



Commission on Continuing Professional Development 2017 Annual Report

COMMISSION ON CONTINUING PROFESSIONAL DEVELOPMENT

Resident

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Mayo Clinic Family Medicine Residency

Student

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Credit System Consultant to COCPD

Anna Balabanova, MD
McGaw Northwestern Family Medicine Residency – Lake Forest

Introductions

Olivia Bolen – MS3, Central Michigan University College of Medicine

When selected to be the student representative for the Commission on Continuing Professional Development, I wasn't sure what to expect. As a medical student, the thought of continuing medical education and maintenance of certification seemed way out of my realm, as I was just trying to survive my hospital rotations at the time. My participation on the COCPD became so much more than I could have imagined and I'm grateful for all my colleagues and I have learned.

Anna Balabanova, MD – PGY2, Northwestern Family Medicine Residency at Lake Forest

Together with Jay-Sheree & Olivia, my job entailed keeping the COCPD up to date on how medical students and residents currently learn. My specific role involved informed the COCPD how residents expect & want to learn in the future. My sub-committee analyzed what works and does not work about the current CME system, and how it can be changed for the better, with the goal of ultimately creating an entirely new credit system. In addition, I serve on a work group focusing on determining appropriate credit for Integrative Medicine and Functional Medicine.

Jay-Sheree Allen, MD - PGY2, Mayo Clinic Rochester

As the resident representative to COCPD, I have been able to learn more about bridging the gap from a structured learning environment in residency to understanding what's required to maintain certification and "competency" as a physician.

What the COCPD is:

The COCPD (Commission on Continuing Professional Development) supports the lifelong learning of family physicians and other healthcare professionals by:

- Developing and refining CME (continuing medical education)
- Overseeing approval of outside CME
- Helping to plan and evaluate CME offered as part of the AAFP assembly
- Address resolutions brought up at NCCL and Congress of Delegates
- ...and so much more.

The Objective of the COCPD is to:

- Help learners gain the most patient-centered, evidence-based, and relevant educational opportunities to best serve their patients and to fulfill educational requirements for licensure and certification.

How the COCPD works:

We were called to action by the AAFP Board of Directors this year to take on several hefty tasks. One of which was to develop criteria for certifying boards, which I had the pleasure of serving on the subcommittee for. We created a criterion that holds true for all certifying boards, and one in which will hopefully alleviate concerns of our members that were brought up last year at NCCL and Congress of Delegates. We were also tasked by the AAFP's Board to develop AAFP policies and principles for fulfilling professional self-regulation, promote physician and practice quality performance measurement as a measure of competence, and ensure that Board certification is promoted and understood as voluntary. With the help of my mentor, I also had the opportunity to review applications for CME as deemed by the staff as needing further review. I learned more about what is offered as CME, and the importance of making sure that all CME is held to the same standards of educational excellence.

The future of CME and my passion for Family Medicine (Olivia):

With the ever-evolving technology and the ways in which we learn, CME must stay ahead of the trends. It was an honor to take part in the discussions during our meetings, and be the voice of students as to what we think CME should be in the future. As student and resident leaders, we had the chance to present how we see the future of CME going at both the winter and summer clusters. Another exciting way in which the COCPD addressed the increasing ways in which physicians learn this year was through establishing a new Credit System Modernization work group that is creating new concept models to direct the future of the AAFP's CME credit system.

If you are passionate about education, and you have ideas to bring to the table, the COCPD is eager to hear them. Let your voice be heard, and take part in the future of CME. I encourage any student that is eager to get more involved in the academy and take part in the discussions that have an impact on our future to take on the role as the COCPD student member. You will learn a ton, but you will be all the more prepared for what lies ahead because of it.

The Resident Perspective on CME and MOC: {Jay-Sheree}

Like Olivia, I share a passion for the future of medical education in family medicine. Throughout my time on COCPD, I've come to appreciate the fact that as a resident, we are in a very structured learning environment, and essentially in a 3-year long CME session. However, this is not the case for our colleagues already in practice, and as scary as it seems, we'll be joining them in a few years! Our continued acquisition of medical knowledge will be in our hands.

I worked with the subcommittee to develop the AAFP's official statement on professional self-regulation, quality performance measurement and board certification. We communicated via email and telephone conferences and reviewed the statements of other medical organizations to create our official policy that we submitted to the board. These were tough discussions but we ultimately decided that decisions about state licensure and hospital or insurer credentialing should be based on a physician's performance in his or her practice setting and a broad set of criteria for assessing competence, professionalism, commitment to continuous professional development, and quality of care provided, as opposed to mandatory maintenance of certification. We also made a bold recommendation to maintain (10 year) Board Certification as voluntary. We trust that Family Medicine Physicians are more than capable of taking inventory of their knowledge deficits over the years and working to improve those to continue to provide the best patient care.

The challenge as we've all come to learn is that the day to day work of a physician never ends and it is difficult to create time to ensure that we are constantly reviewing updated guidelines, reading new research articles and attending workshops and conferences but ultimately, we believe that our very

limited time is better spent taking advantage of the resources that we believe we need, rather than merely checking boxes to say we've complete modules that aren't necessarily helpful and don't improve patient care.

The future of CME continued: (Anna)

As Resident Credit System Consultant to the COCPD (took me a while to get the hang of saying that), my position involves bringing the resident perspective to the COCPD's special project of evaluating & changing the CME and credit system processes for the future - essentially creating an entirely new credit system. As a resident, like Jay-Sheree mentioned, I had minimal knowledge of the CME process which faces us after residency graduation. This position allowed me to not only become familiar with CME requirements, but as soon as I learned them...I had to think about how we could create an entirely new set of credit requirements. We have had the current credit system for 70 years so we have been working on modernizing it.

Major factors that went into thinking about this included that family physicians work in a wonderful and wide variety of areas, and should be able to pursue CME in a way that benefits their particular areas of practice. For example, a sports medicine focused Family doc would receive more benefit from sports medicine based CME rather than OB based CME.

In addition, learning is becoming more and more personalized, and educators are recognizing that different people learn in different ways. We felt the credit system should reflect that. Also, technology & learning environments have changed a lot in the past 70 years, including more team-based learning.

So how do we show the patients & public that we are qualified? We first presented 3 models then narrowed it down to one learner-centric model: this new model has 4 parts with step one being the learner identifying their own knowledge gaps, step 2 is the learner creates a learning plan & a plan to address the gaps, step 3 is the learner participating in learning & step 4 is reflection & application of the learning. We are hoping to pilot this system later this year.

This sub-committee really challenged me to think creatively about how my medical colleagues of all ages learn best and how this could be translated into a system that can be personalized yet effective for everyone. As Olivia and Jay-Sheree said, if you are passionate about medical education I highly encourage you to become involved with the behind the scenes of CME, it's an area that is going through a lot of exciting changes and in which students and residents can have a big impact!

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