

WAPI's 18th Annual Interdisciplinary CME Conference

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WAPI Outcome Assessment Methodology

Washington Association of Physicians of Indian Origin Outcomes Assessment Methodology

Washington Association of Physicians of Indian Origin (WAPI) employs a number of techniques to assess the outcomes of our educational activities. Washington Association of Physicians of Indian Origin espouses the model described by Donald Moore, Jr., PhD, Joseph Green, PhD, and Harry Gallis, MD^{1,2,3} in developing our outcomes-based evaluations.

The Moore, Green, and Gallis model describes 7 outcome levels as follows:

Level 1	Participation
Level 2	Satisfaction
Level 3A	Learning: Declarative Knowledge (Knows)
Level 3B	Learning: Procedural Knowledge (Knows How)
Level 4	Learning: Competence (Shows How)
Level 5	Performance (Does)
Level 6	Patient Health
Level 7	Community Health

All of our activities are assessed for Levels 1, 2 and 3 by our registration data (Level 1) and our standard activity evaluation which asks participants to rate their level of satisfaction with the activity (Level 2) and the degree to which they believe the learning objectives were met (Level 3A).

Measurement of objectives achieved

Activity participants are tested based on the behavioral learning objectives established for a CME activity. For example, one of the objectives might be – “At the conclusion of this activity, participants will be able to know when to consider GLP-1 based therapy.” As part of the evaluation form, participants would be asked if you decide to start the patient on GLP-1 agonists. Which of the following conditions would be a contraindication to treatment? In the absence of a pre-test, there is no guarantee that the learning occurred as a result of the activity. Yet, this process demonstrates whether or not the objectives were achieved – important information for the faculty and CME staff.

WAPI currently uses the following types of outcomes assessments to measure Level 3B, Level 4, and Level 5 outcomes, ie. Procedural learning, competence, and performance-based changes.

Pre- and post-tests

Activity participants complete multiple choice questions concerning activity content before and immediately after a CME activity. This method measures learning that occurred as a result of the activity. The benefit of this type of measurement is that the participants, the faculty and the CME staff have immediate feedback regarding what learning has occurred (Level 3B measurement). This method may not necessarily predict retention of the learning or change in performance. Pre- and post-tests can be used in conjunction with live meetings, printed enduring materials and Internet-based CME activities.

Commitment to Change

Participants of live and enduring material activities are asked to write one to three changes that they plan to make as a result of our activities (Level 4 measurement). Jocelyn Lockyer and her associates have found that a commitment to change (CTC) predicts actual change in practice. According to Lockyer, et. al., "Three quarters of CTCs were fully or partially implemented" in her study (p. 76). A summary of these reveals the immediate impact of the CME activity, providing useful needs assessment data for planning future activities.

Case based assessment

In a comparison of chart audits, standardized patients (where actors take on the role of patients and physicians are evaluated on their interactions with the "patients"), and case vignettes, case vignettes were found to be as effective as the other two methods in determining outcomes. Aimed at measuring Level 3B and Level 4 outcomes, we have asked physicians in live meetings to answer key multiple-choice questions in response to a case presentation. The cases and questions are presented before and after the CME activity to measure learning. Case vignettes can also be administered to a control group, ie. a group of physicians who share a professional profile with the activity participants but who did not participate in the activity.

Summary

Washington Association of Physicians of Indian Origin will continue to seek new ways to obtain outcomes assessment data for our CME activities. In keeping with the charge set forth by Moore, Green, and Gallis, we will strive, in particular, to incorporate formative

assessment processes into our activities that provide participants with opportunities for practice and feedback.

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WAPI, an organization that is driven by the consensus of its members that has the following mission:
To provide an umbrella organization to bring together American Physicians, Dentists and Allied Healthcare Professionals of Indian Origin, defining Indian in the broad sense of Indian Ancestry; to provide a conduit to strive to be an exemplary strong ethnic group of professionals with a mission to serve the community by their expertise, cultural heritage and charitable work; to provide high educational and social services to its members. We envision this to be a collegial organization with actively participating members, who believe in its mission and are willing to further its cause.

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