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A Guidebook for Planning Committees Developing CPD Educational Activities

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Contents

Preface.....	2
Educational Activity Development Cycle.....	3
Step 1: Scientific Planning Committee (SPC).....	4
Step 2: Needs Assessment.....	5
Step 3: Learning Objectives.....	5
Step 4: Education Strategies	6
Step 5: Recruitment of Speakers	7
Step 6: Conflict of Interest.....	7
Step 7: Evaluation Strategy	8
Step 8: Outcome	8

Preface

This Guidebook is a tool for designing Continuing Professional Development (CPD) educational activities. It is meant to empower planning committees and healthcare professionals in their knowledge and understand of their roles and responsibilities.

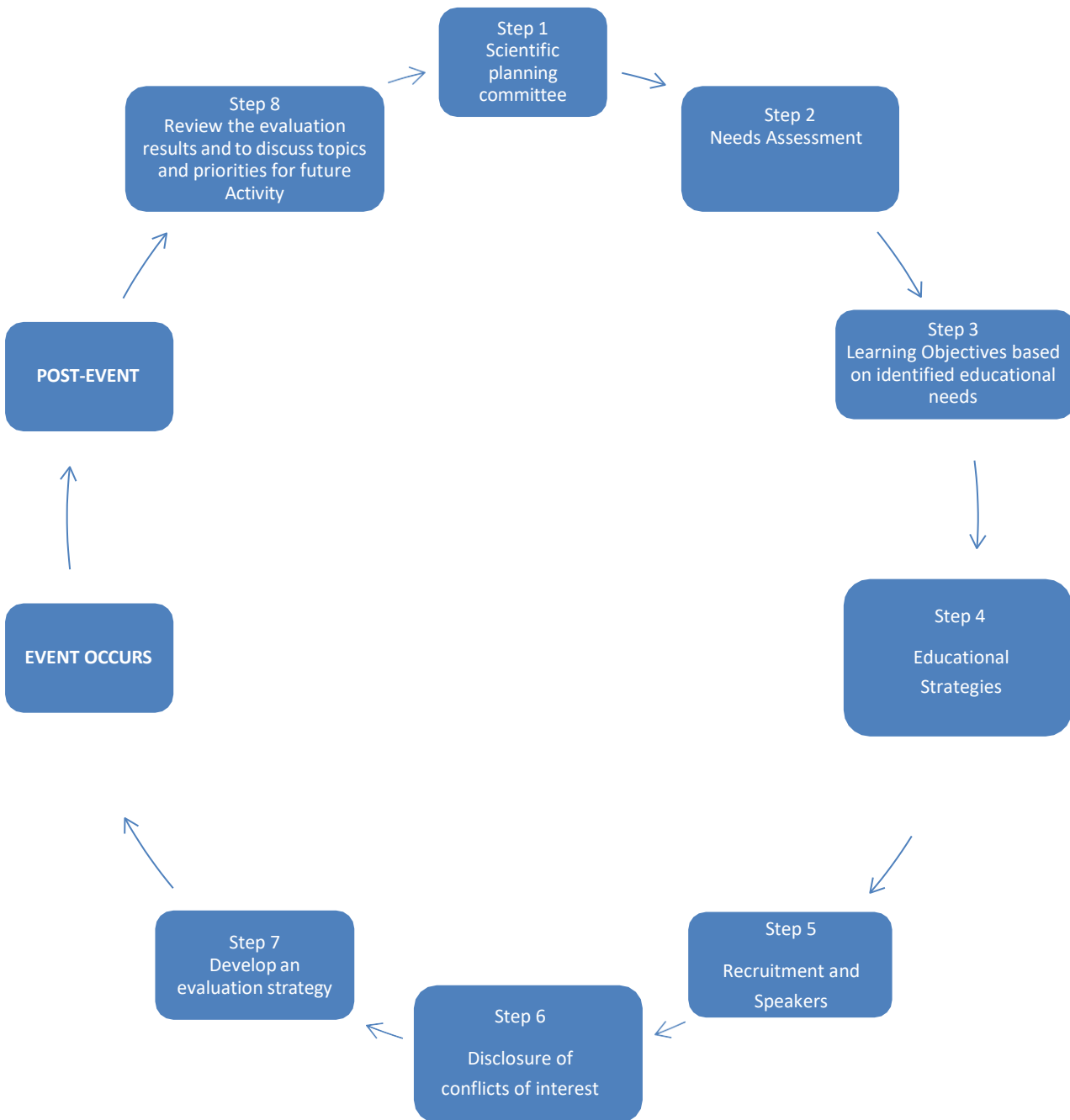
All CPD activities must be developed by a [Physician Organization](#) and approved by a Royal College of Physicians & Surgeons accredited CPD provider. If you do not meet the Physician Organization criteria, consider a co-development relationship with the CCS. See **CCS Co-Development Policy**. Agreement of Understanding between all parties will preside.

