

AAP CME Planning Group Guidelines

The Committee on CME (COCME) and Division of CME have outlined guidance about the responsibilities of groups that plan and implement CME activities, the composition of such groups, and criteria for participation in those groups.

Questions about these guidelines may be directed to **[insert your division name]** staff.

Note: There are multiple activity types offered at the AAP, multiple ways staff develop these activities and multiple names staff use for the individuals who plan and create content for these activities. For purposes of this document the word planner/planning group is used to describe anyone responsible for planning/designing/implementing an activity and the word faculty is used for any individuals who create and deliver the content. Feel free to change these titles to ones that best fit your individual groups.

CME Planning Group Responsibilities

1. The primary role of the planning group is to select content and faculty for CME activities. They use assessment of professional practice gaps of their learners (audience) to select content and/or subject matter experts. In this capacity, planning group members are integrally involved in needs assessment, development of content, selection of teaching format, writing of behavioral learning objectives; selection and coaching of faculty selected for the activity; and evaluation/outcomes measurement for the activity.
2. The planning group is responsible for contacting faculty and reviewing faculty material by a pre-agreed deadline to ensure that course promotional materials and brochures are released in advance of the activity. A general guideline to release marketing materials is 6 months before the activity.
3. AAP staff members may provide a Faculty Guide for the activity with the active input from the planning group. AAP staff members serve as contacts for selected faculty members and provide them with deadline dates for syllabus materials. When a faculty member has not provided activity forms and content on time, the planning group is responsible for contacting faculty members about any overdue materials and advising them that failure to meet the deadlines puts the faculty members at risk for not having CME credit designated on their component of the activity.
4. *Some members* of the planning group also serve as on-site course monitors. The on-site roles of planning group members are determined on an individual activity basis. Serving as an on-site monitor is intertwined with the financial viability of the course.

Planning Group Composition

AAP Philosophy and Mentoring of Planning Group Members:

1. To cultivate a diverse and expert volunteer base for AAP CME activities, the AAP values and needs variety and expertise in its planning group members. There is interest in building the expertise of planning group members and encouraging new members who bring different perspectives and expertise to planning groups.
2. Planning group members should be aware of and sensitive to both the professional practice gaps of the learners they are attempting to reach and the best formats to reach those learners with the information, skills, or changes in behavior desired.
3. Ideally, planning groups will have members who reflect the diversity of AAP membership. Consideration should be given to the demographics of the activity's learners (gender, age, ethnicity and practice type) and how the expertise of those selected to serve on planning groups reflects the demographics of AAP membership.
4. Implementation and rotation of planning group members and chairs must comply with the guidelines below:
 - a. The planning group should consist of 4-6 members, including the Chair.
 - b. One planning group member is designated as Chair and approved by **XXXXXXX**.

- c. Once selected, XXXXXX will review and approve the list of suggested planning group members.
- d. The chairperson and members of a planning group must be fellows of the AAP (if eligible). In some instances, such as when a CME activity is being developed in collaboration with another organization (e.g., subspecialty society), members from the AAP and representatives from the collaborating organization (e.g., non-AAP members) may serve on the planning group; if two chairpersons are proposed (e.g., one representing the AAP and one representing the collaborating organization), at least one of the individuals must be a fellow of the AAP (if eligible). Other exceptions may be made, as approved by XXXXXX.
- e. Planning group term limits follow the same term limits as national AAP committees, whereby members may serve *up to three (3) renewable two-year terms*.
- f. If someone becomes the chairperson of a planning group, this individual may serve a *maximum of two (2) renewable two-year terms* in that role. If a member becomes chairperson prior to serving up to his/her three (3) renewable two-year terms as a member, this individual *may not then become a member again* once the full four years as chairperson have ended.
- g. According to AAP guidelines, planning group members cannot serve on any planning group more than six (6) years [or three (3) two-year terms], and the Chair may serve no more than four (4) years [or two (2) two-year terms] in the position of Chair and/or Past Chair. Thus, the maximum a single planning group member could serve is a total of 10 years, though most members will serve for a maximum of six years.
- h. The practice of including “consultants” on planning groups is discouraged. While exceptions may at times be allowed, the consultant must be justified based on their special expertise or service in a specific function necessary to the planning group and should be limited to a planning cycle for a single activity. Consultants should not serve more than two (2) consecutive years on a planning group.
- i. In rare instances, a “liaison” may be appointed to a planning group through an affiliated group. Service of the liaison to a planning group follows the terms of participation of the affiliated group. Following the same term limits as national AAP committees, the term of a liaison should be limited to six years (three (3) consecutive two year terms), unless additional approval is obtained.

Criteria for Participation in CME Planning Groups:

1. Uniform criteria have been established for participation in all AAP CME planning groups. The following criteria may be in addition to criteria established by individual planning groups for their specific needs and activities:
 - a. Representation from area of expertise needed for the planning group (including general pediatrics), including having knowledge about expert and effective faculty and faculty qualifications.
 - b. Having sufficient volunteer time available to participate in planning calls/meetings and/or the CME activity and fulfill planning processes (e.g., identify and invite faculty, work with AAP staff, select educational formats, assist in evaluation and outcomes, etc.) over the approximate X-X months of CME activity development and delivery.
 - c. Demonstrated performance as a team player (i.e., meets deadlines, completes assignments on time).
 - d. Familiar with or willing to learn how Accreditation Council for Continuing Medical Education (ACCME) and American Medical Association Physician’s Recognition Award (AMA PRA) guidelines affect the design and operation of CME activities; understand principles of adult education.
 - e. If representing the AAP and not a collaborating group, the member needs to be a fellow of the Academy (if eligible).
 - f. Fully comply with the *AAP Policy on Disclosure of Financial Relationships and Mitigation of Conflicts of Interest for AAP CME Activities*.
2. In order to avoid any potential personal or stated conflict of interest, CME planning group members cannot be faculty at the CME activities at which they are planning content. Any extenuating circumstances that necessitate an exception (e.g., a faculty member canceled at the last minute or there is only one expert to address a particular topic) must be brought to the **chairperson’s** attention for approval in advance of the activity.
3. In general, AAP officers, national committee members, section/council executive committee members, and section/council program chairpersons are discouraged from serving as faculty at the AAP CME activities they plan.

The COCME supports efforts to broaden the scope of individuals who participate in and contribute to the development and delivery of AAP CME activities, in addition to minimizing any potential for bias and the perception of self-promotion.

- a. Exceptions are made for committee and section/council chairs wishing to present a new AAP policy statement or report that had been authored by their respective committees or sections/councils in a CME activity.
- b. Exceptions may be made for individuals who are identified as the *best speaker* or *only expert* on a specific topic.

ROLES AND RESPONSIBILITIES - AAP CME PLANNERS

1. Attend the planning meeting and participate in conference calls related to the activity.
2. Establish overall goals and educational objectives for the activity.
3. Recommend faculty who are experts in the assigned topic area(s) and who are also excellent teachers with the time and energy to dedicate to this activity.
4. Work with staff to develop the most appropriate session formats for the content to be presented.
5. Confirm faculty in assigned topic area(s). Discuss goals and objectives of the activity and the importance of adhering to those objectives. Discuss syllabus/presentation/handout requirements and other information identified as necessary by the Planning Group and/or staff.
6. Establish specific learning objectives with faculty members in assigned topic areas, including titles and a brief description for each individual topic/presentation.
7. Review presentation/syllabus/handout materials prepared and submitted by faculty, ensuring the following:
 - All recommendations for patient care are based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
 - All scientific research referred to, reported, or used in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
 - Content that discusses, debates, and explores new and evolving topics are clearly identified as such within the program and individual presentations; facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
 - Content does not advocate for unscientific approaches to diagnosis or therapy nor promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.
 - The content or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of an ineligible company.
 - Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.
 - Contact faculty to request revisions if content of materials is not appropriate.
8. Be willing to serve as a moderator online/on-site (if needed).
9. Be willing to complete a written evaluation of the entire activity and the faculty.
10. Maintain strict confidentiality in reviewing the evaluations of activity faculty, as this information may be shared *only* with the Planning Group and the respective faculty members.

