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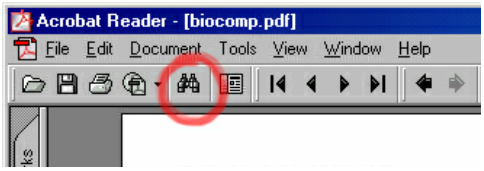

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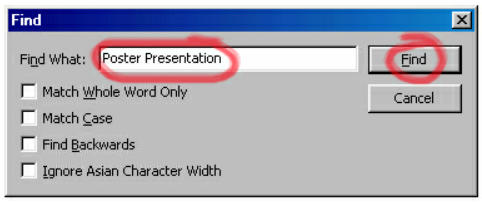

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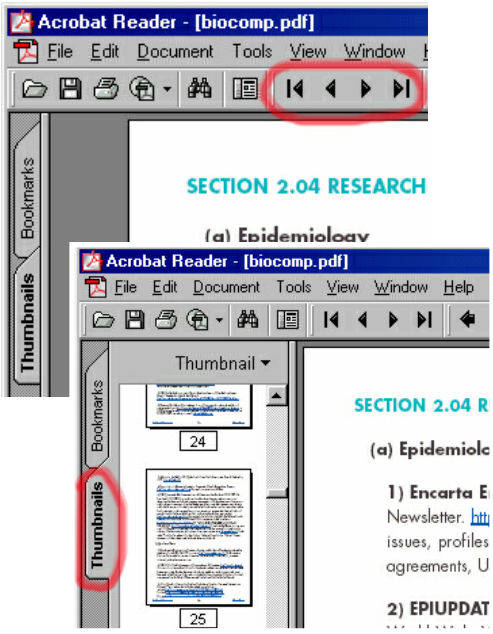

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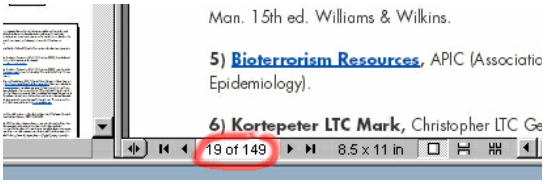

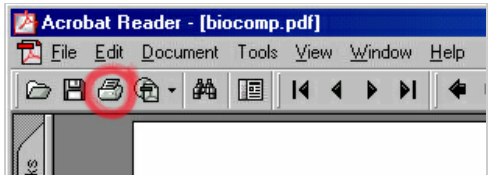

Cont. to Final Program

CME 101: Basics Seminar ($; Accreditation; Program Management; Beginner; CME 101-Basics Curriculum)

7:30 am	Continental Breakfast
8:00 am	Welcome and Introductions-*Dr. Bellande*
8:15 am	Opening Exercise-*Ms. Ziemnik*
8:30 am	Defining CME/Who's Who in CME-*Ms. Hollinger*
9:00 am	New Accreditation System-*Dr. Leist*
10:15 am	Refreshment Break
10:45 am	AMA PRA Credit System-*Dr. Wentz*
11:15 am	Ethical Issues in CME-*Dr. Raszkowski*
11:45 am	Legal Issues in CME-*Dr. Bellande*
12:15 pm	Closing Remarks and Evaluation-*Ms. Hollinger*
12:30 pm	Lunch and Inaugural Frances Maitland Memorial Lecture-*Ms. Capizzi*
1:30 pm	Adjourn

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Purpose-The purpose of this seminar is to provide newcomers to CME with an overview and orientation to the profession. Participants will leave with information that will enhance their participation in other educational activities during the conference.

Relevance-Newcomers are often unsure of what to expect of the CME profession, accreditation, etc and which educational activities may be most relevant for them.

Objectives-By the end of this seminar, participants should be able to 1) identify primary CME organizations and their roles/relationships; 2) define CME, its purposes, and relationship to promotional education; 3) identify the key components of the new ACCME accreditation system; 4) describe the AMA PRA credit system; 5) review key ethical issues in CME; and 6) address key legal liability issues in CME.

Key Points-Short overview presentations cover CME basics. The intent is to help focus newcomers on key areas so they can assess if they know basic information, and if not, what other educational activities during the conference (see **CME 101: Basics Curriculum**) they should attend which will give them more in-depth information.

Results-Participants who are new to CME are often overwhelmed. Participating in this seminar helps newcomers get a sense of what is the basic information they need to begin work within the CME field.

Conclusions-Participants will be able to identify basic CME concepts and focus their participation throughout the rest of the conference on expanding and deepening their understanding of these concepts.

Pearls-Learn the difference between accreditation and credit designation. Get an overview of the new accreditation system. Identify key legal concepts and ethical issues that impact on CME programs.

CME 101: Basics Curriculum (Beginner)

These educational activities were selected by the Alliance's Newcomers Subcommittee, are scheduled throughout the conference, and designated as **Basics Curriculum**.

Wednesday, January 19

7:30 am	CME 101: Basics Seminar **($)**
1:30 pm	Provider Section Meeting for Your Work Setting
3:30 pm	Provider Section Meeting for Your Work Setting
6:00 pm	Silver Anniversary Reception

Thursday, January 20

7:30 am	Continental Breakfast, Poster Presentations, Program Exchanges, and Commercial Exhibits
8:30 am	Plenary Session-**Major Medical Milestones of the Last Quarter Century**
10:00 am	Refreshment Break, Poster Presentations, Program Exchanges, and Commercial Exhibits
10:30 am	Mini-Plenary Session-**The ACCME's New System of Accreditation: Questions and Answers** **or** Workshop-**Basic Marketing and Promotion**
12:00 pm	Networking Luncheon
1:30 pm	Workshop-**CME Needs Assessment and Evaluation: Two Sides of the Same Coin**
3:00 pm	Refreshment Break, Poster Presentations, Program Exchanges, and Commercial Exhibits
3:30 pm	Workshop-**Learning Objectives: The Road Map to Educational Design**
5:00 pm	Evening On Your Own

Friday, January 21

7:30 am	Continental Breakfast, Poster Presentations, Program Exchanges, and Commercial Exhibits
8:30 am	Workshop-**Compliance with ACCME's Standards for Commercial Support**
10:00 am	Refreshment Break, Poster Presentations, Program Exchanges, and Commercial Exhibits
10:30 am	Plenary-**CME for DNA: Teaching Clinicians and the Public about the Full Impact of Genetic Testing**
12:00 pm	Lunch, Afternoon, and Evening On Your Own

Saturday, January 22

7:30 am	Continental Breakfast, Poster Presentations, Program Exchanges, and Commercial Exhibits
8:30 am	Plenary-**The Patient as Teacher**
10:00 am	Refreshment Break, Poster Presentations, Program Exchanges, and Commercial Exhibits
10:30 am	Workshop-**Negotiating for Activity Sites and Establishing Positive Hotel Relationships**
12:00 pm	Annual Business and Town Meeting Luncheon
1:30 pm	Workshop-**Applying the Essentials to Everyday CME Planning**
3:00 pm	Refreshment Break
3:30 pm	Workshop-**Getting Ready for the Site Survey**
5:00 pm	Evening On Your Own

7:30 am- 8:30 am (set off in some way)

Continental Breakfast for Committee and Subcommittee Meetings

8:00 am-6:00 pm (set off in some way)

Geographical Group Meeting-Canadian CME: Are We Improving Outcomes? ($; All)

Rene Gagnon, MD, Director, CME, Centre de formation continue, Universite Laval, Pavillon Ferdinand Vandry, Bureau 1214, Quebec, Quebec, Canada G1K 7P4, Tel: 418/656-5958, Fax: 418/656-2465

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Purpose-The purpose of this meeting is to bring together Canadian CME providers to share experiences, knowledge, skills and research in the area of translating science into improved CME outcomes. A secondary purpose, as in past years, is to provide an opportunity for Canadian CME providers to interact and establish or strengthen collaborative working relationships.

Relevance-While CME interventions are numerous, the question remains, "Are we improving outcomes?" Converting science into actual evidence of improved practice is a great challenge, and we realize this. In addition, some Canadian CME accreditation requirements are undergoing changes to further ensure the measurement of outcomes. Finally, feedback from the Canadian Day Special Interest Group Meeting in 1999 indicated that evaluation of CME outcomes and program accreditation are requested topics for this meeting.

Objectives-By attending this meeting, participants will be able to 1) recognize the need to integrate quality improvement activities into CME; 2) better understand the utility, design, and outcomes of self directed learning for CME (practice audits, patient questionnaires, self-directed curricula, etc), and 3) through understanding the relevance and importance of accreditation in Canada, apply appropriate criteria when designing programs.

Methods and Results-Participants will participate in an introductory plenary presentation to discuss an overview of outcomes in CME. Secondly, workshops will allow for interactive problem solving. Finally, participants will be asked to prepare summary presentations to share knowledge gained. It is expected that participants will leave the meeting with concrete ideas applicable to their respective CME settings, specifically in the area of measuring effectiveness of CME interventions. Thanks to an additional fun interactive activity at the beginning of the day, participants will also strengthen relationships with peers.

Conclusion-A better understanding of accreditation issues, principles of self-directed CME, and concepts of quality improvement will improve outcomes in the Canadian environment.

Pearls-Accredited programs seek to improve outcomes. Self-directed learning requires feedback from evaluations of practice. Quality improvement methods add value to CME evaluation methods. Cooperative academic, provider, industry relationships add value to programs.

References-Topic references will be provided during the meeting.

Provider Section Meeting (Medical Schools; All; CME 101: Basics Curriculum)-Medical Schools Meeting

Carolyn Darrow, MPH, Director, CME, New York Medical College, Munger Pavilion, Suite 173, Valhalla, NY 10595, Tel: 914/594-4487, Fax: 914/594-4699

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Purpose-The purpose of this meeting is to provide an opportunity for medical school based CME professionals to network with colleagues who have common interests and to exchange ideas.

Relevance-Medical school based CME professionals often face issues which are unique to their setting. The Medical School Provider Section has met for the past four years with attendance growing from thirty participants at the meeting in Orlando to over 100 this past year in Atlanta. Participants have requested and encouraged the Provider Section Leaders to continue. Some participants have requested a more formalized approach to the topics discussed, which the Leaders feel is beyond the scope of the Provider section. This Provider Section Meeting will provide an opportunity to meet new colleagues and share common challenges and ideas.

Objectives-After attending this Provider Section Meeting, participants should have been able to 1) meet new colleagues, which they may contact for assistance; 2) exchange ideas and challenges faced by medical school CME professionals; and 3) find solutions to situations we experience.

Methods-At the Provider Section Meeting in Atlanta, participants were asked to identify "burning issues" they would like to discuss at the meeting in New Orleans. The list of the topics suggested will be mailed to those who were in attendance, and they will be asked to rank them in order of priority for presentation at the 2000 meeting. In addition, a needs assessment will be conducted during Fall, 1999 to gather additional ideas to be discussed at this meeting. Once the topics have been identified, facilitators will be assigned to each topic for round table discussions. A summary of the topics discussed will be presented to the entire group at the end of this meeting.

Conclusions-Participants will have had an opportunity to be involved in discussion of their choice, exchange ideas, and gain useful information about the topic.

Pearls-Participants will have the benefit of taking home ideas summarized by the facilitator of each topic discussed.

Provider Section Meeting (Health Systems; All; CME 101: Basics Curriculum)-Designing Outcomes Improvement CME Projects for Healthcare Systems

Harry Gallis, MD, Vice President, Regional Education, Carolinas Healthcare System, PO Box 32861, Charlotte, NC 28232-2861, Tel: 704/355-6650, Fax: 704/355-8669
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Pat Nesbit, Director, Clinical Process Development, Carolinas Healthcare System, 1366 East Morehead Street, Charlotte, NC 28204, Tel: 704/355-2946, Fax: 704/355-8669
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Purpose-This meeting will discuss the incorporation of evidence-based medicine principles in CME to effectively impact health care outcomes.

Relevance-As health systems evolve from small to large, CME practitioners are faced with challenges of effectively using diverse and geographically disbursed education staff to meet health system objectives and outcomes.

Objectives-Participants should be able to discuss the incorporation of evidence-based medicine principles in CME that will effectively impact outcomes in their health care systems.

Methods and Results-Through a workshop and case study format, participants will discuss administration (politics, documentation, finances, record keeping, and accreditation issues), outcomes improvement, novel programs, and integration of educational programming in enlarging health care systems.

Conclusions and Implications-Participants from small, evolving and mature systems will network to dialog regarding the incorporation of evidence-based medicine principles that will impact their health care systems.

Pearls-CME and CE credit for other health professionals can be adapted to process improvement activities. Evidence-based medicine publications form the basis for many of these activities. Systemization of CME administration can lead to economics of scale for health care systems and increase the efficiency of CME operations.

References-Batalden, PB, Stolz, PK. A framework for the continual improvement of health care: building and apply professional and improvement knowledge to test changes in daily work. Joint Comm J on Qual Improvement 1993; 19(10):424-452.

James, BC. Practicing quality medicine: learning from every patient. Plenary session presented at Reaching Out – Making Connections in CME, 24th Annual Conference, January, 1999. Atlanta: Alliance for Continuing Medical Education.

Provider Section Meeting (Hospitals; All; CME 101: Basics Curriculum)-Hospitals Meeting

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Purpose-The purpose of this meeting is to establish communication with Alliance members from hospital-based CME programs.

Relevance-The hospital provider group represents a significant percentage of the overall membership of the Alliance. These professionals have many things in common yet their only outlet for identifying those like needs and interests is through networking in a planned environment during this annual conference.

Objectives-As a result of this meeting, the participant should be able to identify at least one additional participant from a hospital; express to others topics of relevance to CME in the hospital setting; and evaluate the benefit of the Alliance to their professional growth and development.

Methods and Results-A needs assessment will be conducted to identify specific topic needs of this group and recommended approaches for covering those topics.

Conclusions and Implications-Participants need linkages with other professionals in similar situations to continuously feed their enthusiasm for CME, to foster relationships with mentors, and to problem solve in a safe environment. This meeting will allow those activities to occur.

Pearls-This is an opportunity to establish direction for how the Alliance can best meet this provider section's needs.

References-Provide a forum for obtaining specific information and/or skills for functioning effectively in hospital and related CME. Increase awareness of the variety of organizational structures represented in hospital CME and how these differences determine educational needs.

Provider Section Meeting (Medical Education Communication Company Alliance [MECCA]; All; CME 101: Basics Curriculum)-Return on Investment (ROI) and Outcomes: Creating a Benchmark for Quality CME (Part 1, 1:30 pm-3:00 pm)

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Karen Overstreet, EdD, Executive Vice President, Meniscus Educational Institute, 9 Presidential Boulevard, Bala Cynwyd, PA 19004-1080, Tel: 610/660-8080, ext 15, Fax: 610/660-9583
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Purpose-The first portion of this meeting is a business meeting, which will address issues of specific concerns to the MECCA membership. The purpose of this meeting is to discuss case presentations of successful outcomes studies. Panel discussion and further case presentations specifically will address how to determine return on investment (ROI) for CME activities.

Relevance-As the ACCME System 98 is implemented, outcomes-based educational activities will become the standard. The measurement of outcomes is related to ROI, as both assess the value of CME to the global physicians target audience. Furthermore, as ROI rapidly gains importance in the medical community, many effective measurements of evaluation criteria are being utilized. The growth in number of businesses specializing in the development of sophisticated and objective ROI assessment tools will surely impact the available options for CME providers.

Objectives-At the conclusion of this activity, participants should be able to discuss the role of outcomes measurement as it relates to the value of CME; identify effective methods for surveying both subjective and objective outcomes; define measurable ROI as it relates to the physician audience, CME providers, and commercial supporters; and describe several sources of outcomes and ROI assessment tools.

Methods-MECCA membership will be surveyed about development, cost, implementation, and results of outcomes studies. These results will be shared at the meeting through case presentation and panel discussion. Additionally, MECCA and PACME membership will be surveyed about what ROI means to each group, how it can be addressed, and suggestions and actual examples of how it may be accomplished. The results of this survey also will be presented through case presentation and panel discussion.

Implications-Examples of successful outcomes-based CME activities should serve as a model for demonstrating ROI to the physician audience, CME providers, commercial supporters, and ultimately the patient population.

Pearls-Provide membership with reports of the outcomes and ROI surveys. Emphasize specific successful practices that will improve quality and add value to CME. Identify sources of outcomes research to share with membership. Report sources of ROI research, including several examples of businesses specializing in determining ROI.

References-Moore, D. Needs assessment in the health care environment: combining discrepancy analysis and outcomes to create more effective CME. J Cont Health Prof 1998; 18:133-141.

Tan, KM, Casebeer, L. Needs assessment of learning outcome evaluation skills among continuing medical education providers. J Cont Health Prof 1998; 18:206-212.

Provider Section Meeting (Medical Education Communication Company Alliance [MECCA]; All; CME 101: Basics Curriculum)-AMA Opinions Clarification and Question of Liability for the MECCA CME Provider (Part 2, 3:30 pm-5:00 pm)

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Purpose-This is a continuation of the three-hour MECCA meeting. In this second part, two topics, each forty-five minutes in duration, will be covered. The purpose of this part of the meeting is to provide MECCA members with up-to-date guidance on the AMA Opinions. Additionally, there will be discussion about liability issues that affect CME providers.

Relevance-The AMA Opinions provide parameters for appropriate gifts to physicians; however, there has been significant debate about the application of these guidelines. It is imperative for CME providers to have a clear picture of acceptable and non-acceptable gifts to physicians, eg, social functions held within CME activities. The second topic will address the recent litigious events affecting CME providers, specifically the Pedicle Screw litigation, focusing on the liability issues facing CME providers. Of particular concern are the liability issues regarding enduring materials, specifically Internet CME activities.

Objectives-At the conclusion of this meeting, participants should be able to describe specific, appropriate social components held in conjunction with a CME activity; examine specific case situations for appropriate implementation of AMA Opinions; identify and discuss liability problems facing CME providers; and implement thorough disclosure practices to protect against liability.

Methods-MECCA membership will be surveyed about specific concerns regarding the AMA opinions. An appropriate AMA representative will be contacted and interviewed so that MECCA faculty will have accurate and up-to-date information. The results of the membership survey and the AMA conversation will be presented through panel discussion. MECCA membership also will be surveyed about liability concerns, disclosure practices, and examples of liability problems and solutions. Case presentation and panel discussion will be utilized.

Implications-Clarification of AMA Opinions will set a new standard for CME providers to design educational activities that encompass appropriate social components. CME providers should diligently continue to research professional and personal liability and proactively address these issues by implementing an environment of disclosure.

Pearls-Provide membership with reports of MECCA membership survey on AMA Opinions and liability issues. Define specific instances of acceptable social components within educational activities. List specific protective measures that can be implements to prevent liability.

References-Collins, S. The pedicle screw case. Mini-plenary session presented at Reaching Out – Making Connections in CME, 24th Annual Conference, January, 1999. Atlanta: Alliance for Continuing Medical Education.

Provider Section Meeting (Medical Specialty Societies; All; CME 101: Basics Curriculum)-Medical Specialty Societies Meeting

Suzanne Ziemnik, MEd, Director, Division of CME, American Academy of Pediatrics, 141 NW Point Boulevard, PO Box 927, Elk Grove Village, IL 60009-0927, Tel: 847/981-7382, Fax: 847/228-5088

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Purpose-The purpose of this meeting is to provide a forum for informal interaction that encourages exploration of issues of interest to specialty society CME providers.

Relevance-Specialty society CME providers have unique issues related to CME which require the need for idea sharing and problem solving by individuals with the same concerns. Historically, the specialty society special interest group (SIG) has provided a venue for gaining new insights into the late breaking CME issues, as well as benefiting from the collective wisdom of other specialty society colleagues. This provider section meeting will continue this tradition in providing this valuable forum for collegial dialogue.

Objectives-The overall objective of this provider section meeting is to offer valuable information on a number of CME topics including the role of specialty societies in changing physician behavior, updates from the AMA and ACCME with practice implications and a variety of other burning issues in CME. Emphasis is placed on the exchange of ideas and best practices.

Methods-A highly interactive approach utilizing short lecture presentations with question and answer sessions, an open forum for idea sharing and problem solving, along with a series of roundtable sessions on burning issues in CME will be used to meet the objectives of the provider section meeting.

Results-Specialty society CME providers will be able to return to their organizational settings with new information and practical tips to enhance the quality of their CME programs. Key contacts with fellow specialty society CME colleagues will be made so follow up with these individuals can occur after the Alliance's annual conference.

Conclusions-Opportunity for dialogue and exchange of ideas among specialty society professionals on key CME issues, particularly those such as outcomes and changing physician behavior, will continue to advance the CME profession.

Provider Section Meeting (Veterans Affairs [VA]; All; CME 101: Basics Curriculum)-New Approaches for Delivery of Education in the VA System: A Round Table Discussion

Robert Cullen, PhD, Associate Dean and Chief Operating Officer, VA Learning University, 10000 Brecksville Road, Brecksville, OH 44141, Tel: 440/838-6046, Fax: 440/838-6072

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Purpose-The VA Provider Section Meeting provides a forum for VA employees (and others interested in continuing education in the VA) to discuss the issues and changes in VA continuing education.

Relevance-The VA is making major changes in the delivery of health care for veterans which requires major changes in the VA workforce. In turn, this has produced a need for major changes in the education system. Educators throughout the VA are impacted by these changes and involved in new approaches for delivery of education.

Objectives-Educators will understand the forces creating change in VA education, be able to effect change in their education programs, be able to partner with others to strengthen their local programs and obtain resources, be able to participate in the development and delivery of national programs, and have greater access to educational activities and products available through distance learning.

Methods-The format for this meeting is open round table discussion of issues most important to participants.

Conclusions-The participants will work on issues important to them and produce their own outcomes.

References-The latest reports on continuing education in the VA will be provided. Most likely, these will focus on the new VA Learning University and distance learning.

Provider Section Meeting (Pharmaceutical Alliance for CME [PACME]; Intermediate)-Conducting Business Within a CME Environment: What You Need to Know

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Purpose-The purpose of this meeting is to address issues of concern and interest to individuals who work in the pharmaceutical and medical device industry.

Relevance-Even though the Alliance seeks to provide educational programs which are of interest to all participants in the annual conference, it is important to provide specific and focused information to representatives of the industry.

Objectives-At the conclusion of the PACME meeting, participants should be able to describe the trends and issues facing the industry in support of CME; relate methods to more effectively partner with CME providers; and discuss the impact of AMA, FDA, and ACCME guidelines on business practices.

Methods-Brief lectures and more extensive interactive discussions using small groups will frame the methods of delivering the information.

Results-Participants will function more effectively in the CME environment.

Conclusions-Industry and CME providers will join in partnership to establish more effective CME activities which have measurable outcomes intended to improve physician practice and patient management.

Pearls-Learn to function more effectively in a CME environment. Understand the regulations affecting CME and industry support.

References-FDA Guidance on Industry Supported CME, Federal Register, December 1997.

AMA Ethical Opinion on Gifts to Physicians, 1991.

Provider Section Meeting (State Medical Societies [SMS]; All; CME 101: Basics Curriculum)- Strengthening the SMS Connection

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Purpose-The purpose of this meeting is to strengthen not only the SMS Provider Section but also its links to the Alliance and the ACCME. It will provide the coordinators of state medical societies the opportunity to share their knowledge of changes to the accreditation process and System 98.

Relevance-With state medical societies accrediting the majority of CME providers in the US and its territories, it is imperative that there be consistency and continuity in how the new system will factor into the survey process.

