



VOLUME 17, NO. 12, DECEMBER 1995

Table of Contents

1. The Alliance and Continuing Medical Education Face Transition
2. Fresh Approaches: Promoting Teaching Excellence
3. Clear Connections: Alliance to Offer On-Line Service for Members
4. JAMA Calls for Papers on Quality Assessment and Health-Care

The Alliance and Continuing Medical Education Face Transition

By James C. Leist, Ed.D.; President, Alliance for CME

In my last article in the Almanac (see "Staying Current in CME," May 1995), I emphasized the need for education of continuing medical education professionals. The Outcomes Workshop, developed by Jocelyn Lockyer, M.H.A., and Suzanne Ziemnik, M.Ed., offered in September was one example of needed education for change. The transition, however, is complex because it affects health-care delivery and the CME professional simultaneously.

Health Care and CME

There are dramatic changes occurring in health care, which were emphasized at the Alliance's 1994 conference. The health-care system is moving toward a managed-care environment at a faster pace than many of us realize. Fee-for-service medicine is still predominant in our society, but we must be prepared for the new managed-care philosophy that focuses on primary care, health promotion and disease prevention, cost-effective clinical decision making and health-care outcomes that improve health status. In a sense, the new mind-set for medicine is toward reducing expenses and keeping people healthy.

At the same time, the CME profession is undergoing significant changes. A new paradigm was proposed, which is characterized by an increased emphasis on learning vs. teaching, data-based educational activities, quality management and CME, collaborative learning and improved patient outcomes.

CME providers must learn to implement this new type of CME for their respective organizations, and health care in general, while maintaining traditional CME. My last article suggested a movement from one paradigm to another. The truth is that both

systems will operate simultaneously, requiring the CME profession to offer a variety of services and products, some of which it is not prepared to provide -- yet.

These transitions within health care and the CME profession will make CME providers change what they do for their customers; in fact, it may even change their customers. These changes may include alterations in CME products and services and the use of data provided by the health-care system about the practice behaviors of the physicians within that system. In addition, the focus will be on producing economic or cost-effective outcomes. Quality will be at risk if that emphasis continues too long; therefore, one position CME providers must advocate is quality outcomes, not just economic ones.

Additionally, practice guidelines will be implemented by health-care providers through the adoption of national standards or by the system establishing its own standards. CME providers will play an important role in aiding the development of those guidelines for the system and then helping physicians meet them. The medical guidelines will influence the work of CME professionals and may help them focus on quality.

Two other factors will be important in this change. The transition will integrate CME functions into a central position in the organization to help the system meet its goals of a healthy population. Second, this new emphasis on outcomes, data-practice guidelines and integration into the health-care system will bring many physicians back to the CME profession. But, will they be well-trained? Probably not. However, are we, as CME professionals well-trained? Again, probably not.

In the near future, I see a team of CME professionals working to provide traditional CME but moving more intensely into the new paradigm.

How can the Alliance help you? My next article will address the vision for the Alliance, which will aid in our preparation for the year 2000.

Clear Connections: Alliance to Offer On-Line Service for Members

By Patricia Spencer, Ph.D., Chair, Professional Education Committee; and Michele Burpeau-DiGregorio, Ph.D., Chair, Member Services Committee

For 20 years, the Alliance for Continuing Medical Education has sought to provide a forum for members to build networks, share ideas and foster professional development. Beginning in January, that forum will take on a new dimension.

Supported by a two-year educational grant from Glaxo Wellcome and in cooperation with the St. Louis College of Pharmacy, the Alliance will have a corner in cyberspace via HELIX, the Health Educational Learning and Information Exchange. Already the world's largest pharmacy telecommunications service, HELIX will host the Alliance's home page on the World Wide Web (WWW).

"Our members have been asking for ways to network and stay in touch -- so much, in fact, that an electronic connection has been a primary goal of the Alliance for CME and, in particular, the Member Services and Professional Education committees," says Executive Director Frances Maitland.

