Continuing Medical Education: Guide for Family Physicians



The Alberta Screening and Prevention (ASaP) Program will support primary care providers interested in improving screening and prevention care for their patients. Once the panel process has been confirmed, it is anticipated that providers can implement their customized process for screening and prevention care within 60 days. The program occurs in three phases: Pre-work, Intervention and Sustain.

As physicians will implement customized processes throughout the Alberta Screening and Prevention (ASaP) program, their continuing medical education (CME) process can be customized as well.

The College of Family Physicians of Canada (CFPC) has a series of self-directed learning activities where a family physician reflects on a practice question and completes an exercise (an on-line form) and submits to the CPFC for credit. Each exercise earns between 2 and 3 Mainpro-C credits with bonus Mainpro-M1 credits. Given that the CFPC has transitioned to on-line reporting of credits in 2013, the submission process has been simplified by completing the forms on-line. More information about the 2013 changes to Mainpro can be found at the CFPC: http://www.cfpc.ca/Mainprochanges/

It can take as little as 10 minutes to complete an exercise and earns up to 3 Mainpro-C plus 3 bonus Mainpro-M1 credits per form!

The exercises have a common approach with five steps:

- 1. A practice question is posed.
- 2. Information is acquired.
- 3. The information is evaluated.
- 4. A practice decision is made and changes may be integrated into the practice.
- 5. After a period of reflection, the impact of the decision is evaluated.

The CME approach for ASaP is staged, allowing family physicians to complete CFPC exercises and submit for credit while the experience is top of mind; no waiting until the end to fill out a long form for credit. Physicians that wish to delve deeper into different areas of the project and evaluate more practice questions, decisions and changes can fill out more forms for additional

credits. Each exercise must be supported by a unique practice question.

As mandatory on-line submission for CFPC members is new for 2013, first time visitors to the CFPC should visit the login area. https://stage.cfpc.ca/login/

Potential Credits by ASaP Program Phase

Pre-Work							
Topic of reflection	Example Practice Questions on which to base a CFPC exercise	Resource	Recommended Exercises	Potential Credits			
Evidence - facilitation	What is the evidence that practice facilitation supports practice change and implementation of evidence-based care?	ASaP – Comprehensive Literature Review (TOP Web site)	Pearls http://stage.cfpc.ca/PearlsResources/	3 Mainpro-C + 3 Mainpro M1			
Evidence - screening	What is the evidence that demonstrates that screening is effective in primary care?	ASaP – Comprehensive Literature Review (TOP Web site)	Pearls http://stage.cfpc.ca/PearlsResources/	3 Mainpro-C + 3 Mainpro M1			
Practice facilitation	Is my practice ready and suitable for practice facilitation related to quality improvement activities? What factors can improve our readiness?	Self-assessment and analysis	Linking Learning to Practice http://stage.cfpc.ca/Linking Learning to Practice/	2 Mainpro-C + 2 Mainpro M1			

Intervention

Topic of reflection	Example Practice Questions on which to base a CFPC exercise	Resource	Recommended Exercises	Potential Credits
Panel	How many patients in the practice are attached to me as part of my patient panel? How can my care team improve our panel identification process?	Chart review/EMR search	Practice Audit http://stage.cfpc.ca/CreditForms/	3 Mainpro-C + 3 Mainpro M1
Identifying at risk patients	How can we identify patients for outreach and opportunistic screening? How many patients in my panel are recommended to screen?	Chart review/EMR search	Practice Audit http://stage.cfpc.ca/CreditForms/	3 Mainpro-C + 3 Mainpro M1
Outreach screening process	What is our process for outreach screening? Will all patients be contacted the same way? How can we document and track outreach screening, including exclusionary criteria, patient refusal and re-ask interval?	Improvement facilitator and clinic team	Provincial Practice Review and Enhancement Program http://stage.cfpc.ca/CreditForms/	3 Mainpro-C + 3 Mainpro M1
Opportunistic screening process	What is our process for opportunistic screening during patient encounters? Will we use a checklist or prompts from our EMR? How can we document and track screening offers, including exclusionary criteria, patient refusal and re-ask interval?	Improvement facilitator and clinic team	Provincial Practice Review and Enhancement Program http://stage.cfpc.ca/CreditForms/	3 Mainpro-C + 3 Mainpro M1
Screening: Opportunistic and Outreach	What improvements have we made with respect to outreach for the selected screening maneuvers? Are the outreach and opportunistic processes working for us? Do we need to revise or are we ready to sustain this activity?	Chart review/EMR search	Practice Audit http://stage.cfpc.ca/CreditForms/	3 Mainpro-C + 3 Mainpro M1

Sustain **Example Practice Questions on which to base a Topic of Potential Recommended Exercises** Resource reflection **CFPC** exercise **Credits** What progress have we made in the practice with respect to panel identification processes and long-term maintenance? What progress have we made in regularly identifying patients Chart 3 Mainpro-C **Practice Audit** Chart review for screening? How many patients have been offered review/EMR + 3 Mainpro http://stage.cfpc.ca/CreditForms/ screening? Are there patients that need an offer that remain M1 search outstanding? Is there data to show how my results compare to others in my practice or primary care organization? Provincial Practice Review and How can we spread the processes we developed for screening 3 Mainpro-C Improvement **Enhancement Program** to additional maneuvers or expand to more patients? What facilitator and + 3 Mainpro Spread http://stage.cfpc.ca/CreditForms/ M1 new programs can we expand this approach to? clinic team

Before you begin each form, be prepared to provide the CFPC the following information:

- Contact information
- CFPC membership number

Each form asks specific questions. They have been provided in the <u>ASaP - CME Guide Appendix</u> (downloadable from the ASaP Website) to help you prepare to complete the on-line form.

Frequently Asked Questions:

Will I receive a Mainpro certificate of completion just for participating in ASaP?

No. Participants are encouraged to use the existing framework from the CFPC, which includes the self-directed learning activities. This offers each participating physician maximum flexibility.

How many CFPC exercises should I complete?

Each physician is encouraged to complete an exercise for each practice question that progresses through the five steps: posing a question, acquiring information, evaluating the information, practice decision and change followed by evaluation after a reflection period. A physician needs to take time to complete each form on-line. It can take as little as 10 minutes to complete a form but may be as long as 15 minutes.

I've already completed my credits for this year or this cycle, so I don't need any credits this year.

You have two options:

- 1. Complete the form this year. If a member earns more credit than required in a cycle, the CFPC member is allowed to carry over 30 Mainpro-M1 or 5 Mainpro-C credits to the next 5-year cycle. The same applies to residents.
- 2. You may take your reflection period into the next calendar year and then complete the self-directed learning activity.

I took a leadership role for this screening program for my clinic, should I not receive more credit?

If you took a leadership role you may have posed more practice questions. Complete a self-directed learning activity for each practice question you posed and took through the five steps to receive credit. Your limit is based on the number of practice questions that are posed and have been taken through the five steps.

I took some time to refine my encounter documentation and screening prompting process in my EMR for this program, how may I receive credit for that work?

Pose practice questions based on this work and complete a Linking Learning to Practice exercise for each question. Based on your comment, a question could potentially be "How could I change my patient encounter documentation and use of prompts in my EMR to enable me and my care team to support systematic screening activity in my practice?" Each completed Linking Learning to Practice exercise is worth 2 Mainpro-C credits plus 2 Mainpro-M1 credits.