Objectives-Upon completion of this meeting, participants should be able to recognize the link between state medical societies, the Alliance, and the ACCME (enabling them to maintain a continuity between these organizations in communicating changes in policies and procedures to providers) and to develop consistent educational methods (for both surveyors and providers for conversion to System 98).

Key Points-All accreditation systems have the same basic objectives and requirements that must be fulfilled by providers. Administrators of state and territory medical societies need a forum for discussion and interactions.

Conclusions-State medical societies can facilitate the adoption and use of consistent methods of bringing their providers under the new systems.

Pearls-Develop stronger ties between states and territories. Build professionalism within the system. Benefit from the experience of others. Discuss problems and resolutions with peers.

[NEW]Forum-Quality Management (Educational Activities Design and Delivery; All)

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Purpose-The purpose of this forum is to convene a group of interested CME professionals to discuss how various aspects of quality management are integrated with CME. Discussion will include aspects of risk management by a national physician leader, as well as aspects of quality improvement teams earning CME credit, error reduction programs, and other aspects of quality management/CME.

Relevance-With the increasing emphasis of CME to produce outcomes and improvement, there is a convergence occurring between quality improvement theory and management and that of CME. CME can play a very important role in this ongoing integration with performance improvement and quality management activities.

Objectives-By the end of this forum, participants should be able to discuss aspects of risk management, error reduction, and quality improvement theory as they relate to designing and implementing CME programs; obtain resources that can be used in the production of new CME programs that can produce improved outcomes; and identify individuals and organizations that can provide valuable resources in the area of quality management and CME.

Methods-Brief presentations will be done followed by intensive interaction with participants. This will include the use of quality management techniques, such as brainstorming, to identify issues and opportunities with participants. Resource material will be provided to allow teams to earn CME credit following the Essentials and Standards. Post program resources also will be provided.

Results-Some of the information and skills that will be presented have been used effectively by some of the presenters. In fact, one of the presenters received the 1997 William Campbell Felch Award through application of Quality Management Principles with CME, resulting in a 2.2 million-dollar savings for his community within six months. Other significant outcome results will be shared with participants.

Conclusion-CME outcomes can be enhanced significantly and quantified through the use of various aspects of the quality management principles and methods.

Pearls-Learning teams can earn category 1 credit toward the AMA Physician's Recognition Award. Use of quality management techniques can result in achieving the highest level of outcomes results possible (population health improvement). Networking between CME and quality management professionals can result in significant improvements in CME activities.

References-American Society for Health Risk Management, Institute for Health Care Improvement, Malcolm Baldrige National Quality Award, Office of National Committee for Quality Assurance, 1997 William Campbell Felch Award.

[NEW] R & R (Relaxation & Renewal) Series (All)-Yoga for Your Body, Breath, and Mind

W R Van Nostrand, III, MD, Medical Director, The Health Conservancy, 3735 Calle Cortez, Tucson, AZ 85716, Tel: 520/795-7130, Web Site: www.salubrity.com

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Weary from your travel to the conference? Revive yourself with an hour of gentle yoga, deep breathing, and guided meditation, lead by an emergency medicine physician who is also a certified integral hatha yoga teacher (basic, level 1).

Reference: "Yoga, which means union, is the practice of integrating all aspects of a person – body, breath, and mind – through physical poses, breathing exercises, and meditation. Flexibility, strength, and muscle tone improve quickly as the mind and body work together in harmony and unison." Convene 1999; September:53.

Special Training Session (Accreditation; Advanced)-ACCME Surveyor Update (Closed Session; By Invitation Only; Continental Breakfast Provided)

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Purpose-The purpose of this session is to update the skills and knowledge of ACCME surveyors, who are attending the Alliance's annual conference.

Relevance-All accredited providers are reliant upon the skills and knowledge of ACCME surveyors during the (re)accreditation process. The majority of ACCME surveyors are members of the Alliance.

Objective-After this session, ACCME surveyors should be able to apply training update in future ACCME surveys.

Method-This will be an interactive session for exchange of information.

Conclusion-The Alliance's annual conference provides ACCME with the opportunity to reach many of its surveyors for the purpose of updating their survey skills and knowledge.

Poster Presentation (Needs Assessment; All; CME 101: Basics Curriculum)-Characteristics of CME Non-Attendees

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Purpose-In order to plan and deliver effective CME programs to our target audience, we needed a better understanding of learner characteristics of the physicians in our area who did not attend university accredited CME programs. The purpose of this poster is to report the results of or research activities addressing these questions.

Relevance-CME departments at universities have a mandate to provide programs that will meet the educational needs of all members of the target audience. Research shows what types of programming are effective in attracting participants, but little is known about the factors that influence physicians not to attend CME programs. A greater understanding of these factors helps CME planners to attract and address the needs of non-attendees.

Objectives-The objectives of this study are to describe the characteristics of CME non-attendees and to compare them with CME attendees.

Methods-A literature search was done to describe the learning preferences and characteristics of CME attendees. A questionnaire was developed to address factors impacting on attendance. Attendance at a CME event was cross-referenced with a list of the entire target audience. Seven hundred physicians were identified as non-attendees and mailed the questionnaire. Follow-up questionnaires were sent to non-responders.

Results-As expected, the response to the survey was very low (28%). Many responders were unaware that their educational activities were not university supported. Time of day and too busy in practice were main reasons for not attending. Preferred formats, locations, attitudes, and educational activities were not different from attendees.

Conclusions-The non-attendees of university CME programs do attend a wide variety of CME activities. Non-attendees have more similarities than differences with attendees in attitudes and preferences.

Pearls-University CME programs need to be much more proactive in ensuring that programs stand out from other activities, such as hospital rounds, faculty speakers, and industry programs.

References-Fox, RD, Harvill, LM. Self-assessment of need, relevance and motivation to learn as indicators of participation in continuing medical education. Med Educ 1984; 18:275-281.

Cividin, TM, Ottoson, JM. Linking reasons for continuing professional education participation with post-program application. J Cont Educ Health Prof 1997; 17:46-55.

Poster Presentation (Needs Assessment; All; CME 101: Basics Curriculum)-Physician Professional Use of the Internet: A Survey of British Columbia Physicians' Patterns of Online Activities

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Purpose-The purpose of this poster is to report on a survey to assess the current professional usage of the Internet by family physicians in British Columbia, Canada. Professional usage is defined as e-mail communications with colleagues, information searches, and formal CME programs.

Relevance-Surveys have been undertaken to address usage of the Internet by physicians, but few have elaborated on patterns and barriers for professional utilization. In Canada, CME stakeholders are building experience on using this medium for distance education and increased program access convenience for busy physicians. Although detailed research has been conducted in the United States, the Canadian Medical Association has collected data on computer use by physicians, but not specifically regarding Internet applications. Improved understanding of physicians' needs and issues on professional usage of the Internet can provide insight into maximizing the potential of this powerful medium. In addition to its use in data collection, the survey instrument may also serve as a template for other regional CME providers to evaluate training needs for other geographic areas or medical specialties.

Objectives-The survey seeks to uncover how family physicians in British Columbia are currently utilizing the Internet for professional purposes. The results also may serve as a needs assessment for future courses on Internet access.

Methods-The survey instrument consists of twenty-four multiple choice and short answer questions. Topics include physician demographics, frequency of Internet use, proportion of time allocated among various Internet activities, professional search strategies, and the attractiveness of education credits for on-line CME. A final section addresses specific issues and barriers to physician use of the Internet for professional development. A committee developed the initial survey. Feedback on specific questions was obtained from individual family physicians. A pilot was implemented in coordination with a local hospital's family practice rounds. Participating physicians will be removed from the provincial sample population. Family physicians from British Columbia were randomized for invitation to participate in the survey. This project is funded through an unrestricted educational grant from Merck Frosst Canada & Company.

Results-These will be available at the time of the poster presentation.

Conclusions-These will be available at the time of the poster presentation.

Poster Presentation (Needs Assessment; Beginner; CME 101: Basics Curriculum)-Physical Therapy Continuing Professional Education: An Environmental Scan and Needs Assessment

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Purpose-This poster presentation outlines the use of an environmental scan and focus group needs assessment to conduct a gap analysis between the current perceived needs of practicing physical therapists and the future projected needs and direction of the profession.

Relevance-Environmental scanning recently has been become a powerful tool for assessing needs in continuing professional education (CPE). With a paucity of literature, CPE planners need examples of effective uses of environmental scanning as a process supporting a comprehensive analysis of learners' needs.

Objectives-By the end of this poster presentation, participants should be able to identify the internal and external driving forces of change that affect CPE directions, develop methods of incorporating environmental scanning techniques into effective needs assessment strategies, and utilize gap analysis to identify educational needs in CPE.

Methods-Physical therapists' skills and behaviors needed for the future, that can be met through educational interventions, are identified using three methods: environmental scan using artifacts; environmental scan using interviews with opinion leaders to elicit information and perceptions about the future direction of physical therapy; and needs assessment using focus groups of practicing physical therapists to identify the perceived future professional needs. Gaps between the focus group outcomes from the physical therapists and the interview content from the experts are identified and a strategic educational plan is formulated. This gap analysis specifically focuses on the needed skills and behaviors that can be addressed through CPE activities.

Pearls-Needs assessment results are enhanced, using environmental scanning as an additional methodology. Environmental scanning can identify current and potential learning needs and assist in CPE planning. A strategic educational plan can be formulated from the discrepancies identified in gap analysis. Translating science into practice, CPE planners can adapt and utilize this methodology in their own work settings.

References-Canadian Medical Association. CMA future projects 1998.

Davis DA, Thomson MA, Oxman AD, Haynes RB. Changing physician performance: a systematic review of continuing medical education strategies. JAMA 1995; 274:700-705.

Hatch TF and Pearson TG. Using environmental scans in educational needs assessment. J Cont Educ Health Prof 1998; 18:170-184.

Lopopolo RB. The effect of hospital restructuring on the role of physical therapists in acute care. Physical Therapy 1997; 77:918-935.

Stoffels JD. Strategic issues management: a comprehensive guide to environmental scanning. Tarrytown, New York: Pergamon, 1994.

Poster Presentation (Needs Assessment; Intermediate)-Primary Care Physicians' Knowledge of and Attitudes about Cancer Genetics

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Purpose-The purpose of this poster presentation is to report on a needs assessment of primary care physicians' knowledge and attitudes about cancer genetics.

Relevance-Advances in cancer genetics and the refinement of genetic testing procedures make it possible to identify families and individuals at increased genetic risk for common malignancies. Due to expanded knowledge, increased accessibility of genetic testing and a shortage of medical geneticists and genetic counselors, the role of aiding patients in navigating through this new territory will often fall to primary care physicians. Before developing and implementing a CME program, it was important to determine what attitudes, skills, and knowledge primary care physicians in Alabama currently had with respect to the use of genetic evaluation to identify individuals at increased risk for hereditary cancer syndromes.

Objectives-Participants should be better able to discuss cancer genetics knowledge and attitudes of primary care physicians.

Methods-A survey instrument was developed to measure physicians' attitudes about familiar cancer issues and physician practice patterns in regard to genetic evaluation. The 15 questions were reviewed by medical geneticists, medical oncologists and internists, and obstetricians/gynecologists and revised according to their recommendations. The survey was mailed to a random stratified sample of 1148 Alabama primary care physicians.

Results-The survey was completed and returned by 255 physicians. Most physicians had not referred patients for genetic testing during the past year; those who did refer were more likely to be obstetricians/gynecologists ($p=.008$). Physicians were not confident in their abilities to discuss genetic test results and explain them to their patients. Physicians in practice ten years or less were more confident ($p=.01$). All respondents reported taking a family history, with 94% taking a family history of cancer and 70% obtaining information on 4 generations.

Conclusions-Primary care physicians do not feel confident about explaining and discussing genetic tests with their patients. Most do not refer patients for genetic testing. While the majority of physicians take family histories of cancer, they are not referring high-risk patients for genetic testing. Most expressed interest in learning more about cancer genetics, offering CME offices the opportunity to facilitate the translation of new genetic knowledge into practice.

Pearls-Primary care physicians lack confidence in understanding and discussing cancer genetics with their patients. Although most primary care physicians take cancer family histories, they do not refer high-risk individuals for genetic testing. CME offices are challenged to facilitate the translation of new cancer genetics knowledge into practice.

References-Holtzman NA. The diffusion of new genetic tests for predicting future disease. FASEB J 1992; 6:2806-2812.

Hofman KJ, Tambor ES, Chase GA, Geller G, Faden RR, Holtzman NA. Physicians' knowledge of genetics and genetic tests. Acadmed 1993; 68:625-632.

Poster Presentation (Needs Assessment; Intermediate)-Beyond Traditional Surveys to Obtain a Needs Assessment: Correlating Actual Clinical Knowledge with Self-Perceived Needs

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Purpose-In order to translate science into practice, we have developed a questionnaire to assess and correlate both actual knowledge and perceptions of knowledge gap in a population of primary care physicians (n=2450) in the field of common musculoskeletal disorders.

Relevance-Traditional surveys will look to retrieve satisfaction, interests, and nominal data regarding a specific topic. We have designed a questionnaire to a large group of physicians to compare actual knowledge in common rheumatologic problems and perceived needs of the same physicians in the same clinical areas.

Objectives-The objectives were to obtain both subjective and objective needs assessments, to demonstrate a gap between the two types of needs in the same population of physicians, to utilize these comparative data as an awareness trigger for these physicians, and to use these data as a basis for developing specific CME activities.

Methods-We sent a questionnaire (single mailing) to 7800 family practitioners in the Province of Quebec. We received 2450 responses (31% return). This questionnaire contained four types of items: demographic data; knowledge testing regarding risk factors and indications of different medications in clinical rheumatology; factors influencing the choice of specific medications and eventual decisions to change; and self-report assessment of actual level and desired level of knowledge regarding 23 clinical items involved in the field of common musculoskeletal disorders.

Results-Years in practice was a significant factor, when our population of physicians had to diagnose and to select investigation and medication. Although correlations between self-assessment knowledge and competencies vs actual knowledge were low, large gaps were revealed when comparisons were made with recent clinical practice guidelines.

Conclusions-Traditional surveys to assess perceived needs frequently do not reflect real needs. Designing a stepwise questionnaire that also addresses actual decision-making and allows each physician to self evaluate his/her knowledge gap provides a very useful tool for CME organizers.

Pearls-Comparative assessment of actual knowledge and a self-perceived need is a good way to lead to real needs assessment. A stepwise questionnaire will facilitate CME providers to obtain a better clinical profile of their target population. A stepwise questionnaire is of great help in designing specific CME activities that answer different clinical profiles.

Poster Presentation (Needs Assessment; All; CME 101: Basics Curriculum)-Employment Advertisements for Physicians as a Source for Detecting Training Needs

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Purpose-The Centre of Studies of the College of Physicians of Barcelona (CPB) has analyzed the job offers of physicians obtained from the employment advertisements of the College of Physicians and the employment section of the most widely read newspaper in our geographical area.

Relevance-The aim was to see the profile of this offer in order to define the training needs of unemployed physicians, with a view to organizing training activities to promote the incorporation of these physicians into the market place.

Objective-The objective was to analyze the training needs of unemployed physician members of the CPB.

Methods-A one year follow up study (February 1994 – February 1995) was conducted of the job offers made by the CPB and in the employment section of the La Vanguardia newspaper.

Results-There were a total of 535 advertisements in the CPB and 383 in the La Vanguardia. The monthly average was 44.6 (CPB) and 31.9 (La Vanguardia). In the CPB, 9.5% were for the public service and 90.5% in private companies. In La Vanguardia, 44.4% were public and 55.6% private. The physicians with the greatest number of employment opportunities were general practitioners – 42% from CPB and 56% from La Vanguardia. One quarter was non-health care offers, mainly from pharmaceutical companies.

Conclusions-The Centre of Studies of the CPB concluded that one of the sectors where the College could intervene with training activities with the greatest possibility of fostering employment for physicians was the pharmaceutical industry (private sector and non-healthcare), mainly for general practitioners. This Centre therefore organized two training courses (in 1996 and 1997) on clinical research assistant, in collaboration with eleven pharmaceutical laboratories (practice training), the Labor Department of Catalonia-Spain and the European Social Fund (economic support), and the CPB (organizers).

Pearls-Utilize and coordinate different supports (public and private) to help unemployed physicians and open the door to the marketplace.

References-Lockyer J. Needs assessment: lessons learned. J Cont Educ Health Prof 1998; 18:190-192.

Ramos A, Costa ML, Hardell H. Undergraduate, postgraduate and continuing medical education in Spain and Portugal. Postgrad Med J 1996; 72:11-13.

Poster Presentation (Educational Activities Design and Delivery; Beginner; CME 101: Basics Curriculum) -Designing an Evidence-Based Medicine Course for New Practitioners

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Purpose-The purpose of this poster is to report on the development, design, and implementation of an evidence-based medicine (EBM) course for new practitioners in CME.

Relevance-EBM is a term gaining popularity in CME activities. However, planners and practitioners must understand the basic concepts in order to minimize dilution and delusion.

Objectives-By reviewing this poster presentation, participants should be able to understand the concepts of EBM, develop a course for practitioners new to the field, and link EBM to CME activities.

Methods-After an overview of key concepts in EBM was discussed, learning objectives were created from the new practitioners' needs assessment. A course was designed that used the process of EBM, while learning the content. Each participant designed a project using the approach, focus, and method appropriate to their needs.

Results-Each participant was able to not only learn about EBM, but also use it for their own work related project. At the completion of the course, the participants felt confident about linking EBM to their practices.

Conclusions-New CME practitioners can incorporate EBM into programs, when effective training provides the opportunity for learning and practice.

Pearls-You need to know something before you can ask a question. Needs assessment, objectives setting, and evaluation are vital to course development. Learning content through process reinforces information. Translating evidence into practice improves health outcomes.

References-Parochka JN, Cole J. Profile of medical education and communication company Alliance members. J Cont Educ Health Prof 1998; 18:29-38.

Sackett D, Richardson W, Rosenberg W, Haynes R. Evidence-based medicine (EBM): how to practice and teach EBM. Edinburgh: Churchill, Livingstone, 1996.

Williams R, Baker L, Marshall J. Information searching in health care. Whitby: McGraw Hill Ryerson, 1992.

Poster Presentation (Educational Activities Design and Delivery; Intermediate)-How to Create an Evidence-Based Model for Ill-Structured Diseases

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Purpose-The purpose of this poster presentation is to describe how to develop an evidence-based model for ill-structured clinical problems.

Relevance-Although there are several evidence-based practice guidelines, most are developed for well defined clinical problems. However, it is very difficult to construct a tool for diseases that do not have obvious criteria, a clear solution, and certainty about the rigor of the available scientific data.

Objectives-By reviewing this poster presentation, participants should be able to create a framework for building clinical practice guidelines, apply critical appraisal skills to the framework, organize a focus group, and test the effectiveness of the tool.

Methods-Neurology residents were taught how to apply critical appraisal skills while learning to diagnose, manage and treat new patients with epileptic seizures. Evidence-based items from gold standard articles then were used to generate domains. A CME focus group of neurologists, family doctors, and neurology residents discussed the domains, developed a one-page tool, and conducted a pilot study at two large medical centers.

Results-Neurology residents had the opportunity to apply critical appraisal skills to patient care, and contribute to the development of an educational tool that would enhance clinical practice and patient outcomes. A one-page evidence-based tool was developed for the diagnosis, treatment, and management of epileptic patients.

Conclusions-CME activities can facilitate the creation of a model for developing evidence-based practice guidelines while reinforcing the importance of CME to new doctors.

Pearls-Transform ill-structured problems into smaller, usable components. There is no such illness as can't, when it comes to developing clinical practice guidelines. A commitment to CME early in doctors' careers is important. Collaboration plus participation will equal utilization.

References-Argyris C, Putnam R, McLain Smith D. Action science. San Francisco: Jossey-Bass, 1985.

Moore DE, Green JS, Leist JC, Maitland FM. Creating a new paradigm for CME: seizing opportunities within the health care revolution. J Cont Educ Health Prof 1994; 14:4-31.

Sackett D, Richardson W, Rosenberg W, Haynes R. Evidence-based medicine (EBM): how to practice and teach EBM. Edinburgh: Churchill, Livingstone, 1996.

Poster Presentation (Educational Activities Design and Delivery; Intermediate)-A Model for Developing Small Group Continuing Education Programs for Health Professionals

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Purpose-The purpose of this poster presentation is to describe an effective and efficient model of developing and implementing problem-based small group programs to meet the continuing educational (CE) needs of community health professionals.

Relevance-Interactive problem-based small group formats have proven to be an effective and popular means of obtaining CE for family physicians. Developing the educational materials and planning this type of program is very expensive both in terms of time and money. We have designed a model for developing ongoing problem-based small group CE programs, which is very efficient and effective. This model can be used by other organizations to initiate ongoing small group programs for health professionals.

Objectives-This poster outlines the steps required to develop an ongoing problem-based small group program for health professionals based on a pilot project for community pharmacists.

Methods-An educational needs assessment identified small group learning and self-directed learning as important formats for community pharmacists and identified priority topics. A team of education professionals used the results of the needs assessment to gain interest and support from the university, professional organizations, and industry. A proposal was developed for a pilot study to initiate a series of four ongoing small group programs for sixty-six community pharmacists. The process was documented and evaluated for educational effectiveness, participant satisfaction, and economic efficiency.

Results-The success of the pilot project depended on careful planning of current and future programming. The steps involved building relationships between the university, professional association, and industry sponsors; identifying the educational needs of the target audience; recruiting key professionals to the educational committee; developing evidence-based educational materials; inviting participants; training educational facilitators; and evaluating the process.

Conclusions-The initial cost of developing the infrastructure for a small group program is high, but if the program is ongoing and expansion is carefully planned, the costs per participant are reduced dramatically.

Pearls-Identify and use existing resources. Create new and lasting partnerships with key stakeholders.

References-Premi J, Shannon S, Hartwick K, Lamb S, Wakefield J, Williams J. Practice-based small group CME. Academic Med 1994; 69:800-802.

Lacoursiere Y, Snell L, McClaran J, Duarte-Franco E. Workshop versus lecture in CME: does physician learning method preference make a difference? J Cont Educ Health Prof 1997; 17:141-147.

Poster Presentation (Educational Activities Design and Delivery; Advanced)-Maintaining the Therapeutic Alliance in Dementia Care: A Novel CME Intervention for Primary Care Physicians

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Purpose-This poster presentation reports on the pilot of a new educational intervention. The purpose of this unique CME program is to enhance the communication skills of primary care physicians and explore the attitudes that the physicians may have toward dementia patients and their families.

Relevance-Despite the well-documented need for CME interventions which target communication skills, very little has been written on techniques to teach these skills, or on evaluation of educational endeavors which try to do so. This intervention was designed, based on self-reflective learning theory (a powerful learning tool used as the gold standard for family physician learning and required for The College of Family Physicians of Canada [CFPC]'s MAINPRO-C program, which has gained popularity this year due to new requirements for maintenance of certification).

Objectives-After reviewing this poster presentation, participants should be able to list a variety of communication methods to employ with dementia patients and their families; become familiar with self-reflective learning theory; develop methods of integrating the self-reflective learning theory into CME interventions for primary care physicians; and evaluate the impact of these interventions on physicians' attitudes and practice patterns.

