authentic settings

Outcomes-based CPE
Focus on clinical content

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Outcomes-based CPE

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# Outcomes-based CPE

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Learning objectives

After participating in this session today, you should be able to

1. Summarize an outcomes framework for conceptualizing and measuring the impact of CPE activities.
2. Identify the importance of “starting with the end in mind”.
3. Discuss how planning for and assessing outcomes coexist along a continuum in achieving your mission.
4. A value proposition for your CPE program.
What is “value” in health care?

- Value is defined as the *health outcome achieved* per *dollar spent*.
- Achieving *high value for patients* must become the overarching goal of health care delivery.
- Value in health care is *measured by outcomes achieved*:
  - Not the volume of services delivered.
  - Not by the process of care used.
  - *Not by the number of CPE activities delivered or the number of credit hours earned.*

What is the value proposition for Continuing Pharmacy Education?

The value proposition for CPE: Help the health system that you are working in to achieve the value described in its strategic goals.

- Align CPE programming with the strategic goals of the health system in your mission statement.
- Follow an outcomes-based approach to planning and assessing CPE programming:
  - The results of outcomes-based CPE are more likely to support performance improvement that will contribute to improved patient outcomes that are described in the health system’s strategic goals.
- Collaboration is essential.
## Outcomes-based CPE

### Demonstrating value

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### Assessment

- Needs Assessment
- Formative Assessment
- Summative Assessment
Demonstrating the value achieved by the CPE program

- Evaluation: knowledge \(\rightarrow\) performance
- Evaluation report
  - Summary of activities (Outcomes levels 1, 2, and maybe 3)
  - Summary of initiatives focused on strategic goals
    - What were CPE goals (Outcomes levels 4, 5, 6)?
    - What were CPE results?
    - How did CPE results contribute to the strategic goals of the health system?
    - What educational interventions/initiatives) did CPE use to get results?
    - What resources did CPE use to accomplish what it did?
    - What are CPE plans for the future?
- Use evaluation to improve programming and CPE processes
- Involve and inform stakeholders
What is collaboration in outcomes-based CPE?

- **Continuing Medical Education**: Planned physician learning to reduce and/or eliminate performance gaps
- **Quality Improvement and Patient Safety**: Establish standards and a process for examining health and performance
- **Informatics**: Aggregate data and provide information at point of care
- **Research**: Source of translated evidence for best practice
- **INTERSECTION**: Enhanced *value* to an organization
I think you should be more explicit here in step two."
Question #1

- An outcomes framework helps CPE practitioners clarify the level at which programming might impact pharmacist participants and the patients that they serve.
  - True
  - False
Question #1

- An outcomes framework helps CPE practitioners clarify the level at which programming might impact pharmacist participants and the patients that they serve.
  - True
  - False
Question #2

The most important component of an outcomes-based approach to CPE is

A. Clearly stated learning objectives
B. Interactive audio-visuals
C. Handouts for each speaker
D. Practice and feedback
Question #2

The most important component of an outcomes-based approach to CPE is

A. Clearly stated learning objectives
B. Interactive audio-visuals
C. Handouts for each speaker
D. Practice and feedback
The best way for a CPE program to demonstrate value is to focus some of its programming on the strategic goals of its parent organization.

- True
- False
Question #3

• The best way for a CPE program to demonstrate value is to focus some of its programming on the strategic goals of its parent organization.
  • True
  • False
Thanks!
Strengthening the Foundation of Learning: Integrating Outcomes Assessment

ACPE’s 14th Conference on CPE
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Don Moore, PhD
Vanderbilt University School of Medicine
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