Cheap, Fast, Effective CME: Strategies From Two Providers

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Objectives for Today….

- Learn briefly about two different providers in Michigan
- Each of us will present a rapid fire case:
  - Henry Ford Health System
  - St. Joseph Mercy Hospital
- Small Group Discussion (each table will get 2 cases)
  - Identify Lead to share if called upon
- Additional Strategies
Process to Create a CME Program

- Target learners:
- Strategies/Resources:
- Budget:
- Analysis/Evaluation/Improvement:
- Targeted Commendation Criterion:
- Barriers:
- Outcome:
Case #1

**Problem:** Gun Violence has increased in the nation but also in your little idyllic town of Saugatuck, Michigan. A teenager with known social and psychiatric health issues found his mother’s weapon and brought it to the school. It was incidentally identified during a routine locker search.
Problem: A child has been confirmed to have measles in your county and the numbers are increasing with a statewide total of 41 confirmed cases. The index patient had been at school and visited the local mall as well as eaten at Olive Garden with his family.
Problem: Your State Board of Medicine has announced many new requirements for licensure and this morning when you opened your email you had 50 emails from medical staff regarding the new licensure requirements (3 credits in pain and symptom management, 1 credit in Ethics and Human Trafficking Training)
Problem: Your teaching institution is well-known and established. Your Internal Medicine Morbidity and Mortality Activity presented a case of retained guidewire when placing a Central Venous Catheter. You were curious as to the incidence within your institution and on review of Quality Safety Data/RCAs/Sentinel Event Reporting you discovered that this had occurred three times in the past year within various departments and 2 of the three cases were fatal.
Problem: As you were walking in the hallway you overheard a few physicians from the pathology department talk about the department being understaffed and overworked and a few of the physicians who "couldn’t handle it and left on medical leave". You wondered how pervasive this problem was and if there was a way you could help.
Case # 6

Problem: Your community is a rural border town where your patients and medical staff are diverse in cultural and socioeconomic status. Unfortunately, the healthcare teams have not been able to connect with the patients and the HCHAPS scores have been low with regard to physician communication.
Additional Strategies/Take Home Points

- Skype/Webex/Go to Meetings
- Evaluations/Disclosure forms—Survey Monkey/Quickbase (database)
- Simulation Hacks—Hemorrhage simulations for OB, Skin biopsy and suturing with Pigs feet, Thoracentesis with Cow Ribs from the grocery store
- Credit for Teaching Category 1
- Align with Stakeholders—Local organizations looking for the opportunity to support the education in the community. MSMS, County Medical societies.