Adherence to Responsibilities/Deadlines

AAP is very appreciative to all the time planners give to ensure quality education is delivered. However, it is the expectation that all planners will fulfill their responsibilities and adhere to all established deadlines as this

compliance is needed to ensure all activity milestones are completed in time for the activity to launch on the established date. Failure to do so may result in a shortened term and/or removal from the planning team. If anyone has questions or concerns regarding their role or term on a planning group, they should advise their staff contact and/or chairperson.

AAP Committee on CME (COCME) Guidelines for Addressing Intellectual Property In AAP CME Activities

All AAP CME activities must fully comply with the Accreditation Council for CME (ACCME) Standards for Integrity and Independence in Accredited CME, and all individuals involved with planning and delivering education such as planning group members, editorial board members, presenters, and authors (herein referred to as “*faculty*”) must comply with the AAP Policy on Disclosure of Financial Relationships and Mitigation of Conflicts of Interest.

The COCME recognizes that AAP CME faculty are experts in their specialty or subspecialty, and many have authored or otherwise participated in the development of AAP and non-AAP intellectual property. These intellectual properties include, but are not limited to, publications, books, papers, manuals, digital media, toolkits, and self-assessment materials.

The COCME has set forth guidelines for faculty to follow when participating in an AAP CME activity, when they have collaborated on or developed intellectual property.

I. For intellectual property in which the faculty member receives a financial benefit from sales of the product

Participation in AAP CME activities must meet all standards for disclosing financial support. When authors stand to gain financially, they must disclose their financial support to the AAP and to learners. Faculty who have authored intellectual property and receive a financial benefit from sales of the product must not exploit their participation as invited faculty in an AAP CME activity as an opportunity for self- or product-promotion. Faculty may list their intellectual property, when appropriate, within a listing of references or bibliography in their educational materials (syllabus, handouts, CD-ROM, etc.) associated with the AAP CME activity in which they are participating. It is acceptable to use content from the intellectual property with the appropriate credit given to the source and in compliance with the *AAP Policy on Allegations of Plagiarism*. However, in the CME activity, the faculty member must not:

- a) indicate where or how to purchase or order the intellectual property,
- b) show, display, or market the intellectual property, nor
- c) direct learners to a location, such as an exhibit table, exhibit hall site, or web site, to view, purchase, or order the intellectual property.

II. For intellectual property in which the faculty member does not receive a financial benefit from sales of the product

Faculty who have authored intellectual property, but do not receive a financial benefit from sales of the product, must also meet all standards for disclosing financial support. Faculty must not use their participation in an AAP CME activity as an opportunity for self- or product-promotion. Faculty may list this intellectual property, when appropriate, within a listing of references or bibliography in their educational materials (syllabus, handouts, CD-ROM, etc.) associated with the AAP CME activity in which they are participating. It is acceptable to use content from the intellectual property with the appropriate credit given to the source and in compliance with the *AAP Policy on Allegations of Plagiarism*. However, in the CME activity, the faculty member must not:

- a) indicate where or how to purchase or order the intellectual property,
- b) show, display, or market the intellectual property, nor
- c) direct learners to a location, such as an exhibit table, exhibit hall site, or web site, to view, purchase, or order the intellectual property.

III. For intellectual property developed in association with the AAP

Intellectual properties developed in association with the AAP constitute a special case, for which authors may or may not stand to gain financially. In those cases when authors stand to gain financially from sales of the AAP product, they must disclose their financial support to the AAP (in relation to the CME activity in which they are participating) and to learners.

AAP intellectual property is aimed at educating AAP members to enhance their practice and learning and improve children's health. Faculty may refer both verbally and in visual aids to AAP intellectual property (toolkits, self-assessment materials, patient education materials, Red Book, etc.) with the appropriate credit given to the source and in compliance with the *AAP Policy on Allegations of Plagiarism*. The AAP intellectual property may be included, when appropriate, within a listing of references or bibliography in the educational materials (syllabus, handouts, CD-ROM, etc.) within the context of other similar informational resources available. However, in the CME activity, the faculty member must not:

- a) indicate where or how to purchase or order the intellectual property,

- b) market the intellectual property, nor
- c) direct learners to a location, such as an exhibit table, exhibit hall, or web site, to view, purchase, or order the intellectual property.

IV. Implementation and Compliance

The COCME will rely on CME planning groups, editorial boards, and AAP staff to communicate these guidelines to their faculty and authors, monitor the implementation in their respective AAP CME activities, and take any action needed to ensure compliance. If any action is taken, documentation of such action should be included in the CME activity's accreditation file maintained at the AAP office.

Any questions about these COCME guidelines may be directed to AAP Department of Education staff.

7/08; Revised: 5/10, 1/17, 9/21

TITLE: AAP Policy on Allegations of Plagiarism

BOARD POLICY:

The mission of the American Academy of Pediatrics (AAP) is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. To accomplish this mission, the AAP shall support the professional needs of its members. The maintenance of public trust and the AAP's integrity, ethical standards, credibility, and identify are of paramount importance in accomplishing that mission and will be protected with the utmost vigilance.

The policy outlined in this document serves as a general guide for the AAP at the national level to address allegations of plagiarism in submitted works for hire, journal articles or educational material.

The AAP expects all scholarly material to be free from either intentional or non-intentional acts of plagiarism and recognizes the need to have a policy that educates authors, editors, and staff about the definition of plagiarism, the AAP's right to check submissions with anti-plagiarism software, the verification and subsequent review process of materials of questionable origin, and consequences.

Definition

The AAP's definition of plagiarism adopts the definition used by the *American Medical Association's Manual of Style*, "Verbatim lifting of passages without enclosing the borrowed material in quotation marks and crediting the original author" - Reference: *AMA Manual of Style*, 10th ed. All scholarly materials submitted to the AAP as works for hire, journal articles or original materials must be original content, created in the authors' own words and not previously published. While the AAP encourages authors to develop educational materials that incorporates AAP publications, all such materials must make attribution to the original source.

Education

All author guidelines, reviewer guidelines, faculty guidelines and new writers' orientations will include the above mentioned definition and will provide examples on how to cite both verbatim and paraphrased content with appropriate attribution. Authors will be advised that the AAP has the right to check all submissions with anti-plagiarism software and take appropriate action as outlined in this policy. All medical editors, reviewers and editorial or advisory boards will receive guidelines to increase awareness of potential plagiarism with suggestions for identifying suspect material.

Discovery and Verification of Findings

All cases of suspected plagiarism should be immediately reported and investigated by the AAP product/project manager. The AAP product/project manager, in consultation with the medical editors and other AAP leadership will review each alleged case and determine if plagiarism has occurred. AAP, in as much as possible, will follow the guidelines set forth by the [Committee on Publication Ethics \(COPE\)](#) in the following flowcharts:

- [Suspected plagiarism in a submitted manuscript](#)
- [Suspected plagiarism in a published manuscript](#)

If plagiarism is suspected, the authors will be asked to respond in writing to the allegations.

Consequences

Upon a determination of guilt, and depending on the authors' responses and in consultation with the AAP product/project manager, and the medical editors, the following next steps are available to AAP leadership:

1. Admonition of guilt by the authors and correction of submitted work

2. Removal of content from online web sites; notice posted
3. Removal of the author from his/her current writing position or editorial board roles, if applicable
4. Disallowed participation from publishing in any AAP scholarly publication in the future
5. Notification to the author's institution or superior

All authors, including co-authors, will be notified in writing of any subsequent actions taken by the AAP. If the author or co-authors do not respond to correspondence, AAP reserves the right to move forward with any of the above actions.

