

A Report on the New AAFS Continuing Medical Education Reporting Procedures: The Pathology/Biology Section Perspective

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ABSTRACT: This paper summarizes data obtained from the new AAFS continuing medical education report forms to provide potentially useful information to future presenters and for program planning. The proportion of presentations that were above average to excellent in content, delivery, and visual aid usage along with the proportion of presentations that brought new knowledge, affirmed existing knowledge, or modified current practice and categorization and tabulation of specific comments about presentations and the program are given. The American Academy of Forensic Sciences (AAFS) revised its CME reporting procedures for its annual meeting in February 1996. A CME credit reporting booklet was prepared, and space was provided to rank each presentation from 1 (poor) to 5 (excellent) regarding the quality of visual aids, presentation, and delivery. In addition, responders could indicate with Yes/No answers whether the presentation affirmed current knowledge, brought new knowledge, or would result in a modification of practice. Space was also provided for open ended comments. Data were summarized in aggregate for all presentations within the Pathology/Biology Section. 52% of presentations were rated overall as being above average or excellent. 52% of presentations had rankings of four or five (better than average to excellent) for delivery, 57% had such ratings for audiovisuals, and 56% had such ratings for content. The number of responders who were brought new knowledge ranged from 43% to 92% for a given presentation and showed an overall average of 66%. Affirmation of existing knowledge ranged from 36% to 85% of for the various presentations and averaged 68%. Presented material was reported to result in a change of practice among 10% to 73% of responders for the various presentations and averaged 31%. Generally supportive comments such as "good presentation" were the most common. Somewhat negative comments about information being of limited usefulness, irrelevant to practice, or of suspicious conclusion were second most common. These and other related data, and the feedback of individual evaluations to presenters may be useful for improving the AAFS Path/Bio program in the future.

KEYWORDS: forensic science, forensic pathology, continuing medical education, American Academy of Forensic Sciences, pathology/biology

To comply with the Accreditation Council on Continuing Medical Education (ACCME) requirements for continuing medical education (CME) programs, the American Academy of Forensic Sciences (AAFS) revised its CME reporting procedures for its

¹Continuing Medical Education Committee Chairman, American Academy of Forensic Sciences.

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annual meeting in February 1996 (1). This report describes the revised CME reporting procedures and includes the results of evaluations submitted for the presentations within the AAFS Pathology/Biology Section.

Methods

A CME credit reporting booklet was prepared in which each presentation was listed in order, including the presentation number, presenter, and title for each presentation. Space was provided to rate each presentation from 1 (poor) to 5 (excellent) regarding the quality of visual aids, content, and delivery. In addition, responders could indicate with Yes/No answers whether the presentation affirmed current knowledge, brought new knowledge, or would result in a modification of practice. Space was also provided for open ended comments about specific presentations or for suggestions on how to improve the program in general. The forms were distributed at the AAFS meeting and were designed so that evaluations could be completed as presentations were given, with the booklet being submitted to Academy staff at the close of the annual meeting or subsequently by mail.

Upon receipt of the booklets by AAFS staff, evaluations and comments were entered into a computer data base to prepare a report summary for each presentation. The data for individual Pathology/Biology Section presentations were printed as shown in Fig. 1, and aggregate data were analyzed as outlined in the footnotes of Fig. 1 for evaluations received by AAFS prior to June 1, 1996.

Results

There were 249 people registered for CME credit and 188 (76%) submitted an evaluation form. There were 75 presentations in the Pathology/Biology Section program. The number of evaluations per presentation ranged from 5 to 113 and averaged 97. 52% of presentations were rated overall as being above average or excellent. 52% of presentations had ratings of 4 or 5 (better than average to excellent) for delivery, 57% had such ratings for audiovisuals, and 56% had such ratings for content. The proportion of responders who evaluated a presentation as below average to poor ranged from 0% to 18% and averaged 5%.

The number of responders who were brought new knowledge ranged from 43% to 92% for a given presentation and showed an overall average of 66%. Affirmation of existing knowledge ranged from 36% to 85% among responders for the various presentations and averaged 68%. Presented material was reported to result in a

#1 Assessment of postmortem insect artifacts on skin
Evaluation scale: (1=Poor, 5=Excellent)

	(1)	(2)	(3)	(4)	(5)	(NA)
Delivery:	1	20	30	22	38	
Visuals:	2	20	38	36	14	
Content:	4	22	37	33	14	

Did the presentation:	Yes	No
Bring new knowledge:	81	30
Reaffirm current knowledge:	91	20
Modify current practices:	35	76

- Comments:
 1) The speaker spoke too fast and read too much from the slides
 2) I could not understand the reader.
 3) Good content although difficult to understand speaker.

