Canadian Cardiovascular Society

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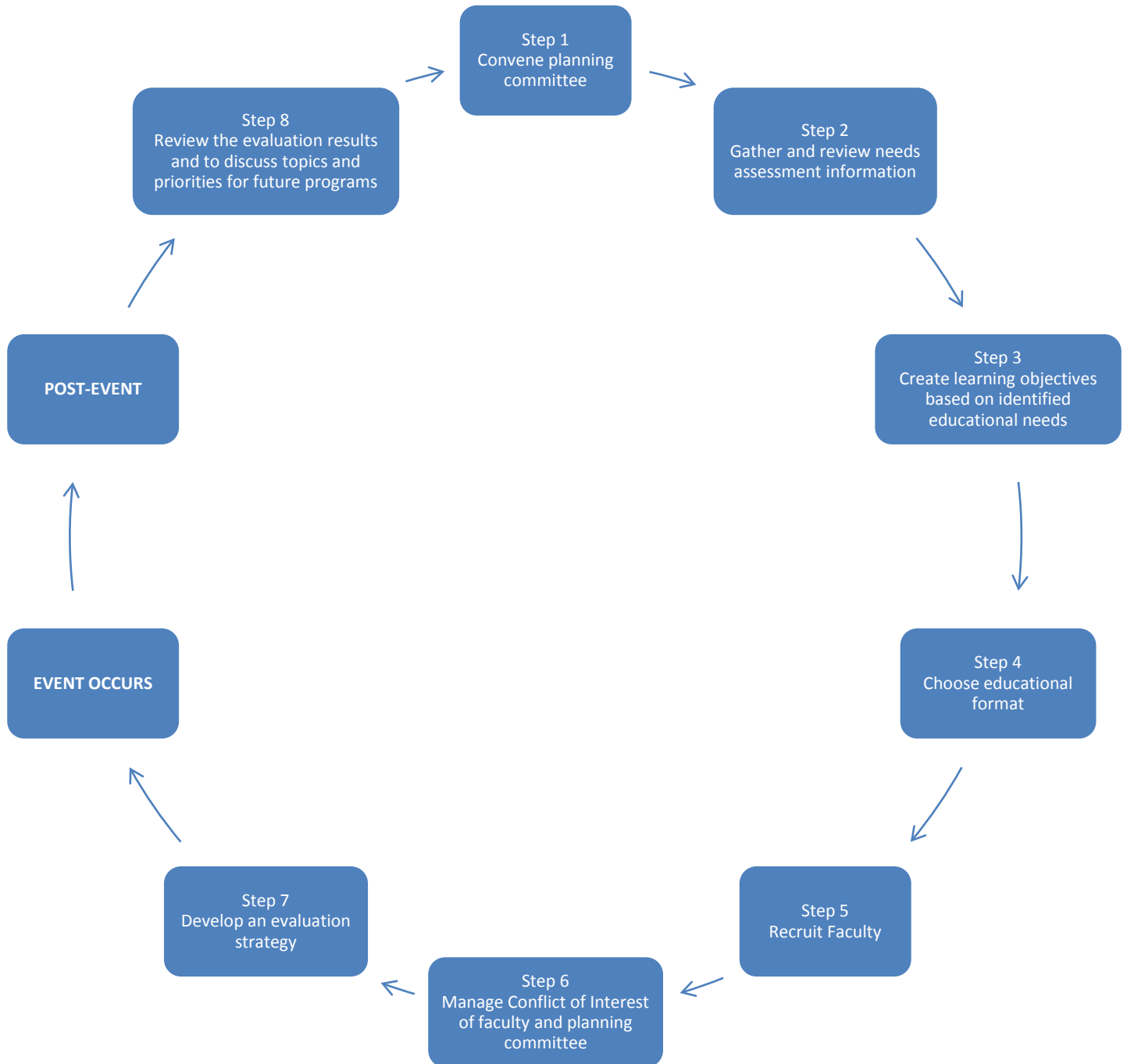*Communauté. Connaissances. Leadership.*

A Handbook for Planning Committees Developing Educational Programs

Educational Program Development Cycle

Step 1
Convene planning committee

Step 2
Gather and review needs assessment information

Step 3
Create learning objectives based on identified educational needs

Step 4
Choose educational format

Step 5
Recruit Faculty

Step 6
Manage Conflict of Interest of faculty and planning committee

Step 7
Develop an evaluation strategy

EVENT OCCURS

POST-EVENT

Step 8
Review the evaluation results and to discuss topics and priorities for future programs

Reviewed: November, 2020

Step 1: Convene a Planning Committee

Ensure that the Planning Committee is reflective of its target audience:

The planning committee members must be representative of their intended target audience to ensure CPD goals and objectives are relevant and reflected in the scope of the events planned by the committee.