"With our HELIX connection, members will be just a few keystrokes away from a wealth of valuable resources," she continues. "They can stay current with key issues and trends in continuing education, discuss common problems and pursue collective solutions, eventually be able to search journals on-line and even determine their educational needs through interactive self-assessment programs."

Early next year, Alliance members will receive a HELIX membership kit with software (a popular WWW browser package), instructions and background information about the Internet, WWW and the Alliance's services on HELIX. By installing the software and following a few simple instructions, members can log onto the system in just a few minutes.

"While anyone with an Internet connection and browser software can access our site, members who use the software we provide will be allotted 200 hours of connect time per year at no charge," Maitland explains. "In addition, the St. Louis College of Pharmacy will provide technical support through a toll-free help line."

Though new information will be introduced regularly, the Alliance's site will initially offer the following resources:

- About the Alliance: Includes an overview of the Alliance and its bylaws
- Education: Features a meetings calendar and information on the Alliance's annual conference and regional and local meetings;
- Networking: Offers a membership directory, special interest groups, conferences for the Alliance board and its committees and, eventually, on-line chats;
- Resources: Provides on-line editions of the Almanac and other publications, PSAP (a self-assessment program for individual members' educational needs), RDRB in CME (the Research and Development Resource Base, an updated database of 4,000 articles on CME available to members at a reduced charge), and information on discounts for meetings and products; and
- Discussion Areas: Features conferences for discussing issues of interest to the membership.

HELIX will be introduced at the Alliance's 21st Annual Conference in Orlando, Fla., Jan. 17-21, 1996. Members will have an opportunity to review the system's resources and ask questions during several demonstrations at the conference.

"Glaxo Wellcome is pleased to provide this innovative technology to the Alliance," says Joy Hare Branham, manager of medical and professional education at Glaxo. "Perhaps now more than ever before, continuing medical education provides a foundation for improving the quality and cost-effectiveness of patient care. By linking Alliance members with each other and information resources worldwide, we hope HELIX will

help them develop and deliver more effective, practical and timely educational programs for health professionals."

While any modem-equipped computer with a Windows operating system can access the Alliance site, best results will be obtained with a Pentium or 486 processor and a 14,400-baud or faster modem.

Stay tuned to the Almanac for more information on how to access and capitalize on the Alliance's HELIX connection.

Fresh Approaches: Promoting Teaching Excellence

By Deborah Teplow, D.M.A., Institute for Behavioral Healthcare

The last Fresh Approaches column (see October 1995) included a listing of several news groups of relevance to continuing medical educational professionals.

Some users expressed concern regarding the accuracy of the information presented on-line. Although it is impossible to establish the quality of the information offered, participating in the discussion can stimulate a CME professional's thinking about issues and provide a context for understanding trends in the profession. This month, Fresh Approaches summarizes some of the discussions taking place over the Internet.

Society of Medical College Directors of CME

Warehousing faculty CVs is an inefficient way to manage CME documentation. Is there a better way?

Discard faculty CVs after the activity, as long as the planning committee's minutes account for how faculty were selected. Request a CV that is limited to two pages of highlights. Get CVs on disks, or convert them to an electronic format by using a scanner.

Can journal articles be offered for Category 1 credit as an enduring material?

The Essentials specifically prohibit reference materials such as books and journals, but the Standards for Enduring Materials include written materials. A CME activity must be based on demonstrated needs; consist of instructional, not just informational, material; and meet explicit, measurable objectives. The issue is not the format but the content. Category 1 should be granted for material that meets the Essentials concerning the planning of the activity and those specific to enduring materials.

What are the operational definitions of terminology related to grants?

Restricted means the grant is to support a specific speaker or aspect of the program. Unrestricted means the grant is to help defray the cost of the program, thereby permitting a lower registration fee or other benefit. Unrestricted grants are typically given for general philanthropic purposes to the overall organization (i.e., the medical school). Avoid the use of these terms and use educational grant.

