Tell Your Boss Takeaways from **"The New Era of CME: Essential Knowledge and Tools for MSPs"**

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Thesis: Discover how modern CME tools can streamline compliance with licensing, privileging, board certification, and credentialing requirements, while also aiding in effective remediation. Learn strategies to leverage CME for advancing knowledge and skills, reducing staff turnover, improving staff retention, and fostering camaraderie among medical staff, ultimately helping your healthcare organization achieve its quality goals. This session equips MSPs with the essential knowledge to navigate and excel in the evolving landscape of professional development.

Learning Objective#1: Understand the latest advancements in CME tools and processes

Key points:

1. Digital Integration and Accessibility **2.** Enhanced CME Design Strategies	**3.** Focus on Interprofessional Education (IPE) **4.** Protection and Accreditation

Learning Objective#2: Learn effective strategies for using CME to improve teamwork, facilitate camaraderie, and improve staff retention

Key points:

1. CME as a Tool for Building Teams **2**. Addressing Burnout and Retention	**3.** Creating a Lifelong Learning Culture **4.** Leveraging CME for Organizational Goals

Learning Objective#3: Determine how integrating CME into your organization's framework can contribute to reaching your healthcare organization's overall quality and performance goals

Key points:

1. CME as a Catalyst for Change **2.** Alignment with Quality Improvement **3.** Strategic Integration for Performance	Enhancement **4.** Cost-Effectiveness and Resource Optimization

Accredited CME Delivers

Accredited continuing medical education (CME) plays an invaluable role helping physicians and healthcare professionals improve patient care.

The evidence is in. Accredited CME:

Improves patient safety.

CME has been shown to be one of the most effective methods for improving physician performance.[1]

Controls spending.

Unnecessary medical procedures, prescriptions, and hospital readmissions are averted.[2,3]

Increases physician recruitment and retention.

CME has been linked to a decrease in physician burnout and turnover.[4,5,6]

Protects physician learners.

Commercial influence in medical education puts learners at increased risk.[7] Accreditation protects the integrity and independence of medical education, ensuring it is accurate and based on best practices.[8,9]

Uses teams to improve care.

Interprofessional teams are empowered to work more effectively together to achieve their organization's quality improvement and strategic goals.[10]

Expands preventative care.

Accredited CME has a proven track record of life-saving interventions. It has been linked to increases in stroke identification, timeliness of care, cancer screenings, pediatric immunizations, and more.[11,12]

For physicians, accredited CME can improve performance by focusing on the unique needs of individual learners.

For organizations, it can be a catalyst for change, providing practical solutions to many of their most pressing problems.

For references, see page 2.

Accreditation Council for Continuing Medical Education
learn well

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For organizations looking to innovate, investing in accredited CME can provide a remarkably cost-effective solution. CME professionals know how to improve performance, eliminate waste, and inspire and reward valued employees. CME is designed to plan, assess, and create change.[13]

Engagement and participation in CME is at record levels, with roughly 230,000 accredited educational activities and over 21 million physician interactions reported in 2022.[14]

Organizations that invest in accredited CME can expect a meaningful return on their investment—it makes change possible for physicians, teams, and our larger healthcare system.

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The Leadership Case for Investing in Continuing Professional Development

Graham T. McMahon, MD, MMSc

Abstract

Continuing medical education (CME) has the power and capacity to address many challenges in the health care environment, from clinician well-being to national imperatives for better health, better care, and lower cost. Health care leaders who recognize the strategic value of education and engage their people in education can expect a meaningful return on their investment—not only in terms of the quality and safety of their clinicians' work but also in the spirit and cohesiveness of the clinicians who work at their institution. To optimize the benefits of education, clinical leaders need to think of accredited CME as the professional development vehicle that can help them drive change and achieve goals, in consort with quality improvement efforts, patient safety projects, and other systems changes. An empowered CME program, with its multiprofessional scope and educational expertise, can contribute to initiatives focused on both clinical and nonclinical areas, such as quality and safety, professionalism, team communication, and process improvements. In this Invited Commentary, the author describes principles and action steps for aligning leadership and educational strategy and urges institutional leaders to embrace the continuing professional development of their human capital as an organizational responsibility and opportunity and to view engagement in education as an investment in people.