CREATION/REVISION DATE: 11/16

The information contained herein is privileged, proprietary, and considered confidential and may not represent AAP policy. The information, if transmitted, is intended only for the person or entity to which it is addressed. Any review, duplication, retransmission, distribution, or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is unauthorized by the sender and is prohibited. If you have received this information in error, please contact the AAP immediately by return email and delete the original message from all computer systems.

**AMERICAN ACADEMY OF PEDIATRICS
(CME ACTIVITY NAME) PLANNING GROUP
MINUTES**

American Academy of Pediatrics
Itasca, Illinois
(date)

MEMBERS PRESENT:

List

STAFF PRESENT:

List

_____ Chairperson, convened the _____ Planning Group meeting on _____ at _____ by welcoming the planning group members. The purpose of the meeting was to _____.

In compliance with the AAP Policy on Disclosure of Financial Relationships and Mitigation of Conflicts of Interest for AAP CME Activities, all members completed and returned the AAP Full Disclosure Statement Forms via the electronic disclosure system in advance of the meeting. A grid restating these disclosures was distributed to all in attendance via the agenda book. (cite if any additional disclosures were made and mitigated prior to the meeting) All were advised to recuse themselves from any discussions in which they may have a potential conflict of interest.

REVIEW OF PLANNING GROUP MEETING MINUTES AND ACTION ITEMS

(acknowledge if the PG reviewed/approved past minutes at this meeting?)

ACCME ACCREDITATION

AAP staff referred to the ACCME and AMA PRA information provided/linked in the agenda materials. All were asked to keep these materials in mind when developing the _____.

DISCUSSION AND ACTION ITEMS (feel free to change bulleted list below to a table, if you wish)

Among the agenda items discussed during this meeting were the following:

- List out major agenda items and cite actions/critical decisions regarding each.
-
-
-

Updates were provided from the following:

- list if updates were provided from marketing, development, other staff; include any pertinent actions/critical decisions

Other agenda items included the following:

- Suggest listing other items that were discussed, but not in-depth

There being no further business, the planning meeting was adjourned at _____.

Respectfully submitted by _____.

PROPOSED PLANNING GROUP MEMBER FACT SHEET

Complete a separate form for each member of the Planning Group

Planning Group: _____

Proposed Member Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ FAX: _____ e-mail: _____

AAP Member ID #: _____

Current Professional Position/Academic Institution: _____

Current Practice Setting: _____

Are you currently a member of another AAP constituent group, such as a task force, section/council/committee executive committee, journal editorial board, CME planning group or editorial board, etc.? Yes _____ No _____

If yes, please indicate the name(s) and describe your role(s) on the AAP constituent group(s):

Please indicate if you have experience with the following.

Activity	YES	NO
Familiarity with ACCME Accreditation Criteria for CME Activities		
National AAP CME activities (including section/council educational activities)		
• <i>Planning</i> AAP National CME activities		
• <i>Teaching</i> at AAP National CME activities		
• <i>Attending</i> AAP National CME activities		
Planning AAP Chapter CME activities		
Planning Hospital or Other Local CME activities		
Participating in non-CME activities of AAP committees, sections, councils, or chapters		

Please attach your NIH Biographical Sketch.

If the CME activity will be addressing American Board of Pediatrics content specifications in the appropriate subspecialty topic, please complete the information below.

Have you served on the American Board of Pediatrics Board of Directors or an ABP Committee or Sub-board within the last 5 years? ___ YES ___ NO

If yes, please specify which Board or Committee and the appropriate dates of service: _____

Planning Group Renewal Processes

Process to review PG member/chairperson requests for another term of service

- The CME activity manager/course coordinator will ask the member/chairperson requesting another term of service on a planning group to complete and submit a “Request to Renew Term of Service” form within 3-6 months prior to the completion of:
 - The member’s first and/or second two year term of service;
 - The chairperson’s first two year term of service.

According to AAP guidelines, planning group members cannot serve on any planning group more than six (6) years [or three (3) two-year terms], and the Chair may serve no more than four (4) years [or two (2) two-year terms] in the position of Chair and/or Past Chair.
 - All “Requests” for a specific planning group will be compiled and submitted to XXXXXX for review/approval.
 - At the XXXXXX discretion, requests may also be shared with all planners for consideration.
 - Replies (approvals and/or denials) will be communicated from XXXXXX to the planning group member/chairperson.
 - If any “Requests” for continued service on a planning group will potentially be denied, XXXXX will personally contact the planning group member/chairperson to discuss the concerns before a final decision is made/communicated.
-

Off-cycle process to review PG member/chairperson’s term of service

- The work of CME planning groups, for which the responsibilities of ensuring courses are planned, developed, and delivered on a timely basis, is ongoing.
- In rare circumstances, there may be times when communications with current planning group members/chairpersons are needed to ensure that responsibilities are fulfilled as scheduled and that the plans for CME activities are not jeopardized.
- In these situations, XXXXXXXX may be asked to communicate directly with the planning group member/chairperson to ensure that there is a continued commitment to the planning group responsibilities and/or to explore alternative arrangements for accomplishing the necessary activities.

Request to Renew Term of Service on the _____ Planning Group

I, _____, am requesting continuation of my term of service* as
(Insert Name)
(the Chairperson) (a Member) of the _____ Planning Group, pending approval from XXXXXXXX.

Updates to my current roster information are noted below. (Please provide any necessary revisions in the
“Comments” column.)

Planning Group Roster Information	Comments
(insert information on the individual as listed in the netFORUM Planning Group roster)	

(Signature) _____, MD

Please return by _____ (date) to _____ (CME Activity Manager) by email at: _____

* Term limits for serving as a planning group chairperson or member are outlined in the AAP CME Planning Group Guidelines.

Planning Group Renewal Correspondence

Message to confirm PG chairperson/member's renewal on a CME Planning Group

Thank you for your interest in renewing your term of service as (the chairperson) (a member) of the _____ Planning Group. Approval of Planning Group member appointments are made on the basis of knowledge, expertise, and the needs of the group.

On behalf of the XXXXXX Committee, it is with great pleasure that I inform you that your term of service on the _____ Planning Group has been renewed for the time period of (list new two-year term of service).

We recognize the time and expertise that you provide to the _____ Planning Group and thank you for your continued commitment and dedication to AAP CME and to children.

Please let us know how we may further enhance your experience as (the chairperson) (a member) of the Planning Group. If you have any questions or wish to provide any feedback, please contact XXXXXXXX.

Signed by chairperson

cc: (CME Activity Manager)

Message if a requested term of service is NOT approved

Thank you for your interest in renewing your term of service as (the chairperson) (a member) of the _____ Planning Group.

The XXXXXXXX Committee has reviewed your request to continue serving on the _____ Planning Group for another two-year term. Upon discussion, _____ (would need to add in specific reasons why a request would be denied).

We recognize the time and expertise that you have provided to the _____ Planning Group and thank you for your commitment and dedication to AAP CME and to children.

If you have any questions, please contact XXXXXXXXXXXXXXXX.

Signed by chairperson

cc: (CME Activity Manager)

Message to acknowledge individuals who are transitioning off a PG at the end of their PG term

On behalf of the American Academy of Pediatrics, I would like to thank you for your service and commitment as a (chairperson) (member) of the _____ Planning Group.

While you will be rotating off the planning group, effective _____ (date), I want to encourage you to remain an active member of the AAP. We value your involvement and support.

Thank you for all that you have done to advance the _____ (CME activity). Without you, our goals could not have been met.