Methods-Physicians attended a five-session course, which was designed to employ the self-reflective learning theory. This course utilized facilitated peer group discussion to illuminate typical, dementia-related communication difficulties, and interviews with standardized patients as a means of practicing new communication techniques. Evaluation of this intervention's effectiveness as a learning tool included use of logbooks in which participants described interactions with dementia patients and their families pre- and post-intervention. The logbooks were designed to further stimulate the self-reflective learning process.

Results-With this study in progress, results will be reported at the conference on changes observed when comparing pre-intervention logs to those completed post-intervention, as well as on changes in physicians' practice patterns and attitudes following this intervention.

Conclusions and Implications-A course which encourages physicians' self-reflection and utilizes standardized patients for practice of developing communication skills is an effective way to enhance the interactions between primary care physicians and their dementia patients and caregivers. This type of intervention also may be useful for enhancing communication about difficult issues in other areas of primary care practice.

Pearls-Self-reflection is a useful methodology for enhancing communication skills. Standardized patients can be used effectively for educational interventions designed to enhance the quality of doctor-patient-family interactions.

References-Brodaty H, Griffin D, Hadzi-Pavlovic D. A survey of dementia caregivers: doctors' communications, problem behaviors and institutional care. Aust NZ J Psychiatry 1990; 24:363-370.

Schon, DA. Educating the reflective practitioner. San Francisco: Jossey-Bass, 1987.

Schon, DA. The reflective practitioner. New York: Basic Books, 1983.

Poster Presentation (Educational Activities Design and Delivery; All; CME 101 – Basics Curriculum)-Self-Study Model to Produce Peer Review Clinical Practice Data

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Purpose-The purpose of this poster is to present an educational model that has the capacity to produce peer review data for physicians in an ambulatory care setting.

Relevance-According to HCFA, there is an overall lack of current information on physician office laboratories. Also, in two surveys of physicians participating in proficiency testing (PT) programs, there was an identified need for information on physicians with office laboratories including peer review data.

Objectives-By reviewing this poster and the material provided, participants should be able to gain a basic understanding of the use of a self-study model to produce peer review data, to discover opportunities to utilize peer review data to allow historical practice queries, and to evaluate opportunities to integrate clinical information and research into a self-study format.

Methods-This self-study program was structured around the American Academy of Pediatrics' Proficiency Testing Program (AAP-PT). This involved a three-step process: a survey of clinical and laboratory practice; presentation of peer comparison data separated by individual and national results along with integration of AAP clinical guidelines, algorithms, and research; and evaluation and case studies.

Results-Implementing this CME self-study tool allowed generation of peer review data and the possibility of examining changes in physician ambulatory care practice over time.

Conclusions-CME self-study with peer-review data can be utilized effectively to measure clinical practice in the ambulatory care setting.

Pearls-Gather and allow comparison of national clinical practice data for pediatricians. Support the demands of a physician practice through an easy to use self-study program. Present national peer review data for similar practice settings. Evaluate and trend clinical practice changes over time.

Reference-CLIA program: simplifying CLIA regulations relating to accreditation, exemption of laboratories under a state licensure program, proficiency testing, and inspection. Federal Register 1998; vol 63, no 93.

Poster Presentation (Educational Activities Design and Delivery; All; CME 101: Basics Curriculum)-Utilizing Continuing Medical Education as a Value Added Option to Improve Performance on Proficiency Testing

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Purpose-The purpose of this poster presentation is to report the impact of CME on an existing national laboratory proficiency testing (PT) program. CME was structured to enhance PT performance, increase compliance to HCFA laboratory standards and maximize clinical education.

Relevance-According to HCFA, there is a lack of educational materials related to office laboratory proficiency testing. This CME was recognized as one of only three national programs to meet Clinical Laboratory Improvement Amendments (CLIA) educational objectives and the only self-study format. In two surveys of physicians participating in PT programs, there was an identified need for education on clinical, laboratory, and regulatory issues impacting the physician with an office laboratory. The American Academy of Pediatrics Proficiency Testing CME Self Study (AAP-PT CME Self-Study) was launched in 1998, to augment the existing AAP-PT Program.

Objectives-By reviewing this poster and the materials provided, participants should be able to gain a basic understanding of the integration of CME into an existing regulatory program, discover opportunities to utilize CME to improve the performance of enrollees, and evaluate opportunities to integrate clinical information and research into a self-study format.

Methods-This self-study program was structured around the AAP-PT. This involved a three-step process: survey of clinical and laboratory practice; presentation of peer comparison data, including individual and national results along with the integration of AAP clinical guidelines, algorithms, and research; and evaluation and case studies.

Results-A survey of 40% of CME participants indicated that their performance of proficiency testing was improved after participating in the self-study program.

Conclusion-CME self-study tools can be utilized effectively to improve regulatory compliance.

Pearls-De-mystify the complexities of federal regulations for physicians. Support compliance and adherence to federal standards through an easy to use self-study program. Present national peer review data for similar practice settings. Integrate research and clinical parameters to keep information relevant. Evaluate the impact of this model on PT performance, regulatory compliance, and clinical practice.

Reference-Federal Register. Personnel for moderate and high complexity testing. Federal Register 1992; vol 57, no 40.

Poster Presentation (Educational Activities Design and Delivery; Intermediate)-An Integrated Approach to Training Small Group Facilitators

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Purpose-The purpose of this poster is to describe an innovative and comprehensive process of training small group facilitators: simultaneous learning of medical content and practicing of facilitation skills, and follow-up teleconference calls and newsletters.

Relevance-First, integrating the learning of medical content and the practicing of facilitation skills will save valuable time and help ensure better performance. Second, isolated workshops seldom have long term positive effects, hence the need for follow-up.

Objectives-Participants should be able to understand how learning medical content and facilitation skills were integrated, how the teleconferences and newsletters were organized, and how both contributed to the preparation of the physician facilitators.

Methods-A train-the-trainer workshop was held in September 1998 for physician facilitators. Facilitation skills were taught using a discussion method supported by text. To practice facilitation skills, the participants in turn led the rest of the small group through a nationally produced CME workshop on asthma in children. A content area expert was present for consultations. At approximately six-week intervals following the workshop, using simple and inexpensive conference calls, participants met to discuss facilitation challenges and ideas. An electronic or print newsletter also was distributed to workshop participants.

Results-The workshop, newsletter, and teleconferences were received well. There was evidence that participants were prepared better to lead CME small groups after the interventions.

Conclusions-An integrated approach to train-the-trainer workshops can be effective and save time. Follow-up can be simple, inexpensive, and crucial to the success of CME small group leaders.

Pearls-Address both the medical content and facilitation skills practice simultaneously. Provide on-going support and follow-up that is regular, easy to engage in, and relevant.

References-Garrison D. Understanding distance education: a framework for the future. London: Routledge, 1989.

Nowlen P. A new approach to continuing education for business and professionals: the performance model. New York: Macmillan Publishing Company, 1988.

Pratt D. Technology and instructional functions. In Niema J and Gooler D (eds), Technologies for learning outside the classroom. San Francisco: Jossey-Bass, 1987; 73-88.

Poster Presentation (Educational Activities Design and Delivery; Intermediate)-Integrating Clinical Practice Guidelines into Daily Practice: Impact of a Small Group Workshop on Asthma Care

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Purpose-This study wants to measure, after participating in a PBSG workshop on asthma, how much physicians treating asthmatic patients are applying a major recommendation of CPG on asthma care (develop with the patient a written action plan [WAP] to be used in case of an emerging problem).

Relevance-Home management of asthma for a patient and overall management is intimately tied to the capacity of the patient to put into action his own treatment developed in a team approach with the physician. To have a written plan that will describe what to do if an exacerbation arrives is one of the basic recommendations of the most recent CPG on asthma care. Knowing that the application of this recommendation is quite low in the literature, we developed a PBSG workshop as a CME intervention to facilitate this process.

Objectives-The objectives are to empower physicians during the workshops to develop a WAP for specific patients and to measure the use of WAP's with their asthmatic patients after attendance at the workshop.

Methods-During the development of the PBSG workshops (1997), we integrated a 30-minute segment (out of a 2-hour overall duration) based on WAP designing by the physician to a patient on vignette. Using a NCR-copy of that WAP from each participating physician, this material became the baseline for our target-population. After participation in the workshop, each physician is revisited in 6 and 12 months to reassess the approach with asthmatic patients through four 7-minute (duration) mobile OSCE stations on asthma. We then compare these results with the baseline data to measure the change. A control group of peer physicians having not attended the workshop also is included.

Results-At 6 and 12 months post our PBSG on asthma, participating physicians had increased the quality and quantity of their use of WAP with their asthmatic patients. Physicians also were very satisfied with our prototype of mobile OSCE stations as re-enforcers to their clinical approach.

Conclusions-CPG's recommendations are not easy to get integrated into practice. We designed a PBSG workshop to teach and facilitate physicians' development of a WAP for each asthmatic patient. When enabled and reinforced in this action, physicians apply the recommendation. Patient outcomes are now being measured, following these interventions with physicians.

Pearls-User-friendly tools to help physicians to implement CPG recommendations on asthma should be developed by CME providers when they design PBSG workshops. Physicians like to be challenged in multi-faceted educational activities.

Poster Presentation (Educational Activities Design and Delivery; Intermediate)-Active Learning for CME: Techniques for Large and Small Group Teaching

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Purpose-The purpose of this poster is to introduce a number of techniques to increase interactivity in small and large group formats. A study will be presented comparing the effectiveness of interactive formats in large and small group teaching using a pre-test/post-test evaluation tool.

Relevance-Most educators agree that active learning is key to effective continuing education. Often an assumption is made that active learning therefore necessitates learning in small groups. Our contention is that the key is in the word active and that the size of the learning group is not as crucial as we might suppose for the purpose of knowledge gain and retention. Learning more about different techniques and methodologies to increase learner involvement provides educators with a great repertoire of design possibilities.

Objectives-By the end of this presentation, participants should be able to utilize techniques to increase participation in large and small group presentations, discuss the strengths and limitations of different interactive techniques, and evaluate effectiveness of teaching interventions using a pre-test/post-test tool.

Methods-Two, interactive, dermatology teaching interventions were compared using paired pre-test/post-test scores. The small group intervention was designed with a dermatologist facilitator leading four to six participants through a series of OSCME (objective-structure [CME]) stations. Three of the eight stations were chosen for test questions. The large group intervention (Saturday at the University) had a format of 10-minute mini-lectures, followed by 10 minutes for submitted question cards. Three of the five topics were similar to the OSCME stations and the same pre-test was administered to participants with post-testing three months later, using the same questionnaire.

Results-Thirty-one of the 68 participants in small groups in the OSCME stations and 96 of the 175 participants in the large group Saturday at the University session completed the pre-test and the post-test. The mean score in the small group intervention was 5.69 out of 10 with an average increase of .78. The mean in the large group intervention was 6.05 out of 10 with an average increase of 1.07. There was no statistically significant difference between the two groups.

Conclusion-Knowledge gain was not significantly different in small and large group settings.

Pearls-Several excellent interaction techniques have been identified in CME. Large group interactive lectures can be effective learning tools. The high cost of some small group formats can be a barrier for implementing this type of intervention. Active learning techniques can be effective in large and small group formats. The pre-test/post-test tool can be used as a measure of increased knowledge from large and small group formats.

References-Bligh DS. What's the use of lectures? Exeter: Briar House Clyst Honiston, 1971.

Crosby J. AMEE medical education guide no 8: learning in small groups. Medical Teacher 1996; 18:189-202.

Poster Presentation (Evaluation; All; CME 101: Basics Curriculum)-Evaluation of Perceived Self-Efficacy: Assessment of a New Tool

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Purpose-The purpose of this poster is to present an innovative evaluation tool to measure physicians' perceived self-efficacy in the management of osteoporosis following a case-based interactive workshop.

Relevance-The concept of perceived self-efficacy is used in psychosocial studies to evaluate a person's ability to modify his/her behavior. This concept may be useful to measure physicians' change of practice behavior following a CME event.

Objectives-By the end of this presentation, participants should be able to know what perceived self-efficacy is, discuss the results presented on our evaluation of perceived self-efficacy instrument, and evaluate the usefulness of our evaluation tool for future CME programs.

Methods-Physicians who attended case-based interactive workshops on the management of osteoporosis completed our questionnaire pre- and post-activity. Changes in response were measured and analyzed. Subgroups of participants (internal medicine residents versus general practitioners) were compared.

Results-Participants' evaluation of their perceived self-efficacy level increased post-activity. Differences were observed between the subgroups. This instrument shows promise in evaluating physicians' change in practice patterns post-activity.

Conclusions and Implications-Evaluation of physicians' perceived self-efficacy may be a useful method of measuring the clinical impact of a CME event.

Pearls-Evaluate the impact of a CME event. Residents and practicing physicians show different levels of self-efficacy. Case-based interactive workshops improve physicians' perceived self-efficacy levels.

References-Young K, Kline T. Perceived self-efficacy, outcome-efficacy and feedback: their effects on professors' teaching development motivation. CJBS 1996; 28.

Poster Presentation (Evaluation; All; CME 101: Basics Curriculum)-Promoting Interactive Lectures in Medical Education: A Workshop Evaluation

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Purpose-The purpose of this poster is to describe a faculty development workshop designed to promote the use of interactive techniques in medical education and to discuss the assessment of its effectiveness.

Relevance-Although the lecture remains a common method of continuing medical education, it frequently has been criticized, because it discourages active participation by the audience. A four-hour workshop on interactive lecturing, designed to address this problem, has been offered on a regular basis to health care professionals at McGill University. This workshop also was evaluated to determine whether such an activity can help individuals transform their more traditional lectures into interactive presentations.

Objectives-The objective of this study was to assess the effectiveness of a faculty development workshop on interactive lecturing through self-assessment on a predetermined checklist before and after the workshop, observation of the lecturers' presentations following the workshop, and post-workshop evaluations.

Methods-The first 60 teachers to sign up for the workshop formed the experimental group. The next 40 individuals, who were placed on a waiting list, formed the comparison group. Individuals in both groups completed a self-assessment questionnaire before and after the workshop, and 10 individuals in each group were videotaped 3-4 months following the workshop while giving a lecture. Workshop participants also were asked to complete a workshop evaluation immediately after the workshop and six months later.

Results-The results of this study demonstrated that individuals who attended the workshop were able to increase their use of interactive techniques (eg, questioning skills, surveying the audience, effectively using written materials) as well as the number of interactive lectures given. This change was not noted in the comparison group. Observations of the lectures confirmed the self-report data and again indicated an increased use of interactive techniques in the experimental group. Post-workshop evaluations suggested that participants had redesigned some of their lectures to become more interactive, applied these techniques in a number of settings (eg, CME lectures) and perceived an improvement in their overall effectiveness as a lecturer. All of the participants recommended that this workshop be offered to their colleagues.

Conclusions-A half-day workshop designed to promote the use of interactive techniques in medical education was considered successful based on self-report and observation of teacher behavior. The value of this faculty development activity to CME providers also was demonstrated.

Pearls-Faculty development activities designed to improve the lecturing abilities of health care professionals can meet their stated objectives. Health care professionals can be encouraged to incorporate interactive techniques into their more traditional lectures.

Reference-Steinert Y, Snell L. Promoting interactive lecturing in large group presentations. Medical Teacher, forthcoming.

Poster Presentation (Evaluation; Intermediate)-Internal Evaluation of a CME Activities' Accreditation Committee

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Purpose-The purpose of this poster is to present the main results of the two-year process evaluation of the Accreditation Committee of the Catalan Council on CME.

Relevance-More than 150 relevant CME activities have been accredited by the Accreditation Committee and two different adaptive changes have been introduced in the accreditation process. The experience of this 7-member accreditation committee is interesting to analyze the usual work of such a committee in the real world. The Catalan Council is the leading accreditation council in Spain.

Objectives-The objectives of this presentation are to discuss the results of the process evaluation of the accreditation committee, to analyze the difficulties in the accreditation process, and to make useful recommendations.

Methods-The methodology is focused on analyzing the characteristics of the accredited CME activities and the final outputs of the accreditation process, as well as describing the introduced changes in the accreditation process.

Results-Ten percent of the submitted CME activities for accreditation have been rejected. Most of the CME accredited activities were related to clinical work. Less than 5% of them were related to other topics (eg, health administration, quality control, etc). The formulation of the different items included in the original form for CME activities' accreditation was changed in order to facilitate the task of CME providers. No significant differences were found in the accreditation committee members' evaluation of the accreditation forms.

Conclusions-The CME activities' accreditation is a permanently changing process, which needs constant adaptations to meet the real demands.

Pearls-The main outputs were the two-year evaluation process of a CME activities' accreditation committee and adaptive changes in the CME activities accreditation process.

Reference-Pardell H, Ramos A, Oriol A. Lessons learned from one year's experience of the Catalan Council on CME. Presentation at Annual Meeting, August – September, 1998, Prague: AMEE.

Poster Presentation (Evaluation; All; CME 101: Basics Curriculum)-Are There Any Competent Family Physicians in the House?

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Purpose-The purpose of this poster is to report the link between family physicians' competency and the quality and quantity of their CME activities.

Relevance-The link between the quality and the quantity of the physicians' CME activities and their competency is still uncertain. Conforming to the regulations of the Quebec Professional Code, the College des medecins du Quebec, the licensing authority, appointed investigators to monitor and assess the quality of the physicians' professional practice and their CME activities.

Objectives-The objectives of this study were to investigate the competence of family physicians in the Province of Quebec and to correlate their competency to the quality and the quantity of their CME's activities.

Methods-Family physicians with less than 15 years in practice (n=51) and family physicians with more than 15 years in practice (n=51) were randomly selected from the Greater Montreal Region. The assessments, done by experienced investigators (10 years), of at least 30 patients' charts with a chart recall interview with each physician evaluated and graded the quality of care (diagnosis, investigation plan, and treatment plan), the quality and quantity of CME activities, and the quality of record keeping.

Results-Each investigator had comparable grading scores. The scores showed that 92% of physicians had good to excellent scores for their CME activities. For the quality of care, 94% of family physicians had good to excellent scores. There was no difference between the physicians with less than 15 years in practice and those with more than 15 years in practice. There was a strong link between the quality of record keeping and the quality of care (p=.0001) and between the quality and the quantity of care (p=.001).

Conclusion-There was a strong link between the family physicians' competency and the quality and quantity of their CME activities.

References-Page GG et al. Physician assessment and physician enhancement programs in Canada. CMAJ; 153(12);1723-1728.

Norton PG, Dunn EV, Soberman L. What factors affect quality of care? Using the peer assessment program in Ontario family practices. Canadian Family Physician; 43:1739-1744.

Poster Presentation (Evaluation; All; CME 101: Basics Curriculum)-Can an Educational Workshop Support the Implementation of Clinical Practice Guidelines? Results of a Randomized Controlled Trial

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Purpose-The purpose of this poster is to present the results of a randomized trial designed to evaluate the effectiveness of a workshop to support the implementation of the recommendations of the Canadian Task Force on the Periodic Health Examination (CTFPHE).

Relevance-Research to support the assumption that CME activities are effective means to support the implementation of evidence-based practice guidelines is scarce. There is a need to clarify the value of short workshops, which are the most prevalent CME interventions.

Objective-The objective of the study is to evaluate if participation in a 1 _ hour workshop conducted among peers in their practice environment is associated with an increase in the provision of effective preventive maneuvers (A/B) and a decrease in the provision of ineffective ones (D/E).

Methods-Ninety family physicians were randomized to attend the workshop before or after being submitted to the visits of two different standardized patients. The standardized patients were blind to the intervention allocation. A semi-structured interview was conducted to assess physicians' attitudes towards the CTFPHE recommendations and practice organization.

Results-The study has a 80% power to show a 25% increase in the provision of A/B recommendations and a 25% decrease in D/E recommendations. The impact of explanatory variables on the score will be presented as well as the participants' evaluation of the workshop.

Conclusions-The results will clarify the place of short workshops as means to support the implementation of evidence-based clinical practice guidelines.

References-Davis DA, Taylor-Vaisey A. Translating guidelines into practice. Can Med Assoc J 1997; 157:408-416.

Hutchinson, BG et al. Provision of preventive care to unannounced standardized patients: correlates of family physician performance. Can Med Assoc J 1998; 158:185-193.

Poster Presentation (Evaluation; All; CME 101: Basics Curriculum)-An Evaluation Study of the Effectiveness of Computer-Mediated CME at a Distance

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Purpose-The purpose of this study was to assess the instructional effectiveness of a hybrid (CD-ROM/WWW) computer-mediated CME courseware system on dermatological office procedures.

Relevance-How effective are the new computer-mediated instructional technologies, particularly CD-ROM and the WWW, in providing rural and remote physicians with self-paced and collaborative continuing medical education at a distance?

Objectives-Upon completing a review of this poster, participants should be able to describe the various applications available for delivering Internet-based CME; explain the important features of a collaborative and interactive online CME learning activity; discuss instructional strategies for presenting online CME; and evaluate online CME using the eclectic evaluation model presented.

Methods-A modified pre- and posttest control group study was conducted to investigate the effectiveness of computer-mediated CME. An experimental study group completed an online CME courseware program and a control group completed no CME. Evaluative criteria included learning achievement, participant satisfaction, performance change, instructional transactions, and the influence of antecedent variables.

Results-Experimental group subjects scored significantly higher on a posttest of learning achievement when compared with control group subjects, and there was a significant difference between pre- and posttest learning achievement scores for experimental group subjects. Experimental group subjects were very satisfied with the instructional courseware and the use of asynchronous computer conferencing for communicating with colleagues and instructors, and self-reports of clinical performance revealed significant behavioral changes.

Conclusions and Implications-Computer-mediated CME is effective in improving learning achievement, producing increases in self-reported behavioral change, bridging rural and remote physicians through computer-mediated communications, and providing multimedia-enhanced learning tutorials through a hybrid of delivery technologies. The results of the study also have implications for the future design, delivery, and evaluation of computer-mediated CME.

Pearls-Model for formative and summative evaluation of computer-mediated CME; strengths and weaknesses of computer-mediated CME; instructional framework for developing computer-mediated CME; and tips for effective facilitation and utilization of asynchronous computer conferencing in online CME.

Poster Presentation (Program Management; Intermediate)-Regional Smoking Cessation Program for Hospitalized Patients: A Multidisciplinary, Systematic Educational Approach

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Purpose-The purpose of this innovative, educational project is to report on a regional public health program designed to promote the smoking cessation guideline published by the Agency for Health Care Policy and Research (AHCPR). This program is intended for healthcare professionals involved in the treatment of hospitalized patients who smoke.

Relevance-Despite the large amount of effort and resources involved in public health, the prevalence of smoking did not decrease in the last decade. The publication of an evidence-based clinical guideline by the AHCPR provides an opportunity to scientifically address the problem of smoking cessation. Hospitalization represents a unique opportunity for healthcare professionals to assist smokers in their smoking cessation efforts.

Objectives-The objectives of this study were to involve 6 hospitals (pop 200,000) in the development of an integrated, systematic smoking cessation program and to increase professional skills in the field of smoking cessation counseling for hospitalized patients.

Methods-A regional, in-hospital, smoking cessation program was implemented in September 1997 by the public health department. Hospitals that agreed to participate in the smoking cessation program received funding to draw up a viable action plan for their institutions. Under the program, the hospitals had to respect specific guidelines issued by the public health department aimed at increasing their success rate: training a program leader appointed by the hospital; systematic screening of all hospitalized smokers; anti-smoking counseling; systematic recommendation of nicotine replacement therapy; and systematic post-hospitalization follow-up. The public health department provided support and training for resource persons, promoted the program to professional healthcare workers and provided training based on the AHCPR Smoking Guideline for interested physicians.