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When I ask health care leaders how they are nurturing their most precious resource, it's rare for me to get a response other than a furrowed brow. That look is usually followed by confusion when I ask them to identify an underused and low-cost solution that can improve clinical performance, nurture effective collaborative teams, create meaning in work, and reduce burnout. The answer is, of course, education—but it's surprising how few health care leaders have embraced the continuing professional development of their human capital as an organizational responsibility and opportunity.

Engagement in the learning journey of health care professionals as they seek to improve their competence and expertise is an investment in people. Accredited continuing medical education (CME) is one of the key resources that supports this lifelong pursuit. Accreditation ensures that CME is relevant, evidence based, and responsive to learners' needs; designed according to adult learning principles; evaluated for its effectiveness; and independent of commercial interests. Accredited CME has the power and capacity to address many of the challenges we face in the health care environment, from clinician well-being to national imperatives for better health, better care, and lower cost. But this power and capacity are underused—in part because of misperceptions about CME's purpose, scope, and effectiveness and a lack of awareness about its evolution.

The perception of CME as only lectures in dark rooms or grand rounds with dwindling numbers of participants listening passively to an expert is increasingly anachronistic. Equally outdated is the view that CME is about rubber-stamping applications for credit. The end point of CME is not the credit that's attained for licensing, certification, or credentials; rather, it is learning.

CME has evolved to become a multidisciplinary approach for engaging clinicians where they live, work, and learn. It's about creating teams, putting a mentor at a clinician's elbow, giving clinicians feedback at the bedside or in the clinic, employing simulation and other educational technology to support learning, and building longitudinal relationships.

This evolution in accredited CME offers dynamic opportunities for institutional leaders to build "educational homes" that address strategic system goals while nurturing the professional development—and passion—of their clinicians and teams.

To optimize the benefits of education, clinical leaders need to think of CME as the professional development vehicle that can help them drive change and achieve goals, in consort with quality improvement (QI) efforts, patient safety projects, and other systems changes. An empowered CME program, with its multiprofessional scope and educational expertise, can contribute to initiatives in both clinical and nonclinical areas, such as quality and safety, professionalism, team communication, and process improvements. By leveraging the convening power of education, you can create a community of faculty and learners across teams as well as across the continuum from residency into fellowship, practice, and beyond. By investing in a robust accredited CME program in your institution, you may encourage clinicians to spend less time getting their education elsewhere and boost awareness of your institution's own clinical experts. You can also enhance your institution's reputation as an organization delivering quality education that is relevant and meaningful for your practitioners and responsive to the needs of your community.

To achieve these goals, leaders should empower their institution's CME unit to function in a leadership role and participate as a partner in strategic initiatives. CME professionals know how to develop implementation plans for their institution's quality and safety priorities. They understand the barriers to change specific to the institution and community and can create solutions to help overcome them. Their experience partnering with public health organizations and their expertise about local issues as well as public and population health priorities on the national level, coupled with their access to a wide variety of curricula, can help to boost your institution's reputation as an education leader. By supporting the achievement of your quality and safety goals and by engaging in public health priorities, the CME unit can help to position your organization as a health care leader.

Exploring the Potential of CME

To begin exploring the potential for CME to advance your institutional goals, I recommend asking yourself three questions.

What can I do to leverage the convening power of education to achieve my institution's mission?

To be effective, CME must have active support and engagement from institutional leaders and the medical staff. Meet with your CME professionals and identify how education can support the achievement of strategic goals throughout your organization. Work with your CME and leadership teams to ensure that education is linked to institutional strategy. Make sure that you are not just doing "one and done" grand rounds—on heart failure, for example—but, rather, creating ongoing curricula to support longitudinal behavior change—to reduce, say, readmissions of patients with heart failure—coupled with process and systems changes, measurement, and reporting. Develop an annual educational strategy, and continually assess and evolve it to reflect your institution's changing environment and needs. It is challenging to isolate the unique impact of education, as separate from QI or other initiatives. However, research has shown that CME is effective in improving physician performance and patient care.[1] It is worth investing in outcomes measurement. You'll see the return on your educational investment when you have data showing improvements in clinician performance and well-being, team care, service, processes, quality, safety, and patient outcomes. With these data, you can demonstrate your leadership and your institution's commitment to delivering optimal care. You can help your learners see the impact of the changes they're making, too.

Are your CME and QI departments collaborating effectively?

CME and QI departments can work together for their mutual benefit. With QI data, CME professionals can target education to address the specific needs of your institution, often leveraging and reformulating existing curricular materials. These education initiatives can also disseminate QI standards and engage clinicians in meeting them.

