Incorporating QI into CME Activities.

Engaging in a QI activity is a powerful means of improving practice and performance. The AAP now offers a number of EQIPP courses as a free member benefit. In addition to improving their practice and performance, pediatricians who participate in any of these courses will also acquire Part IV points for the American Board of Pediatrics Maintenance of Certification requirements. Recently, the Committee on Continuing Medical Education piloted the incorporation of an EQIPP course into a Practical Pediatrics CME Course (PPC). Based on participant feedback, this was well received, and, accordingly, planners of future CME activities are encouraged to consider including a QI course into their program.

The following is a brief description of how an EQIPP course might be incorporated into a live CME activity.

**Step 1. Choose an appropriate EQIPP course.**
The “GER or GERD? Diagnosis and Management” course was chosen in the pilot program because there were a number of sessions related to gastroenterology in the PPC. Other examples of EQIPP courses that might be used are those related to immunizations and the judicious use of antibiotics if there are ID topics, the growth failure module with endocrinology topics, and the hypertension module if there are cardiology topics. A list of EQIPP courses is available at: [https://eqipp.aap.org/](https://eqipp.aap.org/).

**Step 2. Choose an appropriate faculty member.**
The faculty member needs to be both a content expert and a “champion” of QI activities. If the faculty member is less than enthusiastic about the QI component, there is a likelihood the exercise will not succeed.

**Step 3. Enroll participants ahead of time.**
Work with AAP staff to advertise the opportunity well ahead of the time of the live CME activity. Depending on how the QI component is incorporated into the CME activity, encourage potential attendees to sign up for and participate in the EQIPP course. Stress there is no added cost, since EQIPP is a member benefit. Participants should complete the first round of data gathering ahead of the date of the CME activity.

**Step 4. Faculty analyzes the aggregate data from the first round of data gathering.**
At least one week before the start of the CME activity, AAP staff sends the faculty member the aggregate data for the first round of data gathering from all participants. This will enable the faculty member to identify items that are “poor performers,” and these will then serve as the identified “gaps” that need to be addressed in the live activity. Conversely, if the data show that learners are performing other items at the expected level, then the faculty member does not need to address those specific topics in the session, concentrating instead on the gaps.

**Step 5. Close the “gaps”.**
Use a breakout session to go over the data. Concentrate the discussion on those areas where there is a clear gap between what learners are currently doing and what they should be doing in practice. An interactive format is effective for engaging participants in finding ways in which
the gaps can be addressed. Identify any potential barriers to change and discuss potential solutions. Offer any tools that EQIPP provides to overcome any barriers.

**Step 6. Implement strategies.**
Based on the ideas generated during the discussion, the participants should be equipped to implement strategies to improve on their respective deficits and continue with the second and third rounds of data gathering in the EQIPP course. The AAP staff can provide the faculty member and members of the CME planning group subsequent data to assess the progress among the participants both individually and as a group.

**Some observations.**
- For a content expert, there is very little extra work involved in preparation for this presentation.
- Being able to identify the major gaps in knowledge and/or performance ahead of time is particularly helpful as it allows the faculty member to concentrate their content on these areas and not waste time addressing those areas that are already known or being done well.
- Although not all attendees in the breakout sessions had participated in the EQIPP course ahead of time, it was clear that many of them appreciated they had similar deficiencies in knowledge and performance and benefited from seeing where the gaps were. They also actively participated in the discussions and were involved in developing strategies to address the gaps. Several of these attendees subsequently signed up to do the EQIPP course and completed the second and third rounds of data gathering.
- The example described above reflects the integration of the QI component in a breakout session. A QI component may also be integrated into a general/plenary session, and some adjustments in process would need to occur.
- AAP staff are your collaborators in this endeavor. The CME managers for the EQIPP and live CME activities will guide you through the QI integration to ensure the learners are made aware of and can participate in this opportunity.

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August 2016

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To further explore this or other strategies for integrating QI into CME activities, please contact the AAP Committee on CME.

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