Signed by chairperson and/or Department Director

cc: (CME Activity Manager)

AAP CME Development Checklist

	<i>Developing Your Content</i>
	Review/reflect AAP priorities from the Agenda for Children/strategic plan
	Consider the professional practice gap(s)/problem(s) of your learners and what education they need to help close that gap
	Consider the desirable physician attributes (ABMS/ACGME core competencies) of your learners
	Consider who you are targeting with this activity and what format is best for the type of education you plan to deliver; be innovative in your approaches
	Ensure all content is fair and balanced and that any clinical content presented supports safe, effective patient care
	Plan with the end in mind, know what it is you want to have achieved by the end of the activity
	<i>Selecting Faculty</i>
	Avoid using members of the planning team as faculty / avoid using employees and owners of an ineligible company unless pre-approved
	Consider “good-citizens”, new faculty that you can help coach or pair with a more experienced member, and individuals who are open to using new/creative methods
	Work with faculty to create goals and objectives that are measurable
	<i>Disclosure and Managing Commercialism</i>
	List all of your financial relationships and discussion of off-label disclosures at the beginning of your content.
	Avoid bias, commercialism, corporate logos, promotional materials, plagiarizing of any content; do not actively promote or sell products or services that serve your professional or financial interests
	Verify that materials meet copyright standards. Obtain copyright permission for any copyright-protected material included in your content.
	<i>Content Summary and Practice Changes</i>
	Include a list or slide of suggested practice changes that learners could make in practice.

A Resource for Faculty and Authors

From the AAP Committee on Continuing Medical Education (COCME)

“Best Practices Guide to Learning”

Meet the needs of the new generation of learners!!!



This Best Practices Guide to Learning provides Faculty/Authors with suggestions for the design and/or implementation of effective educational activities for physicians and health care professional learners. The guide provides general and specific practical teaching concepts to enhance the planning and delivery of multiple teaching formats (live lecture, online learning, webinar, workshop, written material, and small group discussion). You are encouraged to relate the concepts outlined to the educational formats, settings, and audiences for which you are designing education.

Refer to the *Best Practices Guide to Learning* to design your teaching activity and ignite the fire of engagement in your audience, readers, and participants.

BEST PRACTICES GUIDE TO LEARNING: How to Make Your Educational Content “Rock” a Learner’s World
The Art and Science of Being an Educational JediMaster
“Teacher? I prefer the term, Educational JediMaster”

Awesome Teacher,

- Can you hold your learners’ attention so powerfully that they are interested in more?
- Do your learners apply your teaching into clinical practice?
- Do you long to be more riveting than social media?
- Is your online module the end-all-be-all to behavior change?
- Did you know that a few minor tweaks can “wow” your audience and impact patient care?

No matter what the educational activity type, this guide can help you be an Educational JediMaster!



Beginning: Set the Stage

Start with a case scenario, clinical vignette, video, or news story to grab their attention. Present a compelling reason on how the information they are about to learn will Let them know what’s new, what’s hot, how it fits into their job and benefits both them personally and their patients
Tell them what they will be able to *do* with what they are learning
Include objectives that will help the learner understand what will be covered in the content and how skills, knowledge, and attitudes (i.e. communication skills, systems-based practice, minimizing bias, etc.) may be improved.



Middle: Keep them engaged

Cover 3-5 objectives per hour of content/credit – less material is easier to understand
Help the learner understand the material (use case scenarios, clinical vignettes, analogies, metaphors, outlines, diagrams, demonstrations, mnemonics, videos, etc.)
Add short 1-3-minute pauses to allow participants to reflect and/or process the information (i.e. questions, pauses, self-reflection, think-pair-share, observation with critique, etc.).
Chunk your material in short segments so that it is easier for the learner to digest.
Use visual materials to enhance learning (graphs, diagrams, slides, handouts, videos, pictures).



End: Inspire Practice Change

Highlight quality improvement opportunities to put into practice what was learned. (Or ask participants to think about how they might improve the care they provide).
Include activities/exercises/quizzes as learning tools to practice what has been taught
Include or discuss practice change ideas/pearls. Encourage learners to commit to change (written commitment to change, use of reflective questions, discussions on what one will do differently in practice, etc.)
Provide resources, links, memory joggers, job aids, and/or other practice tools to help the learner apply what they have learned.
Summarize before ending the learning activity. Include a thorough summary of topics that were addressed, key take-away information that met the objectives.

If you have any questions or seek any clarification on these educational concepts, please contact the AAP Committee on CME. Staff contact: Deborah Samuel, MBA / Director, CME / dsamuel@aap.org.

[Online Learning Module](#) [Workshop](#) [Webinar](#) [Written Material](#) [Lecture](#) [Small Group Session](#) [Case-based Scenario](#)

Additional links to information on formats listed above are forthcoming - *Please stay tuned.*

Defining “Needs Assessment”, “Learning Gaps” and the “Outcomes Measurement” Process.

Needs Assessment.

A needs assessment is a systematic exploration of the need for education or training. The process involves first establishing who the learners are (i.e. what is their level of training and expertise) and then determining what skills they have, what skills they need and how best to deliver training to correct any deficiencies.

Learners can be at various stages of professional development, including trainees (residents), junior practicing physicians, mid-career physicians or very experienced physicians. Knowing the learner’s professional stage can help shape both content and scope of the educational experience. Usually at AAP sponsored educational activities, there is a mixture of these stages which can make designing the learning experience more challenging.

When planning educational activities, the needs assessment is often based on requests for topics listed on evaluation forms completed by participants in previous activities. It is important to understand this is often an expression of topics in which learners indicate they have an interest and “perceived” need of what they think they should know. Yet, physicians’ self-assessment of their learning needs may be unreliable. [Davis DA, Mazmanian PE, Fordis M, et al. Accuracy of physician self-assessments in health profession training. JAMA 2006;296:1094-1102] More important are the “unperceived” needs that learners do not realize they need to know, and identifying these requires analysis of “learning gaps”.

Learning Gaps.

A “learning or professional practice gap” is the term used to describe a learner’s deficiency or shortcoming, which if eliminated results in improvements in knowledge, competence and/or performance that can potentially improve health outcomes. Gaps may be defined as the difference between “the way things are” and “the way they should be”.

The easiest gaps to identify are those relating to knowledge. Knowledge gaps can be identified by means of questionnaires or review of test scores from in training or board examinations. Correcting gaps in knowledge is important, but usually has the least impact on improving competence or performance and outcomes for patients.

Identifying gaps in competence or performance is more challenging, and there are various ways in which this can be achieved. Some examples are:

1. Clinical practice guidelines developed by professional organizations constitute standards for what a learner should know or be able to do. Evidence that guidelines are not being followed, or that learners are unfamiliar with new guidelines, constitutes a gap that can be addressed.
2. Consultation with experts or subspecialists provides a means of identifying potential gaps in competence or performance. Based on patterns of referrals, the expert or subspecialist may observe common deficiencies in practice that can be corrected through education.

3. Review of evidence-based literature in scientific journals, practice-based audits and peer review processes can be used for identifying gaps in competence, performance and health outcomes. As an example, published reports of excessive use of PPI's to treat infants with gastroesophageal reflux despite lack of evidence that such medications have any beneficial effects on symptoms constitutes a performance practice gap that requires correction.
4. Analysis of federal government or state public health data may identify disparities in health care and thus serve as a "gap" requiring corrective education.

Identifying learners' practice gaps is a key component to providing meaningful CME as part of the continued professional development process. Knowing what the gaps are will drive both the development of learning objectives and the instructional design of the CME activity. In addition, if the gaps to be addressed are carefully chosen, they can also be used as part of the outcomes evaluation process to determine how effective the educational activity was.

