

Monitoring Regularly Scheduled Series (RSS)

Introduction:

The ACCME's Updated Criteria, released in September 2006, outline new and important expectations of providers that must be incorporated into regularly scheduled series (RSS). It is critical to the new model of CME and current accreditation criteria that **regularly scheduled series (RSS) not simply be provided as a large number of didactic lectures on single subjects**¹. RSS account for approximately 40% of the accredited CME in the US. As such they constitute an important opportunity for learning and change and are **a key component of any strategy aimed at the improvement of professional practice gaps** (Criterion 16).

Definition - Regularly Scheduled Series (RSS): A RSS is composed of daily, weekly, monthly, or quarterly presented educational meetings (each meeting is one session of the RSS). The full series and individual sessions are primarily **planned by and presented to** the accredited provider's professional staff. Examples of RSSs include medical grand rounds, and regularly scheduled departmental educational sessions.

Compliance with Accreditation Criteria:

Professional practice gaps can be those of individuals; however, it is more likely that in a hospital or healthcare setting, the gaps will be those of healthcare teams, or systems in which the learners practice. Providers must determine the educational need that underlies the professional practice gaps of their learners (Criterion 2).² All RSS must be designed to make a change in clinical competence (strategy), performance, or patient outcomes of these learners (*Criterion 3*) – and they must also be designed to measure for a change in clinical competence (strategy), performance, or patient outcomes (*Criterion 11*). The change can be measured **at the level of the individual** or at the **level of the community of professionals (including healthcare teams)**.³ Regularly scheduled series provide important opportunities to foster collaboration, to identify and overcome barriers to change and to explore beyond the confines of your institution (*Criteria 18, 19, 20, and 21*).

In planning RSS, frequently the department for whom the series is primarily intended completes a CME program planning guide, or holds a meeting and records minutes, or does both to plan its RSS (for a period of time, such as a one year period). General topics, potential speakers and the expected results of the series in terms of changes in competence, behaviors or patient outcomes are identified. In addition, expected outcomes may also include changes in knowledge. Subsequently, each session of the series is planned within that general framework, with identification of the topic, speaker, and objective.

Monitoring Systems:

Providers that produce regularly scheduled series (RSS) must implement a monitoring system.

Their monitoring system: a) must allow the provider to assess the extent to which its RSSs meet the Updated Accreditation Criteria; and (b) must produce evidence (e.g., reports) that the system(s) used for monitoring RSS meet the following:

¹ The literature suggests that single episodic lectures are ineffective in changing behavior and that multiple interventions are more likely to cause improvement in competence, practice and patient outcomes. Viewing each departmental RSS as a multiple interventions or a series linked together by common goals and objectives, a strategic plan may be developed to identify the gaps in practice that the RSS will address, and to determine how the effectiveness of the RSS will be measured in terms of changes in competence, performance or patient outcomes.

² For example, different data sets, such as from hospital data, local, state and national healthcare sources on healthcare quality and/or trends, may be used to identify healthcare issues relevant to the primary audience. Once a gap or gaps are identified from one or more source, needs in terms of changes in knowledge, competence or performance are identified, leading to the development of objectives for the RSS.

³ Criterion 11 requires the provider to analyze changes in learners (individuals and/or groups) competence, performance or patient outcomes achieved as a result of its overall program's activities and interventions. Evaluation of each individual session may not be as important as evaluation of the series in closing the gaps in practice that the series was designed to address.

1. All series and each session⁴ within a series will meet ACCME/MSV Updated Criteria and be in compliance with ACCME/MSV Policies⁵. Providers' monitoring systems must incorporate, measure, and document compliance with Criteria 2-11 and applicable ACCME/MSV Policies.
2. The provider must collect data and information from **all series** (each departmental RSS) as part of its monitoring system to determine compliance with Criteria 2-11 and applicable policies. Monitoring data may be derived from either (1) a sample of a provider's sessions, or (2) from all sessions. If sampling is used, at least 25% of the sessions within each series must be reviewed. That is, at least 25% of each RSS must be monitored for compliance with criteria 2-11 and applicable policies.
3. A provider must analyze the data and information collected and determine if the RSS has met ACCME/MSV criteria 2-11 and the applicable Policies. A provider must also analyze the data and information for Criteria 16-22 (if it chooses to be considered for accreditation with commendation). A provider may determine, unless there is evidence to suggest otherwise, that a RSS has met a Criterion or is in compliance with an ACCME/MSV Policy if data from the provider's monitoring system indicates performance, as outlined in the Criterion or Policy, is achieved 100% of the time.
4. If monitoring data indicates that performance in a series or session did not meet a Criterion or Policy, then the provider should identify the problem (C 13), implement improvements (C 14), and measure the impact of the implemented improvements (C 15).
6. A provider is required to report whether its RSSs have met Criteria 2-10 and whether they are in compliance with the accreditation policies.

Below are questions a provider might consider in reflecting on the RSS that their hospital or healthcare system delivers and in determining how RSS will meet the Updated Criteria.

What **procedures** do you use to plan RSSs? (C2-C12)

- Do you have a yearly planning meeting for each RSS in which the needs which underlie practice gaps are identified, and in which topics and speakers might be suggested?
- Do you provide a planning guide to help RSS planners in developing educational series?
- Do you periodically meet with each group or individual with responsibilities for each series (RSS)?

How do you **implement** your RSSs?

- Who are the individuals responsible for the implementation of RSSs?
- Do you have expectations of those individuals and, if so, what are they?
- Do you have guides or templates that are used for planning/implementation?
- Are their different procedures for different series?

How do you **monitor** your RSSs?

- Do you use a check-list?
- Do you review all live sessions or do you select a certain percentage of sessions to review?
- Do you review documentation for all session or do you select a certain percentage of the planning documents to review from a series?
- Who is responsible for monitoring your RSS (on-site and/or planning records)?
- What polices and procedures do you follow if a series is not in compliance with criteria 2-10 (C13)?

How do you **evaluate** your RSSs for changes in competence, performance and/or patient care? (C11, C12))

- Does each learner at every session complete an evaluation? Do a percentage of learners complete an evaluation of each session? Is there an overall evaluation conducted by learners? How does the provider review the overall effectiveness of its RSS in meeting its mission? (C12)

⁴ A regularly scheduled series might be considered a course that is presented as a series of meetings which occur on an ongoing basis (e.g., weekly, monthly, or quarterly) and is primarily planned and presented to the accredited organization's professional staff. Examples are Grand Rounds, Tumor Boards and M & M Conferences. Each RSS is made up of multiple sessions that occur at regular intervals.

⁵ In addition to monitoring the extent to which the RSS meet ACCME/MSVs Updated Accreditation Criteria, RSS Monitoring Systems should monitor the extent to which the RSS meet ACCME/MSV Policies on 1) the accreditation statement, 2) records retention as it relates to physician participation, and 3) CME content and content validation.