



Langley Division CME Case Study

A non-accreditation approach to CME with a focus on physician wellness

Division Features

Incorporated: August 2010

Urban, Suburban, Rural: Suburban

Board members: 7

Members: 100

Employees: 1

- Executive lead

Contractors: 4

- 1 bookkeeper
- 1 recruitment specialist
- 1 website specialist
- 1 IT specialist

Overview

Led by board member Dr. Gita Gupta, along with division executive director Ellen Peterson, the Langley Division of Family Practice has been innovative in its execution of CME, eliciting high marks from its members for its creative and engaging method. Langley's focus on Family Physician well-being and on the social side of events, along with its decision to look beyond the accreditation system, is a unique approach to CME.

Need

Langley's approach to CME is to complement and enhance the credit system with its own brand of CME, one that embraces peer-to-peer learning and focuses on something Dr. Gupta identifies as a need in the medical community: Family Physician well-being.

"I do not view CME as a need in our division," said Dr. Gupta. "It is not a need because there are so many CME programs already out there. Peer-to-peer relationship building to promote Family Physician wellness, on the other hand, is a need, and one we wanted to meet through our CME program."

Family Physician wellness is the backbone of Langley's CME program. The events staged by the division are designed more around encouraging members to socialize, exchange ideas and support each other, than formal learning.

"In many ways," said Dr. Gupta, "CME is something we add in as almost a secondary component, an element to make an event more resourceful for members. Our focus is more social, more peer-



This meeting of a need is reflected by the numbers: CME events staged by Langley with topics such as Health and Wealth and Family Physician Wellness have scored highest on the division’s CME evaluation forms and have been the most well attended.

“This is a result of simply asking our members which issues they deem important, which issues they’d like to learn more about,” said executive director Ellen Peterson. “That’s where we discover the need, and from there, we engage CME to meet that need.”

Challenges

The challenges in operating a successful CME program are broad. There is a fundamental challenge (to which any professional event planner would attest) of getting a large group of busy people to come out and attend an event. To encourage attendance, Ellen Peterson and Dr. Gupta believe both topic and presentation have to be engaging.

A more formal challenge presents itself in having topics for CME approved for credit by governing bodies such as the College of Family Physicians. This can be a costly and labour intensive process as these governing bodies have to review and evaluate each proposed CME program before accreditation is granted.

Solutions

In addressing the challenge of having their CME programs accredited, Dr. Gupta’s solution is truly unique. She doesn’t seek accreditation. “We did look into it but we found it to be a costly and time-consuming process so we chose not to pursue it.”

This decision, combined with the many accreditation programs already available, led Langley on its current course of offering to its members topics they have identified as important, regardless of potential for accreditation.

This is not to say, however, that accredited CME programs are not offered by Langley. The division has offered several accredited events in conjunction with the Physician Health Program around topics such as Family Physician wellness.

Nor does Langley’s approach suggest its CME program does not tackle topics relevant to a Family Physician’s professional needs.

“It’s a kind of two-way street and it’s a balance that has been working for us,” said Ellen Peterson. “For example, next year we are planning CME events around attachment, polypharmacy and nurse practitioners. These are the more business-type topics; but again, we look to intermingle these topics with lighter, perhaps more social and engaging topics like those we determine through membership surveys.”

Neither Ellen Peterson nor Dr. Gupta has seen evidence that lack of accreditation deters members from attending an event.

“If it’s a topic that members find of interest, personally or professionally” said Ellen Peterson, “we have found that members will attend whether they receive credit for it or not.”

To encourage members to come out to CME events, this division engages the usual communications tools such as formal event invitations and event reminders. They have also



developed an instructions and checklist brochure for CME event facilitators which they make available in order to encourage members to

organize their own CME events.

Langley has also formed a six-member Peer-To-Peer Committee to help guide the division's CME efforts.

Said Ellen Peterson, "our Peer-to-Peer committee members are the types of people who will contact a member and say, 'will I see you at the event this Friday?' It is the little things like that extra little bit of engagement that can help to bump up your numbers."

Ellen Peterson continued, "when a member opens an invitation to a CME event, it makes a difference when they see the speaker is a member of their own division. It makes a difference if that member lives and practises in their own community. This is the peer-to-peer dynamic we encourage, and it's a dynamic our members have responded to."

To that end, this division surveys members to determine topics they find of interest; next, they seek out expertise within their membership on topics put forth, and finally, they invite the appropriate member (or members) to conduct a CME workshop.

The Langley team is also sensitive to the exceptionally busy lives physicians lead and the fact they tend to be inundated with requests for their time.

To address this concern, Ellen Peterson and Dr. Gupta add touches like inviting spouses to events whenever possible so doctors don't have to spend yet another night away from their families. They avoid scheduling events around holidays and long weekends. And they always seek to lighten events with social elements and engagement devices that serve to bring members together and help them to get to know each other.

Nor does the Langley team shy away from introducing a bit of fun at their CME events.

"Two words," said Ellen Peterson. "Door prizes."

Results and Lessons Learned

A key lesson learned by Ellen Peterson and Dr. Gupta is that, "what are your needs?" and "what can the division do for you?" are two questions worth asking your members. This simple, direct approach of going right to the source has resulted in topics that resonate among members and has achieved high levels of member engagement for this division's CME efforts.

Another valuable lesson learned is that, among Family Physicians, peer-to-peer engagement works and there is great weight within the dynamic of shared experience, especially when these experiences are exclusive to the medical profession. The resulting levels of empathy and understanding create an atmosphere of camaraderie and support.

Langley would also encourage division boards to create a committee to facilitate CME. Ellen Peterson and Dr. Gupta both see the board as a key source of members for such a committee. For example, of the seven members of Langley's peer-to-peer committee, two are board members. They also advise that division staff and physician membership be represented on the committee to promote diverse points-of-view.

While planning CME events is important, the back end of the process matters equally, so the Langley team advises post-event evaluation surveys to gather feedback that will help guide and shape future events.