



2015 AAMC SACME Harrison CME/CPD Survey

Organizational Alignment (continued)

Which level best characterizes your institution's leadership (deans, associate deans, chief medical officers, quality improvement leaders, clinical and faculty leaders) as champions for CME/CPD alignment and improvement?

Use the seven-point scale as indicated:

<p>(1) ABSENT - Institution leaders have no/little understanding of the potential for an integrated CME/CPD unit</p>	(2)	(3)	(4)	(5)	(6)	<p>(7) PRESENT and ACTIVE - At all institutional levels, leaders demonstrate excellent understanding and support for CME/CPD</p>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which level best characterizes how your health system/institution values the role of CME/CPD in all health system changes?

Use the seven-point scale as indicated:

<p>(1) LOW - no value paid to CME/CPD unit</p>	(2)	(3)	(4)	(5)	(6)	<p>(7) HIGH - CME/CPD is highly valued</p>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Organizational Alignment (continued)

The next two questions attempt to clarify the nature and role of the CME committee at your institution.

Which best describes the composition of the CME/CPD committee at your institution?

- (1) NON-REPRESENTATIVE - A nominal CME/CPD committee (a committee in name only), or no committee
- (2) - A small, ad hoc committee; members have no/little interest or commitment to CME/CPD
- (3) - Committee with narrow representation; members have some interest or commitment to CME/CPD
- (4) - Committee with broad representation; members are interested in and committed to CME/CPD improvements
- (5) - Committee with broad representation; plus other committee members representing the clinical and educational enterprise; members are interested in and committed to CME/CPD improvements
- (6) - Committee with broad representation; plus others representing quality improvement, educational expertise, electronic health records, and other elements of the clinical and educational enterprise; members are interested in and committed to CME/CPD improvements
- (7) HIGHLY REPRESENTATIVE - Committee with strong representation; plus leaders in quality improvement, educational expertise, electronic health records, and other elements of the clinical and educational enterprise; strong, committed faculty members are interested in and committed to CME/CPD improvements

Which best characterizes the role and activity of the CME/CPD committee at your institution?

- (1) INACTIVE - Nominal CME/CPD committee with no/little role, or no committee
- (2) - Committee is narrowly focused on administrative functions such as superficial approval of CME/CPD activities and policies
- (3) - Committee is focused on administrative functions such as approval of CME/CPD activities and policies; has begun to develop strategies for improving the content, integration or delivery of CME/CPD
- (4) - Committee is initiating strategies to improve the content or delivery of CME/CPD, and has begun to consider strategies for integrating CME/CPD with education and healthcare outcomes
- (5) - Committee is active in recommending CME/CPD integration into some educational and clinical programs focused on healthcare outcomes
- (6) - In addition to activities described at level (5), committee is active in requiring CME/CPD integration into most educational and clinical

programs; has begun to consider other clinical elements such as education delivery methods (electronic health records, feedback from hospital data, etc.) and the use of quality data to develop educational activities

(7) HIGHLY ENGAGED - Committee is highly engaged in recommending CME/CPD integration into most quality and performance improvement programs; has integrated educational programs with other clinical elements and the community (e.g., electronic health records, feedback from hospital data, etc.); and routinely uses quality data to plan and assess CME/CPD programming

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Programmatic Integration

Please indicate the degree to which the CME/CPD unit collaborates with the following programs within the academic medical center. Use the five-point scale as indicated:

	(1) LOW - No involvement	(2) - ACCME accreditation services only	(3) - Accreditation plus logistical support	(4) - Accreditation, logistical support, and partial planning	(5) HIGH - Fully integrated planning, development, and evaluation
Quality / Performance Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee / staff development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuing education for other health professions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GME / PGME; residency education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UME; medical student education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public education/Community outreach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Simulation units	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty practice plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compliance office (IRB, Ethics Committee, Adherence Committee, other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflict of interest policy setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	(1) LOW - No involvement	(2) - ACCME accreditation services only	(3) - Accreditation plus logistical support	(4) - Accreditation, logistical support, and partial planning	(5) HIGH - Fully integrated planning, development, and evaluation
Hospital accreditation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health services, implementation science, and comparative effectiveness research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alumni affairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic Health Records (IT) / Library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Educational Techniques, Methods, and Strategies

What percentage of your total CME/CPD offerings use interactive methods? "Interactive" methods include case discussions, workshops, simulations, and other methods. Please do not consider brief Q&A sessions after lectures as "interactive."

- None (0%)
- A small percentage (5-25%)
- A moderate amount (25-50%)
- A large extent (> 50%)
- All (100%)



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Educational Techniques, Methods, and Strategies (continued)

Internal Programming

Which of the following methods or activities are included in your internal CME/CPD programming for CME/CPD participants within your institution? Include activities your unit develops itself, activities your unit co-sponsors, and activities your unit accredits.
Select all that apply:

- Rounds
- M&M Conferences
- Tumor Boards
- Videoconferencing / live webinars
- Audio conferencing
- Asynchronous on-line learning / Internet enduring materials
- Synchronous webinars and other computer-mediated methods
- Academic detailing
- Electronic health record-mediated strategies (e.g., reminders)
- Audit and feedback programs
- Reminders at the point of care
- Embedding educational links into the Electronic Health Record
- Just-in-time clinician education, alerts, audit and feedback
- Patient education
- Learning from Teaching programs
- Performance Improvement CME (PI-CME)
- American Board of Medical Specialties Maintenance of Certification Part IV (ABMS MOC Part IV)
- Other (please specify):

If you selected 'Other,' please describe further in the 'Promising Practices' section at the end of this survey.

External Programming (outreach programs to serve a regional mission)

**Which of the following outreach activities do you plan and implement to serve participants or learners outside your institution?
Select all that apply:**

- Regional / local conferences
- Visiting speakers at medical society or community hospital meetings series
- Academic detailing
- Opinion leader / Train-the-Trainer programs
- Individual traineeships or tutorials
- Live teleconferences (video / audio / web casts)
- Learning / individual coaching programs
- Communities of practice
- Social networking (e.g., Facebook, LinkedIn, and/or similar methods)
- Direct community engagement
- Patient education / engagement
- Online learning activities (MOOCs, CE Directory, etc.)
- Performance Improvement CME (PI-CME)

Note: use the 'Promising Practices' section at the end of this survey to describe innovations and projects your office has initiated in these areas.



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Evaluation and Assessment

While many CME/CPD programs use subjective, self-rated evaluations, we are interested in determining what percentage of your activities use objective outcome measures.

What percentage of your activities uses the following objective outcome measures?

(Note: each type will independently show a percent between 0% and 100%. The percentages are not being totaled, as it is possible each type of outcome measure was used in 100% of your activities.)

Measures of intended change (e.g., commitment to change)

 %

Measures of competence (e.g., post-activity multiple choice examination, simulations carried out in the educational setting)

 %

Measures of performance (e.g., registries, administrative databases, e-prescribing databases, surveys, documented/observed changes in practice by chart audit, quality reporting, EHR, PI-CME)

 %

Health care or patient outcomes (e.g., patient surveys, increased screening rates, decrease in morbidity/mortality)

 %

Population health data (e.g., epidemiological data/reports)

 %

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