Evaluation and Outcomes Measurement.

The post activity evaluation process should be used to critically analyze how effective the educational experience was in closing the identified learning gaps and whether this resulted in improvements in competence, performance and possibly health outcomes. This is the final step in completing the cycle of learning as depicted in the diagram below. This process will also enable planners to identify any shortcomings in the educational activity or barriers to implementing change that learners experienced and take steps to address these in future CME activities.

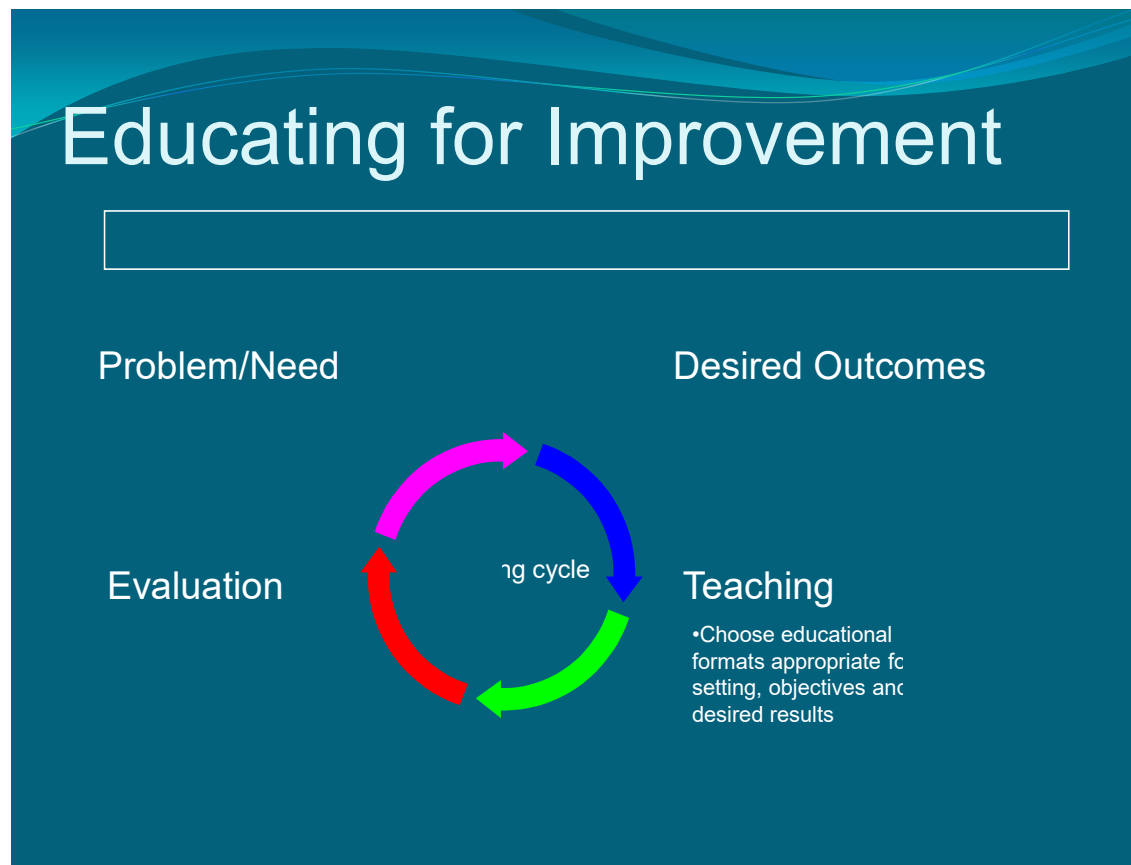
In addition to the usual information that asks participants to rate how the educational activity met their needs, an essential requirement of the evaluation process is a component aimed at determining how the activity might change the competence and/or performance of the participant or patient health outcomes if possible. There are 3 outcomes assessment models that have been identified by the COCME used for this process, including the following:

1. **Outcomes-Based Questions and Follow-up With Learners** – Specific outcomes-based questions are selected and asked of learners (or a sample of learners) related to (1) the AAP CME activity overall, (2) select sessions or articles within a CME activity, and/or (3) other educational endeavors associated with CME activities. The questions are asked separate from an evaluation, so learners may be identified with their responses for individual follow-up to occur at a later date post-activity.
2. **Case-based Pre/Posttest Questions** –Case-based questions related to the content are sent to learners before the activity, so learners' answers may be shared in advance of an activity with the faculty/authors and planners, enabling them to consider and refine their planned content to address learners' extent of knowledge and their particular deficits. This process makes the content more directed at changing learners' competence. The same case-based questions are asked via a posttest of learners *immediately following* the CME activity to assess immediate change in learners' competence. At a point in time between 6 weeks and 6 months after the

activity (e.g., “post posttest”), the same case-based questions are used to assess durability of change in learners’ competence.

3. **Global Evaluation of Learning Activities** – For some CME activities, it may be logistically difficult to contact individual learners following their participation in AAP CME activities to assess learning outcomes. In these situations, specific questions may be asked as part of CME activity evaluations. Because the responses are not associated with individual learners, follow-up with learners to assess application to practice at a future date does not occur. In general, because there is no opportunity to conduct a post-activity follow-up of learners, this model should be used only when necessary.

Beyond the aforementioned outcomes measurement strategies, the COCME acknowledges there are many other ways through which planners may choose to assess learner change in competence, performance, or patient outcomes resulting from CME activities, and these should be explored based on the educational design of the CME activity.



Needs Gaps Outcomes-COCME 612.doc

Incorporating QI into CME Activities.

Engaging in a QI activity is a powerful means of improving practice and performance. The AAP now offers a number of EQIPP courses as a free member benefit. In addition to improving their practice and performance, pediatricians who participate in any of these courses will also acquire Part IV points for the American Board of Pediatrics Maintenance of Certification requirements. Recently, the Committee on Continuing Medical Education piloted the incorporation of an EQIPP course into a Practical Pediatrics CME Course (PPC). Based on participant feedback, this was well received, and, accordingly, planners of future CME activities are encouraged to consider including a QI course into their program.

The following is a brief description of how an EQIPP course might be incorporated into a live CME activity.

Step 1. Choose an appropriate EQIPP course.

The “GER or GERD? Diagnosis and Management” course was chosen in the pilot program because there were a number of sessions related to gastroenterology in the PPC. Other examples of EQIPP courses that might be used are those related to immunizations and the judicious use of antibiotics if there are ID topics, the growth failure module with endocrinology topics, and the hypertension module if there are cardiology topics. A list of EQIPP courses is available at: <https://eqipp.aap.org/>.

Step 2. Choose an appropriate faculty member.

The faculty member needs to be both a content expert and a “champion” of QI activities. If the faculty member is less than enthusiastic about the QI component, there is a likelihood the exercise will not succeed.

Step 3. Enroll participants ahead of time.

Work with AAP staff to advertise the opportunity well ahead of the time of the live CME activity. Depending on how the QI component is incorporated into the CME activity, encourage potential attendees to sign up for and participate in the EQIPP course. Stress there is no added cost, since EQIPP is a member benefit. Participants should complete the first round of data gathering ahead of the date of the CME activity.

Step 4. Faculty analyzes the aggregate data from the first round of data gathering.

At least one week before the start of the CME activity, AAP staff sends the faculty member the aggregate data for the first round of data gathering from all participants. This will enable the faculty member to identify items that are “poor performers,” and these will then serve as the identified “gaps” that need to be addressed in the live activity. Conversely, if the data show that learners are performing other items at the expected level, then the faculty member does not need to address those specific topics in the session, concentrating instead on the gaps.

Step 5. Close the “gaps”.

