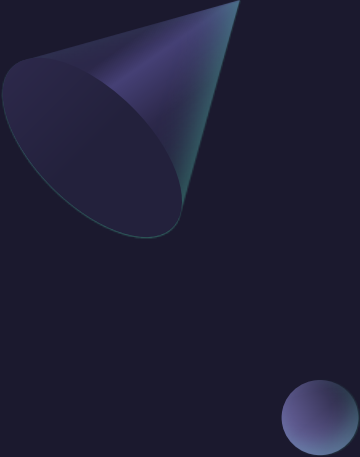




# Customizing the CME Evaluation

Maine Medical Education Trust



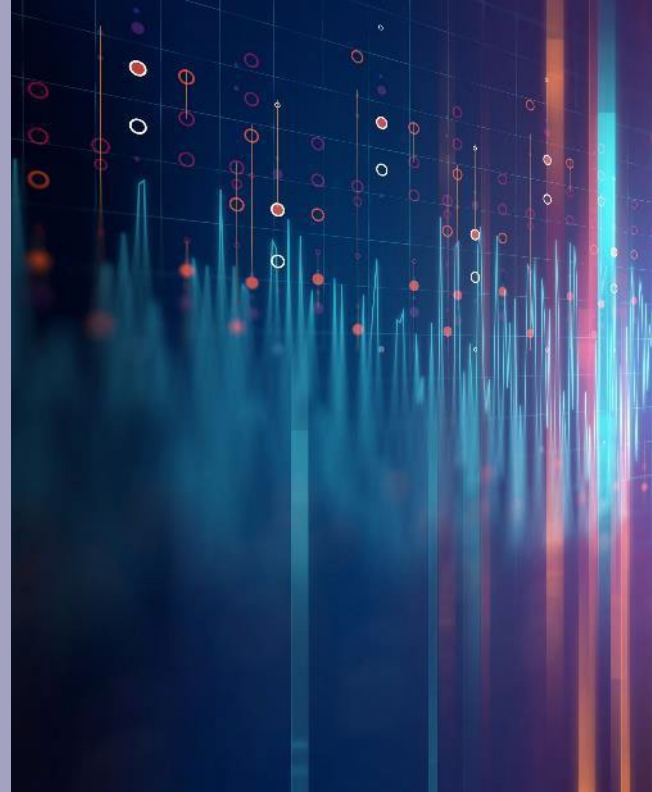
How many of you have wanted to change something about the CME evaluation in the past?

Share one thing in the chat that you wished you could have changed about the CME evaluation but felt you couldn't.

OR



Share one thing that you did change about the CME evaluation in the past.



# Introduction

- Collecting data regarding the effectiveness of a CME activity is a required component of the CME process.
- The evaluation is the most common tool used.
- There is much flexibility within the evaluation to customize it to provide information that is valuable to your organization.

# Agenda

Collecting Evaluations

Required Components

Optional and Customizable Components



# Collecting Evaluations

# When to Distribute Evaluations



## ONE-SESSION

- Immediately following the activity.

## ONE-DAY

### MULTI-SESSION

- After each session.

OR

- Once, at the end of all sessions.

## MULTI-DAY

### MULTI-SESSION

- After each session.

OR

- At the end of each day.

OR

- Once, at the end of the last day.

## REGULARLY SCHEDULED SERIES

- After each session.

# How Long to Collect Evaluations

## YOU SET THE TIME FRAME

- Give learners a time-frame of when the evaluation will be closed.
- Suggestion: 1-2 weeks, with a reminder.
- Consider giving learners time to complete it at the activity.

Learners can still receive certificates and their credits can be reported if they miss the evaluation time frame.

## SHORTER IS BETTER

- Content and opinions are fresh.
- A report must be submitted within 45 days after the activity.
- Learners may want to see their credits sooner.
- Learners are more likely to do it then if they know they have a short window to complete it.

# Q. Must learners complete an evaluation to receive their CME Certificate?

A. Technically, no.

There is no requirement set by the AMA that learners must complete an evaluation to receive a certificate.

However, the MMET is required by the ACCME to collect information regarding changes learners intend to make in their practices as a result of their participation in CME activities.

If physicians participate in the activity, MMET must have completed evaluations.





# Q. Must learners complete an evaluation to receive their CME Certificate?



Set the expectation that evaluations must be completed to receive a CME Certificate.

Then bend the rule only when necessary.

\*Certain activities such as enduring materials require evaluations to ensure the completion of the activity.