Ensure that industry does not sit on the Planning Committee

The Canadian Medical Association Policy, "Guidelines for Physicians in Interaction with Industry" (Update 2007: Section 27)" indicates that,

"*Industry representatives should not be members of CME content planning committees. They may be involved in providing logistical support.*"

The Royal College's interpretation of this Section is as follows:

"*Membership of a scientific (content) planning committee for an accredited CPD activity must reflect the intended target audience. The integrity of the educational planning process therefore would prohibit the inclusion of industry representatives as members of scientific planning committees. Industry representatives could assist or contribute to overall steering or logistical planning groups.*"

Step 2: Gather and Review Needs Assessment Information

In order to develop activities that facilitate learning, it is essential that the planning committee implement a needs assessment strategy to enable the identification of the target audience's perceived and unperceived learning needs. By determining these needs, the planning committee will be able to establish general and event specific learning objectives to ensure that selected topics are relevant to the target audience.

Perceived educational needs can be derived from the following sources:
- Surveys
- Questionnaires
- Focus groups
- Requests from the target audience
- Results of evaluations from previous meetings

Unperceived educational needs can be derived from the following sources:

- Self-assessment tests
- Chart audits
- Chart stimulated recall interviews
- Direct observation of practice performance
- Emerging trends or special circumstances (disaster planning)
- Topics less likely to be requested by physicians themselves
- Quality assurance data from hospitals, regions, department heads, CMPA and patient care advocates
- Standardized patients
- Provincial databases
- Incident reports
- Guidelines and other published literature (RCT, cohort studies)

It is best to use multiple sources of information and different methodologies to identify both the perceived and unperceived needs of the target audience. This research should lead to a clear description of the gap between present and optimal care.

Step 3: Create Learning Objectives Based on Identified Educational Needs

Learning objectives are derived from the needs assessment data. They enable participants in deciding whether a specific event or session meets their learning needs.

Strong learning objectives should:

- clearly outline the focus of the content, and the expected outcomes for all parties involved.
- be linked to the identified needs.
- learner-centered and describe through action verbs, the specific knowledge, behavior, skill, attitude or learning outcomes that participants can anticipate from attending educational events.
- be included in all conference material.
- avoid words such as "understand" as they are not easily measured and open to many interpretations. Other verbs that should be avoided when creating learning objectives are: *appreciate; have faith in; know; learn; understand; believe*
- be provided to faculty prior to the program, so that they are aware of the educational needs that need to be addressed in their presentation.

Example of a strong learning objective:

At the end of the program, participants will be able to:
- disseminate knowledge of optimal echo utilization in diagnosis and management of common cardiac conditions
- use left ventricular contrast to diagnose apical pathology and to improve EF quantitation
- identify atypical forms of aortic stenosis (eg. low gradient, preserved ejection fraction)
- apply three dimensional echocardiography in everyday practice.

You can find these verbs and other important information regarding learning objectives at the Royal College website at the following link: http://rcpsc.medical.org/opa/moc-accreditation/accred-toolkit/objectives_e.php

Step 4: Choose the appropriate educational format for the program

The development of the educational format should be designed to best present the content developed. For example, for controversial material, a debate may be an appropriate format. Or for content based on interprofessional issues, small group breakout groups may be appropriate. For skills development simulation or performance assessment activities may be appropriate.

At least 25% of the total education time must be devoted to interactive learning strategies.

Interactive learning needs to be a component of approved educational activities, whether they are face-to-face activies or asynchronous. As such, Web-based or on-line sessions must meet the same standards for interaction as live events.

Live event interactive strategies include:

- discussion periods for questions
- panel discussions
- small breakout groups
- Think, Pair, Share: opportunities to reflect and discuss content with a nearby colleague

- touch pad questions
- debate etc.

Web-based interactive strategies can include:

- Discussion Forums
- Ask the Expert
- Twitter

Step 5: Recruit Faculty to Present the Content

The Planning Committee must choose the appropriate faculty is a cornerstone for successful programs.