All CCS accredited CPD activities are on behalf of the Royal College of Physician & Surgeons for Maintenance of Certification (MOC) Activities and meet the Canadian Medical Association's [Guidelines for Physicians in Interactions with Industry](#) and the [National Standard of Support for Accredited CPD Activities](#).

The CCS - CPD Program must receive a **Letter of Intent**. Once CCS reviewed and approves your Letter of Intent, the Scientific Planning Committee (SPC) has 12 weeks to submit a completed CPD accreditation application.

For learning activities where the CCS is the physician organization, the CCS assumes full responsible for assembling the scientific planning committee. Educational development from inception to completion and evaluation. Agreement of Understanding between all parties will preside.

Educational Activity Development Cycle



Step 1: Scientific Planning Committee (SPC)

Scientific Planning committee members must consider **Diversity, Equality, and Inclusion** and represent the intended target audience to ensure CPD needs, goals and objectives are relevant and reflected in the scope of the activity planned by the committee. The following section provides a description of each of the roles on a planning committee:

Responsibilities of the SPC Chair:

The SPC chair plays a pivotal role in developing content and providing structure for the CPD activity. The chair of the planning committee must ensure the following:

- Recruit appropriate planning committee members who reflect the intended target audience.
- The SPC is required to have written documentation of their decision process for how the needs assessment and learning objectives shaped the design of the activity.
- Conduct a needs assessment to identify the target audience's perceived and unperceived learning needs. The needs assessment **cannot** be driven or conducted by industry or commercial sponsors. Needs assessments identify the “gap” between what is happening with patients or health professionals and what is defined as gold standard or Best Practices.
- From the needs assessment, the SPC derive the educational activities “global” learning objectives and assigns two CanMeds Roles for each objective.
- Provide in writing, a speaker invite letter with clear expectations and adherence to the National Standards and the CMA Guidelines for Physicians in Interactions with Industry.
- Receipt of all SPC members, and speakers Declaration and Disclosure of Conflict of Interest (COI) forms. The SPC must also have procedures in place to be followed if a conflict of interest comes to its attention prior to or during the CPD activity.
- Make sure all COI disclosures are made to the intended audience in writing (syllabi, slide and verbally).
- Monitor the CPD development and planning to prohibit any industry representation or influence.
- **Review all presentation slides** and/or presentation outlines to ensure content is balanced, evidence-based, unbiased, and overall consistent with the published learning objectives.
- Consider diversity equality and inclusion in presentations.
- Monitor the CPD activity budget.
- Develop an educational format that is designed to appropriately present the activity content.
- Ensure at least 25% of the total education time is devoted to interactive learning strategies.
- Implement an evaluation strategy to measure the outcomes of the CPD activity.

Responsibilities of a Planning Committee Member:

Planning committee members should be recruited based upon their knowledge and expertise of the subject being addressed through the CPD activity. Planning committee members must ensure the following:

- Attend all planning committee meetings.
- You are representing the target audience; your participation is key.

- Disclose all potential conflicts of interest(s). The SPC chair will review and provide direction feedback should a conflict be identified.
- Support in the overall design and development of the educational activity. It could include, development and review of educational materials, speaker recommendations, formalizing learning objectives, and any other duties as required for the CPD activity.

Responsibilities of the CCS Representative:

When CCS co-develops an CPD activity with a non-physician organization for Section 1 MOC credits, the CCS designates a representative to sit on the planning committee. The main responsibility of the CCS representative is to ensure that the activity is balanced, objective and free from commercial bias. As such the CCS representative has final approval of **all aspects** of the educational activity. To maintain impartiality, the CCS representative **may not** present at the educational activity that is being developed. The CCS representative would participate fully in the activities of the planning committee and is responsible to ensure the following:

- Participate on the planning committee from inception to completion of the activity.
- Oversee the development of educational activity to ensure that Royal College educational and ethical standards are maintained throughout the planning process.
- Ensure the activity is approved under Section 1 and meets the CMA Guidelines for Physicians in Interactions with Industry
- Monitor appropriate use of the activity budget (e.g. no participant flights, accommodations, meals or other expenses paid for by industry).
- Complete an CCS Representative Audit Form concerning the content and activity development.