# Required Components

There are 8 required components

# 1. Activity Information

THE FOLLOWING SHOULD BE INCLUDED  
ON THE EVALUATION:

- Activity Title
- Activity Date(s)
- Name of Joint Provider (Your Organization)



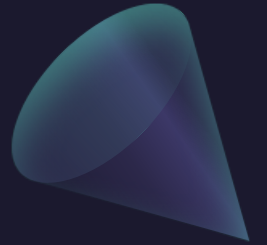
# 2. Objectives

## LIST THE OBJECTIVES

- Can include all objectives.
- Can be overarching objectives for a larger activity.
- Can be a sampling of objectives for a larger activity.

## WHERE TO PUT THE OBJECTIVES

- Can be listed at the top.
- Can be listed with each presenter.
- Can be listed to correspond with a particular question.



# Example:

- Listing All Session Objectives

## SESSION OBJECTIVES:

### Medical Liability Climate & Forecast

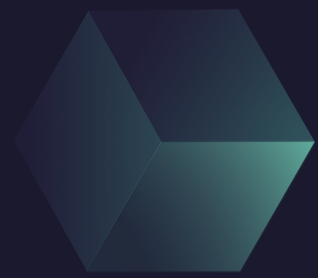
- Identify current scope and magnitude of medical liability in Maine.
- Identify potential opportunities for risk management.
- Identify claims frequency and severity trends and the lessons learned from them.
- Reveal legal developments in the legislature and courts and their past and future impacts.

### Health Care Practitioners from around the World

- Gain perspective on the practical aspects of physician's daily experience, physician-patient relationships, and interactions with providers of health insurance coverage and the government from physicians practicing in the health care systems of other countries.
- Analyze the advantages and disadvantages of each system for the daily life of the physician practicing medicine.
- Be equipped to critically analyze the U.S. health care system and engage in the U.S. public policy debate about health care reform.

### U.S. Health Insurance: Big Profits, Poor Coverage

- Discuss why America spends \$4 trillion per year on health care but lags behind other countries in outcomes.
- Explore how American health insurance differs from other advanced countries.
- Demonstrate how the U.S. can get to universal coverage at a reasonable cost.



# Example:

## Separating Objectives

Objective: Better understand the levels of burnout/compassion fatigue

EVAL: I was able to identify the factors in my own burnout and/or the burnout I see in my staff/team.

Likert Scale: 1-----2-----3-----4

Minimally   Somewhat   Definitely   Very Much So

Objective: Apply Awareness Based Systems Change to explore the overwhelm, burnout and turnover happening in healthcare organizations

EVAL: Based on the Awareness Based System Change information, I am able to see a potential pathway for change.

Likert Scale: 1-----2-----3-----4

Minimally   Somewhat   Definitely   Very Much So



# 3. Learner Change Question

MUST INCLUDE AT LEAST ONE OF THE FOLLOWING:

- Will this activity enhance your competence?
- Will this activity influence your practice?
- Will this activity impact your patient outcomes?

• As a result of this activity, list one or two things you plan to change in your practice.

**MUST** ASK FOR EXAMPLES

- If yes, please list examples.
- As a result of this activity, list one or two things you plan to change in your practice.

# 4. Faculty Disclosure Feedback

ASK LEARNERS IF POTENTIAL CONFLICT OF INTEREST WAS PROVIDED.

This is the Disclosure to Learners based on the faculty disclosures.

- Must disclose the presence and/or absence of relative financial relationships.
- Must provide evidence of disclosure to learners in post-CME activity materials.

Note: This question does not need to be asked if the activity was exclusively non-clinical.

None of the planners or faculty for this educational activity have relevant financial relationships to disclose with ineligible companies.

\* 9. Was potential faculty conflict of interest (disclosure) provided to the audience prior to the activity?

Yes

No



# 5. Commercial Bias

Note: This question does not need to be asked if the activity was exclusively non-clinical.

ASK THE LEARNERS IF THEY PERCEIVED ANY COMMERCIAL BIAS.

- Be sure to give learners the opportunity to explain the bias they perceived.

\* 10. Were the presentations free from commercial bias for or against a product and/or company?

Yes

No

If no, what was the bias?

# 6. Commercial Support Disclosure

ASK LEARNERS IF COMMERCIAL SUPPORT WAS DISCLOSED.

Note: This question does not need to be asked if the activity did not receive commercial support.

7. If this event had commercial support, was this information provided to the audience?

Can modify the question to:

- Was information regarding the commercial support for this activity provided to the audience?

