



# Commission on Continuing Professional Development 2018 Annual Report

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## Commission on Continuing Professional Development (COCPD)

### Resident

Christian Bengtson, MD  
York Hospital FMR  
York, PA  
Class of 2019

### Student

Amanda Stisher  
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Birmingham, AL  
Class of 2019

### Credit Systems Consultant – Resident

Anna Balabanova, MD  
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Lake Forest, IL  
Class of 2018

**Amanda Stisher-** As the medical student representative to the Commission on Continuing Professional Development, I have had the opportunity to discuss topics in continuing medical education and maintenance of certification. When I was first selected for the position, I was not really sure what type of input I could have about these topics since it is not something that I have personally had to participate in yet. I quickly realized that these topics are similar to those we have discussed in medical school such as using different methods of teaching in order to match a variety of learning styles. I have learned so much through this commission, and I am thankful for the opportunity to participate in the COCPD.

**Christian Bengtson, MD** - As the resident representative, I got to better understand what is required to maintain board certification and “competency” as a physician and the recent push by physicians from all specialties to restructure the current credit system and find new alternatives to provide CME that meets the needs of our family medicine community.

**Anna Balabanova, MD** - Together with Amanda & Christian, my job entailed keeping the COCPD up to date on how medical students and residents currently learn and how they expect & want to learn in the future. This was my 2nd year on this commission. My work group’s focus was on analyzing 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.

### **The future of CME: (Amanda)**

It has been an honor to serve as the 2018 Student Representative to the COCPD and participate in discussions with my fellow residents about the future of CME and maintenance of certification. As student and resident leaders, we had the opportunity to speak at summer and winter cluster about ideas we would like to see in the future of CME, including using different teaching methods to better suit physicians with different learning styles. Some of the topics we discussed were utilizing more technology and hands-on opportunities for CME.

Also, as student representative of the COCPD, I learned a lot about the AAFP’s role as a CME provider organization and its role as a credit system. This year, I was able to participate in CME application reviews

with the help of my mentor. This was one of my favorite roles in my position. Using a decision tree model, I was able to review different aspects of the applications to determine their relevance to family medicine as well as their educational content. I thoroughly enjoyed reading through the applications and was often impressed with the variety of ways information was presented to learners.

I would like to encourage any student who is interested in becoming more involved with or learning more about student leadership in the AAFP to apply to be the next student representative to the COCPD. I greatly enjoyed learning from and networking with students and physicians who share my same interest and passions. I was pleasantly surprised by how much AAFP staff and other commission members cared about the input that students and residents can offer.

### **The future of CME continued: {Christian}**

I have come to appreciate the fact that as a resident, we are quite removed from the maintenance of certification process since from medical school through residency we experience a very structured learning environment. However, after residency, acquisition of medical knowledge will fall completely on our hands, and will be driven by our own medical interests, scheduling challenges, and pressures from both state licensure requirements and American Board of Family Medicine's continuing board certification requirements. I worked with the commission to better understand the learning needs of our family medicine community and find new ways to provide learning opportunities that meet those needs.

As part of the commission, I also had the opportunity to meet with the leadership from the American Board Family Medicine, Federation of State Medical Boards, Accreditation Council on CME, American Board of Medical Specialties, American Medical Association, American Osteopathic Association, and Continuing Professional Development of College of Family Physicians for Canada to discuss how to advance medical education. I learned that the process of evolving medical education is not simple, but a complex process that involves multiple governing bodies with differing goals and roles within medical education. Therefore, the process will take time and compromise, and depends on the involvement of the COCPD commission to include its resident and student members.

### **The future of CME continued: {Anna}**

As Resident Credit System Consultant to the COCPD (took me a 2-year term 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, 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 physician 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 are looking at ways for physicians to create personalized learning plans. This involves a Personal Needs Assessment, Identification of Resources, Participation in CME, & Reflection & Evaluation of Outcomes (higher quality care, more cost-effective care, and/or better patient health).

We are hoping to pilot this system later this year.

This commission 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. 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!

*Note: This report was prepared by the resident or student representative(s) listed and includes their account(s) of the business conducted during their term. This is not an official record of business proceedings from the AAFP or any other entity. To find out more about the business of the AAFP, its congresses, commissions, and current policies visit [aafp.org](http://aafp.org).*