What is the Need for Assessing Needs?

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What I wish for all of us this meeting
EXTRA! EXTRA!
READ ALL ABOUT IT!
GOOD NEWS!!
CME is Effective
[ACCME review: Cervero + Gaines 2014]

- CME positively impacts physician performance and patient outcomes (PO)
- CME more reliably impacts physician performance, than PO
- However....still viewpoints in the CME reform literature that are *unaware* or *non-acceptant* of the evidence-base
CME is Effective
[ACCME review: Cervero + Gaines 2014]

• But CME system is deeply flawed:
  – ...focussing on participation instead of on improvement
  – ...too little emphasis on helping health professionals enhance their competence and performance in daily practice
  – ...the failings of CME include the methods of education, the focus of education, systems of accreditation, commercial influence, lack of interprofessional continuing education, and limited use of datasets and information technology

• ...an impoverished view of how change in clinical practice actually occurs and of the many important functions didactic CME can serve in the interest of improving practice
CME is Effective
[ACCME review: Cervero + Gaines 2014]

• CME more effective if....
  – Based on needs assessment
  – More interactive
  – Uses more methods, involves multiple exposures, is longer
  – Focused on outcomes important to docs

• Understanding exact mechanisms underlying the positive relationships needs more research
Vote! Before you design/organize/ attend/ accredit a CME event, do you perform a Needs Assessment?

1. Eehhhh..... I really should  
   - 23.7%

2. Yes, but I probably could be doing it in a more robust way  
   - 45.8%

3. Duh... I am a professional!  
   - 30.5%
(Educational) Needs Assessment

(Collective) professionals’ current professional performance, 
patient health outcomes

- Interests or perceived needs of a whole target audience
- Highest quality performance & best possible patient health outcomes
Assessing the Needs of what?

Mentorship in Surgical Training: Current Status and a Needs Assessment for Future Mentoring Programs in Surgery

Needs assessment of palliative care education in gynecologic oncology fellowship: We're not teaching what we think is most important.

Results of an Online Community Needs Assessment for Psychoeducational Interventions Among Partners of Hereditary Breast Cancer Previvors and Survivors

The spiritual needs of parents at the time of their child’s death in the pediatric intensive care unit and during bereavement: A qualitative study.
(Learning) Needs Assessment

(Individual) Professional's current knowledge, attitude, competence & performance skills

Established standards & criteria to promote the highest quality performance and optimal patient outcomes
Professional Performance of Doctors: Between Time and Technology
Revitalising professional values

“When values are weak, rules are insufficient. When values are strong, rules are not necessary”

(Dr Donald Berwick)
Professional Performance

- Continuously Striving for Excellence
- Humane Patient care Delivery
- Being an accountable professional
Striving for Excellence

• Intrinsic motivation

• Modest, humble
  – The courageous willingness to acknowledge one's own limitations, openness to alternate perspectives and keenness to learn from others’

• Dedication to knowledge – Scholar

• Improvement driven - Deliberate Practice
  – Actively seeking challenging activities to further improve performance
Excellence in clinical practice

• Clinical competent
• Clinical reasoning, cognitive abilities
• Professional relationships with peers and patients
• Highly engaged
• Adaptive, flexible

• Combination of qualities makes top performers!
Compassionate care

• ‘Treat the other how you want to be treated’
• Health professional– patient *relationship*
• No competence, but quality and state of being
  – Place from where we view the world and other people
• Empathic care results in better patient outcomes
Compassion & Empathy

• Empathy is declining
  – Confrontation with clinical reality
  – Experience of distress
    • Lack of time
    • Lack of role models
    • Cynicism, arrogance

• Health professionals with cool heads and warms hearts
  – Professionals: role of CME?
  – Organizations: facilitating compassionate care
Accountability

• About what?
  – Being true to the Hippocratic oath?

• To whom?
  – Yourself, your patients and your profession

• Why?
  – Gain or/and maintain trust from patients and society, in individual professionals and the professions
Accountability ‘issues’

• Transparency
  – “requiring everything to be transparent, is to say you do not trust someone”. (M. Weggeman)

• Governance
  – Profession needs to set standards, professional needs to comply with defined standards
  – Evaluation, assessment, peer review, accreditation
  – Reacting upon non-compliance
    • Tolerating bad care, leads to more bad care. En loss of trust.

• Bureaucracy
Vote! Consider the last CME event you attended/organized/accredited, what was its main focus?

1. Contributing to excellent professional performance 73.6%
2. Contributing to more humane professional performance 5.7%
3. Contributing to more accountable health care delivery 20.8%
Assessing Learning Needs


Potential strategies to identify learning needs

- Periodic internal audits by using electronic office records
- Individualised audit results compared with current literature or practice guidelines
- Individualised audit results compared with exemplary peers (benchmarking)
- Single issue audit tools developed by local academic units for continuing medical education
- Facilitated notekeeping and reflection around sentinel patients
How to Assess Needs?

A Comprehensive, Multitiered, Targeted Community Needs Assessment Model
Methodology, Dissemination, and Implementation

Development and validation of a learning needs assessment scale: a continuing professional education tool for multiple sclerosis specialist nurses

Cross-cultural validation of the Educational Needs Assessment Tool in RA in 7 European countries

Reliability and validity of a community needs assessment instrument for nursing homes in Taiwan.
Needs Assessment: an Example

Delegate presentation:
Needs assessments in multiple sclerosis

Suzanne Murray (AXDEV Group Inc.), Maria Grazia Cali (Merck Serono), Dr Mohammed Shariel (Colchester Hospital University)

Learning objectives

• Understand the benefits of conducting iterative in-depth international Performance and Behavioural Needs Assessment.

• Describe the benefits of needs assessment data to various stakeholder groups, beyond continuing education interventions, including policy making, strategy and patient advocacy.
Vote! When do you consider a CME event to be effective?

1. High number of participants: 8%
2. High ratings of CME event by participants: 6%
3. Self-reported increased knowledge, understanding & commitment to change: 32%
4. Increased competence (educational setting): 10%
5. Increased performance (practice setting): 30%
6. Improvement individual patient health: 6%
7. Improvement community health outcomes: 8%
Level 7: Community health outcomes attributable to practice changes adopted by participants as influenced by the educational activity.

Level 6: Individual patient health outcomes attributable to practice changes adopted by participants as influenced by the educational activity.

Level 5: Pre-activity versus post-activity measures of applications of learners' acquired knowledge and competence, assessed in the practice setting.

Level 4: Pre-activity versus post-activity measures of learners' conceptual and/or practical applications of acquired knowledge, assessed in the educational setting.

Level 3: Pre-activity versus post-activity measures of (a) declarative knowledge; (b) procedural knowledge; and (c) self-reported understanding, commitment to change practices, values about the educational topic, and self-directed learning behaviors.

Level 2: Ratings of faculty effectiveness, scientific rigor, program objectivity, and the extent to which learning objectives were achieved.

Level 1: Number of educational activity participants, distribution of participants by health care profession, and numbers of patients treated or managed.

Knowledge Acquisition and Attitudinal Change

- Declarative Knowledge
- Procedural Knowledge
- Learning Insights, Values, and Behaviors

Participants' Assessments of Educational Activities

Participant Demographics
Your NA for this meeting

Vote: My biggest knowledge gap is in...

1. CME funding 9%
2. E-learning innovations and potential 16%
3. CME outcomes measurements 34%
4. Expert opinions / input on CME 16%
5. CME accreditation 14%
6. Other 11%
Thank You &
Have an Inspiring Meeting!

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