Are you investing in your educators to help you achieve your strategic goals?

Within health care institutions and systems, teachers and mentors must be celebrated, promoted, and remunerated for the value they bring in advancing care quality. By creating and funding the position of chief learning officer or the equivalent, institutional leaders will more effectively leverage educational resources to meet institutional needs and goals. Chief learning officers can connect education across the continuum and the health professions, overseeing curricula as well as the efficient use and sharing of learning spaces. Remember that educators also need education. Give them the time and resources to advance their own professional development so they can continuously improve educational quality and their ability to act collaboratively as your strategic partners.

Three Principles for CME Programs

After you have developed your educational strategy, I suggest you apply the following three principles to help maximize the effectiveness of CME in supporting your institutional goals.

Engage clinicians with institutional priorities

Clinicians need to be attentive to institutional priorities, not just their personal learning priorities. Physicians can be protective of their time and responsibilities and tend to want to engage only in education that they perceive to be most relevant to themselves and their practice. Education creates engagement that solidifies and formalizes the relationship between the institution and the learners. Institutional leaders can utilize education as a vehicle to expand physicians' vision beyond their individual needs and to build awareness about their role in supporting quality and safety priorities outside their specialties.

Use education to nurture functional teams

To reap the greatest return on your institution's investment in education, you will need to build a collaborative learning culture. We acculturate clinicians to be decisive and confident, but patient safety is compromised when confidence is not matched by ability.[2] Promoting self-awareness as part of your institution's culture is key to improving patient care and safety because it allows clinicians to stop if they are unsure, seek advice from a colleague or access resources, and ensure they are making the right decision at the right time.

Education needs to promote mutual respect and reflection. It can provide a safe space where all voices are heard regardless of profession or position and all members of the team are encouraged to speak up and to hold their colleagues accountable through feedback.

Education builds connections that improve and sustain team performance. There is a growing body of evidence demonstrating that interprofessional continuing education (IPCE) is effective in improving in health care professionals' knowledge, attitudes, competence, and performance[3,4]; there is also evidence that patient and/or system outcomes are positively affected.[4] CME offices are well positioned to lead efforts to promote improvement in cross-professional competencies, such as change management, leadership, communication skills, professionalism, cultural competency, compassionate care, faculty development, and how to teach and learn in teams. Through IPCE initiatives, physicians can learn from colleagues in other disciplines and other professions (e.g., nursing, social work,

pharmacy) about how to support and nurture teams.

Many institutions have seen tangible results after investing in the formation and maintenance of functional teams.[5,6] Empowered teams can more effectively solve complex problems, watch out for and take care of each other, and help team members see the value of their contributions—not only in patient care but also in the collaboration itself.

Breaking down silos among professions and throughout the medical education continuum, including the involvement of undergraduate and graduate medical education leadership, improves efficiency and the allocation of resources across an institution's educational programs. An integrated learning environment that enables health care professionals, residents, and students to share conferencing space, learning management systems, and other resources will help drive team development.

Use education to attend to clinician well-being

Research shows that, across all sectors, high-performing organizations have high-performing teams,[7] and that training plays an essential role in reducing turnover and burnout and in improving morale, productivity, and the quality of services. To optimize the effectiveness of education, health care leaders should ensure that clinicians have the time and resources to engage in CME. Allowing clinicians to spend time with each other—whether an hour per day or per week—creates care networks that help sustain the culture of your organization. Clinicians have greater loyalty to organizations where the love of learning that precipitated their entry into the profession is nurtured in their professional roles.

CME can also help reduce burnout, turnover, and absenteeism. Clinicians who learn self-care are more likely to incorporate balance in their lives and to be able to spot and support colleagues who are struggling.[8] Investing in education demonstrates your commitment to your clinicians' well-being and resilience, which can both increase your staff retention and boost your institution's attractiveness to new hires.

Bringing It Together

Ultimately, health care leaders who recognize the strategic value of education and invest in their people can expect a meaningful return—not only in terms of the quality and safety of their clinicians' work but also in the spirit and cohesiveness of the clinicians who work in their institution. Engagement in education can help to bring out and restore joy in our profession. Leaders who recognize the remarkable capacity of our clinician community and the role of education in supporting them need not respond with confusion when asked how they are nurturing their most precious resource. Rather, they can instead reply confidently, "The answer is education!"

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