The following recommendations should be kept in mind when choosing faculty:

- They should have the expertise to present information based on the learning objectives provided
- They should be good communicators who are aware of the target audiences practice setting.
- They should have minimal conflict of interest with the program content. If a conflict of interest is present, this should be managed and disclosed.
- They should declare an unapproved use of products or services. The only exception being where there is only one treatment or management strategy.
- They should consistently use either generic names, trade names or both generic and trade names during their presentation

Step 6: Manage Conflicts of Interest of Faculty and the Planning Committee

All faculty and planning committee members are required to complete Conflict of Interest forms. A Conflict of Interest may occur in situations where personal and professional interest of individuals may have actual, potential or apparent influence over their judgment. All financial or `in kind' relationships (not only those relevant to the subject being discussed) encompassing the previous two (2) years must be disclosed.

All potential conflicts of interest related to educational activity are revealed verbally, displayed in writing on a slide at the beginning of a presentation or included in the written conference materials.

The Canadian Medical Association Policy, "Guidelines for Physicians in Interaction with Industry" (Update 2007: Section 24)" indicates that,

"*CME/CPD organizers and individual physician presenters are responsible for ensuring the scientific validity, objectivity and completeness of CME/CPD activities. Organizers and individual presenters must disclose to the participants at their CME/CPD events any financial affiliations with manufacturers of products mentioned at the event or with manufacturers of competing products.*"

The intent is not to prohibit speakers from presenting, but rather to inform the audience of any possible bias that speakers may have.

The following are some mechanisms that have been considered to resolve potential conflicts of interest:

- Ask another faculty member without a conflict of interest based on that content to present that part of the program's content and assign them another role within the program that is not relevant to the conflict of interest.
- Ask the faculty member to withdraw from planning activities involving content in which they have a conflict of interest.

- Limit the content of the faculty member's presentation so that recommendations for treatment are not included, or limit the recommendations to those based on clear evidence from medical literature.
- The planning committee could ask for a peer review of the content to ensure that the principles of scientific integrity, objectivity and balance have been respected.

Step 7: Develop an evaluation strategy

The planning committee must ensure that the individual sessions and the overall educational program are evaluated to determine their effectiveness in meeting the needs of the defined target audience. There should be a method to evaluate both individual sessions as well as the overall programming

The evaluation strategies should be focused on

- the degree to which the identified needs and learning objectives of individual events were achieved.
- the impact of the overall program on the learning outcomes identified by participants for their future performance.
- Whether there was any perception of commercial bias.

The following questions should be included within the evaluation form:

- Rate the relevance of the program's content to the learner
- Rate the educational effectiveness of the presenter(s)
- Rate the achievement of the stated learning objectives
- Rate whether there were sufficient opportunities for interaction
- Provide feedback on their perception of any commercial or other inappropriate bias
- Document what they have learned, become aware of and/or are planning to change
- List any topics for future programming
- Provide any other written comments

Step 8: Review the evaluation results and to discuss topics and priorities for future programs

Reviewing the evaluation results is a valuable tool for the planning of future educational programs as they are a way to:

- identify the perceived needs of your target audience
- evaluate how effectively the learning objectives were met
- provide feedback to faculty regarding their session
- manage perceived bias for future programming
- identify topics and priorities for future programming

Ethical Issues

All Accredited educational events developed or co-developed with by the CCS must meet the CMA Guidelines governing the relationship between physicians and the pharmaceutical industry. It is important to keep in mind the following recommendations when developing or co-developing an educational program:

1) Be aware of the potential for a conflict of interest that exists in acquiring sponsorship is imperative when planning an event or session. Any financial support from members of industry must be provided in the form of an educational grant.

2) Ensure that there is no specific product branding on your program materials. Product branding on teaching aids is prohibited for all accredited by the Canadian Cardiovascular Society. Teaching aids include the following: powerpoint presentations, presentation handouts, invitation and promotional items for accredited educational programs. Branding includes the use of markers, colours and shapes that are so recognizable that no text is necessary to identify the product.