Results-By Fall 1998, each hospital (n=6) had submitted an action plan that respected the guidelines, and 5 of the hospitals had appointed a program leader. Almost 30% of physicians (n=64) had taken the training course. The program advanced despite the streamlining of resources and frequent changes of hospital personnel. The identification of program leaders by the hospitals and the cooperative approach based on clear guidelines were crucial to the survival of the program. In fact, the transfer of responsibility for the program from the public health department to the institutions enabled the hospitals to meet their own deadlines, while dealing effectively with all internal matters. Cessation rates for hospitalized smokers will be available by Fall 1999.

Conclusions-The in-hospital smoking cessation program was implemented through a cooperative approach and respect for guidelines issued by the public health department.

Pearls-Use of a cooperative approach gained the support of the managers and healthcare professionals in the participating hospitals.

Reference-The Smoking Cessation Clinical Practice Guideline Panel and Staff. The agency for healthcare policy and research smoking cessation clinical practice guideline. JAMA 1996; 275:1270-1280.

Poster Presentation (Health Care Delivery Systems; Advanced)-Training Courses in Radio-Guided Surgery: Measurement of Educational Outcomes

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Purpose-The purpose of this poster presentation is to report the results of a survey designed to measure the effectiveness of hands-on training in a new surgical technique called lymphatic mapping for breast cancer and melanoma at a university-based hospital.

Relevance-Since August 1995, faculty at Moffitt Cancer Center at the University of South Florida have held a monthly two day training course designed for teams of nuclear medicine physicians, surgeons, and pathologists on lymphatic mapping and sentinel lymph node biopsy techniques. Over a three-year period, 1,000 physicians-worldwide have been trained here in the new technology.

Objectives-Upon review of this poster, participants should be able to discuss the steps involved in designing and implementing a hands-on versus simply didactic training session; evaluate the possibility of adapting some of the training methods to courses at their own institutions; and recognize the value of hands-on training in new surgical procedures.

Methods-A retrospective questionnaire was mailed to the participants to ascertain how effective the training was in establishing a viable program of lymphatic mapping. Success was judged as performing more than 20 radio-guided surgical procedures during the last year at the institution.

Results-The survey showed that 60% of the surgical participants are able to go back to their institutions and establish viable programs of sentinel lymph node biopsy, an educational outcome achieved through participation in the formalized training session, since less than 10% of the centers partake in a mentoring service offered by the training institution. Parts of the course judged to be most valuable were the live surgery and the hands-on animal laboratory. Reasons given for not being able to establish a program were lack of institutional support or lack of support from specialty colleagues.

Conclusions-Intensive training courses in radio-guided surgery are worthwhile and can establish basic principles that result in the formation of viable programs of lymphatic mapping. This results in a win-win situation for the patient, since new cutting edge technology is brought into the community/regional hospital setting, increasing the standard of surgical care in that community. In addition, surgeons from communities in which the proper support and collaboration are not in place, do not persist and perform the techniques badly, but usually refer those patients to the teaching centers where they were trained.

Pearls-Hands-on training is superior to just didactic sessions as a teaching modality. Hands-on training is more effective when physicians are trained in small groups. Video-conferencing surgeries (from the operating room to the auditorium) offer all participants a front row seat.

References-Reintgen DS, Cruse CW, Wells K. The next revolution in general surgery: radioguided surgery. Ann Surg Oncol 1999; 6.

Reintgen DS, Cox C, Haddad F, Costello D, Berman C. The role of lymphosicentigraphy in lymphatic mapping for melanoma and breast cancer. J of Nuclear Med 1998; 39:22N-36N.

Poster Presentation (Health Care Delivery Systems; Advanced)-Changing Provider Behavior in Group Practice Settings Through Continuing Medical Education: A Regional Experience

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Purpose-The purpose of this longitudinal research is to understand the dynamics of the interaction between CME and the behavior of multi-specialty and single specialty group practices in the Midwest in order to appropriately design CME content for future providers.

Relevance-In the United States, the health service industry continues to undergo profound change. Because of these changes, the number of physicians joining group practices has increased significantly. On the one hand, these physicians are organized through a formal corporate structure to perform day-to-day operational activities. On the other hand, life long learning through CME often is disjointed, driven by individual physicians, and plagued by doubts about effectiveness. This study provides a basis for longitudinal monitoring of the evolution of the role of CME in the group practice setting. Is CME treated as a corporate function with decisions about content being made at the group level instead of by the individual? This study seeks to answer this question. Only then can we begin to address the educational needs of physicians in order to assist in improving physician performance and patient care for the future.

Objectives-After reviewing this poster, participants should be able to understand the current role of CME in groups in relation to the health care environment; identify patterns of CME utilization which may be related to group characteristics; and understand the decision making process that is used in determining CME activities.

Methods-A sample of 6 group practices (3 multi-specialty and 3 single specialty; n=31 [20 physicians, 5 physician assistants/nurse practitioners, 6 group practice managers) is being monitored for one year, using a structured interview tool regarding the use of CME. Each professional is interviewed 5 times over the course of the year, in addition to completing a questionnaire of demographic information. Interviews are conducted through a combination of face-to-face and telephone interviews on a quarterly basis with leaders and individual providers of the group practices. Continuing education has been defined as professional management information, self study, off site and on site. Each professional interviewed is given a copy of this broad definition of continuing education, as well as a list of formats for achieving education.

Results-This project is currently in progress. The second structured interviews are being conducted. Results will be determined by September 1999. The Midwestern region represents one component of a larger CME project of this nature (32 group practices) being conducted through The Center for Ambulatory Care Administration (CRACHA), which is the research arm of the Medical Group Management Association (MGMA). This study also is done in collaboration with the Society for Academic Continuing Medical Education and with the support of the American Academy of Physician Assistants, the American College of Nurse Practitioners, and the American Medical Association. Funding for this project is through the Robert Wood Johnson Foundation.

Implications-Based on the results of this study, a greater understanding will be achieved on the utilization of CME in the group practice setting and will provide a basis for designing future CME content, which is responsive to competency requirements of providers and groups in a rapidly changing health care environment.

Poster Presentation (Health Care Delivery Systems; Intermediate)-Feasibility of a Nationwide CME Accreditation System in Europe: The Spanish Experience

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Purpose-The purpose of this poster presentation is to describe the implementation of the Spanish CME accreditation system and to demonstrate the feasibility of implementing it in the context of the European CME culture.

Relevance-The European culture of CME is not particularly centered on CME accreditation. This is the reason the Spanish initiative could serve as a model for other European countries interested in implementing a comprehensive nationwide CME accreditation system.

Objectives-The poster will present the main barriers to building a comprehensive CME accreditation system in Spain and strategies for overcoming these barriers.

Methods-The methodology is focused particularly on describing the preparatory work and the implementation steps, evaluating the first year's experience, and analyzing the expectation for building a European network on CME accreditation.

Results-In operational terms, more than 600 CME activities have been accredited by the Accreditation Committee of the Commission of Continuing Medical Education of Health Professionals during 1999, and more than 30 CME providers have been recognized for accreditation of their CME activities on behalf of the Commission.

Conclusions-The implementation of a comprehensive CME accreditation system is highly recommended in the European context. The Spanish experience demonstrates its feasibility in the real world.

Pearls-Take advantage of the leading Spanish experience. Build a European network on CME accreditation.

Reference-Pardell H, Ramirez J, Pallares L. Spanish system of CME accreditation. Presentation at Reaching Out – Making Connections in CME, 24th Annual Conference, January, 1999. Atlanta: Alliance for Continuing Medical Education.

Program Exchange (Educational Activities Design and Delivery; All; CME 101: Basics Curriculum)- The Physician's Office Laboratory: Where Technology Meets Clinical Practice

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Purpose-The purpose of this program exchange is to demonstrate the integration of manufacturer and service provider exhibits with educational presentations for physicians with laboratories in their practices.

Relevance-The use of manufacturers' equipment in an operational mode opens the door to interactive learning and technical education for physicians and their office personnel.

Objectives-By the end of this program exchange, participants should be able to develop a CME activity that integrates commercial equipment into the educational methodology while assuring that all accreditation guidelines are met; recognize the necessity of having workshop leaders who are not associated with equipment manufacturers; and discuss the educational benefits of various learning activities.

Key Points-These physicians' office laboratory symposia are two CME conferences in one – exhibits with working instruments and speakers in general sessions and workshop. The combination of learning methodologies gives variety to a concentrated 20-hour meeting. Availability of appropriate equipment for the office laboratory is often a key reason for physician attendance. The offering of 12 to 15 workshop choices enables each participant to tailor the symposium to meet his/her needs. The material for all workshops is included in the syllabus. Assigned lunch seating by interest groups offers connections of like professionals.

Conclusions-Manufacturers and service providers are necessary in a laboratory-focused CME activity. Facilitators of workshops with working instruments must be non-affiliated with any manufacturer. Having continental breakfasts and coffee breaks occur in the exhibit areas encourages participant/exhibitor exchange and strengthens the educational objectives of the conference. Interactive small groups strengthen the educational impact of an activity. A mixture of specialties and professionals is a relatively new and positive experience for participants.

Pearls-Involve the activity director in all facets of planning. Plan from the participant's point of view, both professionally and socially. Use evaluations from the participants and exhibitors. Use evaluations and input from the conference faculty to keep the activity timely and practical. Keep only speakers who receive positive educational evaluations from participants. All speakers should be active in the subject on which they are presenting. Put participants and the educational objectives first in all aspects of planning and implementation. Personalize CME as much as possible.

References-There are none available in this arena. This CME activity is the only one of its kind and has been developed over a ten-year period based on participant and faculty input and needs assessment.

Program Exchange (Educational Activities Design and Delivery; Advanced)-Patient Feedback as a Continuing Health Education Intervention

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Purpose-The purpose of this program exchange is to report on the pilot and assessment of an educational intervention called Patient Feedback. The intent of this unique CME intervention is to help move the physician forward in his/her stage of change with regard to intervention in smoking cessation.

Relevance-Patient Feedback has been used sparingly as a CME tool, possibly due to the many barriers that exist to its implementation. This project successfully faced those barriers, used Patient Feedback, and measured the effects through a pre- and posttest of the physicians' stage of behavior change.

Objectives-At the end of this program exchange, participants should be able to discuss the value of Patient Feedback as a CME intervention; list strategies to facilitate the implementation of Patient Feedback, and acquire knowledge on stages of behavior change as a measurement tool.

Methods-Staging questionnaire of physician smoking cessation intervention readiness was mailed to 700 physicians in the study group before the training session, two weeks after the session, and two weeks after the patient feedback process.

Results-The results of this study are in progress, and once completed, will report on the stages of behavior change measurement of physicians who participated in the workshop and the Patient Feedback versus those who participated only in the workshop.

Conclusions and Implications-A CME intervention tool which moves physicians forward in the stages of behavior change with regard to smoking cessation intervention may be useful as a tool for enhancing other communication skills.

Pearl-Physicians can learn from their patients through a formalized Patient Feedback process.

Plenary Session (All; CME 101: Basics Curriculum)-Major Medical Milestones of the Last Quarter Century

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Purpose-The purpose of this plenary session is to describe the major milestones in medicine that have occurred during the past quarter century and to highlight the corresponding implications for continuing medical education.

Relevance-This session carries forward the 25th anniversary celebration of the Alliance for Continuing Medical Education by highlighting medical milestones during this same period.

Objectives-At the conclusion of this session, participants should be aware of the major medical milestones of the past 25 years, including the technology revolution, their relationship to the practice of medicine today and implications for the new millennium.

Methods-This session will be a presentation by the plenary speaker.

Results-The participants will come away from the plenary session with an improved understanding of both the past milestones in medicine as well as the emerging implications of these milestones, especially the technology revolution on the future of medicine in CME.

Pearls-The technology revolution will significantly alter the practice of medicine, including how physicians are educated. We are only beginning to understand the power of the Internet – the power to empower patients.

Major Continuing Medical Education Milestones of the Last Quarter Century

Bruce Bellande, PhD, Executive Director, Alliance for Continuing Medical Education, 1025 Montgomery Highway, Suite 105, Birmingham, AL 35216, Tel: 205/824-1355, Fax: 205/824-1357

1974 Society of Medical College Directors of CME (SMCDCME) established.

1977 American Medical Association's (AMA) Liaison Committee on CME (LCCME) established.

1980 AMA's Council on Medical Education issued its *Survey of Current Status of CME*.

1981 Lucy Geiselman, PhD, selected as first editor of *Mobius: A Journal for Continuing Medical Education Professionals in the Health Sciences*.
First issue of *Mobius* published.
Accreditation Council on Continuing Medical Education (ACCME) established.
ACCME adopted Bylaws.
SMCDCME appointed Steering Committee on CME Provider Industry Relations.

1985 Malcolm Watts, MD, selected as second editor of *Mobius*.

1986 ACCME approved *Guidelines for Interpreting the Essentials as Applied to CME Enduring*

Materials.
AMA House of Delegates voted to discontinue publishing the *AMA CME Newsletter*.

1987 Harold Paul, MD, selected as first editor of *Intercom*.
SMCDCME began publishing its newsletter, *Intercom*.

1988 *Mobius* changed to *Journal of Continuing Education in the Health Professions (JCEHP)*.
1st CME Congress held in Los Angeles.
Dennis Wentz, MD, became full-time CME Director for the AMA.

1989 1st National Conference on Focused/Prescribed/Remedial Medical Education for Enhanced Clinical Competence held.

1990 2nd CME Congress held in San Antonio.
National Task Force on CME Provider/Industry Collaboration established.
1st Conference on CME Provider/Industry Collaboration held in Chicago.
AMA Council on Ethical and Judicial Affairs (CEJA) issued *Ethical Opinion on Gifts to Physicians*.

1991 ACCME adopted *Guidelines for Commercial Support of CME*
AMA PRA award changed to require same minimum number of hours for category 1 and 2 credit.
FDA issued *Proposed Guidance on Industry Support Scientific and Educational Activities*.
ACCME issued *Revised Guidelines for Commercial Support of CME*.

1992 Frances Maitland, BSN, appointed ACCME's Interim Acting Secretary.
ACCME adopted *Standards for Commercial Support*.
FDA released *Draft Policy Statement on Industry Supported Scientific and Educational Activities*.
ACCME adopted the Standards for Commercial Support of CME.
3rd CME Congress held in Birmingham.
Mitchell Rhodes, MD, MBA, appointed ACCME's Secretary.
Royal College of Physicians and Surgeons of Canada developed a pilot project to examine maintenance of competence (MOCOMP) by clinical specialists.
AMA assigned administrative responsibility for the ACCME.

1994 AMA adopted House Resolutions 310 (Support for CME), 317 (CME), and 324 (Practicing Physicians and CME).

1995 Murray Kopelow, MD, appointed as full-time Executive Director/Secretary for ACCME.
FDA published two draft documents regarding *Guidelines on Dissemination of Enduring Materials (Reprints and Textbooks)*.
Pedicle Screw case involved four medical specialty societies.

1997 AMA requires procedural CME courses used for hospital credentialing/privileging to be designed by levels (1, 2, 3, and 4).
AMA implemented the American Medical Accreditation Program (AMAP).
FDA published *Final Guidelines on Industry Supported Scientific and Educational Activities*.
US Congress enacted the Food and Drug Administration Modernization Act (FDAMA).

1998 SMCDCME changed to Society for Academic Continuing Medical Education (SACME).
Federal court removed certain restrictions in the FDA *Reprints Guidance* (October 8, 1996) and FDA *Textbook Guidance* (October 8, 1996), as well as ruled FDS *Final Guidance* (December 3, 1997) unconstitutional.

1999 ACCME approved System98 (reorganization of the Accreditation Essentials and Standards as Essential Areas and Elements).

AMA's Continuing Medical Education Division changed to Continuing Physician Professional Development Division.
Federal court declared certain restriction sin the 1997 FDAMA legislation unconstitutional.

2000 4th CME Congress to be held in Los Angeles.

Institute (Educational Activities Design and Delivery; Intermediate; Attendance Limited to 40)-Web Education: Principles and Practice

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Purpose-The purpose of this institute is to demonstrate and discuss important structural and educational features of effective educational web sites and to develop an assessment protocol for future use by participants.

Relevance-The Internet (or Web) is fast becoming an important structure medium – 92% of large organizations are implementing some form of extranet/intranet web-based training in 1999 (The MASIE Center). Many CME providers are actively developing their own web-based courses and materials, but there are few tools to help them to determine what constitutes effective Web CME. In this session, we will provide participants the opportunity to critique several effective educational web sites. Then, they will use a draft evaluation protocol to critically analyze these sites. The protocol will be refined further by the participants, and they will receive a copy of the revised protocol for their own use.

Objectives-At the end of this institute, participants should be able to identify important structural elements of effective Web-based CME; apply active learning strategies to their own Web-based CME; and systematically evaluate Web-based CME materials.

Methods-After a short presentation on adult learning principles applied to web-based instruction, we will divide participants into small groups. Each group will visit several stations where a facilitator will demonstrate key features of an example educational web site. The participants then will use a draft protocol to critique the effectiveness of the example site. Following this activity, the facilitators will report comments and observations generated by the individual groups to the participants as a whole. We plan to conclude the institute with a discussion on the findings and on how the protocol might be used to aid the development of their own web-based materials.

Conclusions-The World-Wide-Web is a new, and potentially important, delivery medium for CME. However, tested tools and information to determine effective Web CME are not available. This institute will provide those on the cutting-edge of web-based CME with some ideas and tools to help them navigate this new environment.

Pearls-A tool to systematically evaluate Web-based education materials will be provided. There will be opportunities to practice using the evaluation tool to analyze web-based education materials. Concrete examples of good web-based educational programs will be provided.

References-Bonk CJ, Reynolds TH. Summary of critical thinking techniques for the web. In Kahn BH (ed), Web-Based Instruction. Englewood Cliffs, NJ: Educational Technology Publications, Inc, 1997; 167-175.

Bonk CJ, Reynolds TH. Summary of cooperative learning techniques for the web. In Kahn BH (ed), Web-Based Instruction. Englewood Cliffs, NJ: Educational Technology Publications, Inc, 1997; 167-175.

Hayes, KA, Lehmann, CU. The interactive patient: a multimedia interactive educational tool on the world-wide-web. MD Computing 13(4):330-334.

Mini-Plenary Session (Accreditation; All; CME 101: Basics Curriculum)-The ACCME's New System of Accreditation: Questions and Answers

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Purpose-This mini-plenary session allows providers a forum at which they can ask questions about the ACCME's new requirements for accreditation or current policies. Following a presentation on the ACCME's new accreditation system, ACCME staff will be available to answer these questions.

Relevance-Accreditation directly effects all accredited providers of CME.

Objectives-At the end of this session, participants should be able to discuss the ACCME's new system of accreditation and other timely issues related to ACCME accreditation.

Methods-Using past experiences at Alliance conferences, it was determined that a question and answer session at this meeting was an excellent way to allow accredited providers an opportunity to get information directly from ACCME staff.

Conclusion-This mini-plenary session will be an invaluable, and hopefully, successful exchange of information between accredited providers and the ACCME.

Reference-Please visit the ACCME web site at www.accme.org for materials related to this mini-plenary session. The following documents will assist participants in the session: System98 – Essential Areas and their Elements, Accreditation Policy Compendium, and System98 – Abridged Version. These documents may be accessed on the site by clicking on Documents and Forms. The e-mail address for questions is postmaster@accme.org.

T1 Workshop (Needs Assessment; Evaluation; Advanced)-Designing Questionnaires for Needs Assessment and Evaluation

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Purpose-The purpose of this workshop is to provide an opportunity to have an in-depth look at the questionnaire as a tool for both needs assessment and evaluation.

Relevance-Questionnaires are the most commonly used tool in program planning for both needs assessment and evaluation purposes. Poorly designed and administered instruments frequently compromise their usefulness to guide planning or to evaluation programs.

Objectives-During this workshop participants will discuss the advantages and disadvantages of questionnaires; discuss the considerations that must be taken into account in designing effective questionnaires; and critique an existing questionnaire.

Methods-This workshop will use a combination of lecture, small group (2-4 people), and report back to the whole group.

Conclusion-Questionnaires can be a helpful tool in program design and evaluation.

Pearls-Carefully designed questionnaires can be used to examine physician knowledge, attitudes, and behaviors. Attention to cover letters, survey length, the order of questions, types of questions, repeat mailings, paper quality, and stamped envelopes all increase response rate and data usefulness.

References-Woodward CA. Questionnaire construction and question writing for research in medical education. Med Ed 1988; 22:347-363.

Mann KV. Not another survey! Using questionnaires effectively in needs assessment. J Cont Educ Health Prof 1998; 18:142-149.

T2 Workshop (Educational Activities Design and Delivery; Intermediate)-Improving Patient Outcomes Through Practice-Based CME

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Purpose-The purpose of this workshop is to explore techniques that are effective in the development of office systems that involve members of the office staff as a team to provide preventive care, therapeutic services, and patient education. It further provides the opportunity to target strategies directly related to improving patient outcomes.

Relevance-Evidence based medicine has provided the profession with a wealth of information concerning best practices. This knowledge allows the physician to deliver quality care but does not necessarily improve their understanding of the processes and outcomes of care.

Objectives-By the end of this workshop, participant should be able to identify the basic steps involved in planning and implementing a multidisciplinary intervention; describe how to use these processes as a formal continuing education (CE) activity; and outline procedures for implementing such a design in the participants' workplace.

Methods-Following an introductory presentation, we will provide the participants with a scenario illustrating the process of developing an office system and the various steps involved in this analysis. This process includes chart audits and feedback; examination of the current system; organization of the office team; intervention design and development; implementation, monitoring, and tracking; and feedback. Specific examples of using this process for category 1 CME and CE for other health professionals will be provided.

Results-Participants will leave this workshop with an introduction to the necessary principles and skills involved in implementing effective office-based CE activities with techniques of continuous quality improvement that focus intervention activities and involve all members of the office team.

Conclusions-Bringing CME into the ambulatory practice setting is the way of the future. This workshop is an opportunity to understand the analysis of the data and the processes involved in implementing an onsite CE activity.

Pearls-Stress the importance of adopting practice guidelines using a team approach. Multidisciplinary CE credit can be awarded for these activities. Practitioners will see results and outcomes involving their own patients. Benchmarks can be set for various parameters in each practice.

References-Margolis P, Lannon C. Partners in prevention research study. Chapel Hill, NC: Univ of North Carolina at Chapel Hill.

Heinrich P, Homer C. Helping improve pediatric practice outcomes (HIPPO). Boston, MA: Boston Children's Hospital.

T3 Workshop (Educational Activities Design and Delivery; All)-Establishing Priorities for Hospital Based CME

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Purpose-The purpose of this workshop is to help CME staff develop priorities in order to maximize their CME effort within their hospital.

Relevance-Hospital CME often receives low priority in comparison to other activities in the hospital and physicians often do not attend the educational sessions. Hospital staff members responsible for CME need to objectively analyze what is possible in their hospital and provide CME that maximizes their efforts.

Objectives-By the end of this workshop, the participants should be able to evaluate their hospital CME program using a professional learning matrix developed by the principal presenter. This workshop should help participants establish priorities for the CME program at their hospital based on the matrix.

Methods-The methods used for this workshop are a short presentation (on the professional learning matrix and its application to how physicians learn in hospitals) and participant interaction (with each person leaving with a general prioritization of his/her hospital's CME activities).

