



COPE ACCREDITATION FREQUENTLY ASKED QUESTIONS

How long are COPE qualified courses valid?

Beginning February 1, 2017, courses qualified by COPE are valid for the following time period:

- **Live and Interactive Distance Learning Courses are valid for 1 year.**
 - Live Course: Face-to-face real-time learning
 - Interactive Distance Learning Course: Real-time webinar, video conference, teleconference, or other format that allows for immediate interaction and feedback between the learner and instructor.
- **Enduring Distance Learning Courses will be valid for 3 years.**
 - Enduring Distance Learning Course: Webcast, podcast, video, journal, website, written, or other format that provides one-way content to the learner without interaction with the instructor.

Why does the dollar amount of commercial support received need to be reported to COPE under the new rules?

The COPE Standards for Commercial Support (SCS) ensure that optometric CE is independent of commercial bias. SCS 3.13 requires that a CE provider produce accurate documentation of the receipt and expenditure of commercial support. This includes providing the total amount of money received from commercial supporters.

Does Criterion 2 mean that the expected results need to be articulated for every course at an activity or for the overall activity in general?

Specifying multiple expected results may be appropriate if each course has a different goal. However, if an activity has multiple courses that are all centered on the same expected result, Criterion 2 may be satisfied by stating a single expected result. Regardless of the number of expected results within an activity, the activity should be planned to elicit a change in either professional competence or professional performance or patient outcomes.

What is an example of a practice gap? Is it the same as a topic of interest?

A practice gap is not the same as a topic of interest. For example, if learners express a desire for a course in optical coherence tomography (OCT), the request alone is not considered a practice gap. An OCT course is a topic of interest. The learners must still be asked why they desire the course in OCT and what specifically the learner would like to know in order to help them in clinical practice. Is the request generated out of a lack of understanding of the technology of OCT (knowledge based need) or the uncertainty of how to interpret the OCT results (competency based need)? Do they desire the topic for another educational need? Once the underlying educational need is known, a practice gap has been identified. The appropriate learning format that will best address the educational need may then be selected.

Do I always have to survey my learners to determine what practice gap will be addressed during an activity?

No. Multiple resources may be used to determine a practice gap. Practice gaps may be identified through conversations with learners, journal articles, new practice guidelines, patient outcome data, etc. For example, you may read a result of a public health survey which



determines a rising rate of low vision services utilization in the diabetic community. The planning committee may use this information to plan an activity which has the goal of reducing diabetic retinopathy rates by educating optometrists about recently released diabetic guidelines, detection of diabetic macular edema, appropriate use of intravitreal injections for diabetic macular edema, etc.

What about new technology? How can I determine a practice gap if the learners are not familiar with the new technology and don't even "know what they don't know?"

The introduction of new technology to the profession is an appropriate utilization of accredited CE. The practice gap may be defined by the fact that new information is now available which would aid the optometrist in clinical practice or research. The activity must still be planned in compliance with the COPE Standards for Commercial Support.

Can an individual who works for industry serve as an instructor for COPE Accredited CE?

In rare cases, an industry representative may present CE if they are not delivering a proprietary message about the company's product(s). For example, if they are speaking about science behind new products or technology introduced in the profession, but not giving a "commercial" lecture, this would be allowed. The onus is on the provider/administrator to review the materials and information prior to the lecture to assure that no violation of Standards for Commercial Support occurs. The provider/administrator must also ensure appropriate disclosure to the learners. Accordingly, it may also be appropriate for the provider/administrator to place a "real time monitor" in the lecture to assure that COPE SCS are followed.

Optometrists in my jurisdiction need 10 hours of retina CE to fulfill their license renewal requirements. Is that a practice gap?

No. Designing a CE program solely based on license requirements does not qualify as a practice gap analysis. You certainly may design a retina track curriculum, but the planning committee must determine the specific problems in practice and the underlying educational needs of the learners that will be addressed within the retina curriculum.

Does each course within an activity have to specify a different practice gap?

Having each course within an activity meet a different practice gap may be appropriate if every lecture is unrelated to the whole lecture series. However, if a meeting is being designed to address a single practice gap, and all courses support the practice gap, a single practice gap may be appropriate for that activity. Each course may support a different need, but as long as the courses center on a certain practice gap, this would meet the COPE accreditation criteria.