   The Canadian Medical Association Policy, "Guidelines for Physicians in Interaction with Industry" (Update 2007: Section 50)" indicates that,

   "*Practising physicians may accept patient teaching aids appropriate to their area of practice provided these aids carry at most the logo of the donor company and do not refer to specific therapeutic agents, services or other products.*"

3) Ensure that there is a declaration of all off-label use of drugs

   The Canadian Medical Association Policy, "Guidelines for Physicians in Interaction with Industry" (Update 2007: Section 30)" indicates that,

   "*If specific products or services are mentioned, there should be a balanced presentation of the prevailing body of scientific information on the product or service and of reasonable, alternative treatment options. If unapproved uses of a product or service are discussed, presenters must inform the audience of this fact.*"

   Unapproved use of products or services must be declared by faculty presenters. The only caveat to this guideline is where there is only one treatment or management strategy.

4) Ensure that faculty presentations are consistent in their use of either generic names, trade names or both generic and trade names during their presentation.

   The Canadian Medical Association Policy, "Guidelines for Physicians in Interaction with Industry" (Update 2007: Section 28)" indicates that,

   "Generic names should be used in addition to trade names in the course of CME/CPD activities."

5) Ensure that the event budget is appropriate

   The Canadian Medical Association Policy, "Guidelines for Physicians in Interaction with Industry" (Update 2007: Section 32 & 33)" indicates that,

   "Travel and accommodation arrangements, social events and venues for industry sponsored CME/CPD activities should be in keeping with the arrangements that would normally be made without industry sponsorship. For example, the industry sponsor should not pay for travel or lodging costs or for other personal expenses of physicians attending a CME/CPD event. Subsidies for hospitality should not be accepted outside of modest meals or social events that are held as part of a

conference or meeting. Hospitality and other arrangements should not be subsidized by sponsors for personal guests of attendees or faculty, including spouses or family members."

Faculty at CME/CPD events may accept reasonable honoraria and reimbursement for travel, lodging and meal expenses.

All attendees at an event cannot be designated faculty. Faculty indicates a presenter who prepares and presents a substantive educational session in an area where they are a recognized expert or authority."

Physician organizations are accountable and responsible to ensure that all hospitality and other arrangements are modest and do not compete in any way with planned educational activities.

Hospitality and other social arrangements must not be subsidized by sponsors for personal guests of attendees or faculty, including spouses or family members.

6) The event must not tag industry to a specific course within the overall conference.

As of January 1, 2010, the Royal College required that all accredited programs eliminate the practice of tagging. Tagging is the linking of sponsorship funding to a specific session within an accredited group learning event. As of January 1 2010, all sponsorship funds for accredited group learning events must be received as an educational grant and included as a source of revenue within the overall budget supporting the event in its entirety. All organizations providing educational grants must be acknowledged as supporting the entire event. As an example, a summary page can be created recognizing the contribution of all sponsors.

Non-educational activities may be 'tagged' but must not be included as part of an accredited group learning event. For example, a breakfast can be tagged, if it is strictly a meal function and is not included as part of the program.

The Role of the CCS Representative Assigned to a Planning Committee

What is a CCS Representative?

When the CCS co-develops an education activity with a non-physician organization for Section 1 MOC credits, the CCS must designate a representative to sit on the planning committee from the inception to the conclusion of the program. The main responsibility of the CCS representative is to ensure that the program is balanced, objective and free from commercial bias.

The Roles and Responsibilities of the CCS Representative?

The CCS representative is the eyes and ears of the CCS on the co-developed program's planning committee. The CCS representative's role is to oversee the development of the educational programming to ensure that Royal College educational and ethical standards are maintained throughout the planning process. As such the CCS representative has final approval of all aspects of the educational development of the program.

The CCS Representative would participate fully in the activities of the Planning Committee and is responsible for the following:

- Participating in the Planning Committee from inception to completion of the activity.
- Ensuring that the Royal College of Physician and Surgeons of Canada (Royal College) guidelines are followed.
- Ensuring the event is planned to address identified perceived and unperceived needs of the target audience.
- Ensuring that the learning objectives are based on identified educational needs.
- Ensuring the event incorporates at least 25% of the total education time to interactive learning strategies.
- Ensuring the event includes an evaluation of learning for practice.
- Ensuring that there is no undue bias perceived within the educational program.
- Ensuring the event is approved under Section 1 must meet the CMA Guidelines governing the relationship between physicians and the pharmaceutical industry.
- Ensuring the event's budget is appropriate. E.G. no participant flights, accommodations, meals or other expenses paid for.
- The CCS Representative is required to complete an audit form concerning the content development as part of the application.

To help with the responsibility the CCS has created a scientific content audit checklist for the use of the CCS representative. This form can be found on the CCS website:
http://www.ccs.ca/professional_development/accreditation_e.aspx