Results-As mentioned previously, participants should have developed a prioritized list of CME activities to be conducted within their own hospital, based on the professional learning matrix presented at the beginning of the workshop.

Conclusions-Hospital CME is not the same as CME sponsored by other providers. As such, hospital CME providers need to focus on their hospital's goals and do that in a rational, objective manner.

Pearls-Professional learn in two ways: through gathering knowledge and solving problems. Learning occurs in both formal and informal modalities and the distinction can be quite helpful.

Reference-Broudy H. Didactics, heuristics, and philetics. Educational theory, 1972; 22:251-261.

T4 Workshop (Educational Activities Design and Delivery; Intermediate)-CME on the Internet: Lessons from the Front Line

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Purpose-The purpose of this workshop is to present the lessons we have learned from developing case-based CME programs on the Internet. Most of these programs were developed entirely internally by the national Kaiser-Permanente organization, which is a fully integrated HMO. We will be discussing the content issues only, not the technical aspects of Internet programming.

Relevance-Physicians are increasingly relying on self-paced ways to obtain CME credit and education as the costs of attending live programs have risen and the demands on the physicians have grown. One of these ways is through the Internet. Many organizations are exploring the use of Internet based CME programs to help meet the needs of physicians. We will discuss how we determined content, format, use of multimedia components, evaluations, and developing a partnership which made this possible.

Objectives-At the conclusion of this workshop, participants should be able to identify several other people with whom they may be able to partner to develop Internet CME in their organization; develop a strategy to get support for such a project; discuss several formats for Internet CME and the advantages and disadvantages of each; and describe how to develop content, case studies, and evaluations for Internet CME.

Key Points-Determining your audience's familiarity and comfort with the Internet and computer based learning is the first step in deciding whether or not to enter the world of Internet CME. Working collaboratively with experts in the content areas, education, and computers who each bring a different expertise to the project helps assure that the programs will meet the objectives. Case-based programs are more engaging but also more difficult to develop than text-based programs. Feedback to the physicians is an important part of the learning process. As with any CME activity, aligning your programs with major initiatives or stakeholders helps get and maintain support. By maximizing internal resources, Internet based CME programs, which are effective, interesting, and interactive can be developed with minimal extra expense. If money is no object, there are a number of companies, which are available for assisting in the development of Internet CME.

Conclusions-Internet CME allows physicians to obtain educational opportunities and credit at their convenience, which is increasingly important. With careful planning and collaboration, programs can be developed which provide an effective addition to a CME program.

Pearls-Getting the appropriate stakeholders involved early is critical. If existing resources are to be used to develop Internet programs, the participants must be dedicated to having it succeed. Technical problems can sabotage the best efforts. CME, which is presented as part of a package of Internet services, is more likely

to be used. Internet technology allows some unique benefits and presents some unique challenges. No one has all the answers yet about Internet CME.

Reference-Kripalani S, Cooper H, Weinberg D, Laufman L. Computer-assisted self-directed learning: the future of continuing medical education. J Cont Educ Health Prof, 1997; 17:114-120.

T5 Workshop (Evaluation; Intermediate)-Conducting an Overall CME Program Evaluation

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Purpose-The purpose of this workshop is to identify key components of an overall CME program evaluation.

Relevance-A successful CME enterprise should periodically evaluate its effectiveness and organizational value. Saying you do this and actually accomplishing meaningful evaluation are two different tasks. Documenting the evaluation process for accreditation purposes is yet a third issue.

Objectives-As a result of this workshop, the participants should be able to define overall program evaluation; compare methodologies for conducting overall program evaluation; and analyze the methodology shown in a videotape example.

Methods-A review of literature was conducted and information extrapolated that would apply to CME program evaluation. Secondly, a hospital based CME committee was videotaped while conducting an evaluation exercise designed to assess overall program impact in relationship to the organization's mission, vision, and goals. That tape will be presented for analysis and review.

Conclusions and Implications-Given an underlying evaluative structure and the opportunity for discussion, the governing body of a CME organization can conduct an overall program evaluation that is both useful and can be documented for accreditation purposes.

Pearls-Allocate adequate planning time for program evaluation. Value evaluation, and put the results to good use. Provide preparatory materials to evaluate team members. Know in advance how you will use the information presented and the results of the evaluation.

References-Rothwell WJ, Sradl HJ. The ASTD reference guide to professional human resource development – roles and competencies (2nd ed, vol I & II). Amherst, MA: HRD Press, Inc, 1992.

Rosof, AB, Felch WC. Continuing medical education: a primer (2nd ed). Westport, CT: Praeger, 1992.

T6 Workshop (Program Management; All; CME 101: Basics Curriculum)-Basic Marketing and Promotion

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Purpose-The purpose of this workshop is to present basic information on marketing and promoting CME activities.

Relevance-A basic function of CME providers is to develop promotions for their educational offerings and to implement marketing strategies to ensure that they reach their target audiences in the most cost efficient manner resulting in the desired number of participants.

Objectives-By the end of this workshop, participants should be able to develop conference marketing plans; write more effective brochure copy; identify and utilize mailing list more efficiently; utilize other promotional strategies beyond the conference brochure; discuss the results of the Annual Physician Preference Study; and implement more logical pricing strategies.

Methods-A highly interactive, learner driven approach, including case discussions, will be used to accomplish the workshop objectives. A variety of sample promotions, forms, checklists, and other reference tools will be available.

Results-CME providers immediately will be able to apply the fundamentals of marketing and promotion in their own settings and to implement a variety of easy to use tools and strategies to enhance the quality and effectiveness of their marketing and promotions. Participants also will be prepared to develop a clearer rationale for the pricing of their CME activities.

Pearls-The most effective mailing lists are those internal lists of past inquiries and participants in CME activities. Code every mailing list, and track the responses from each mailing list used to promote the CME activity. It is a mistake to rely on a one shot mailing to reach your marketing goals. Spend 20-25% of the total anticipated activity expenses on your marketing campaign. The degree to which we raise fees is not as important as the total cost of participation, since registration fees typically only represent 18% of the total cost.

References-Shore, DA. Med Meetings, 1996; January/February.

Shore, DA. The sixth annual physician preference study. Med Meetings, 1999; January/February.

Mini-Plenary Session (Program Management; All)-Hot Topics in CME

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Purpose-The purpose of this mini-plenary session is to keep CME professionals apprised of the latest changes impacting the provision of CME and the CME profession – the results of a study of physician preferences in attending CME activities and an overview and analysis of Internet-enabled CME.

Relevance-The desire for education is not the only motivating factor in a physician's decision to attend a CME activity.

Every increasing bandwidth, Internet usage rates, and multimedia delivery improvements offer tremendous potential for on-line delivery of CME.

Objectives-By the end of the physician preferences in CME presentation, participants should be able to increase attendance at CME activities by making better decisions about where, when, and under what circumstances to hold such activities; and use a framework for analyzing the preferences of the physician populations they serve. By the end of the Internet-enabled CME presentation, participants should be able to identify the major players in on-line CME; understand current Internet CME strategies; describe the state of physician Internet education and use; and recognize the statistical dynamics of Internet-enabled CME, including growth forecasts, trends, and opportunities.

Methods-Speakers were selected based on their ability to present the most thorough and up-to-date information. Mr. Erickson will speak on the physician preferences in CME survey, and Mr. Crawford will talk on Internet-enabled CME.

Conclusions-CME providers who pay attention not only to the educational content of their activities but also to the other preferences of their potential attendees will gain greater value from such educational activities by attracting larger audiences for them. As new players and innovative delivery methods emerge, Internet-enabled CME will become a well-accepted and widely used means of distance education and professional development.

Pearls-Be aware of trends in CME activities' formats and physician preferences for meeting locations, using these data for future planning. The Internet will have a dramatic impact on traditional CME delivery media. Internet CME must take advantage of multimedia techniques in order to improve pedagogy. Inherent advantages of interactive media, if used properly, can improve the learning experience. Internet-delivery of CME offers the potential to customize delivery and track outcomes. Internet use and its acceptance as a learning environment for health professionals will grow rapidly over the next five years.

References-Medical Meetings Magazine. Physician preferences survey. Med Meetings 1994, 1995, 1996, 1997, 1998, and 1999; January/February.

Miller, TE, Reents, S. The health care industry in transition: the online mandate to change. Internet Strategies Group: Cyber Dialogue Inc, 1998.

Mittman, R, Cain M. The future of the internet in health care: five-year forecast. Institute for the Future, January 1999.

Eng TR, Gustafson DH (eds). Wired for health and well-being: the emergence of interactive health communication. Washington, DC: Office of Disease Prevention and Health Promotion, US Department of Health and Human Services, April, 1999.

T7 Workshop (Needs Assessment; Beginner; CME 101: Basics Curriculum)-CME Needs Assessment and Evaluation: Two Sides of the Same Coin

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Purpose-The purpose of this workshop is to provide an overview for new CME practitioners of the relationship between CME needs assessment and evaluation and practical ways that they can incorporate needs assessment/evaluation techniques into their daily practice.

Relevance-For new CME practitioners, it is sometimes challenging to select appropriate needs assessment and evaluation techniques for CME planning that are understandable, user friendly, and also complementary in their purpose. This workshop will seek to provide an overview of such techniques.

Objectives-At the conclusion of this workshop, participants should be able to state a working definition for CME needs assessment and evaluation; describe the complementary relationship between needs assessment and evaluation processes; and compare and contrast the advantages and disadvantages of selected needs assessment and evaluation techniques.

Methods-In the course of this workshop, participants will receive a brief didactic overview by the presenters on the basic concepts related to CME needs assessment and evaluation. As specific techniques are discussed, participants will be asked to assess their relative usefulness based on the group's collective experience. In the final portion of the workshop, participants grouped into teams will answer practical questions on needs assessment/evaluation that are based on hypothetical case scenarios.

Pearls-Needs assessment and evaluation techniques can be flip sides of the same coin. Needs assessment and evaluation procedures do not have to be complicated, costly research studies. CME planners should try to use multiple needs assessment and evaluation measures whenever possible. Outcomes data related to physician performance and patient care will become increasingly important as a basis for needs assessment and evaluation in CME.

References-Biddle S, Huffman B. Continuing medical education handbook. Kalamazoo, MI: Upjohn Company, 1994.

Rosof A, Felch W (eds). Continuing medical education: a primer (2nd ed). Westport, CT: Praeger, 1992.

Lockyer, J (ed). Needs assessment: issues, methods, research and future directions. J Cont Educ Health Prof 1998; 18(3).

T8 Workshop (Needs Assessment; Evaluation; Intermediate)-Focus Groups for Needs Assessment and Evaluation

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Purpose-The purpose of this workshop is to discuss how focus groups can be used for needs assessment and evaluation.

Relevance-Focus groups and questionnaires are the most commonly used techniques to assess learning needs and evaluate CME activities.

Objectives-This workshop will discuss the advantages and disadvantages of using focus groups and the considerations that must be taken into account in setting them up, as well as provide participants with an opportunity to experience a focus group of their own creation.

Methods-This workshop will incorporate discussion and participation.

Conclusions-Thoughtfully setup focus groups can be helpful in designing CME activities and in evaluating their success. Information gained from this methodology often creates openness towards change by course directors and leads to interesting and innovative approaches to CME.

Pearls-The design of a study using focus groups must begin by paying attention to the purpose of the study, how results will be used, and who wants the information. Careful attention paid to the selection of participants, the questions to be asked, the role of the facilitator, and data analysis will determine the quality of the data produced.

References-Krueger RA, Morgan DL. The focus group kit. Thousand Oaks, CA: Sage Publications, 1998.

Tipping J. Focus groups: a method of needs assessment. J Cont Educ Health Prof 1998; 18:150-154.

T9 Workshop (Educational Activities Design and Delivery; All)-Using Clinical Data for Developing and Evaluating CME: A Primer

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Purpose-The purpose of this workshop is to inform CME professionals about types of clinical and statistical data and databases available for us, and how to design and evaluate CME activities using database parameters.

Relevance-CME is undergoing major change in the US as it evolved from a subjective system of what physicians would like for CME to a data-driven, physician targeted program which measures and reports (with data) actual changes in physician performance. CME professionals want to learn new skills associated with this new world of CME, including basic database analysis to evaluate changes in patient outcomes resulting from CME activities.

Objectives-Completion of this workshop will enhance the participant's ability to identify common sources of clinical indicators, quality improvement (QI), and benchmarking data; outline steps for applying these data to identify a problem and develop CME activities to address the problem; and use the clinical indicators, QI, and benchmarking data to evaluate the effectiveness of a specific CME activity.

Key Points-Internal and external data types used to measure performance, improve quality and benchmark health care organizations include UB-92 and worker's compensation data, public health statistics, data sets such as HEDIS, the HCAHO ORYX initiative indicators, and benchmarking software criteria. These data also can be used to assess the effectiveness of CME on quality or outcomes.

Conclusions and Implications-CME professionals will recognize data available to assist in designing and evaluating CME activities. CME activities that are data-driven and include multidisciplinary health team members are more effective and targeted to real problems in health care delivery processes.

Pearls-Types of data available. Where to find data, including sources for collaboration. Using data to design intervention CME activities. How to evaluate CME using patient outcome data.

References-Tan KM, Casebeer LL. Needs assessment of learning outcome evaluation skills among continuing medical education providers. J Cont Educ Health Prof 1998; 18:206-212.

Helwick C. Measuring the outcomes of continuing medical education. Convene 1997; April.

Ruffin M. Standards, open systems and data warehouses – building a framework to transform healthcare. The Informatics Institute, July 1998.

T10 Workshop (Educational Activities Design and Delivery; All)-Developing an Enduring Material: From Live Meeting to Audio/Print Monograph

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Purpose-The purpose of this workshop is to offer a model and a process for the development of a CME enduring material monograph that will extend the value and reach of a live meeting.

Relevance-In today's highly technical work and educational environments, CME providers often are expected to demonstrate value-added services to their customers. Whether the customer or audience consists of a medical specialty society, state medical society, hospital, health system, or university, the traditional live meeting serves only those physicians who are able to attend the event.

Objectives-By the end of this workshop, participants should be able to identify possible partners in developing a monograph; list alternative enduring material formats; describe ACCME Essentials as Applied to Enduring Materials; and develop a business and marketing plan for the proposed enduring material.

Methods- CME providers explore means for taking live conference content to the person who needed to attend, but was not able to get to the live meeting. Utilizing a process checklist and CME examples, participants will work their own examples to plan CME audio/print monographs. There will be short presentations, panel discussion, and an open-microphone Q & A period.

Conclusions-CME professionals learn enduring materials process steps for developing audio/print monograph from a live meeting; and review possible educational formats for extending the reach of their CME activities.

Pearls-Consider enduring materials as an option for connecting physician learners with CME opportunities where and when they choose to learn. Understand the significance of partnerships in developing activities. Prepare for a live meeting simultaneous to planning the enduring material. Apply ACCME Essentials as Applied to Enduring Materials to activity planning. View enduring materials as an extension of, not competition to, live meetings.

References-Accreditation Council for Continuing Medical Education. Standards for interpreting the essentials as applied to continuing medical education enduring materials. www.ama-assn.org/med-sci/pra2/ii-6endu.htm (March 2, 1999).

American Academy of Family Physicians. Application/approval process for enduring materials, CME information booklet. www.aafp.org/cme/booklet/9.html (March 2, 1999).

Christensen CM, Armstrong E. Disruptive technologies: a credible threat to leading program in continuing medical education? J Cont Educ Health Prof 1998; 18, 69-80.

Mann K, Ribble J. The role of motivation in self-directed learning. In Davis DA, Fox RD (eds), The physician as learner: linking research to practice. Chicago, IL: American Medical Association, 1994:69-88.

T11 Workshop (Educational Activities Design and Delivery; All)-Implementing Evidence-Based Practice Guidelines into CME Activities

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Purpose-The purpose of this workshop is to implement evidence-based practice guidelines to improve the quality of patient care.

Relevance-Implementing practice guidelines for the office-based practitioner often is challenging. The use of a CME activity to introduce evidence-based guidelines can facilitate rapid acceptance, adoption and use.

Objectives-By the end of this workshop, participants should be able to discuss the basic steps involved in implementing an evidence-based practice guideline in a CME activity; develop CME activities to help implement practice guidelines into physician offices; and evaluate the effects of such activities on physicians' practice patterns.

Methods-Non-intrusive self-assessment exercises are developed and administered to all participants. The exercises are collected, and the responses are analyzed. Peer comparison data are derived and presented back to the participants along with a copy of the practice guideline. Participants are post-surveyed after the dissemination of the practice guideline to measure changes in practice.

Results-Implementing a self-assessment exercise to raise awareness of an evidence-based guideline was accomplished. Changes in physicians' practices were seen that reflected adherence to the evidence-based guideline.

Conclusions-This type of CME activity not only will facilitate the implementation of an evidence-based guideline, but also help in measuring changes in physician's practices.

Pearls-Evaluate physicians' current practice patterns. Modify physicians' practice patterns to adhere to evidence-based guidelines. Present and reinforce evidence-based guidelines to practitioners. Utilize CME activities as vehicles to disseminate evidence-based guidelines.

References-American Academy of Pediatrics. Ambulatory care quality care program.

American Academy of Pediatrics. Evidence-based guideline program.

T12 Workshop (Evaluation; All)-Ethics and Evaluation: Delicious Conundrums and Unanticipated Weight Losses

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Ronnie Davidson, EdD, Executive Director, Foundation for Better Health Care, 6 E 32nd Street, 9th Floor, New York, NY 10016, Tel: 212/835-2146, Fax: 212/545-1378
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Purpose-Even though evaluation is to be a light unto our feet, the path illuminated often winds through ethical swamps. The purpose of this workshop is to consider ways to avoid the alligators when all it is you want to do is drain the swamp.

Relevance-Evaluation is a necessary feature of continuing professional development, because it holds the potential for documenting demonstrably what the learning professionals do at such sessions and it is required by accreditation processes. Unfortunately, the process raises issues, which have an ethical flavor to them. What needs to be submitted to the IRB? Is it OK to ask questions, if you're not certain that you'll use the data you collect? Can drug companies suggest evaluation issues? What do you do, if you turn up an obviously inflammatory finding? These are the kinds of issues we'll consider at this workshop.

Objectives-Participants will recognize some obvious ethical problems in evaluation which can be avoided; discuss experiences in avoiding/dealing with ethical problems in evaluation; and identify things to do which satisfy evaluation needs without raising ethical issues.

Methods-A collection of scenarios presenting various ethical problems in evaluation will be presented and discussed by those in attendance. Participants also are encouraged to bring their own war stories to share and discuss with those present.

Results-Participants will enrich their knowledge of evaluation through their participation in the discussions of the scenarios.

Pearls-Each participant will derive his/her own pearls depending on the experiences they bring to the workshop and how they interpret the discussions.

References-References will be distributed at the workshop.

T13 Workshop (Accreditation; Beginner)-Accrediting CME to Meet the Needs of Family Physicians

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- No Significant Financial Relationships

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Purpose-The purpose of this workshop is to help participants recognize the historical significance and unique aspects of AAFP CME program review and discuss criteria and procedures for designating AAFP Prescribed and Elective credit hours.

Relevance-The AAFP is one of four, national CME accrediting/accreditation bodies along with the ACCME, the AMA, and the AOA.

Objectives-Upon completion of this workshop, participants should be able to design CME activities that will meet the educational needs of family physicians; understand how to apply to the AAFP for Prescribed and Elective credit on a program-by-program basis; and compare the unique and complementary roles of the AAFP, the ACCME, the AMA, and the AOA in the national CME landscape.

Methods-This workshop will include lecture, audiovisuals, handouts, and Q & A.

Results-The AAFP reviews four types of programs: courses, enduring materials, journal CME, and individual member requests. The AAFP approves approximately 9,000 CME programs and 100,000 CME credit hours in a year.

Conclusions-The provision of quality CME is a primary mission of the AAFP. This CME will address the elements of family medicine, health care delivery issues, and medical/scientific advances of significance to family physicians in varied settings and with diverse patient populations. The ultimate goal of AAFP CME is continuing improvement in the quality of health care provided by family physicians.

Pearls-Programmatic review of CME activities submitted for Prescribed and Elective credit-courses, enduring materials, journal CME, and individual member requests. Accreditation fees. Interpretation of rules and regulations governing CME. Accreditation issues including criteria for complementary and alternative practice. Quality assurance/random audit. AAFP Commission on Continuing Medical Education (COCME).

References-AAFP. CME information booklet.

ACCME. Standards for commercial support of continuing medical education.

AMA. Guidelines on gifts to physicians from industry.

T14 Workshop (Accreditation; All)-The Accreditation Video Site Survey: A Report from the Front

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Purpose-The purpose of this workshop is to give CME providers an overview and share insights on the selection process, the planning process, and the implementation of an accreditation video site survey.

Relevance-As the video site survey becomes a more widely used method, CME providers should be aware of the pros and cons, technological considerations, and presentation challenges of choosing this method over the traditional on-site or reverse-site survey.

Objectives-At the conclusion of this workshop, participants should be able to discuss the pros and cons of choosing a video site survey; choose a suitable teleconference facility; consider equipment and technological capabilities when planning a video survey; develop effective visual aids for optimal transmission; and prepare for unexpected events.

Methods-CME providers and site surveyors who have participated in video site surveys were asked to share their experiences. Anecdotal data will be presented in a multimedia format.

Results-CME providers and site surveyors who have participated in a video site survey indicate a positive experience.

Conclusion-The video site survey is an effective method of survey for both CME providers and site surveyors.

Pearls-Know the pros and cons of electing to do a video site survey before committing to this option. When choosing a video facility, consider the environment as well as the technical capabilities of the facility. Arrange for equipment and services you will require prior to your survey. Prepare visual materials that will transmit well to your reviewers. Expect the unexpected; always have a backup plan.

T15 Workshop (Program Management; Beginner)-CME Program Budget Basics

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Purpose-This workshop has been designed to provide new CME professionals with budgeting strategies that will include a review of terminology and formulas and steps in developing a budget specifically for CME programs. The faculty also will briefly review components of a CME program business plan that should help program producers to better sell their programs to their CME committees.

Relevance-Appropriate budgeting is an important component of the CME professional's day-to-day activities. Developing budgets and tracking income and expenses may not be something those new to the field have done before. This workshop should provide those individuals with practical tips to help them meet budgeting challenges in their offices.

Objectives-By the end of this workshop, participants should be able to create a budget for a CME program; be familiar with basic budget terminology; and track income and expenses for their CME activities.

Methods-The presenters will review the literature on budgeting in CME and/or for educational programs. They will make a didactic presentation, followed by group discussion and challenge teams to develop budgets for various types of CME programs.

Conclusions-Appropriate budgeting can help with pricing strategies, help set necessary registration figures and help an organization to better gauge the results of its CME programming. Participants will share practical tips on budgeting and should leave the workshop with a better understanding of the budgeting process and budgeting terminology.

Pearls-A template for budgeting for various types of CME activities. Budgeting terminology handout. Tips on developing a business plan. Tips on using internal and external resources in budgeting.

References-Association Educator 1999; May.

Learning Education Resource Network Publications.

T16 Workshop (Program Management; Advanced)-Faculty Development: A Continuous Quality Improvement Model

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Purpose-This workshop is designed to illustrate a model for utilizing the continuous quality improvement (CQI) process to enhance the CME program. A case example of the Faculty Development Program will be discussed.