# 7. Collecting Learner Information

## ALL EVALUATIONS SHOULD COLLECT

- Name
- Credentials
- Contact Information
  - Email is sufficient

\* 14. Contact Information

Full Name (First and Last Name)

Designation (i.e., MD, DO, NP, RN, PA, etc.)

Email Address

13. Please fill out the contact information below.

<b>First Name:</b>	<input type="text"/>	<b>Last Name:</b>	<input type="text"/>
<b>Credentials:</b>	<input type="text"/>	<b>Email:</b>	<input type="text"/>

# 7. Collecting Learner Information

## MAINE-BASED ACTIVITIES SHOULD COLLECT:

- Consent to report credits to Maine State Boards
- Date of Birth (MM/DD)
- State of Licensure
- License ID

\*Can report for any state

\* 15. The MMET is able to report CME Credit on your behalf to the State of Maine Board of Licensure in Medicine and the Maine Board of Osteopathic Licensure. Do you consent to have the MMET report this data?

- Yes
- No
- This does not apply to me, I am not an MD or DO

\* 16. License Information - Please provide the following information in order to report CME Credits.

Date of Birth (MM/DD)	<input type="text"/>
State of Licensure	<input type="text"/>
License ID	<input type="text"/>

Maine License ID numbers can be looked up through the following link:  
<https://www.pfr.maine.gov/ALMSOnline/ALMSQuery/SearchIndividual.aspx>  
Be sure to choose 'MEDICINE' or 'OSTEOPATHIC LICENSURE' from the regulator drop down menu.

# 7. Collecting Learner Information

## FOR OTHER STATES:

- Can choose to collect and submit this information
- Change the Board of Licensures to reflect your organization's state

\* 15. ~~The MMET is able to report CME Credit on your behalf to the State of Maine Board of Licensure in Medicine and the Maine Board of Osteopathic Licensure. Do you consent to have the MMET report this data?~~

- Yes
- No
- This does not apply to me, I am not an MD or DO

\* 16. License Information - Please provide the following information in order to report CME Credits.

Date of Birth (MM/DD)	<input type="text"/>
State of Licensure	<input type="text"/>
License ID	<input type="text"/>

Maine License ID numbers can be looked up through the following link:  
<https://www.pfr.maine.gov/ALMSOnline/ALMSQuery/SearchIndividual.aspx>  
Be sure to choose 'MEDICINE' or 'OSTEOPATHIC LICENSURE' from the regulator drop down menu.

# 7. Collecting Learner Information

FOR ALL STATES:

- Modified consent question on Generic Evaluation Form

14. The MMET is able to report CME Credit on your behalf to all state medical and osteopathic licensing boards. Do you consent to have the MMET report this data?

Yes

No

This does not apply to me, I am not an MD or DO

# 8. Statements

## AMA CREDIT DESIGNATION STATEMENT

*The Maine Medical Education Trust designates this [activity type] for a maximum of [number of credits] AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.*

## OPIOID PRESCRIBING EDUCATION

- Only if offering opioid prescribing education credit.

*This activity qualifies for [number of credits] credit(s) of the 3 CME credit requirement for opioid medication education found in P.L. 2015, Chapter 488, Maine's legislation to address the opioid drug crisis.*

## JOINT PROVIDERSHIP STATEMENT

*This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Maine Medical Education Trust and [name of nonaccredited provider]. The Maine Medical Education Trust is accredited by the Maine Medical Association Committee on Continuing Medical Education and Accreditation to provide continuing medical education for physicians.*

- Statements can be placed at the top or bottom of the evaluation.

# Summary of Required Components

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Activity Information

---

Learning Objectives

---

Learner Change Question

---

Faculty Disclosure Feedback

---

Commercial Bias Question

---

Commercial Support Disclosure Feedback

---

Learner Information Questions

---

Statements

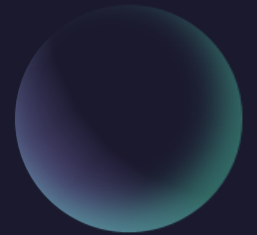
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# Optional and Customizable Components

# Optional/Customizable Components



**Venue  
Feedback**



**Speaker  
Feedback**



**Suggestions**



**Format**



# Venue

If you could change anything about this feedback, what would you change?