Step 2: Needs Assessment

The SPC conducts and reviews the target audience needs assessment. The needs assessment identifies the target audience's **perceived and unperceived** learning needs. The needs assessment **cannot** be driven or conducted by industry or commercial sponsors. Needs assessments identify the “gap” between what is happening with patients or health professionals and what is defined as gold standard or Best Practices. The SPC defines the practice “gap.” By determining these needs, the planning committee will be able to establish general and activity specific learning objectives to ensure that selected topics are relevant to the target audience.

Perceived educational needs can be derived from the following sources:

- Surveys
- Questionnaires
- Focus groups
- Requests from the target audience
- Results of evaluations from previous meetings

Unperceived educational needs can be derived from the following sources:

- Self-assessment tests
- Chart audits
- Chart stimulated recall interviews
- Direct observation of practice performance
- Emerging trends or special circumstances (disaster planning)
- Topics less likely to be requested by physicians themselves
- Quality assurance data from hospitals, regions, department heads, CMPA and patient care advocates
- Standardized patients
- Provincial databases
- Incident reports
- Guidelines and other published literature (RCT, cohort studies)

It is best to use multiple sources of information and different methodologies to identify both the perceived and unperceived needs of the target audience. This research should lead to a clear description of the gap between present and optimal care.

Needs Assessment

- Identify the problem
- Conducting a needs assessment with perceived and unperceived needs
- **Define the professional practice gap**

Step 3: Learning Objectives

Learning objectives are derived from the needs assessment data. They enable participants in deciding whether a specific activity or session meets their learning needs.

Strong learning objectives should:

- Clearly outline the focus of the content, and the expected outcomes for all parties involved.
- Be linked to the identified needs and CanMeds role(s).
- Be learner-centered and describe through action verbs, the specific knowledge, behavior, skill, attitude or learning outcomes that participants can anticipate from attending educational activity.
- Be included in all CPD activity material.
- Avoid words such as “understand” as they are not easily measured and open to many interpretations. Other verbs that should be avoided when creating learning objectives are: *appreciate; have faith in; know; learn; understand; believe*
- Be provided to speakers prior to the activity, so that they are aware of the educational needs that need to be addressed in their presentation.

Example of a set of strong learning objectives:

At the end of the activity, participants will be able to:

- Disseminate knowledge of optimal echo utilization in diagnosis and management of common cardiac conditions (Professional, Communicator)
- Use left ventricular contrast to diagnose apical pathology and to improve EF quantitation (Health Advocate, Leader)
- Identify atypical forms of aortic stenosis (eg. low gradient, preserved ejection fraction); and
- Apply three-dimensional echocardiography in everyday practice. (Scholar, Medical Expert)

Learning Objectives

- Using the needs assessment, gap analysis to redefine the target audience and learning needs
- Develop your global educational activity learning objectives, add two CanMeds Roles
- Develop session-specific learning objectives, add two CanMeds Roles.

Step 4: Educational Strategies

The educational format should be designed to efficiently present the content that has been developed. For example, a debate format is appropriate for topics that are deemed controversial or disputable. Small group breakout format is appropriate for content based on interprofessional issues. Simulation or performance assessment activities are appropriate for activities that require skills development.

At least 25% of the total education time must be devoted to interactive learning strategies.

Interactive learning needs to be a component of approved educational activities, whether they are face-to-face activities or asynchronous. Web-based or on-line sessions must meet the same standards for interaction as live activities.

Live activities interactive strategies can include:

- Discussion periods for questions
- Panel discussions
- Small breakout groups
- Think, Pair, Share: opportunities to reflect and discuss content with a nearby colleague
- Touch pad questions
- Debate

Web-based interactive strategies can include:

- Discussion Forums
- Ask the Expert
- Twitter

Educational Strategies

- Designing learning activities
- Choosing the format (live/virtual), (workshop, conference, breakout, presentation)
- Interactivity – 25% of each offering must be interactive

Step 5: Recruitment and Speaker

The SPC should provide in writing, a speaker invitation letter with clear expectations and adherence to the National Standards and the CMA Guidelines for Physicians in Interactions with Industry.

The following recommendations and information should be conveyed to all speakers:

- Speaker(s) should have the expertise to present information based on the learning objectives provided.
- A good communicator.
- The SPC should provide in writing the activity title, date/time, and their “role.”
- SPC provides the speaker with who target audience is and the global and session specific learning objectives with CanMeds roles.
- He/she should have minimal conflict of interest with the activity content. If a conflict of interest is

present, this should be managed and disclosed as per the Disclosure and Conflict of Interest Policy for CPD Activities.