Use a breakout session to go over the data. Concentrate the discussion on those areas where there is a clear gap between what learners are currently doing and what they should be doing in practice. An interactive format is effective for engaging participants in finding ways in which the gaps can be addressed. Identify any potential barriers to change and discuss potential solutions. Offer any tools that EQIPP provides to overcome any barriers.

Step 6. Implement strategies.

Based on the ideas generated during the discussion, the participants should be equipped to implement strategies to improve on their respective deficits and continue with the second and third rounds of data gathering in the EQIPP course. The AAP staff can provide the faculty member and members of the CME planning group subsequent data to assess the progress among the participants both individually and as a group.

Some observations.

- For a content expert, there is very little extra work involved in preparation for this presentation.
- Being able to identify the major gaps in knowledge and/or performance ahead of time is particularly helpful as it allows the faculty member to concentrate their content on these areas and not waste time addressing those areas that are already known or being done well.
- Although not all attendees in the breakout sessions had participated in the EQIPP course ahead of time, it was clear that many of them appreciated they had similar deficiencies in knowledge and performance and benefited from seeing where the gaps were. They also actively participated in the discussions and were involved in developing strategies to address the gaps. Several of these attendees subsequently signed up to do the EQIPP course and completed the second and third rounds of data gathering.
- The example described above reflects the integration of the QI component in a breakout session. A QI component may also be integrated into a general/plenary session, and some adjustments in process would need to occur.
- AAP staff are your collaborators in this endeavor. The CME managers for the EQIPP and live CME activities will guide you through the QI integration to ensure the learners are made aware of and can participate in this opportunity.

Ivor D. Hill, MB, ChB, MD, FAAP
Chairperson, AAP Committee on CME (COCME)
August 2016

To further explore this or other strategies for integrating QI into CME activities, please contact the AAP Committee on CME.

AAP Committee on CME (COCME) Staff Contact:

Deborah Samuel, MBA – Director, Live CME, dsamuel@aap.org



Family Engagement in the Development of Statements/Materials Guide for Authors and Staff

AAP Committees/Sections/Councils considering the development of a policy statement or other materials should consider whether youth and family participation or input would be beneficial. The following is intended to serve as a guide.

Involve a Youth or Family Advisor as a Co-Author	<p>If the policy/material relates to a topic where family-professional partnership is critical, consider whether a youth or family advisor should serve as a co-author from the earliest phases. Past statements that have included family co-authors include: Team-based Care, Medical Home, and Family-centered Care. Additionally, all AAP-led Clinical Practice Guidelines include a family advisor on the guideline subcommittee.</p> <p>If the lead authors are not aware of potential youth/family advisors who might be good co-author candidates, they may reach out to the AAP Family Partnerships Network for assistance.</p>
Include Guidance for Families Within the Document	<p>Some AAP documents include a specific section that outlines “Considerations for Families”. Consider whether this type of section might be beneficial to your document, and at minimum, seek youth/family review of this information either informally or formally (as described below). Consider also how families will learn of this material.</p>
Seek Informal Input from Youth/Families During Document Development	<p>Document authors should consider how new recommendations or information might be interpreted and received by youth and families, as well as the general public. Authors could consider soliciting informal feedback from youth/families that they know during the document development process. Ideally, these youth/families would come from diverse backgrounds/lived experiences. Some example questions that you might consider asking Youth/Families are:</p> <ul style="list-style-type: none"> • How would the guidance or recommendations within the document affect you or your family? • From your perspective as a caregiver (or patient), are the recommended treatments(s) or solutions(s) feasible- i.e. would they actually work for your family? Do they resonate with you? • What is missing that you could comment on? • What should be emphasized even more?
Seek Formal Review from the Family Partnerships Network or Other Related Family Organizations During the Peer Review Phase	<p>Consider whether the document is one that would benefit from youth/family review. Are there new recommendations that impact youth/families? Are youth/families the target audience for the finished product? Might youth/families offer a different perspective that might not be captured otherwise?</p> <p>If the document is lengthy or technical in nature, consider providing family reviewers with specific sections on which to focus their review. It may also be helpful to outline any specific questions that you’d like youth/family reviewers to weigh in on.</p> <p>The AAP Family Partnerships Network has a process to review documents; however, consideration could also be given to whether there is a specific family organization that might offer more specific expertise/input.</p>

One of the most important things that you can do, is to close the communication loop with the FPN and/or family reviewers. They are very interested in hearing back from the authors about whether their comments were beneficial and whether any revisions were made based on their comments.

Tips for Family Engagement in Continuing Medical Education

1. **Consider the level of engagement that is appropriate in the CME activity.** This might include adding a family advisor to the planning committee or adding youth or families as faculty/co-faculty/authors. As a general rule, content that delves into the “patient or family perspective” or “implications for families” should have a youth or family as co-faculty at minimum.
2. **If youth/family engagement is desired, tips for identifying the right family advisor.** What qualities should you look for, etc.
3. **If youth/families are engaged, tips for supporting their participation** – making it comfortable for them by providing additional onboarding/guidance, etc. Participating as a non-pediatrician in a group of pediatricians can be quite intimidating.
4. **For youth/families, whether participating on the planning committee or on faculty, it is important to provide feedback to them.**
5. **The Family Partnerships Network (FPN) is an Academy-wide resource that can be tapped into for advice/help by CME planners or by youth/families for peer support.**

Writing Content for the Web / aap.org

Writing content for the web is different than writing content for a document, email, etc. Below are some key questions to consider and answer. If proposing content for aap.org, these will need to be specifically addressed.

Define:

- Audience, goals, objectives – should write down goals and objectives for the content and, ideally, they should be measurable
- Type of content needed to reach audience, goals, objectives – is it an article, video, form?
- Launch date or lifespan of information
- Key performance indicators (KPIs) – traffic to a page, how long people stayed on a page, did people join something if that was a goal?
- Potential keywords and tags – identify keywords to connect content with Search. Choose primary words or phrases audience will most likely use.

Plan

- Communications for new content or content changes. A common mistake is not developing a communications plan to advise users that content is available.
- Special circumstances: Consult with the aap.org editorial team if new functionality is needed; align content that requires separate workflows

Content

- Write content – writing for web is different. Have a brief, but descriptive title. Start with important content at the top and go down. Keep sentences short, use plenty of action verbs. Appropriate pronouns are good. People scan webpages!! They don't read them. Incorporate headings, bullets, numbered lists. Use active (not passive) voice.

Create

- Supporting content, graphics, multimedia – write blurbs to promote
- Write content communications, meta descriptions

PDFs and other docs (Word, Excel, PPT) – most are not conducive to a webpage. They require downloading, are used primarily for print, do not have navigation, are not included in search results. These documents are allowed in certain cases: when there is a clear “call to action” – apply today, print and share, fill out this form...

Multimedia/Videos – discuss with AAP Public Affairs staff in advance to ensure consistency with branding and alignment with AAP communications activities. (consider: length of videos, closed captions, open vs. closed access)

Webinars - discuss with AAP Public Affairs staff in advance to ensure consistency with branding and alignment with AAP communications activities. Must be free and available to anyone. Lifespan – one year more or less unless KPIs are validated. (Migration note: webinars older than one year will not migrate to the new aap.org platform)

Images and graphics – there will be fewer images on the new platform. Stock images used in most circumstances. Watch for copyrights.

Accelerated publishing – if need to publish quickly. There will be a process to bypass normal planning to post content. Contact aap.org staff editorial team to discuss options. Include as much of Define, Plan, Create details as possible.

AAP.org: A New Approach to Content Creation

As a part of the Academy's Digital Transformation Initiative, a new approach to content creation is being implemented so that all content on AAP.org is created, maintained, and shared using best practices for website writing and publishing. This will enhance how content appears in Search, as well as improve overall site usability and accessibility for AAP members and others.