## ON GENERIC FORM:

9. Please rate the following on a scale of 1 (Poor) to 4 (Excellent).

	<b>Poor</b>		<b>Excellent</b>	
Conference Materials (Handouts/Audio-Visuals)	1	2	3	4
Facilities (Comfort, Ability to Hear/See, Accommodations)	1	2	3	4
Quality and Appropriateness of Presenter's Teaching Methods	1	2	3	4
Value of topic	1	2	3	4

# Venue

9. Please rate the following on a scale of 1 (Poor) to 4 (Excellent).

	Poor		Excellent	
Conference Materials (Handouts/Audio-Visuals)	1	2	3	4
Facilities (Comfort, Ability to Hear/See, Accommodations)	1	2	3	4
Quality and Appropriateness of Presenter's Teaching Methods	1	2	3	4
Value of topic	1	2	3	4

## HOW COULD YOU CHANGE THIS?



Customize the categories



Change the scale



Ask more specific questions



Customize for virtual activities

12. Please rate the following on a scale of 1 (poor) to 4 (excellent)

	1	2	3	4
<b>Logistics</b> (registration/sign-in/evaluation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Platform</b> (ability to see/hear and/or interact)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Comfort of Room</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Exhibitors</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Meals</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Additional Activities</b> (golf/yoga/wine tasting/stroll)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Awards Dinner</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

\* 11. Please indicate how you attended this activity.

In-Person

Virtually

 Star Rating

 Matrix / Rating Scale

 Best Worst Scale

 Net Promoter® Score

 Comment Box

 Slider

12. Please rate the following on a scale of 1 (poor) to 4 (excellent)

	1	2	3	4
<b>Logistics</b> (registration/zoom link/evaluation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Platform</b> (ability to see/hear and/or interact)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

\* 11. Please indicate how you attended this activity.

In-Person

Virtually

★ Star Rating

☐ Matrix / Rating Scale

▮ Best Worst Scale

🗣️ Net Promoter® Score

💬 Comment Box

🔧 Slider

# Speaker Feedback

If you could change anything about this feedback, what would you change?

ON GENERIC FORM:

## **SPEAKER EVALUATION**

10. Use the following key to provide feedback on the presentations.

Ratings: **P**-Poor      **F**-Fair      **G**-Good      **V**-Very Good      **E**-Excellent      **N/A**-Not Applicable

<b>Speaker/Topic</b>	<b>Presentation Skills</b>	<b>Knowledge of Topic</b>	<b>Quality of Handout(s)</b>	<b>Quality of Audio/Visuals</b>	<b>Overall Impression</b>

# Speaker Feedback

## HOW COULD YOU CHANGE THIS?



Customize the categories



Change the scale



Include all/some/none of the speakers



Base feedback on session(s) attended

### SPEAKER EVALUATION

10. Use the following key to provide feedback on the presentations.

Ratings: P-Poor F-Fair G-Good V-Very Good E-Excellent N/A-Not Applicable

Speaker/Topic	Presentation Skills	Knowledge of Topic	Quality of Handout(s)	Quality of Audio/Visuals	Overall Impression



\* 1. Please indicate whether you attended

Saturday and/or Sunday

Only the Keynote Session with T.R. Reid

Considering presentation style, knowledge of topic, visuals, etc., please rate each of the following presentations you attended, with 5 stars being the best rating and 1 star being the lowest rating. Learning objectives for each session are listed below.

## 2. Medical Liability with Dr. Frank Lavoie and David Herzer



Comments:

## 3. Health Care Practitioners from Australia, Canada, and Germany (Saturday Session)



Comments:

## 4. Keynote: U.S. Health Insurance with T.R. Reid



Comments:

## 5. Healthcare Practitioners from New Zealand, Greenland, and Israel (Sunday Session)



Comments:

# Suggestions

- It is optional to ask learners to provide suggestions or topics for future programs.
- Could have learners rate given topics from highest interest to least interest.

12. **Suggestions and/or topics for future programs:**



# Format

## CHOICE IS YOURS:

- Digital
- OR
- Paper

How many of you  
use digital  
evaluations or paper  
evaluations?  
ANSWER IN THE  
POLL

### Things to Consider:

- What is easiest for your learners?
- What might get more responses?
  - What is easiest for you?

### Keep in Mind:

- You must submit a copy of the evaluation with Activity Application Materials. The evaluation submitted must be in the format that will be used in the activity.

### Keep in Mind:

- You will need to provide either an evaluation summary or copies of all the completed evaluations with Post-CME Activity Materials.



# Summary

All activities should collect some standard information.

Customize the parts of the evaluation that are specific to your activity.

Collect data that will be meaningful to your organization.

**Next Session:**  
Commercial Support in Accredited  
Continuing Education  
Thursday, October 5<sup>th</sup>  
9-10:00am  
Zoom Invitation to be sent

# Thank You

Elizabeth Ciccarelli

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