Educational Intervention Development Worksheet

Use this planning guide to develop an educational intervention related to the needs/gaps you identified in your department. This tool will assist you in completing the CME application / reference.

Essential Area 2.1: Identified Needs/gaps must be linked with desired result. Essential Area 2.2: Educational interventions must be based on needs/gaps related to practice.		Updated Criteria
1.	Explain why this educational intervention is being planned. *What is the need, the gap?*[1] *In other words, what problem(s) is being addressed?*	C2
This is a key element in developing an infrastructure for implementing evidence based psychotherapy (EBP) in Psychiatry		
2.	How was the problem(s) identified? From what sources(s) did you determine there is a problem(s)?[2]	C2 C3
Part of the Department's evolving vision is to have an infrastructure to support EBP's.		
3.	Is this single intervention or multiple interventions[3] intended to help change: (Check all that apply) ▲ knowledge ▲ competence (knowing how to) ▲ performance (behavior) ▲ patient outcomes	C2 C3
4.	Describe the physician target audience for this educational intervention(s) e.g., specialty, subspecialties, private practice etc. What are the potential or real barriers facing these physicians if this need/gap is to be addressed?	C18 C19
Psychiatrists, residents in psychiatry. Developing both an understanding and skill set to deliver EBP.		
5.	Identify the IOM, ACGME/ABMS or other competencies that are related to the content of this educational intervention or planned multiple interventions. (*refer to the List of Desirable Physician attributes).*	C6

[1] Defined as the difference between health care processes or outcomes observed in practice and those potentially achievable on the basis of current professional knowledge (AHRQ 2006)

[2] Examples of data sources already available might include hospital data, chart audits, patient surveys, pre-test of participants' knowledge, direct observation of performance, and results of local epidemiological or national epidemiological studies. Some examples of on-line sources for exploring and identifying needs/gaps include the Virginia Department of Public Health, the Agency for Healthcare Research and Quality, Health and Human Services, the Institute of Medicine, JCAHO Core Measures and others.

[3] The updated criteria offers more flexibility in how an educational activity is defined. For example, a provider may define a "CME activity" in the traditional sense as a single intervention. A provider may also consider multiple interventions (linked together by a common goal/overall objective to close gaps in competence, performance or patient outcomes)

Essential Area 2.3: Objectives must be developed and communicated.		Updated Criteria
6.	Considering the learners' current or potential scope of practice and the problems (needs/gaps) being addressed, briefly describe the content that should be covered.	C3 C4
Background, development, logic, and practical implementation of START NOW, a skills-based, manualized EBP.		
7.	Identify potential faculty/speakers that could effectively cover this content.	C3
Dr. Susan Sampl, co-developer and primary national trainer for START NOW.		
8.	Based on the needs/gaps (problem being addressed/educational needs being addressed), what are the desired results of the educational intervention?	C3
Knowledge of START NOW structure and basic experiential ability of deliver this EBP.		
9.	What are the objectives for this educational intervention? *(Objectives should be limited in number, and concisely describe the desired results in terms of changes of physician's knowledge, competence or performance. Objectives must be measurable. If multiple interventions are being planned, identify the overall objectives and describe the objectives for each intervention).*[4]	C3
• Learners will list methods and tools available to implement a skills based, manualized EBP designed to treat impulsivity, emotional instability, and self-injurious behavior (change in knowledge). • Learners will be able to facilitate (with adequate supervision) a START NOW group (change in competence-knowing how to) • Learners will use methods and tools available to implement and sustain an EBP (changes in practice).		
10.	Considering the desired results of the activity, what format(s) will be used? What will be the educational design? (e.g., lecture, case studies, hands-ons, etc.) Will you be using more than one format and/or educational design?	C5
Preparatory readings, didactics, small groups, experiential (role-model) practice.		

[4] Examples include: learners will list methods and tools available to diagnose patients with depression (change in knowledge), or learners will be able to ask patients appropriate questions to diagnose whether their patients exhibit symptoms of depression (change in competence-knowing how to), or learners will use methods and tools available to diagnose their patients for depression (changes in practice).

Essential Area 2.4: Must evaluate effectiveness of interventions in meeting identified gap/need.		Updated Criteria
11.	Providers must be able to analyze changes in learners' competence, performance or patient care-achieved as a result of the educational intervention(s). What evaluation methods will you use to know if the educational intervention was effective in meeting the need/gap or addressing the problem and creating changes in competence, performance or patient outcome?[5] Check all that apply: ■ Changes in knowledge or attitudes ■ Changes in competence ☐ Change in clinician behavior or practice ☐ Change in patient outcomes	C11
12.	How might you assist the physician learner in identifying areas for expanding his or her knowledge or improving methods of work? *(Refer to Sample Methods to Facilitate Assessment)*	C6
13.	Are there any barriers facing physicians in addressing this need/gap? If yes, please explain:	C18 C19
Knowledge of, and attitudes toward, EBP.		
14.	Identify any other interventions you may pursue to address the identified problem (gap/needs).[6]	C20
Pre/post test to evaluate change in knowledge and competence.		
15.	Are there any other interventions not directly related to the education of the physician learner (referred to as non-educational interventions) that may be used to help close the identified gap between practice and the best evidence available? (Examples might include peer review, participant reminders and patient satisfaction questionnaires). If no, what kinds of non-educational strategies could be used?	C17
Ongoing subsequent supervision, patient satisfaction questionnaires.		

[5] A provider might assess each intervention individually or assess the multiple interventions as a whole to determine whether the objective was met. CME activities must be evaluated in terms of changes in competence, performance or patient outcomes. A test of knowledge, including an audience response system, might be used to determine if learners are able to list methods and tools available to diagnose patients with depression. A case study or simulated patient might be used to determine participants' ability to diagnose depression. Patient charts might be reviewed to assess the use of methods and tools available to diagnoses patient for depression.

[6] Other interventions not directly related to the education of the physician learner (referred to as non-educational interventions), and not necessarily performed by the CME program, may also be used to help close the identified gap between practice and the best evidence available. Examples might include peer review, participant reminders and patient satisfaction questionnaires.

Briefly described the learning activity you are planning.

Two days of training in START NOW, a skills-based, manual-guided psychotherapy that incorporates cognitive behavioral therapy and motivational interviewing to treat impulsivity, emotional instability, and self-injurious behavior. Preparatory readings, didactic sessions, small groups, and experiential practice will all be incorporated.