Relevance-CQI, a mainstay of industry for many years, is slowly entering the educational arena. This systematic process, that parallels and complements the CME process, is critical to demonstrating the effectiveness of CME within the organization and to the greater professional community.

Objectives-By the end of this workshop, participants should be able to identify at least 5 steps critical to CQI; discuss how to creatively gather and analyze data in support of CME/CQI; and discuss applications of this model to other CME activities.

Methods-Four years ago a subcommittee of the CME Committee was formed to develop a Faculty Development Program for over 300 full-time, clinical, and adjunct faculty. A systematic process of linking CQI and CME was utilized. The 7 CQI steps were: analyze the current situation; identify reason(s) to improve; determine root causes; devise solution(s) and an action plan; analyze results; integrate into practice; and develop future plans.

Results-A comprehensive faculty development curriculum was developed. CME activities across all 10 areas of the curriculum have been offered. Multiple educational strategies have been employed. Improvements in participant evaluations and increases in published papers have been documented. Physician satisfaction with, and participation in, community-based teaching has increased.

Conclusions-Faculty development is a core function of CME, particularly in teaching hospitals where it has direct applicability to CME for education as well as clinical activities.

Pearls-Faculty development must be guided by a core curriculum, which is applicable to full-time and part-time faculty (medical and surgical specialties). A combination of internal and external resources strengthens the faculty development program. Individual data, provided in a confidential and objective manner, is well received and improves performance. Physicians will invest their time in faculty development activities if the appropriated content is presented. Faculty development is a resource to, but does not supplant, a comprehensive career development program for physicians.

References-Rubeck R, Witzke D. Faculty development: a field of dreams. Acad Med 1998; 73:S32-S37.

Westberg J, Whitman M. Resource materials for faculty development. Fam Med 1997; 29:275-279.

T17 Workshop (Strategic Leadership; Intermediate)-Justifying Your Existence: How to Position CME Activities

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Purpose-This workshop will help CME directors and managers to position and defend CME activities.

Relevance-These turbulent times present CME providers with opportunities and threats. CME can be the solution to important problems, but CME also can be viewed as marginal – a luxury we cannot afford. You must justify assertively your existence (and the existence of your CME activities) within your organization or society, positioning CME as a necessary asset for your organization's future.

Objectives-Upon completion of this workshop, participants will be better able to identify potential stakeholders and allies and what they expect from CME; describe various positioning strategies and select the strategies that best fit their situation; and frame (package) effective communication messages to stakeholders regarding the value of CME.

Key Points-CME's role and value must be justified and explained. Success in justifying depends on how you frame (package) your messages. Choice of message frames depends on how CME activities are positioned. CME providers must develop alliances with important stakeholders. CME providers must teach their allies how to justify CME's existence to others.

Pearls-Know and justify your present capabilities, and articulate a vision of what is possible. Often you must teach others what is in their best interest (vs passive needs assessment). Link your existence to the ongoing trends and evolution of the system around you. Marketing literature on product positioning can be a valuable guide. Conscious thought about how to frame your messages for given audiences increases your chances for survival and success. Allies must be prompted (train-the-trainer) in how to defend your activities.

T18 Workshop (Personal Skills; All)-How and Why to Incorporate Cultural Competence-Based Programs into CME

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Purpose-The purpose of this workshop is to examine the need for cultural competence education and to report on our approach to identifying the need for and development of a CME program in ethnomedical science.

Relevance-Our nation's population continues to become culturally diversified as the growth of cultural, ethnic, and racial minority groups supercedes those of the majority population. Though our institution traditionally has served the minority population of South Central Los Angeles, it has experienced a dramatic demographic shift over the past 10 years, which has resulted in our patient population being predominantly Hispanic.

Objectives-At the end of this workshop, participants should be able to recognize how culture impacts on the perception of health and need for care; understand how the concomitant utilization of quantitative and qualitative research methods (Q2 Interview) can result in competent needs assessments for cultural competence-based educational programs; and recognize the challenges of developing and making operational a CME program for cultural competence-based education at their institution.

Methods-Evaluations of clinical rotations by medical students and residents were reviewed in response to a rising concern by these parties for the lack of communication and understanding that existed between them and the patients they cared for. A study was conducted to determine the extent to which King/Drew Medical Center health care providers were impacted by similar concerns. Focus groups were conducted, and the Survey of Cultural Awareness and Responsiveness (SCRAP) was developed by the Research Center in Minority Institutions (RCMI), Biomedical Research Center, for the Office of Continuing Medical Education and Faculty Development at Drew University. Data acquired through this qualitative/quantitative approach (Q2 Interview) identified specific concerns and needs on the part of our providers. The Ethnomedical Science Program of monthly seminars developed out of this process and is now incorporated into the CME curriculum at Drew University.

Results-The study demonstrated that even though KDMC providers were culturally diverse, they were in need of cultural competence-based education in order to provide competent health care to their patients who were of a different cultural background.

Conclusion-The application of the Q2 Interview approach to needs assessment can provide information for the development of cultural competence-based educational programs such as the Ethnomedical Science Program at Drew University.

Pearls-The definition of culture transcends the ethnicity, race, and national origin identifiers traditionally applied to it. Cultural competence begins with recognition of one's own ethnocentrism. Cultural relativity in medicine (recognizing another's culture as important to their health care) is the basis of culturally competent medical practice. The perceptions, beliefs, and behavior of both providers and patients can impact on the competent delivery of health care as well as health outcome.

References-Fabrega H. The need for an ethnomedical science. Science 1975; 189:969-975.

Patrick DL, SittampalamY. A cross-cultural comparison of health status values. AJPH 1985; 75:1402-1407.

Council on Medical Education. Enhancing the cultural competence of physicians. Amer Med Assn CME Report 5A 1998.

Mini-Plenary Session (Strategic Leadership; All)-Why Brand is Grand for Continuing Professional Education: Moving from Mind Share to Heart Share to Market Share

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- Significant Financial Relationship-Grant/Research Support, Eli Lilly and Company; Consultant, Becton Dickinson

Purpose-This mini-plenary session will focus on jumping on the brand wagon. It will consider what branding is, why organizations should invest in branding, and what makes branding work (Shore's 15 brand equity indicators).

Relevance-As competition in continuing professional education (CPE) continues to increase, positioning your programs, products, and services in the market has never been more important. Building brand equity has expanded beyond the individual faculty member, and contrary to popular belief, requires moving beyond strategies for increasing name recognition. Is your organization both prepared for and able to distinguish itself in this environment? Do you have specific strategies for achieving a unique and sustainable competitive advantage through branding?

Objectives-At the conclusion of this highly interactive session, you will be able to answer the following three questions: What is branding? Why do I want it? How do I get it?

Methods-Case examples will be used to illustrate theory, and a case study on the successful launching of a new brand will be threaded throughout the program. Participants also will have the opportunity to prepare action plans for immediately moving the brand wagon forward.

Conclusions-As a special feature, this session will conclude with a discussion of how to take principles regarding the branding of programs, products, and services and apply them to the most important product of your professional life-you.

Pearls-Participants will leave with an understanding of and strategies for becoming the steward of their own brands.

References-An extensive workbook and resource guide will be provided for future reference.

T19 Workshop (Needs Assessment; Intermediate)-New Tool for Needs Assessment in CME

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Purpose-This workshop will present a new tool for needs assessment in CME, which combines Structured Oral Interview (SOI), Objectives Structured Clinical Examination (OSCE), and a Diagnosis Script Questionnaire (DSQ).

Relevance-In order to help physicians plan individualized CME programs, a new tool was developed for needs assessment, which would provide to physicians a large scope of their clinical practice strengths and weaknesses, including knowledge, skills, and patient-doctor relationship.

Objectives-At the end of this workshop, the participants will take part in three stations for needs assessment tools (SOI, OSCE, and DSQ); identify needs assessment; and discuss and plan an individualized CME program based on strengths and weaknesses.

Results-The participants will have to rate the quality, credibility, and usefulness of this new needs assessment tool in an individualized CME program.

Conclusion-This new needs assessment tool appears to be a credible instrument for helping physicians to plan an individualized CME program based on their deficiencies in clinical knowledge, skills, reasoning, and patient-doctor relationship.

References-Jacques A and et al. Structured oral interview: one way to identify family physicians' educational needs. Can Fam Phy 1995; 41:1346-1352.

Charlin B, Brailowsky C, Leduc C, Blouin D. The diagnosis script questionnaire: a new tool to assess a specific dimension of clinical competence. Adv Health Sciences Educators 1997; 6:1-8.

T20 Workshop (Objectives Setting and Stating; Beginner; CME 101: Basics Curriculum)-Learning Objectives: The Road Map to Educational Design

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Purpose-The purpose of this workshop is to provide a rationale for the use of learning objectives in guiding educational design.

Relevance-Not everyone who administers a CME program has an educational background. The use of learning objectives may be a new concept, and they do not see the relationship of learning objectives to design and eventually evaluation of a CME activity.

Objectives-By the end of this workshop, participants should be able to write objectives using behavioral terms; write an objective to meet different levels of learner skill moving from simple to more complex behaviors on the part of the learners; and choose instructional formats based on the level of the objective.

Key Points-This workshop will be conducted in two parts. The first part will be a presentation on the theory behind the use of learning objectives and a way to classify different levels of learning. The second part will be interactive, with participants working in small groups to take a learning need, write learning objectives at different levels, and then to identify different instructional formats that meet the different levels of learning objectives.

Conclusions-Participants will be able to see the relationship between need, learning objectives, and design; be able to write learning objectives to meet the level of the learner; and be able to select instructional formats that best achieve the learning objectives.

Pearls-Learn that learning objectives are not just "hoops" through which one must jump in order to maintain accreditation. See the relationship between learning need, learning objectives, and instructional design. Demonstrate that writing learning objectives at the appropriate level is key to selecting successful instructional strategies.

References-Bloom BS. Taxonomy of educational objectives, handbook I: cognitive domain. New York: David McKay Company, 1956.

Mager, RF. Preparing instructional objectives. Belmont, CA: Fearon Publishers, 1975.

Rosof, AB, Felch WC. Continuing medical education: a primer (2nd ed). New York: Praeger, 1992.

T21 Workshop (Educational Activities Design and Delivery; All)-Designing Effective and Enjoyable Workshops

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Purpose-The purposes of this workshop are to provide participants with a framework for designing effective workshops and to engage them in activities which will increase their skills in providing effective workshops.

Relevance-Workshops are an educational activity frequently used by CME professionals. Using this activity properly increases its effectiveness as an educational intervention and also increases the satisfaction and enjoyment of both participants and workshop leaders.

Objectives-Upon completion of this workshop, participants should be able to identify the principles of adult learning which should guide workshop design; begin to write concise and specific workshop objectives; use an effective template for planning workshops; engage learners in appropriate learning activities; use audiovisual aids effectively; and begin to evaluate workshops effectively.

Methods-The workshop will draw on the participants' experiences and use a variety of teaching methods. These will include brief presentations, pair-share activities, small and large group discussions, demonstrations and individual exercises. We also will use a variety of audiovisual aids. We will use these methods and audiovisual aids both to demonstrate effective workshop planning and learning activities, and provide practical learning activities for workshop participants. Participants are asked to come to this workshop with a particular workshop of their own in mind, which they will use in the practical work.

Pearls-Utilizing principles of adult learning in workshop design and implementation can increase effectiveness and participant satisfaction. Take advantage of participants' experiences. Clearly defined objectives are the backbone of an effective workshop. Use a variety of teaching methods to appeal to individual participants and maintain interest. Incorporate a little fun into your workshop – enjoyment enhances learning.

References-Galbaraith MW (ed). Adult learning methods: a guide for effective instruction. Malabar, FL: Kreiger Publishing Company, 1991.

Additional references will be available at the time of the workshop.

T22 Workshop (Educational Activities Design and Delivery; All)-Moving Toward Evidence-Based Medical Education (EBMedEd)

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Purpose-The purpose of this workshop is to explore external (eg, literature and Web sites) and internal (eg, needs assessments and program evaluations) sources in the search for educational evidence.

Relevance-While evidence-based medicine (EBM) is about to become standard practice in clinical decision-making, evidence is often peripheral to medical education decisions. In order to maintain credibility and employ sparse resources in a responsible manner, CME professionals need to move towards a more evidence-based approach.

Objectives-By the end of this workshop, participants should be able to define the term evidence-based medical education; draw comparisons to evidence-based medicine; identify and evaluate external and internal sources of evidence; and compare the influence of data versus intuition versus politics in daily educational decision-making.

Methods-After an introduction to the topic, participants will become involved in defining and discussing what good educational evidence is. Then, they will explore the opportunities and limitations of various external sources of evidence (eg, literature, Web sites, listservs, and conferences) and internal sources of evidence (eg, needs assessments and program evaluations). In the last segment, participants will analyze to what extent some of their own educational decisions were influenced by evidence, intuition, or politics. An accompanying workbook will provide worksheets for the reflective exercises as well as useful resources.

Key Points-Using evidence-based medical education as a model, educators can apply similar practices and standards to medical education. Many people don't fully utilize all the resources that are available. We need to make greater efforts to build a body of evidence in medical education and consider such data in our educational decision-making.

Pearls-Check for evidence. When you find it, use it! Don't limit yourself to Medline searches. Many medical education journals are not cited there, and it can take a long time before research gets into print. Explore Internet resources; search medical education-specific Web sites; or post your questions on reputable listservs. Make sure that your needs assessments and program evaluations meet the highest possible methodological standards.

References-Davis DA, Thomson MA, Oxman AD, Haynes RB. Changing physician performance: a systematic review of continuing medical education strategies. JAMA 1995; 274:700-705.

Kachur EG. Development of a medical education journal club. In Scherpbier AJJA, van der Vleuten CPM, van der Steteg AFW (eds), Advances in medical education. Dordrecht: Kluwer Academic Publishers, 1997; 228-230.

T23 Workshop (Educational Activities Design and Delivery; All)-Videoconferencing and CME: Perils and Pearls

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Purpose-The purpose of this workshop is to present the lessons we have learned in 10 years of CME videoconferences, reaching up to 50 sites and 1000 physicians simultaneously.

Relevance-Videoconferencing is being used more frequently as a means of presenting CME programs. However, their acceptance by physicians has been difficult. We will present ways to increase the value and acceptance of videoconferences based on our experience. While we have the advantage of significant organizational support of videoconferencing, including our own studio, we believe our experience transfers to other situations as well.

Objectives-At the conclusion of this workshop, participants will be able to explain how some of the planning essentials are the same for videoconferences as other CME activities (such as needs assessment, objectives, and evaluations); describe some of the differences in planning and producing videoconferences (such as the roles of the moderator, speakers, and graphics); and describe how to improve physician acceptance of videoconferencing by choosing the appropriate topics, presentation style, methods to increase interaction, and other tips to building an audience.

Key Points-Developing a thorough needs assessment and good objectives are as essential for videoconferences as other types of CME activities. Evaluations are just as important and should also include questions about the technical quality of the program for future program planning. However, for videoconferences to be the most successful, they must be more than just a live, talking head presentation broadcast by a camera in the back of the room. Successful videoconference presentations require skills, which are different than those necessary for a typical prepared presentation. Other considerations are the subject matter and whether or not it is appropriate for videoconferences.

Conclusions-Well-conceived and planned videoconferences can be a very effective method of reaching many physicians in geographically diverse locations simultaneously and can be a valuable addition to CME activities.

References-Hampton CL, Mazmanian PE, Smith TJ. The interactive videoconference: an effective CME delivery system. J of Cont Educ Health Prof 1994; 14:83-89.

(CANCELLED) T24 Workshop (Evaluation; Intermediate)-Levels of Evaluation: Making Theories Work

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Purpose-Several researchers (Kirkpatrick, Phillips, and Dixon) have all proposed systems of evaluations based on levels or intensity of outcome. The purpose of this workshop will be to construct a practical system of outcome evaluation based on the literature that can be used by the participant in his/her own setting.

Relevance-Evaluation is one component of planning in CME that takes time and resources but often yields results that do not justify the cost. The new accreditation system talks about evaluating effectiveness, but the translation to a system-in-use is not clear.

Objectives-Participants in this workshop will be able to contrast three views of outcomes evaluation using levels of evaluation; define an outcome evaluation system based on levels of evaluation; begin construction of criteria to use in application of levels of evaluation; and compare criteria with colleagues.

Methods-A short didactic presentation will be followed by an interactive work session.

Results-Participants will be able to apply important evaluation literature to daily practice.

Conclusions-Creating an evaluation system for an overall program that provides important planning information for the future depends on understanding the literature and setting criteria for application. Comparison among colleagues is an initial test to evaluate ideas.

Pearls-Knowing selected literature helps to create an effective evaluation system. It is most effective to use a portfolio of evaluation techniques that address the importance of the program. Continuous improvement in planning demands a schema to look at individual activities. Outcomes evaluation is a commonly used term, but often seems relegated to research. In fact, levels of evaluation may help translate theory into daily practice.

References-Dixon J. Evaluation criteria in studies of continuing education in the health professions: a critical review and a suggested strategy. Eval Health Prof 1978; 1:47-65.

Kirkpatrick D. Evaluating training programs. San Francisco: Berrett-Koehler, 1994.

Phillips J. Return on investment – beyond the four levels. In Holton E (ed), Proceedings of the Academy of Human Resource Development Conference, 1995.

T25 Workshop (Evaluation; Advanced)-Designing Multi-Dimensional and Multi-Trait Feedback for Physicians

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Purpose-The purpose of this workshop is to discuss the development and use of questionnaire based formative feedback systems for physicians.

Relevance-It is very difficult for physicians in practice to obtain regular feedback on their performance in practice. Appropriate feedback from patients, medical colleagues, and non-MD co-workers can be a helpful method of evaluation in practice when compared to a self-assessment template. CME professionals can be helpful in designing instruments that measure global performance as well as performance in clinically specific areas.

Objectives-By the end of the workshop, participants will have a working knowledge of the literature related to multidimensional multi-trait (360 degrees) physician feedback; have discussed typical questions that might be incorporated into instruments used to provide feedback from patients, co-workers, and medical colleagues; have explored how questionnaires can be used in conjunction with CME activities to increase the potential for improved physician performance; and determined some of the opportunities this type of information can provide for CME program development.

Key Points-There is an increasing literature about questionnaire based instruments that can be used by individual physicians, physician groups, and professional organizations to evaluate physician behavior and performance. CME professionals can play an important role in designing instruments that can be used by physicians in practice as well as in using anonymous data to guide relevant CME programming for physicians.

Conclusions and Implications-There are instruments that can be used by CME offices in conjunction with their educational programming to assist physicians to obtain feedback about the clinical services and care they provide. CME professionals can help physicians identify questions they might ask to elicit information about global performance as well as about their work in specific realms. CME professionals can incorporate the instruments into a CME program for physicians to use as well as using the data generated by physician studies to develop CME in pertinent areas.

Pearls-Examine questions and instruments that have been used to assess physician performance in a 360 degrees modality. Determine the appropriateness and feasibility of physician feedback instruments and data for CME programs in your environment.

Reference-Violato C, Marinia A, Toews J, Lockyer J, and Fidler H. Feasibility and psychometric properties of using peers, consulting physicians, co-workers, and patients to assess physicians. Acad Med 1997 (supplement); 72:S82-S84.

T26 Workshop (Accreditation; Intermediate)-CME from the For-Profit Perspective: A Dialectic Presentation

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- Significant Financial Relationships-Consultant, Lilly; and Stockholder, Lilly, Merck, American Home Products

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Purpose-Participants will receive an overview of the for-profit providers of CME, which will include statistics from the ACCME (ie, number of applications/re-applications; results of survey reports; reports on live activities; number and types of activities, etc; and organizational and corporate configurations, funding sources, mission statements, credentials of personnel, etc. A panel of representatives from the for-profit provider sector, pharmaceutical industry, community teaching hospital, medical school, and the physician faculty. Each panel member will be asked to respond to for-profit providers regarding compliance with Standards for Commercial Support, faculty acknowledgement of unapproved or investigative drugs, business practices, activity evaluation, and quality of educational activity. Finally, questions and comments from the audience will be addressed.

Relevance-The number of independent medical education/medical communications for-profit companies receiving national provider status from the ACCME far exceeds the number of conventional providers (ie, schools of medicine, teaching hospitals, professional societies, etc). The number of new applications to the ACCME continues. Another evolving trend is that of acquisition or merger of publishing firms and for-profit medical education companies. Concern over education vs promotion, the mission of for-profit companies' academic standards, and the notion of eligibility standards for accreditation has been captured in what has been referred to as the White Paper, and considerable discourse has ensued. This objective, educational session would address the issues and provide a forum for understanding of viewpoints.

Objectives-At the conclusion of this workshop, participants will be able to recite the figures on for-profit vs not-for-profit ACCME accredited providers; be able to list the issues and positions taken by various sides; be able to formulate an informed opinion/position on the issues; and receive clarification of unclear areas and answers to questions.

Methods-A 30-minute overview of statistics will be followed by 5-minute presentations from each of the 5 panelists, followed by 30-35 minutes of audience interaction.

Reference-Haber MH et al. The white paper (correspondence from Davis D to Kopelow M, February, 1998.

T27 Workshop (Program Management; All)-Getting Your Staff Invested: Practical Tips on Getting the Work Done and Keeping Everybody Happy

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Purpose-The intent of this workshop is to provide participants with some practical tips on creating an environment in their CME office that inspires productivity and keeps staff engaged and invested in the educational activities of the organization.

Relevance-Today's CME professionals need to respond to a work culture that requires them to do more work with less staff, while still meeting the organization's CME mission.

Objectives-Apply strategies to create an office environment that satisfies your organization's CME mission, keeps the staff engaged, and appeals to prospective hires. Cite ten simple actions that you can implement to create a more staff-friendly environment in your CME office. Utilize teams effectively to accomplish projects, and understand when it is not a good idea to form a team. Identify the barriers to creating a staff-friendly environment, and recommend actions to reduce or eliminate them. Raise the level of awareness among the leaders of your organization about the importance of addressing the human factor in our CME offices.

Methods-This workshop will include a didactic presentation and real-life, case-based examples, followed by discussion and small group exercises.

Conclusion-Participants will leave the workshop with ideas on how to create an environment where staff are motivated to exceed the performance standards.

References-Blowhowiak D. How's all the work going to get done? Franklin Lakes, NJ: Career Press, 1995.

Izzo JB, Klein E. Awakening corporate soul: four paths to unleash the power of people at work. Fair Winds Press, 1998.

Good WA, Developing a worker-friendly workplace. Assn Mgt 1998; 50(12).

Nelson B. 1001 ways to energize employees. New York, NY: Workman Publishing, 1997.

Schweitzer C. Creating an inspiring workplace. Assn Mgt 1998; 50(7).

(CANCELLED) T28 Workshop (Health Care Delivery Systems; Intermediate)-Improving the Health of Central Pennsylvanians: Integrating CME with Medical Management

Robert Pyatt, Jr, MD, Medical Director, Chambersburg Imaging Associates, 112 N 7th Street, Chambersburg, PA 17201, Tel: 717/267-7181, Fax: 717/267-3311

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Purpose-The purpose of this workshop is to demonstrate how CME, using many different methods, has been successfully utilized at 7 hospitals in Central Pennsylvania to improve the health status of approximately 80,000 individuals.

Relevance-CME is moving toward public health issues and is becoming more involved with health plans. Experiences of these CME methods with medical management will be of great value as we move toward population health management.

Objectives-By the end of this workshop, participants should be able to describe various CME formats involved with medical management and the value/application of each; and apply principles of CME in medical management.