CONTENT DEVELOPMENT

- All content aligns with the identified needs of the target audience.
- Ensure that the content and/or materials presented provide a balanced view across all relevant options related to the content area.
- Imbeds the intended learning objectives for the activity within the presentation.
- Ensure that the description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.
- Ensure that the content is relevant to various practice needs
- Incorporation of evidence: An outline of evidence and how it was used to create content, including references incorporate evidence (**especially Canadian data**)
- When developing case studies, please consider all populations, genders, and ethnicity. (Diversity, Equality, and Inclusion.)
- Addressing barriers to change in practice
- Sample Take Home Message slide: *(optional) to be included at the end of your presentation.*

All disclosures of interest related to educational activity are to be displayed in writing on a slide at the beginning of a presentation or included in the written conference materials.

In adherence with the 2004 Personal Health Information Protection Act (PHIPA), please de-identify any patient cases used in your presentation. For further information, please visit

Content development and implementation

- Choose content based on your needs assessment
- Speaker selection
- Managing conflicts of interest
- Delivery and logistics to achieve ethical standards

Step 6: Disclosure of Conflicts of Interest

All faculty and planning committee members are required to complete Disclosure of Conflict-of-Interest forms. A Conflict of Interest may occur in situations where personal and professional interest of individuals may have actual, potential, or apparent influence over their judgment. **All financial or "in kind" relationships** (not only those relevant to the subject being discussed) encompassing the previous two (2) years must be disclosed.

All meetings' committees, planning committees, shall commence with the chair's reading of a disclosure of conflict-of-interest principals reminding members of their obligation to disclose relevant relationships and recuse themselves from voting on any issue with which they have a conflict of interest. In some instances, it may be necessary for members to physically remove themselves from the discussion, particularly if confidential information that has a direct bearing on the conflict is being disclosed. **Chairs should document recusals in minutes for discussions and decisions as it relates to conflicts.**

The Canadian Medical Association Policy, “Guidelines for Physicians in Interaction with Industry” (Update 2021: Section 28)” indicates that,

“Physicians must disclose all relevant relationships with industry and real or perceived conflicts of interest in a way that is obvious to any relevant audience were discussing products and services. They should refer to relevant medical evidence, not overstate benefits or understate harms, not mislead patients or others about a product or service’s impact and be guided by a primary concern for patient well-being. Disclosure should be done in a serious manner and in such a way that the audience has sufficient time to absorb the information being disclosed.”

The intent is not to prohibit speakers from presenting, but rather to inform the audience of any possible bias that speakers may have.

The following are some mechanisms that have been considered to resolve potential conflicts of interest:

- Ask another faculty member without a conflict of interest to present that part of the activity content.
- Ask the faculty member to withdraw from planning activities involving content in which they have a conflict of interest.
- Limit the content of the faculty member’s presentation so that recommendations for treatment are not included or limit the recommendations to those based on clear evidence from medical literature.
- The planning committee could ask for a peer review of the content to ensure that the principles of scientific integrity, objectivity and balance have been respected.

Declared conflicts of interest from all planning committee members and speakers must be communicated to participants in writing (syllabi/final activity, slide and verbally at the beginning of their presentation).

*For further information, please refer to the **CCS CPD Disclosure Policy**.

Step 7: Evaluation Strategy

The SPC must ensure that the individual sessions and the overall educational activity is evaluated to determine their effectiveness in meeting the needs of the defined target audience. There should be a method to evaluate both individual sessions as well as the overall activity.

The evaluation strategy should be focused on:

- The degree to which the identified needs and learning objectives with CanMeds roles of individual sessions were achieved.
- The impact of the overall educational activity on the future performance of participants.
- Whether there was any perception of commercial bias.

The following questions should be included within the session and/or overall evaluation forms:

- Rate the relevance of the activities content to the learner
- Rate the educational effectiveness of the presenter(s)
- Rate the achievement of the stated learning objectives
- Rate whether there were sufficient opportunities for interaction
- Provide feedback on their perception of any commercial or other inappropriate bias
- Document what they have learned, become aware of and/or are planning to change
- List any topics for future activities
- Provide any other written comments
- State the CCS – CPD mission statement asking if this was achieved.

Evaluation

- Develop activity evaluation tools
- Measurement of activity effectiveness

Step 8: Outcome

Reviewing the evaluation results is a valuable step for the planning of future educational activities as they are a way to:

- Identify the **perceived** needs of your target audience
- Evaluate how effectively the learning objectives were met
- Provide feedback to speakers regarding their session
- Manage perceived bias for future activities
- Identify topics and priorities for future activities

The CCS hopes this handbook has proven to be a useful resource in guiding the development of your educational activity. For more information contact cpd@ccs.ca.

Outcome

How can we improve the activity in the future?