This new approach includes 4 main areas of focus:

1. Defining goals & objectives
2. Communication planning
3. Developing measures of success
4. Drafting content

Keep in mind, steps 1-3 should be done *before* content is even created!

1. **Define:** People go to websites with specific tasks in mind and the content you create should help them accomplish those tasks. Good planning is key. To that end, ask yourself these questions as you create or update content:
 - Who is the audience?
 - What are you asking them to do?
2. **Communication Planning:** A common mistake when creating website content is not including a plan on how to let users know the content exists (often called the "if you build it, they will come" approach). So, plan for how you will let users know this content exists as early as possible!
3. **Measuring Success:** In order to know if content has been successful, you need to consider what measures are most relevant given the content's goals and objectives. These measures need to be defined up front and regularly reviewed. Website data will be made available to you so you can easily evaluate content performance. But it's also a great idea to review and discuss this data on a regular basis to update content accordingly and to avoid content getting stale or outdated.
4. **Drafting Content:** When writing, keep the goals and objectives you established in mind. Speak directly to your audience. Be brief and directive. Remember, people come to websites for a particular purpose and generally do not spend a lot of time reading long pages of text. Want some ideas of how to enhance your content? Feel free to reach out to the AAP.org Editorial Team for assistance. We are here to help!

AAP Requirements for Developing Multiple-Choice Assessment Questions In Support of ABP MOC Part 2

GENERAL ITEMS

- The total number of questions offered should be commensurate with the scope/length of the learning activity. For example, longer, more intense courses like a multi-day CME course would include more questions than a one-hour webinar/online course.
- All content must be consistent with AAP policy and guidelines and be based on evidence that is accepted within the profession of medicine.
- Learners must achieve a minimum passing score, as established by the CME planning group/editorial board and communicated to learners in advance of the activity. Unlimited re-takes of the assessment are allowed.
- *A minimum of five multiple-choice questions* are required for all activities regardless of their scope/length and number of MOC Part 2 points designated. For activities that offer more than 5 points of MOC credit, the number of questions must be equal to or exceed the number of points designated. For example, an activity designated for 5 MOC points should ask 5 or more questions; an activity designated for 10 MOC points should ask 10 or more questions.

RESPONSE/ANSWER CHOICES

- There must be 3-5 options from which the learner chooses.
- True/False questions are not permitted.
- The best option must be clearly the best choice in the context of the question and all incorrect responses should be logical misconceptions of the best option.
- All choices should be of similar length and similar categories/type.
- Do not use mutually exclusive responses, such as percentages that overlap (0% to 10%; 10% to 50%; 75% to 90%; and 100%--the 10% would be included in both A and B.)
- Do not use as answer options: “None of the above” or “All of the Above”, nor any combinations of responses (eg, “Both A and C”).

FEEDBACK

- The learner must be able to view the critique/feedback on the question immediately during the post-test.
 - If a pre-test is offered in addition to the post-test, the critique/feedback should be provided during the post-test.
- The critique/feedback should validate the correct answer choice. In addition to including an explanation about the correct answer choice, a reference/citation may also be provided.
 - Addressing the other response choices is recommended (optional).

August 2019

Required Evaluation Questions for all AAP CME Activities

1. Were the individual learning objectives of this CME activity achieved? Yes No

2. Based on what you learned in this activity, do you plan to change:

a. The *strategies you implement* in practice (e.g., how you diagnose/manage patients, coordinate care, etc.)? Yes No

b. *What you do* in practice (e.g., how you perform exams, instruct, counsel patients/families, etc.)? Yes No

3. If **YES** to either of the above questions, please identify any changes in practice that you plan to make: ____

4. If **NO** and you do not plan to make changes in practice, other than lack of time and resources, why not? (select all that apply)

- Systems-related barriers - please describe: ____ (*open text box*)
- The activity reinforced what I am already doing in practice
- No practice changes were recommended
- Changes were not appropriate options for my practice
- Other - please describe: ____ (*open text box*)

5. Do you feel a commercial product, device, or service was inappropriately promoted in the educational content? No

Yes - If yes, please comment: _____

Note to activity managers: For comparable results, Question #5 should only be asked with a 7 point Likert scale. If evaluation systems cannot accommodate a 7 point Likert scale, this question should not be asked, until feasible.

6. On a scale of 1 to 7, what was the return on your investment of time/effort for participating in this activity?

Low Return	Medium Return	High Return
1 2 3	4 5	6 7

Note to activity managers: If you are awarding NAPNAP credit for this activity you must collect and report the number of NAPNAP members by asking the below question to participants during the reg or eval process (you do not have to ask this question twice).

7. Are you a member of NAPNAP (National Association of Pediatric Nurse Practitioners)? Yes No

Note to activity managers: If you plan to share attendee contact info with external sources you must first secure learner consent during the reg or eval process then ensure you only share the contact info of those who consented. One way to do this is by adding the below question to your eval form (speak to your accreditation specialist as there are alternative options to achieve this).

8. Your contact information (name, address, phone, and/or email) may be shared with exhibitors, advertisers, financial/in-kind supporters, and/or others external parties for promotional purposes. You may **opt-in/opt-out** of having information used for purposes either directly or indirectly related to this activity by checking this box .

Optional Questions

While the questions above are required in all AAP CME activity evaluations, CME planners are encouraged to ask additional questions *related to the activity's format* to help assess learning and effectiveness. Other optional questions are listed below.

- 1. Please rate the value of the inclusion of MOC points for participating in this activity.

Not at All Valuable	Somewhat	Neutral	Valuable	Highly Valuable
1	2	3	4	5
- 2. This MOC activity is relevant to my current practice. Yes No
 If yes, please explain why: _____
- 3. Has what you learned in this activity increased your confidence in evaluating patients? Yes No
- 4. Would you recommend this activity to a colleague based on its impact on your practice/patient care? Yes No
 Comments: _____ (open text box)
- 5. On a scale of 1 to 7, what is the likelihood that what you learned in this activity will result in improvement in your patients' health status?

Highly Unlikely	3	4	5	6	Highly Likely
1	2	3	4	5	6
- 6. Does participating in this CME activity give you any idea or opportunity to conduct a QI project? _____ (open text box)
- 7. Will you use the information you learned in this activity to enhance any of the following:
 Team-based care Interprofessional work Community partnerships