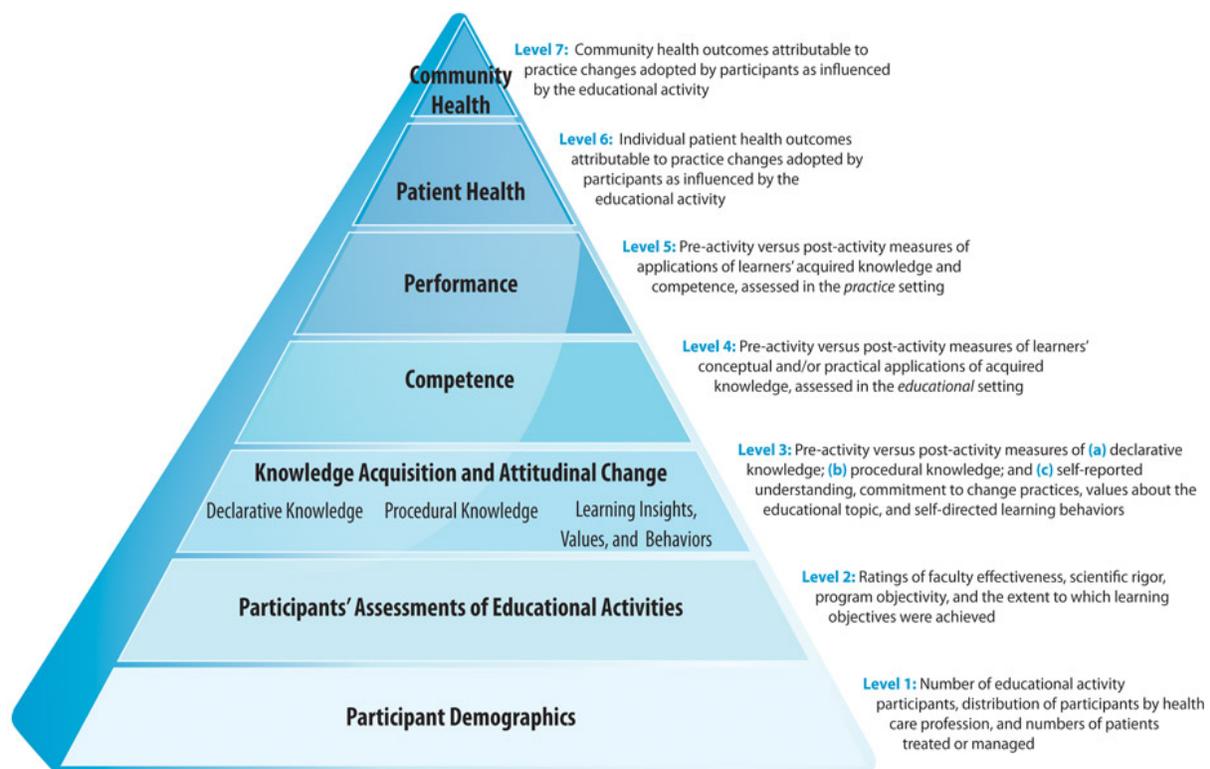
How do I select the appropriate format for my CE activity?

All activity formats (e.g., didactic, small group, interactive, hands-on skills labs) are acceptable and should be chosen based on what the administrator or provider hopes to achieve with respect to change in competence, performance, and/or patient outcomes. When choosing the educational format for an activity, the administrator or provider should take into account the setting, objectives, and desired results of the activity. If a provider/administrator believes that the best way to impart knowledge or strategies is through a didactic lecture, the provider will choose a live lecture as a format. If a provider/administrator believes that the learners may

respond better in a self-directed manner, they may choose to develop a distance learning format (video, audio, or text). If the best way to address the practice gap is through hands-on learning, a provider/administrator would choose a workshop format.

Why did COPE select the particular outcomes measures that are required in the new accreditation criteria?

Although there are varied methods of outcome measures within adult learning theory, the particular outcomes selected are those most commonly used in healthcare continuing education systems. The terms are derived from a framework for assessment of continuous learning developed by Donald E. Moore, Jr., PhD from Vanderbilt University School of Medicine. This framework is most commonly referred to as Moore's 7 levels of CME outcome measures and is represented as a pyramid. (See image of Moore's pyramid on next page.)



Healthcare continuing education accreditation systems agree that accredited CE should strive to move from declarative knowledge to competency or higher outcome measures. For more information see references below.

References: Moore DE Jr., Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. *J. Contin. Educ. Health. Prof.* 2009 Winter;29(1):1-15. See more at:

<http://www.medicineandtechnology.com/2009/06/moores-7-levels-of-cme-outcomes.html#sthash.ppsATx9M.dpuf>

http://www.sacme.org/Resources/Documents/Virtual%20Journal%20Club/Moore_evaluation



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What are some examples of knowledge, competence, performance, or patient outcomes as expected results within optometric CE?

Scenario #1: You determine through practice gap analysis that your learners are not adequately familiar with scleral contact lens fitting. You develop an educational intervention to address this need.

Knowledge: The optometrist is able to identify the patient conditions benefitting from scleral contact lenses. The optometrist will also be able to verbalize the fitting steps.

