Evidence-based CME: Comments From the American Academy of Family Physicians

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In this issue of *Family Medicine*, Davis and colleagues report on their study titled “Improving the Value of CME: Impact of an Evidence-based CME Credit Designation on Faculty and Learner.” The study evaluated whether and how presenters and conference attendees at the American Academy of Family Physicians (AAFP) Annual Scientific Assembly reported change in their behaviors based on whether or not a presentation was accredited for evidence-based continuing medical education (EB-CME) credit.

Dr. Davis’s study of the AAFP’s EB-CME designation resulted in two conclusions. The first was that faculty presenting EB-CME were more likely to use evidence-based resources and less likely to rely on books, journals, or personal experience. The second was that participants who attended sessions identified as evidence-based perceived those sessions as higher in quality and value than those not accredited for EB-CME. The findings of this study support the AAFP’s vision of the importance of providing learners with CME experiences that include a systematic review of all available best evidence.

The History of EB-CME

As the developer of the nation’s first accrediting system for CME, the AAFP serves as one of the three CME credit-granting entities in the United States. Additionally, since its inception in 1947, the AAFP has served as a leader in providing quality CME that is focused on creating and supporting education that provides physicians with information to improve their competence and performance of patient care.

In 2000, EB-CME was introduced to recognize CME activities that incorporated an evidence-based approach to the content design. The categories of AAFP CME evolved in 2002 to a designation of EB-CME credit for activities that included key practice recommendations (points intended to change physician behaviors) that were substantiated by AAFP-approved evidence-based medicine sources. The AAFP’s physician-led Commission on Continuing Professional Development (COCPD) believed that EB-CME ensured that a CME activity provided valid and reliable content that would lead to improved medical practice and patient outcomes. As a result, in 2004, the AAFP granted double credit for any portion of a CME activity that received the EB-CME designation.

The results of the Davis et al study reflected faculty and learner experience in 2006 when double credit for EB-CME was relatively new to both. Since that time, faculty have developed more experience with EB-CME, and obstacles faced by faculty in the design of EB-CME have diminished. Requirements for designing EB-CME have been refined, and systems have been automated. An example of an improvement in the EB-CME process occurred in January of 2007 when the COCPD redefined the criteria for evidence-based guidelines. In fostering a policy of continued process improvement for EB-CME credit, the COCPD approved changing the term “Approved EBM Sources” to “Recommended EBM Resources.” This change in definition allowed CME providers and faculty the option of either incorporating recommended sources or conducting an independent systematic review of medical literature to make their own determination of the strength of evidence for clinical recommendations using the Strength of Recommendation Taxonomy (SORT).

Today, faculty participating in EB-CME activities are more familiar with the steps required in the design of EB-CME, their ability to locate evidence to support their educational intervention, and their comfort with the AAFP EB-CME application process. As for the learners, EB-CME activities continue to be in high demand. This year, at the AAFP Scientific Assembly, all accredited clinical content CME sessions will be evidence-based.

Indeed, we now expect that best available evidence be incorporated in the design and delivery of all CME that is awarded AAFP prescribed credit. Accordingly, the AAFP announced in April 2009...
that the practice of awarding 2-for-1 credit for EB-CME will be discontinued on January 1, 2011.

Research in CME

The AAFP appreciates the EB-CME analysis conducted by Davis and her colleagues. At the time that research was conducted, evidence-based continuing education was an innovative concept in CME. Such research, designed to measure or support the educational effects of CME, is of value to the CME community in general and to learners in particular. To this end, the AAFP continues to conduct research to demonstrate and measure the value of new initiatives in CME, including evidence-based content and evidence-based educational methods for improving physician competence, practice performance, and patient outcomes.

In 2007, at the AAFP Annual Scientific Assembly, a questionnaire titled “Taking the Next Steps” was distributed to participants in 17 live activity sessions. This learning outcomes survey was conducted by the AAFP to determine the success of learners in identifying and describing changes in practice they would make following educational sessions they attended. Following their participation in a CME activity, learners were asked to respond whether they would pursue additional education on the topic, discuss activity content with colleagues, try new approaches that focus on the application and implementation of approaches that provide learners opportunity for reflection on their learning and tools for measuring their competence and performance.

As an example of such learner-centered activity, the AAFP currently provides learners the opportunity to participate in an innovative online practice improvement program through METRIC (Measuring, Evaluating, and Translating Research into Care). The METRIC Program supports learners through a step-by-step process in which they complete a brief practice assessment, review patient chart data, assess their performance, build an action plan for an identified change, implement the change, and remeasure to reassess outcomes. This program also assists family physicians in fulfilling the requirements for fulfilling Part IV of Maintenance of Certification by the American Board of Family Medicine. The AAFP embraces its responsibility to continue its legacy of leadership in setting the standards for needs-driven, outcomes-oriented CME that enhances patient care. This includes evidence-based content and evidence-based methods for teaching and learning.

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