Should medical school faculty receive an honorarium for speaking at a CME activity?

Teaching is their obligation, but a modest honorarium provides an incentive when there are competing demands on their time. Without some payment, faculty may be pulled away by others who will pay. Therefore, institute a policy requiring faculty members to speak for CME activities for a certain number of contact hours before they can accept engagements from other CME sponsors. If the mission of the school includes a commitment to teaching and community service, then CME presentations fulfill part of that mission. If the school's mission doesn't include this community-service component, CME is an individual, entrepreneurial endeavor.

Training and Development List

How do you foster retention of information at a meeting?

Promote interaction by using round tables or a U-shaped format. Allow time for introductions. Ask questions that can be answered by a show of hands. Use groups of three to five participants to discuss a provocative question. Use handouts that encourage written responses, such as a self-scoring assessment.

What is the ideal training environment?

It is a room with good air circulation and space to move around. The environment should also include: multimedia capability; numerous electrical sockets; dual-screen projection for overhead slides, movies and computer-generated presentations; a computer for computer-generated presentations; an audiovisual system that allows for taping from a wireless microphone feed; a secure place for purses or briefcases; and an overhead projection system that projects from the ceiling.

What is a good training administration package?

Registrar, the training administration software by Silton-Bookman Systems, is good. It can import and export to an HRIS; handle enrollment, confirmation, cancellation and follow-up communication; and retain records of multiple courses, classes and participants.

Distance Education Online Symposium

What are sources of information on distance learning and the use of technology to promote learning?

Some sources are: John Tiffin and Lalita Rajasingham's *In Search of the Virtual Class: Education in an Information Society*, published by Routledge, (1995); Web site, <http://cvm.tamu.edu/~vaph/klemm/whoami.html> (information on computer conferencing); and Michael Moore and Greg Kearsley's *Distance Education: A Systems View*, published by Wadsworth Publishing Co. (1995).

Or, attend ED-MEDIA 96, the World Conference on Educational Multimedia and Hypermedia, which is sponsored by the Association for the Advancement of Computing in Education.

Fresh Approaches welcomes your comments. Send e-mail to debtep@ix.netcom.com or fax Deborah Teplow, D.M.A., at 415/851-0406.

JAMA Calls for Papers on the Impact of Changes in Health-Care Delivery

The surge in managed health care has profound consequences for the quality of and access to care, health-care cost containment, future of academic medical centers and education of physicians. Traditionally, physicians trained in academic medical centers were ensured access to patients with a variety of illnesses, some of whom could be observed for extended periods. Now, managed care and other external forces may alter the patient-base available to physicians in training and the ways of practicing medicine. How are the new organizational forms for delivering health care, which are impacting academic health centers and faculty and the development of new ways of professional assessment, affecting medical schools and residency programs?

For its 1996 editorial calendar, the Journal of American Medical Association (JAMA) wants to include articles reporting research on changes in the ways physicians are being trained. Related topics include how academic medical centers and residency programs are adapting to the changing health-care delivery environment and how reductions in public funding sources, Medicare in particular, are affecting academic medical centers and their resident training programs.

Especially welcome are attendees focus on how congressional changes in Medicare have affected the way residency programs are funded and how training programs can adapt to a bleaker economic landscape.

Of equal interest is the extent to which continuous quality improvement programs have replaced traditional quality assurance and peer review programs and the impact of these changes on physician practice. What is the extent and validity of current physician practice assessment methodologies, and how do they link with programs to connect the physician-learner with the preferred type of education? What is the status of physician-initiated continuing medical education and remedial education for physicians attempting to correct competence deficiencies? And, how is telemedicine's potential for distance learning, particularly in CME and remedial medical education, being realized?

The agenda for medical education research is large and varied, and, JAMA continues to welcome a range of quality original research papers.

When submitting a paper for the JAMA or the AMA specialty journals, authors must follow the Instructions for Authors (JAMA. 1995;274:91-94).