Methods-This workshop will combine interaction with a didactic presentation. Health data will be reviewed, and group participation will help create solutions. Obstacles to applications will be discussed. The workshop will have here's how to do this, step-by-step methods.

Results-The results of surveys and personal experiences at 6 accredited hospitals will be reviewed. Coordinated case conferences covering the care continuum will be described. Health data improvements will be demonstrated.

Conclusions-CME plays an important role in improving the health of populations. However, some applications require new skills and formats for the CME professional.

Pearls-CME must play a role in utilization and quality management. Data driven CME is essential. Learning teams can be accredited and can drive outcomes improvement. Collaboration is a key to success in future CME.

References-Pyatt RS. The impact of managed care on continuing medical education. Amer J of Managed Care 1997; 2(10):1447-1458.

[NEW] R & R (Relaxation & Renewal) Series (All)-Walking Meditation with You and Your Colleagues

Ready to do something other than sit in a meeting room? Rejuvenate your body and calm your mind with your colleagues during this _ hour of walking and meditation (in the hotel), lead by an emergency medicine physician who also meditates daily.

W R Van Nostrand, III, MD, Medical Director, The Health Conservancy, 3735 Calle Cortez, Tucson, AZ 85716, Tel: 520/795-7130, Web Site: www.salubrity.com

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Reference: "Above all, do not lose your desire to walk. Every day I walk myself into a state of well being and walk away from every illness. I have walked myself into my best thoughts." Philosopher, Soren Kierkegaard.

[NEW] R & R (Relaxation & Renewal) Series (All)-Yoga for Busy People

Want to increase your energy and reduce your stress in minutes? Refocus yourself with an hour of yoga postures, diaphragmatic breathing, and deep relaxation, lead by a certified integral hatha yoga teacher (basic, level 1) who is also a busy emergency medicine physician.

W R Van Nostrand, III, MD, Medical Director, The Health Conservancy, 3735 Calle Cortez, Tucson, AZ 85716, Tel: 520/795-7130, Web Site: www.salubrity.com

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Reference: "Today's hectic lifestyle has left many people wondering how to manage the stress that comes along with it. While regular aerobic exercise and strength training can help, they aren't the complete answer. Some believe yoga is the piece needed to complete the puzzle of keeping both the body and mind fit . . . Yoga is an ancient practice that can help you deal with the stress of modern life. And more and more people are discovering the benefits of yoga; more than 6 million Americans now practice some form of the art." Convene 1999; September:53.

Mini-Plenary Session (Evaluation; All)-Using Outcomes to Plan More Effective CME for Physicians

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Lynne Sinclair, BSc, Research Assistant, Centre for Research in Education, Toronto Hospital, University of Toronto, 585 University Avenue, BW6-600, Toronto, ON, Canada M5G 2C4, Tel: 416/762-4441, Fax: 416/340-3792
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- Significant Financial Relationships-Grant/Research Support, Alliance for CME, Glaxo Wellcome Canada, and University of Toronto Faculty of Medicine)

Purpose-The purpose of this mini-plenary session is to provide an overview of the concepts of outcomes-based CME and examples of how outcomes can be used in CME practice.

Relevance-More and more, the new environment of health care is focusing on outcomes. If the CME enterprise is to provide value in this new health care environment, CME professionals must develop outcomes-based approaches to delivering CME. In addition, the new accreditation system of the ACCME emphasizes an outcomes approach to CME.

Objectives-At the conclusion of this mini-plenary session, participants should be able to define outcomes in the CME setting; distinguish among several levels of outcomes; describe a process for incorporating outcomes in CME planning; summarize the use of an outcomes approach in two different settings; and identify resources for use in outcomes-based CME planning.

Key Points-Outcomes-based CME is an extension and refinement of the needs reduction model that has characterized best practice CME planning for years. Outcomes-based CME draws heavily on the research findings about how physicians learn and change. An approach to developing outcomes-based CME can be developed by every CME sponsor, regardless of available resources.

Implications-An approach to continuing medical education based on the use of outcomes will lead to increasing effectiveness of CME activities.

Pearls-Effective CME is planned to achieve desired outcomes. Outcomes can be defined at several levels. Specification of desired outcomes must take place early in the planning process. Planning should focus on those outcomes. Multiple CME activities will be required to achieve the desired outcomes.

References-Davis DA, Thomson MA, Oxman AD, Haynes RB. Changing physician performance: a systematic review of the effect of continuing medical education strategies. JAMA 1995; 274:700-705.

Fox RD, Mazmanian PE, Putnam RW. Changing and learning in the lives of physicians. New York: Praeger Publications, 1989.

Grippin P, Peters S. Learning theory and learning outcomes. New York: University Press of American, 1984.

Kane RL. Understanding health care outcomes research. Germantown, MD: Aspen Publications, 1997.

(CANCELLED) F1 Workshop (Needs Assessment; All)-Physician Skills: A Model for Assessing and Enhancing Competencies in Primary Care

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Jeanne Ayers, MPH, Director, Continuing Medical Education, Institute for Medical Education, HealthPartners, Inc, 640 Jackson Street, St Paul, MN 55101, Tel: 651/221-3980, Fax: 651/292-4773
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Carl Patow, MD, MPH, Executive Director, Institute for Medical Education, HealthPartners, Inc, PO Box 1309, Minneapolis, MN 55440, Tel: 612/883-7184, Fax: 612/883-7181
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Purpose-This workshop describes a successful model for assessing and enhancing competencies of primary care physicians in a managed care plan.

Relevance-This model provides guidance to CME professionals in integrating CME principles with managed care initiatives to improve physician skills.

Objectives-By the end of this workshop, participants should be able to describe processes used to determine a set of standard skills for primary care providers; summarize methods to identify the learning needs of primary care providers in acquiring new skills; suggest strategies for translating identified learning needs into CME activities; and describe methods for evaluating the impact of training on physician competency and patient care.

Methods-A leadership review of practice patterns indicated that physicians in our system should possess a core set of clinical skills. The skill set would differ by primary care or specialty certification. As a model, family practice was selected as a pilot improvement. To establish a core set of competencies, a review of the literature was performed; medical group practices were analyzed; referring specialty physicians were interviewed; and clinical strengths of groups of clinic physicians were determined. Based on these data, a survey was created to assess clinical strengths of primary care physicians in 84 skills in 8 designated categories. The survey was administered as a self-assessment for 100 family practice physicians. To complement the self-assessment data, a survey was performed of specialty physicians regarding perceived inappropriate referral patterns. Departmental requirements also were considered in formulating the educational plan. Plans were developed for training in 12 core clinical skills that represented the greatest opportunity for personal skill enhancement. As a result of the success of the model in family practice, the model for needs assessments were extended to internal medicine and pediatrics.

Conclusions-A needs assessment was successfully applied as a model for evaluating primary care physician skills in a managed care setting. The needs assessment was used to develop an educational plan addressing needs of the individual physician as well as the medical group.

Pearls-A key component to success is developing an inclusive process, which allows for self-definition of competencies. Standards for core skills and learning activities should be developed in the context of the specific physician, clinic, and department. A successful process can create synergy between physicians, clinical departments, and CME providers.

References-Hatch T, Pearson T. Using environmental scans in educational needs assessment. J Cont Educ Health Prof 1998; 18:179-184.

Parboosingh J. Role of self-assessment in identification of learning needs. J Cont Educ Health Prof 1998; 18:213-219.

F2 Workshop (Objectives Setting and Stating; Advanced)-The Role of Objectives Setting and Strategic Planning

Marc DesLauriers, PhD, Director, CME, American Academy of Neurology, 1080 Montreal Avenue, St Paul, MN 55116-2325, Tel: 651/695-1940, Fax: 651/695-2791

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Theresa Kanya, MBA, Vice President, Education, American College of Physicians/American Society of Internal Medicine, 190 N Independence Mall West, Philadelphia, PA 19106, Tel: 215/351-2552, Fax: 215/351-2594

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Purpose-The purpose of this workshop is to explain and discuss the entire process of strategic planning, with specific emphasis on the role of objectives in this process.

Relevance-There is considerable information available on the various components of the learning process from needs assessment through evaluation. There is much less on observing the process as a whole and the role of each of the components in contributing to the overall effect. This workshop will provide a forum for that discussion.

Objectives-After completing this workshop, participants should be able to identify each component of the learning process and understand its potential effect on the overall strategic plan; be aware of the importance of setting specific objectives in order to realize the intended outcome; and develop a strategic plan for use in your work that reflects consideration for objectives setting and other key components of the process.

Methods-A discussion of strategic planning and the specific components involved will precede a review of case studies prepared for presentation by workshop participants.

Results-Participants will leave with improved understanding and direct application skills for incorporating essential learning components into an overall strategic plan.

Conclusion-The development of an effective strategic plan will, by definition, reflect appropriate use of objective setting and other learning process components.

Pearls-Take a broader view of applying the educational process to your long range planning. Compare your present approach to strategic planning with alternative methods. Recognize the relationship between the Essentials and strategic planning. See what other colleagues are doing in this area.

References-To be determined.

F3 Workshop (Educational Activities Design and Delivery; All)-CME Credit for Learning Teams: Practical Tips and Powerful Results

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Purpose-The purpose of this workshop is to demonstrate how learning teams can be created and accredited. Learning teams, popular in industry and described by Peter Senge (author of The Fifth Discipline), produce improved outcomes and organizational performance.

Relevance-Learning teams, or quality improvement (QI) teams, are a common method to improve quality in organizations. Following the Essentials, these teams can be accredited. This adds a new major format to the CME office activities.

Objectives-By the end of this workshop, participants should be able to describe how each Essential applies to learning team accreditation; and apply these principles to the organization.

Methods-Two faculty with experience in learning team formats will present, in an interactive format, their tools and techniques used to develop and accredit learning teams. There will be active audience participation, through flipcharts and group reporting, as well as role-playing.

Results-Use of these concepts allows integration of QI methods into CME and improves both CME outcomes and patient outcomes. Multiple examples of outcomes of various types (dollars saved, improved utilization of drugs, patient satisfaction, patient functionality, etc) will be shared with the group.

Conclusions-Accredited learning teams are a new format that CME providers can include in their arsenal of formats for appropriate CME activities.

Pearls-Multidisciplinary data driven teams commonly are used in organization, and when the Essentials are followed, physicians can earn CME credit. Obstacles to accreditation can be overcome with new tools provided at this presentation.

Reference-Pyatt R. The impact of managed care on continuing medical education. Amer J of Managed Care 1997; 2(10):1447-1458.

F4 Workshop (Educational Activities Design and Delivery; All)-Using a Health Science Center E-mail System for Evidence-Based Medicine CME

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- Do Not Intend to Discuss an Unapproved/Investigative Use of a Commercial Product/Device
- No Significant Financial Relationships

Purpose-This workshop will report on a university CME department's efforts to communicate the evidence on both efficacy and cost for diagnosis of common problems to physicians practicing at a university hospital using the convenient format of e-mail.

Relevance-Complex and weighty tomes of guidelines exist, as well as extensive evidence-based analysis of various diagnostic modalities. This approach is unique in distilling the essence of both the evidence-based and cost-effectiveness approaches into a convenient two-page format sent as an attachment to a CME e-mail. The information appears automatically and physicians can read it onscreen, print it, or save it to a file. The evaluation and questions documenting participation can be sent to the CME office by return e-mail or in print.

Objectives-Participants will be able to discuss how to produce e-mail-based CME that meets accreditation guidelines, as well as the advantages and disadvantages using an automatic presentation format like e-mail for CME.

Methods-Diagnostic study utilization for common, costly diagnoses was tracked using a University Hospital Information System. Committees of physicians determined the target diagnoses, which offered the most opportunity for improvement in both medical practice and cost control. A series of brief CME activities synthesizing both the evidence and the reimbursement data were developed. These were presented to the practicing physicians via e-mail.

Results-Physician reaction to the e-mail format will be presented along with data on the effect of their practice.

Conclusions-Effective CME can be offered in the e-mail format to a closed-panel practice group.

Pearls-Educate physicians about their current practice patterns. Combine data on the evidence for efficacy with data on reimbursement. Use a convenient, automatic format for delivery. Evaluate the extent to which the CME intervention changed practice.

F5 Workshop (Educational Activities Design and Delivery; All)-Quality Improvement and CME: Putting It All Together

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Purpose-The purpose of this workshop is to demonstrate a working model that combines quality improvement (QI) and continuing medical education (CME).

Relevance-Health care has become the business of quality. For physicians to succeed in today's changing health care environment, they must demonstrate an ongoing commitment to quality care. Introducing QI and outcomes into CME programming can be frustrating and difficult but not impossible. For the busy practitioner, CME is an excellent avenue to implement QI.

Objectives-By the end of this workshop, participants should be able to discuss the basic steps involved in implementing QI into CME; develop CME activities that emphasize QI; and evaluate the effects of such activities on physicians' practice patterns.

Methods-Non-intrusive self-assessment exercises are developed and administered to all participants. The exercises are collected, and the responses are analyzed. Peer comparison data are derived and presented back to the participants along with quality pointers (a synopsis of available research data), pearls of wisdom (practical tips from participants), educational materials (patient education pieces, algorithms, etc) and a resource guide. Evaluations then are solicited from participants with emphasis on changes in practice related to improving quality care.

Results-Implementing a QI model into a CME activity is an effective way to help physicians measure and evaluate the level of quality care and services they provide.

Conclusions-Modifications in physicians' delivery of quality care are measurable with this QI model. Introducing QI into a CME activity is an excellent way to promote changes in physician practice patterns.

Pearls-Provide physicians with the most up-to-date QI information. Stress the importance of physician participation in CME QI activities. Educate physicians about the role QI plays in daily practice.

References-Amer Acad of Peds' Ambulatory Care QI Program

Amer Acad of Peds' Proficiency Testing CME Program

F6 Workshop (Evaluation; All)-Asking What You Want to Know: Writing Multiple Choice Questions

Sarina Grosswald, EdD, President, SJ Grosswald and Associates, 347 Cloude's Mill Drive, Alexandria, VA 22304, Tel: 703/823-6933, Fax: 703/823-6934

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- No Significant Financial Relationships

Purpose-This workshop will explore the principles behind the use of multiple choice questions (MCQs), provide guidelines for proper item construction, and review common errors in construction.

Relevance-One means of evaluating the effectiveness of CME activities is cognitive testing. MCQs are commonly used in pre- and post-tests, enduring materials, and self-assessment programs. Yet, few CME professionals are trained in developing effective MCQs.

Objectives-By the end of this workshop, participants should be able to associate the hierarchical levels of learning with test item development; identify and correct common errors in item construction; and write a correctly constructed multiple choice question to test a desired objective.

Methods-This workshop will explore the principles behind the use of MCQs, provide guidelines for proper item construction, and review common errors in construction. The session will be in a workshop format, with an opportunity for participants to practice constructing MCQs and will receive feedback.

Results-There is a common misconception that multiple choice test questions can not evaluate understanding of broad principles. A well constructed, multiple choice question requires learners to weigh, select, and apply what they know in order to answer the question. There is a science to developing questions that are valid and that clearly test what is desired.

References-Educational Testing Service. Multiple choice questions: a close look. Princeton, NJ: Educational Testing Service, 1963.

Haladyna TM, Shindoll RR. Item shells: a method for writing effective multiple choice test items. Eval and the Health Prof 1989; 12:97-106.

F7 Workshop (Accreditation; All; CME 101: Basics Curriculum)-Compliance with ACCME's Standards for Commercial Support

This workshop updates providers on issues relating to the Standards for Commercial Support and discusses elements in the Standards that have been problematic to providers during the past year.

Murray Kopelow, MD, Executive Director, Accreditation Council for Continuing Medical Education, 515 N State Street, Suite 7340, Chicago, IL 60610, Tel: 312/464-2500, Fax: 312/464-2586
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Purpose-The purpose of this workshop is to update providers on issues relating to the Standards for Commercial Support and discuss elements in the Standards that have been problematic to providers in the past year.

Relevance-Compliance with ACCME's Standards for Commercial Support is required for ACCME accreditation.

Objectives-At the end of this workshop, participants should be able to describe the elements of the Standards for Commercial Support; identify those elements which have been problematic to CME providers; and identify practices which would aid compliance with ACCME's Standards for Commercial Support.

Methods-Using data from recent ACCME decisions, compliance with the Standards for Commercial Support was determined to be an educational need for ACCME accredited CME providers.

Conclusion-This workshop will be an invaluable exchange of information on ACCME's Standards for Commercial Support between accredited providers and the ACCME.

References-Please visit the ACCME web site at www.accme.org for materials related to this workshop. The following documents will assist participants in the workshop: System98 – Essential Areas and their Elements, and Accreditation Policy Compendium. These documents may be accessed on the site by clicking on Documents and Forms. The e-mail address for questions is postmaster@accme.org.

F8 Workshop (Program Management; All)-Liability and Other Legal Issues in CME

Bruce Bellande, PhD, Executive Director, Alliance for Continuing Medical Education, 1025 Montgomery Highway, Suite 105, Birmingham, AL 35216, Tel: 205/824-1355, Fax: 205/824-1357

- Do Not Intend to Discuss an Unapproved/Investigative Use of a Commercial Product/Device
- Significant Financial Relationship-Other Support, Executive Director, Alliance for CME

Purpose-The purpose of this workshop is to discuss the liability and other legal issues important in managing a CME program and offering CME activities.

Relevance-Continuing medical education courses and materials provide an invaluable mechanism for informing physicians about new technologies and techniques. For many physicians, this is the primary means of keeping up with new discoveries and treatments. Recognizing this intrinsic value, the law generally affords significant deference to medical education activities, through the First Amendment protections and other legal defenses. Nonetheless, the CME process still carries legal risks for CME providers, sponsors, and participants.

Objectives-By the end of this workshop, participants should be able to explain the risk of malpractice liability for physicians who choose to employ new procedures; comply with regulations and policies governing disclosure of off-label uses of pharmaceutical products/devices; discuss copyright and other intellectual property issues relating to presentations and enduring materials; identify the rights of patent holders and avoid patent infringement; determine the need for appropriate releases and consent from patients involved in demonstrations and medical procedures; and articulate the importance of disclosing conflicts of interest and commercial support of faculty and CME activities.

Methods-Recent litigation challenging the use of CME in the presentation of off-label uses of drugs and devices and the regulatory authority of the Food and Drug Administration regarding the dissemination of scientific and educational information, has resulted in significant legal responsibility and risks for CME providers. The Pedicle Screw case will be discussed, emphasizing the implications for CME providers. Other regulations, such as the Americans with Disabilities Act and emerging taxation policy on Internet commerce, also will be presented to illustrate the legal responsibilities impacting the management of CME programs and activities.

Pearls-Recognize your legal responsibilities and liability in the provision of CME. Learn how to appropriately acknowledge commercial support of CME activities, disclosure of unapproved or off-label uses of drugs and devices and disclosure of conflicts of interest in educational programs, products, and services. Avoid copyright and intellectual property infringement. Acquire appropriate releases and consents from patients and patent holders. Reduce the risk of physician malpractice liability. Comply with ADA and other regulations regarding educational activities.

F9 Workshop (Program Management; Advanced)-Implementing a Web-Based, Paperless CME Planning, Management, Filing and Compliance Documentation System: The Future of CME Information Management

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Purpose-The purpose of this workshop is to demonstrate for all CME professionals that a new world of a paperless, web-based management information and ACCME/AMA compliance system is a reality and that it is a viable methodology for sponsors whose organizations have multiple sites, hundreds of thousands of activities, and geographically-dispersed planners.

Relevance-In today's world of mergers and acquisitions, systems of care are more frequently complex, large, geographically-dispersed, bottom-up organizations. A challenge to these organizations is how to demonstrate central oversight of the CME planning process while still encouraging decentralized planning localized to the environment in which the educational activity will be delivered. The application of the world wide web-with all of its interactive capabilities – can serve to bridge the gaps inherent in these types of organizations and yet encourage the best possible quality of educational activities. Therefore, what topic could more typify the theme of the Alliance's 2000 Annual Conference, Translating Science Into Practice, than a demonstration of this highly imaginative application of technology to the future of CME.

Objectives-At the conclusion of this workshop, participants should be able to visualize a complete interactive system of planning and documentation for a multi-site international CME program; learn how the Internet can simplify and virtually reduce numerous repetitive required formats with the stroke of a computer key; comprehend the real-time communication process between a central CME office and multiple down site locations in order to maintain key control over activity development; and demonstrate the system's capability of uploading and synthesizing required permanent CME files into a centralized permanent database that documents compliance with the ACCME Essential areas and ancillary policies.

Methods-The US Army Medical Command, an ACCME-accredited worldwide network of 34 hospitals supporting more than 30,000 Army Medical Corps physicians, has spent much of a year developing and beta testing an innovative, web-based comprehensive system of planning, activity management, files documentation, and CME communications that is virtually paperless, and yet completely interactive and links all hospitals together with the central CME office for the Army. Parties to the interactive system include the international CME office in San Antonio, local hospital CME associate directors worldwide. CME activity planning committee chairs, faculty, and registrants. This workshop will utilize computers to demonstrate this new system; describe to participants the process of development of the system; show live, real-time examples of the system in operation; and demonstrate the process of production of repetitive materials that create themselves through the system's centralized databases.

Results-Mega CME programs can thrive and be ACCME-compliant through the application of web-based technology.

Conclusions-Multi-site systems of CME can comply with requirements through central oversight, and yet motivate down site locations to become involved in local activity planning and needs assessment through a decentralized process. This result has been made possible by the application of web-based technology.

Pearls-Standardize your CME processes; they are critical to the implementation of a uniform CME system. Identify elements that are common to multiple formats and outputs. Engage web technologists to listen to your processes and translate them into the interactive system on the web. Beta test your new system to make it user-friendly to your users. Make your web-based system accessible for all users: central and local CME directors, activity planners, and attendees.

F10 Workshop (Strategic Leadership; All)-The Times They Are a Changing: Case Studies in Managing and Re-Inventing Two CME Organizations

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Purpose-This workshop will present two case studies about two different CME programs that were in the midst of chaos and discuss what managerial, operational, and procedural changes were needed to make them effective CME providers.

Relevance-Change affects all organizations, and CME departments are no exception to this rule. One of the challenges of a CME manager is developing effective management practices that reshape the operational systems to meet the changes of their organization. As organizations reinvent themselves, we are challenged to reinvent our management and operational practices to ensure our success as CME providers. While no CME provider shares the same model for meeting these objectives, there are common approaches and experiences that other CME administrators have used that may be applied and modified to meet our own organizational needs of meeting this goal.

Objectives-Upon completion, participants should be able to discuss the similarities and differences between the two case studies; discuss the management and operational changes that were made to improve each organization's effectiveness as a CME provider; articulate operational and evaluation tools that CME managers can use to bring about changes and to measure organizational effectiveness.

Methods-Two case studies involving ACCME-accredited CME providers will be presented. The first is a non-profit integrated health care delivery system; the other is a for-profit communications company. The blueprint for managers to implement organizational change can be broken into the following categories: assessment and analysis of the environmental background; articulation of a strategy to manage change; development of policies, procedures, and systems; development of tools to ensure total continuous quality improvement; and evaluation of organizational effectiveness in meeting the challenges presented.

Results-A result of managerial and operational changes in both organizations was their ability to move from provisional into full ACCME accreditation. In addition, other tools were developed to measure their effectiveness as CME providers.

Conclusions-The management of the CME department needs to reinvent their systems and operations to meet the constantly evolving and changing needs of their organization.