Competence: The optometrist has demonstrated ability to apply and remove scleral lenses, correctly identify fluorescein patterns and articulate how to manage complications.

OR

Competence: The optometrist is able to articulate how they will change their clinical practice as a result of the course.

Performance: Data is obtained to show that the optometrist has successfully managed scleral lens patients within clinical practice.

Patient Outcomes: You are able to determine through review of data or patient surveys that visual acuities and quality of life has improved in a population as a result of appropriate scleral lens care.

Scenario #2: You determine through a practice gap analysis that your learners would benefit from additional training in the management of dry eye disease. You develop an educational intervention to address this practice gap.

Knowledge: The optometrist is able to identify the etiology of dry eye disease and the possible treatment protocols.

Competence: The optometrist has been able to demonstrate the ability of to insert punctual plugs and articulate when punctual plugs are appropriate in the management of dry eye disease.

OR

Competence: The optometrist is able to articulate how they will change their clinical practice as a result of the course.

Performance: You are able to identify through direct observation or review of data that the learners are able to successfully manage patients with dry eye disease in clinical practice.



Patient Outcomes: You are able to identify that patient satisfaction scores are improved on patient dry eye survey forms as a result of the learners applying the new information after the course.

Why is knowledge acceptable as a documented educational need but not acceptable as a CE outcome measure?

The goal of accredited CE is to enable doctors to put knowledge into action.

Achieving this goal begins at the planning level. The primary impetus for CE is to address a specific problem in practice (a practice gap). It very well may be that the underlying problem in practice is due to a lack of knowledge. In this instance, the provider/administrator may design a CE course to impart knowledge, but the education should also supply strategies which help the doctor to use this knowledge in their practice. The CE outcome measure is the degree to which the provider/administrator has achieved the goal of helping the doctor put knowledge into action.

COPE acknowledges that, historically, most optometric continuing education programs have been measured at the level of satisfaction or knowledge. COPE Accreditation will encourage and require administrators and providers to demonstrate that they are “raising their bar” on outcome levels and show progress toward measuring outcomes at the competence, performance, or patient outcomes level.

How can I measure competency when the education is addressing procedures that are beyond the scope of licensure of the learners?

It is possible to measure competency even if the learner is attending a course that is beyond the scope of licensure provided that the outcomes measures are related to how the learner will apply the knowledge in clinical practice. This is particularly true with courses on ocular surgical procedures. It is imperative for optometrists to know and understand ocular surgeries and to appropriately manage pre-operative and post-operative patients. The competency measures assess whether an optometrist will use the knowledge to provide better care for their patients.

Example: You ask a retina specialist to give a lecture on ocriplasmin for intravitreal injections and measure the outcomes for the activity. If you only ask the ODs what they have learned, you are measuring outcomes at a knowledge level. If you ask the ODs how they will change their practice and the OD articulates how they will make more appropriate referrals for the procedure, you have moved to a competence outcomes measure.

Do all of my activities need to demonstrate positive educational outcome measures in order to maintain accreditation?

No. It is possible that an activity may not meet the expected results desired and documented during the planning process. Accreditation Criterion 13 does require that you identify, plan, document and implement changes in the overall program to improve future CE activities.

Why does COPE select the activities which will be reviewed during the Reaccreditation process? Why can't I select the activities I wish to highlight?

The process of a random selection of activities by the accreditor gives validity to the process of



accreditation. This method is used by most healthcare continuing education accreditors to assure all stakeholders that each and every activity is planned and executed according to accreditation criteria and standards.

Can I submit my audience survey forms to meet Criterion 11?

The submission of survey forms alone does not meet Criterion 11. COPE is interested in the information that is concluded from surveys, data or other tools you use to evaluate your activities or overall CE program. You may elect to submit the audience survey form as an example of evidence to support your accreditation Self-Study Report, but the aggregate raw data from surveys will not meet Criterion 11 by itself.

Why does COPE require submission of data relating to financial support by commercial interests?

The administrator or provider is responsible for demonstrating that all relevant conflicts of interest have been identified and have been effectively managed. Neither ARBO nor COPE provides continuing education; neither is a competitor of any CE administrator/ provider. That is one way ARBO and COPE manage conflicts associated with such required reporting. COPE expects all administrators/providers to engage in the most rigorous disclosure of, and management of, all conflicts of interest, especially those of a commercial nature.

If an Accredited Provider validates a course for a specific activity, can the course be presented by an administrator at other educational activities?

Courses that are accredited through a provider's planning committee are specific to that provider. If a COPE Administrator would like to present the same course at their activity, it must be submitted through the COPE Review system for content validation and assigned a new number after which the course will be placed in the COPE database.

***NOTE:** It is still the responsibility of the administrator to determine that the content of the course addresses a practice gap of their learners.*