Analytical methods:

Total responders was calculated by adding first line of Yes/No answers. In the example, total responders is 111.

Above average rating was calculated by adding the numbers in columns 4 and 5, dividing the sum by 6, and dividing the quotient by the total responders. In the example, the above average index is ((30+38+37+22+36+33)/6)/111 = 30%.

In terms of bringing new knowledge, affirming existing knowledge, or modifying practice, each row was added and the proportion of Yes and No responses was calculated. In the example, 81/111 (73%) felt that new knowledge had been brought, while 30/111 (27%) did not.

For analysis of comments, the total number of comments in the example is 3. Because two comments were somewhat negative and one was positive, the overall comment score is negative.

FIG. 1—Sample CME evaluation data for a presentation, with footnotes explaining how data were analyzed.

change of practice among 10% to 73% of responders for the various presentations and averaged 31%.

For 59 presentations (no comments were received for 16 presentations), 133 voluntary comments were submitted. If each attender were to comment on each presentation, approximately 7500 comments could have been obtained. The maximum number of comments for a given presentations was six. For 22 presentations, comments were more negative than positive and comments were more positive than negative for 22 presentations. For 15 presentations, comments were about equally positive and negative.

Table 1 shows a categorization of the 133 voluntary comments that were submitted. Generally supportive comments such as “good presentation” were the most common. Somewhat negative comments about information being of limited usefulness, being irrelevant to daily practice, or of suspicious or unsupported conclusions were second most common. A variety of other comments were also submitted (Table 1).

Discussion

Although there were few negative comments about the revised, more extensive and longer CME credit report form, the return rate

of 76% was lower than the average rate of 80–85% in the previous three years. Whether or not the more comprehensive CME report form was an important cause of the lower response rate remains unanswered. However, the number of positive comments about the improved reporting program exceeded the number of negative comments (personal communication, Nancy Jackson, AAFS staff, July 1996).

Each presenter was mailed a copy of the evaluation summary for his/her presentation(s). Hopefully, such feedback will result in continual improvement in the quality of presentation content, delivery, and format.

The data indicate that most presentations are viewed favorably by the majority of attenders, and that the majority of attenders gain either new knowledge or affirm existing concepts and knowledge during most presentations. However, on average, only about 1/3 of responders obtain information from a given presentation that may cause a change in practice methods. That finding may point to a need for recruitment of more presentations regarding new, but practical and useful methods, techniques, and procedures.

The finding that the average number of responders per presentation (n = 97) is considerably lower than the 249 who were registered for CME credit raises the question of whether many attenders are sitting in other sessions instead of those offering CME credit. Further effort is needed to determine what types of sessions may be appealing to Pathology/Biology members in order to determine whether program planning and content changes within Pathology/Biology are needed.

Recommendations

- 1) Each year, presenters should be made aware of the general CME evaluation reporting and analysis procedures.
- 2) Presenters should continue to receive a summary report of the CME evaluations for their presentation(s).
- 3) Program chairpersons from each section should, on an annual basis, prepare and make available to his/her section members, a summary report of continuing education evaluations, whether medical or otherwise.
- 4) Evaluation summaries that suggest substantial controversy concerning conclusions or methods, or presentations which receive predominantly poor or below average ratings should be reviewed by the CME committee for possible communication and follow-up with the presenter.
- 5) Special commendation should be given to those presenters whose evaluations show predominantly excellent ratings.
- 6) An attempt should be made to solicit papers which discuss practical, new methods, and procedures that may cause a change in practice or approach to cases.
- 7) An attempt should be made to evaluate how often, and for which types of presentations, Pathology/Biology members are attending other presentations instead of those given in Pathology/Biology.
- 8) Attenders should submit a greater number of comments.

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TABLE 1—Categorization of comments by number of mentions. More than one category may apply to a presentation.

Generally supportive (e.g., good presentation)	59
Of limited usefulness	12
Lack of confidence about conclusions	12
Not relevant to practice	11
Slides were poor/inadequate	7
Talked too fast, too slow, unclearly, or read from slides	7
Presenter not available for discussion	4
Presentation seemed incomplete	4
Should have been a poster, not oral presentation	3
Too much technical detail	2
“Hyping” a personal interest or viewpoint	2
Misleading title	1
Not enough time for content	1
Other/general suggestions	8
Total	133

Reference

1. Accreditation Council for Continuing Medical Education (ACCME). Essentials and Guidelines. AACME Lake Bluff, Ill: 1984.

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