Follow-up With Learners About Practice Changes

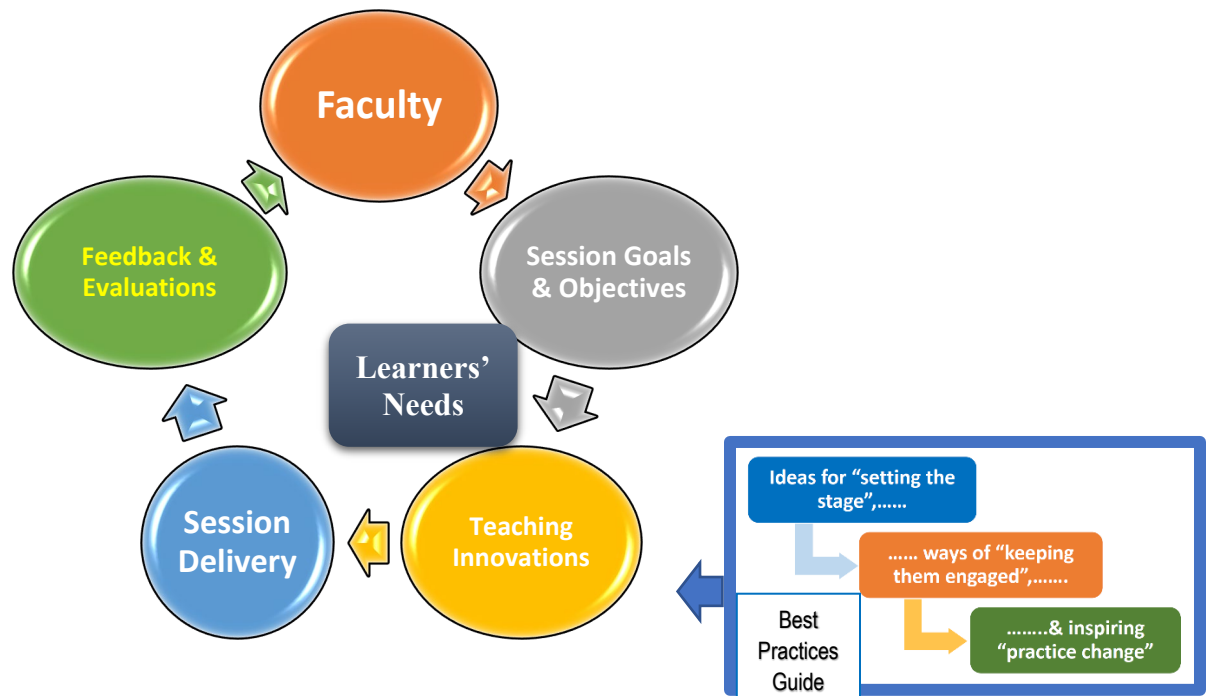
CME activity planners are encouraged to follow-up with learners 6 weeks to 6 months after the activity occurs to assess if change was made in practice, using the following questions:

- 1. Did you make the practice change you indicated you would? Yes No
- 2. If yes, please describe the impact of your change on patient care: _____ (open text box)
- 3. Other than lack of time and resources, please indicate any/all barriers you encountered when making this change in practice.

<input type="checkbox"/> Systems-related	<input type="checkbox"/> Patient is not complying with change
<input type="checkbox"/> Still in process	<input type="checkbox"/> Forgot, but appreciate the reminder
<input type="checkbox"/> Patient/case related to my change has not presented yet	
<input type="checkbox"/> Other _____	
- 4. How did you resolve the barrier(s) you encountered? _____

**From the AAP Committee on Continuing Medical Education (COCME)
New Attendee and Monitor Evaluations of Faculty
“Meaningful Feedback That You Can Use”**

(A Continuous Improvement Tool)



Feedback from attendees to faculty is one of the most powerful drivers of improvements to quality education. Faculty committed to meeting the educational needs of their learners use feedback to make changes to their teaching style, content, delivery, and audience engagement.

Despite multiple studies showing that didactic presentations and passive learning result in minimal retention and minimal behavior change among learners, many faculty continue to use these educational modalities. Utilizing new techniques to “make it stick” can be rewarding for both the teacher and the learner.

The newly redesigned attendee and monitor evaluations provide faculty with meaningful feedback to help them better engage learners, foster retention, and stimulate behavior change to achieve better patient outcomes. Faculty are encouraged to use them as teaching improvement tools. Check out the [Best Practices Guide to Learning](#) (as posted on the *PediaLink About AAP CME page*) for suggestions to grab your audience’s attention and ideas to keep them engaged and promote active learning.

Faculty Evaluation – Live Activities (completed by attendees)

Staff Note: The questions on this evaluation are completed by learners of live CME activities (National Conference and courses). A compilation of learners’ feedback (numeric scores and comments) is provided to faculty post-CME activity, generally a few weeks later.

Note to CME Planning Groups/Staff: Faculty should be informed in advance of the CME activity, such as in faculty guides/information and correspondence, of these criteria on which learners will evaluate them.

Session Date: _____ **Session Time:** _____ **(Session Code) Session Title:** _____

Faculty Information Photo Name Organization

1. In evaluating the effectiveness of the faculty member overall, please consider his/her organization of content, presentation style, audiovisual and syllabus/handout materials (if applicable), whether the learning objectives and/or session description were met, etc.

Not effective Highly effective
 1 2 3 4 5

2. Please identify what the faculty member did well, could improve, and could do to enhance learning in the future.

	Did well	Could be improved or consider doing in future	N/A
Organization of content	<input type="checkbox"/>	<input type="checkbox"/>	
Presentation style	<input type="checkbox"/>	<input type="checkbox"/>	
Audiovisual materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syllabus/handout materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Met the learning objectives and/or session description	<input type="checkbox"/>	<input type="checkbox"/>	
Got my attention and set the stage for the importance of the topic.	<input type="checkbox"/>	<input type="checkbox"/>	
Used one or more active learning techniques to keep me engaged.	<input type="checkbox"/>	<input type="checkbox"/>	
Provided practical tips/take home points/resources that I can use in practice to apply what I learned.	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	

If you indicated that any items could be improved, please comment. _____

July 2018

Monitor Evaluation – Live Activities (completed by planning group members)

Staff Note: *This monitor evaluation is used in live CME activities (National Conference and courses).*

Note to CME Planning Groups/Staff:

- *Faculty should be informed in advance of the CME activity, such as in faculty guides/information and correspondence, of the criteria on which the planning group members/monitors will evaluate them.*
- *Following the activity, the planning group's feedback should be shared with the respective faculty members as part of their own professional development as educators. The planning group member is encouraged to share feedback directly with the faculty member onsite, when possible.*

Date of Session:

Time of Session:

(Session Code) Title of Session:

Please evaluate the faculty member overall, reflecting on his/her organization and development of content, presentation style, quality of audiovisual and syllabus materials (if applicable), teaching techniques/facilitating interaction among learners, etc. (If the faculty presented in a workshop, please also reflect on whether learners were supervised and received feedback, materials/equipment were appropriate for skill training, and there were enough materials/equipment for everyone to use.)

Overall: (Confidential – results of this question for staff/planning group use only)

- | | |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 1. Marginal | 4. Skilled speaker; invite back to speak at an AAP activity again |
| 2. Not too good, not too bad | 5. Excellent speaker; definitely invite to speak at an AAP activity again |
| 3. Adequate/acceptable; consider inviting back to speak at an AAP activity again | |

Comments: _____

Please mark as applicable:

1. I detected commercial bias in favor of the following product(s) and/or company(ies) in this presentation(s).
Yes No If yes, product/company name: _____
2. The faculty member fostered application of knowledge to practice by using one or more of the following techniques/measures (check all that apply):
 - a) Included a "Changes in Practice" slide
 - b) Asked learners to make a "Commitment to Change"
 - c) Provided practice resources (websites, toolkits, etc.)
 - d) Other _____
3. Please provide any complimentary feedback (i.e. superb teacher, nationally recognized expert, etc.) and/or any constructive feedback that may be shared with the faculty member as to what worked well and what he/she may consider when presenting on this topic in the future. _____

Staff Note re. Ques #3: *When requested by faculty, AAP staff send a letter, in which the faculty member's contributions to the live activity are acknowledged, to whomever the faculty member designates. The letter is customized with feedback provided by the monitor. Complimentary feedback cited in Ques 3 would be shared with the faculty, if the faculty member requests a letter. AAP staff have been advised that this letter has assisted with promotions and tenure. To date, this opportunity has only been extended to faculty who participate in live courses and not yet to faculty at the National Conference.*

Additional resources for Planners can be found on PediaLink.

Interested in new, innovative ways to develop or deliver education? Members from the Committee on Continuing Medical Education (COCME) are available to help. Let any of the below staff know if you are interested in a COCME member participating in a planning meeting, conference calls, or one-on-one conversations.

- **Nikki Berry, Accreditation Director at nberry@aap.org**
- **Virginia Roldan, Accreditation Specialist at vroidan@aap.org**
- **Deborah Samuel, Director Live CME at dsamuel@aap.org**