Pearls-Share two case studies where management and operational change within the CME program allowed the organizations to move from provisional to full ACCME accreditation. Highlight management and operational tools that CME managers can take back to their organization. Demonstrate a system that can be used by CME managers to meet the challenges that change brings to an organization.

References-Connor D. Managing at the speed of change. Villard Books, 1992.

Dubrin A. 10 Minute guide to leadership. MacMillan spectrum/Alpha Books, 1997.

F11 Workshop (Personal Skills; All)-Meeting the Internet Challenge: Creative Research Skills and Strategies

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- No Significant Financial Relationships

Purpose-This workshop will provide continuing educators with an overview of and strategies for managing the extensive bibliographic resources available on the Internet.

Relevance-Efficient and effective access to the literature of continuing health professional education is increasingly necessary to support quality CE research and programming. Most CE providers now have access to the Internet and possess some searching capability, but identify a pressing need to further develop these skills.

Objectives-By the end of this workshop, each participant will be able to discuss the basic steps involved in formulating effective search strategies; identify and discuss the merits of at least three bibliographic databases, including the Research and Development Resource Base in Continuing Medical Education (RDRB/CME), an Alliance member benefit; and possess practical tools for developing a personal plan for managing his/her information needs.

Methods-The presentation is a guided tour through and interactive discussion of a Web site constructed specifically for this presentation.

Pearls-By attending this workshop, participants will have for immediate use a Web site outlining a step-by-step plan for finding and managing CE resources, with live links to relevant Web sites, as well as strategies for optimizing searching the public interfaces for MEDLINE and ERIC.

References-Ash JS. Factors affecting the diffusion of online end user literature searching. Bull Med Libr Assoc 1999; 8758-66.

Berry E, Parker-Jones C, Jones RG et al. Systematic assessment of world wide web materials for medical education: online, cooperative peer review. J am Med Inform Assoc 1998; 5:382-389.

Jadad AR, Gagliardi A. Rating health information on the internet: navigating to knowledge or to Babel? JAMA 1998; 279:611-614.

Westberg EE, Miller RA. The basis for using the internet to support the information needs of primary care. J Am Med Inform Assoc 1999; 6:6-25.

F12 Workshop (Health Care Delivery Systems; Intermediate)-Managing Continuing Education and Accreditation in a Multi-Business Unit Health System

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Purpose-The purpose of this workshop is to describe the principles and policies developed by one health system with multiple business units to manage the continuing education and accreditation process in full compliance with ACCME essentials and standards, as well as the requirement of other organizations, such as the AMA.

Relevance-With multi-hospital mergers becoming a common place occurrence in many cities, the management of an overall health system continuing education program that maintains focus on the essentials and standards as they relate to the specific business unit becomes a unique challenge.

Objectives-By the end of this workshop, participants should be able to identify the application of the ACCME essentials and standards as they relate to an overall health system as well as individual business units; discuss ways to maintain full compliance with the essentials and standards in a multi-business unit health system; discuss needs analysis and evaluation methods for a multi-business unit health system; discuss the need for ongoing evolution of the continuing education and accreditation process to respond to new situations and maintain compliance.

Methods-A comprehensive system of policies, procedures, and documentation has been developed over a number of years for the management of continuing education and accreditation in compliance with the essentials and standards of the ACCME as well as the regulations of other organizations. This information will be shared with participants.

Results-A system of policy, process and accountabilities insures full compliance with accreditation essentials and standards of the ACCME and regulations of other organizations. However, this process is constantly under review and subject to modification.

Conclusions-Multi-business unit health systems can effectively manage a large continuing education and accreditation program in full compliance with ACCME essentials and standards as well as the regulations of other organizations.

Pearls-The development of an effective continuing education committee network with emphasis on not only the overall continuing education program but the specific business unit program is critical. The development of policies, procedures, and tools to facilitate and document compliance is essential. Maintaining a current level of expertise of all continuing education staff assists with quality control of the continuing education and accreditation process. Ongoing review and modification of the continuing education program is crucial.

Plenary Session (All; CME 101: Basics Curriculum)-CME for DNA: Teaching Clinicians and the Public about the Full Impact of Genetic Testing

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Linda Casebeer, PhD, Associate Director, Division of CME, School of Medicine, University of Alabama at Birmingham, 1521 11th Avenue South, Birmingham, AL 35294-4551, Tel: 205/934-2616, Fax: 205/934-1939 (Plenary Moderator)
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Judith Ribble, PhD, President, Institute for Genetics Education, 1611 Don Gaspar Avenue, Santa Fe, NM 87505, Tel: 505/995-0886, Fax: 505/988-9896 (Plenary Introducer)
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- Significant Financial Relationships-Consultant, I C Axon, Bayer Corporation

Glenn Bingle, MD, PhD, Senior Vice President, Medical and Academic Affairs, Community Hospitals Indianapolis, 1500 N Ritter Avenue, Indianapolis, IN 46219, Tel: 317/355-5381, Fax: 317/351-7813 (Plenary Responder)
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- Significant Financial Relationships-Consultant, Meniscus Ltd and Memorial Hospital South Bend; Speaker's Bureau, Community Hospitals; and Stockholder, Numerous

Robert Fox, EdD, Professor, Center for Continuing Professional Education, University of Oklahoma, 200 McCarter Hall, Norman, OK 73072, Tel: 405/325-2769, Fax: 405/573-0796 (Plenary Responder)
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Purpose-The purpose of this plenary session is to convey the personal, societal, financial, legal, and ethical issues of the new genetics and relates these issues to the CME community.

Relevance-This session will highlight new directions in the science of genetics and the impending urgency with which these new directions must be translated into clinical practice.

Objectives-At the conclusion of this plenary session, participants will have an appreciation for the question, Whose Genome Is It, Anyway?; of the emergent importance of teaching the broad societal implications of the Human Genome Project to clinicians; and of the role of the clinical in teaching patients.

Methods-The presentation by the plenary speaker will incorporate a role-play to reflect a societal vote on the genetic applications of medical ethics. Respondents will highlight the implications of Dr. Pauker's message for CME professionals.

Results-The participants will come away from this plenary session with an improved understanding of the CME imperative associated with the completion of the Human Genome Project.

Pearls-There is only one genetic code for humans; mutations allow for environmental adaptations and diversity but also disease states. Aggressive, well-intentioned scientific manipulations of that code have advantages and risks, which must be taught via CME.

References-Pauker, SP. Medical ethics. J of Law 1998; 26:221-224.

The Genome Action Community Web Site: www.tgac.org

E-mail: Genetests@genetests.org

[NEW] R & R (Relaxation & Renewal) Series (All)-Power Walking with You and Your Peers

Prefer to take a brief health break before beginning your free afternoon off in the Big Easy? Recharge yourself on this _ hour power walk along the river walk (weather permitting) with your peers, lead by an emergency medicine physician who is also a regular walker.

W R Van Nostrand, III, MD, Medical Director, The Health Conservancy, 3735 Calle Cortez, Tucson, AZ 85716, Tel: 520/795-7130, Web Site: www.salubrity.com

- Do Not Intend to Discuss an Unapproved/Investigative Use of a Commercial Product/Device
- No Significant Financial Relationship

Reference: "Solvitur ambulando. It is solved by walking." Saint Augustine. In his essay on the art of walking, Henry David Thoreau described his daily regimen of walks as a time when he could gather himself, hear the sound of his own heart beating – all while walking.

[NEW] R & R (Relaxation & Renewal) Series (All)-Yoga for You: Anytime and Anywhere!

Wonder how you can incorporate R & R into your daily life? Return home with some simple yoga stretches, an alternate nostril breathing technique, and a laughing meditation you can practice on the job, in traffic, on the plane, or at home!

W R Van Nostrand, III, MD, Medical Director, The Health Conservancy, 3735 Calle Cortez, Tucson, AZ 85716, Tel: 520/795-7130, Web Site: www.salubrity.com

- Do Not Intend to Discuss an Unapproved/Investigative Use of a Commercial Product/Device
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Reference: "The best way to get started in yoga is to find a class that appeals to you. Find out where yoga classes are being held in your area, and stop by to see how you like it. There are many different approaches to yoga . . . and it's important to find the one that appeals to you most . . . Yoga is a great way not only to relax, but improve your performance in other activities. So don't let any preconceived notions of yoga keep you from enjoying the benefits of this dynamic mind/body exercise." Convene 1999; September:54.

Plenary Session (All; CME 101: Basics Curriculum)-The Patient as Teacher

John Stone, MD, Professor of Medicine (Cardiology), Emory University, Atlanta, GA, Poet and Writer, 3983 Northlake Creek Court, Tucker, GA 30084, Tel: 404/727-4335, Fax: 404/727-5456 (Plenary Speaker)

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- No Significant Financial Relationships

Robert Raszkowski, MD, PhD, Dean, Academic Affairs and CME, School of Medicine, University of South Dakota, 1400 W 22nd Street, Sioux Falls, SD 57105-1570, Tel: 605/357-1304, Fax: 605/357-1311 (Plenary Moderator)

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- Significant Financial Relationship-Grant/Research Support, Pharmacia and Upjohn

Robert Fore, EdD, Associate Dean, Graduate and Continuing Medical Education, School of Medicine, Mercer University, 777 Hemlock Street, Hospital Box 1005, Macon, GA 31201, Tel: 912/633-1634, Fax: 912/633-1578 (Plenary Responder)

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Rorie Fore, AA, Surgery Center, Medical Center of Central Georgia, 777 Hemlock Street, Macon, GA 31201, Tel: 912/633-1162, Fax: 912/477-3589 (Plenary Responder)

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Purpose-This plenary session will illustrate that each patient's history can be thought of as a most unique- and diagnostic-short story, his/her life an extraordinary novel. The best and most comprehensive caring for patients involves a listening posture, which will be emphasized by reference to the speaker's writings (stories, essays, and poems).

Objectives-This session will include stories out of Dr. Stone's 30 years in the practice of medicine/cardiology, emphasizing how far we've come during that time and exploring the impact of technology on the doctor-patient relationship. The pragmatic, ethical, and renewal lessons taught by such stories will be self-evident.

Methods-This session will incorporate readings, storytelling, clinical vignettes, and references to the History of Medicine.

Pearls-Participants will leave with the wisdom of the clinicians who have gone before us, from Chekhov to Sydenham and Osler to William Carlos Williams.

Reference-Stone J. In the country of hearts: journeys in the art of medicine. LSU Press, 1996 (originally appeared in New York Times Magazine).

Mini-Plenary Session (Educational Activities Design and Delivery; All)-CME/CPPD: Heads Up from the American Medical Association (AMA)

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Greg Paulos, MBA, Associate Director, CPPD, American Medical Association, 515 N State Street, Room 7480, Chicago, IL 60610, Tel: 312/464-4036, Fax: 312/464-5830
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Purpose-This interactive mini-plenary session will provide the latest information about developments at the American Medical Association (AMA) regarding North American CME and the AMA Physician's Recognition Award, with a focus on the creation of new opportunities for effective CME.

Relevance-Demands for accountability from the public and from the medical profession are leading the major organizations involved in CME to rethink CME methodology and appropriate content. The AMA believes that increased emphasis must be placed on individual physician self-directed learning and on more focused continuing medical education. Consideration also is being given to the possibility of redefining AMA PRA categories to assure that CME offerings meet the expectations of physician participants and of physician certifying organizations. As a reflection of these concerns, the AMA is renaming its CME undertakings as Continuing Physician Professional Development (CPPD).

Method-The outcome of the 1999 Beaver Creek Research Consensus Conference on CME, Translating Physician Learning Into Practice, will be shared with participants as a portion of this mini-plenary session.

S1 Workshop (Needs Assessment; All)-The Public's Health: Incorporating the Preventive Care Message in CME

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Patrick Sweeney, MD, PhD, Associate Dean, Medicine, School of Medicine, Brown University, Women and Infants Hospital, 101 Dudley Street, Providence, RI 02905-2499, Tel: 401/274-1122, Fax: 401/453-7684
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Purpose-The purpose of this workshop is to report on various findings and the instruments used in public health that can be of benefit to CME practitioners and physicians.

Relevance-Incorporating a preventive care message in the clinical practice improves patient health. Many physicians however are pressed for time and do not have the resources needed to make this practice consistent. CME professionals can use health information statistics, outcome studies, and behavior change theory applications from public health to enhance our CME efforts.

Objectives-By the end of this workshop, participants should be able to identify literature that shows the positive outcomes seen in preventive care programming; design CME interventions that use data from the public health field; and experiment with the use of the stages of change theory to prompt behavior change.

Conclusions-The CME practitioner can expand his/her horizons and that of physicians by simply looking at our neighbors in the field of public health. Like us, these professionals apply data gathering strategies, program design, and evaluation methodologies. Many of these tools and techniques are similar to those we apply. The CME professional should know about those that are new and useful to us and then should consider incorporating them into our CME practice.

Pearls-Sources of needs analysis data are easily accessed through local, state, and government public health services. Physicians are less comfortable with and conduct a lot less preventive care than we like to think. The stages of change theory helps to assess the learners readiness to change and implement more appropriate interventions.

S2 Workshop (Objectives Setting and Stating; Intermediate)-Self-Directed Learning

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Purpose-In order to provide category 1 credit to those learning activities that are in response to physicians' immediate needs, the CME committee at the Susquehanna Health System has developed a program to accredit self-directed learning. This workshop will review the development and implementation of this program.

Relevance-Physician learning occurs best when it is in the context of addressing an acute problem. Providing category 1 credit for a planned activity reinforces the importance of this type of learning.

Objectives-Recall the theoretical basis for the program's development; identify the integral components of the program; and appraise the value of this type of activity.

Conclusions-Most programs attempt to facilitate self-directed learning by helping the participant identify needs and then attending a more formalized activity. This program provides a framework for the learner to identify needs, set objectives, and then utilize an individualized educational method. The process is facilitated by designated mentors and utilizes an evidence-based approach to data acquisition, appraisal, and synthesis. Final results are evaluated and a report on the results of each project is reviewed. The final product is posted on the health system's web site for easy access by all physicians.

S3 Workshop (Educational Activities Design and Delivery; Intermediate)-Using Process Consultation Models of Change in Managed Care Environments

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Michael Saxton, BS, Director, Healthcare Education Consulting, Pharmacia and Upjohn Company, 100 Rt 206N, Peapack, NJ 07977, Tel: 908/306-8273, Fax: 908/306-4473
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Purpose-The purpose of this workshop is to show how process consultations can be used to organize efforts to plan and implement change strategies in managed care settings.

Relevance-Managed health care organizations have focused heavily on the problems associated with the ways that physicians perform their clinical practices. Attempts to change physician behavior in the clinical setting have focused on feedback systems, reminder systems, regulations, and rules. These models of change have not lead to the kinds of new behaviors, in many cases that managed care professionals desired. CME has a long tradition of using educational models to foster changes in physicians' behaviors. These approaches often have focused on the individual practitioners operating a cottage industry style of practice. The physician was viewed as an independent professional with wide discretion as to what he or she did and how it was done. Providers of CME offered educational programs on a buffet line for consumption by independent physicians in individual or small group practices. However, research showed little effect of singular programs on individual practices. Multiple interventions seemed to be necessary to foster change in performance.

Objectives-After participation in this workshop, learners will be able to define and describe process consultation as a strategy for change, apply its principles to planning change strategies in managed care settings; and identify and describe their own consulting style as it relates to this process.

Methods-This workshop will use the process consultation model and a series of case studies from managed care to help the audience see how process consultation may be an effective strategy for changing physician performance in a managed care setting. Participants will be able to identify their individual consulting style and will be asked to suggest strategies to accomplish each step of the model. Workshop facilitators will describe different strategies that have been useful working with managed care. Emphasis will be on developing consulting skills and recognizing the pitfalls of consulting with managed care client systems. One of the best ways to foster change in any organizational setting is process consultation. This approach to planned change is based on initial work by Schein and more recent versions by Cockman et al and Block. The model emphasizes change strategies built on a series of steps, including gaining entry into a client organization, contracting a relationship with the client system, collecting data about the organization's problems, analyzing data, designing interventions, implementing interventions, evaluating outcomes, disengaging or renegotiating the contract or collecting new data.

Results-Process consultation can allow for multiple interventions based on education, feedback systems and reminders.

Conclusions-The next generation of change agents will need to use new models like process consultation to engage client systems in long term change strategies.

Pearls-Process consultants are expert in the process of change rather than a discipline. All four styles of consulting are useful in a long term consulting relationship. Contracting and feedback meetings are recurring events in the consultation cycle. Consultants may be internal or external but they depend on the same steps and the same skills.

References-Schein EH. Process consultation: its role in organizational development. Reading, MA: Addison-Wesley, 1969.

Block P. Flawless consulting: a guide to getting your expertise used. San Diego: Pfeiffer and Company, 1981.

Cockman P, Evans B, Reynolds P. Client-centered consulting. London: McGraw-Hill, 1992.

S4 Workshop (Educational Activities Design and Delivery; Intermediate)-Implementation of Problem-Based Small Group CME

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Purpose-The purpose of this workshop is to present a method for initiating a problem-based, small group CME program.

Relevance-In many areas, continuing education providers are attempting to provide a variety of CME activities for their target audience. Problem-based, small group discussions are an effective means of providing CME.

Objectives-By the end of this workshop, participants will be able to develop the framework for a problem-based, small group CME event; develop an implementation plan for such an event; and identify and discuss the potential barriers to the implementation of such a program.

Methods-The workshop will be based on knowledge gained from planning and implementation of approximately 100 problem-based CME events over the past 5 years. A framework will be provided for the planning and implementation of problem-based, small group continuing education events. Potential barriers to implementation of small group CME will be explored as well as means to overcome these barriers.

Results-Participants in this workshop will have the ability to plan and implement a CME event utilizing a problem-based small group format.

Conclusions-CME using problem-based small group discussion is an effective method of CME delivery but many barriers exist which can make implementation of such programs difficult. Understanding these barriers and how to overcome them can greatly increase the success of this type of program.

Pearls-Build on the strengths of the small group format. Utilize physician peers as facilitators. Examine bias of CME providers.

References-Davis DA, Thomson MA, Oxman AD, Haynes RB. Evidence for effectiveness in CME: a review of 50 randomized controlled trials. JAMA 1992; 268:1111-1117.

Premi J, Shannon S, Hartwick K, Lamb S, Wakefield J, Williams J. Practice-based small group CME. Acad Med 1994; 69:800-802.

S5 Workshop (Educational Activities Design and Delivery; Intermediate)-Grand Rounds as an Accredited CME Activity

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Purpose-This workshop outlines the steps involved in accreditation for a weekly rounds with an emphasis on adult education principles.

Relevance-Weekly rounds (institutional, interdisciplinary, departmental, divisional) are common in health care institutions. These rounds often are assigned to individuals or services without an overall CME plan to enhance the educational design and pragmatic components.

Objectives-By the end of this workshop, participants will be able to compare and contrast focus groups and questionnaires as a needs assessment methodology; discuss barriers to innovation and develop strategies for effective new programs; and evaluate programs using a summated rating scale to document and improve facilitator effectiveness.

Methods-A step wide plan was developed to change the emphasis of grand medical rounds at six teaching hospitals, University of Toronto. Retreats were organized to familiarize representatives with adult education principles and CE methodologies. A needs assessment was then conducted, using both questionnaires and focus groups. This was followed by suggestions for innovative rounds based on self-assessment and quality assurance programs. An instructional design manual also was created. Summated evaluation forms were validated and used for facilitator feedback.

Results-The multiple interventions described helped to develop high quality accredited rounds for teaching hospitals. Summated evaluations were able to help focus presenters on the educational design components of rounds.

Conclusion-The educational design of grand rounds can be improved by combining qualitative and quantitative needs assessment with innovative formats and a summated evaluation form.

Pearls-Qualitative and quantitative needs assessment provide complementary information for program design. Educational opinion leaders can be used to initiate changes in a program design. Innovative rounds can be used to demonstrate alternatives to didactic presentations. A summated evaluation form has greater validity and reliability. Summated evaluations can be used to assess the presenter's teaching effectiveness.

References-O'Kane MK, Mazmanian PE. Anticipated and encountered barriers to change in CME: tools for planning and evaluation. J Cont Educ Health Prof 1991; 11:301-318.

Davis D, Taylor-Vaisey A. Two decades of Dixon: the question of evaluating CE in the health professions. J Cont Educ Health Prof 1997; 17:207-213.

S6 Workshop (Evaluation; All)-Achieving Better Outcomes by Integrating Quality Improvement and CME

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Purpose-The purpose of this workshop is to demonstrate how the principles and methods of quality improvement (QI) and CME can be integrated to achieve better CME outcomes.

Relevance-CME outcomes are of increasing interest to all CME providers. By integrating QI methods, such as customer-focused, data-driven learning teams, significantly improved and measurable outcomes have been experienced.

Objectives-By the end of this workshop, participants should be able to discuss concepts of QI and how they can be integrated into each of the Essentials; apply these principles to CME activities in their organization; and achieve improved measurable CME outcomes.

Methods-Two faculty with experience in QI and CME will present an interactive format consisting of both didactic and audience participation elements. Using flipcharts, slides, overheads, and handouts, participants will be engaged to create solutions and techniques which they will bring back to their organizations. These also will be shared with other participants in this highly interactive format.

Results-Use of these concepts by the faculty has resulted in dramatic improvements in CME. Indeed, the Felch Award was won by one of the faculty through application of these principles, which resulted in a savings of $2.2 million for the local community on just one series of CME activities.

Conclusions-Integrating QI and CME will have powerful results on CME outcomes.

Pearls-Data-driven CME is a key needs assessment element. Program objectives linked with data are valuable. Accredited learning teams are a new CME format with powerful, implemented results. Outcomes always are measured with QI integration.

References-Pyatt R. The impact of managed care on continuing medical education. Amer J of Managed Care 1997; 10(2):1447-1458.

S7 Workshop (Accreditation; Beginner)-ACCME Standards for Commercial Support: What New ACCME Providers Need to Know

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Purpose-This workshop is designed for participants new to continuing medical education. The workshop session will review and discuss the important issues frequently encountered by CME professionals and utilize case studies to highlight creative and effective strategies for ensuring compliance with this ACCME standard.

Relevance-Data from the ACCME identifies that the ACCME Standards for Commercial Support are frequently a source of non-compliance for many accredited providers. New CME professionals often are required to implement these standards without a clear understanding of the rationale for or rules of the standard.

Objectives-Through participation in this workshop, participants will have the opportunity to identify the elements of the ACCME Standards for Commercial Support; review the problems commonly encountered by CME professionals; and discuss case studies that highlight the important issues in the ACCME Standard for Commercial Support.

Methods-Through a brief overview (lecture style), the group will review the ACCME Standard for Commercial Support. This review will be followed by case presentations that highlight problem areas within the standard. Nominal group process will be utilized to develop strategies for ensuring compliance with this ACCME standard.

Results-Increased knowledge about the critical elements in the standard and a discussion of strategies for implementation can facilitate compliance with this standard and decrease anxiety related to compliance with the commercial support requirements.

Conclusion-Increase potential compliance with the ACCME Standard for Commercial Support, thereby decreasing the potential for influence in the development of CME activities.

Pearls-Know the crucial elements in the ACCME SOCS. Identify the responsibilities of an accredited provider. Describe strategies for specific case scenarios on commercial support. Promote awareness of scientific integrity, balance, and disclosure.

References-ACCME. Standard for commercial support.

S8 Workshop (Program Management; Beginner; CME 101: Basics Curriculum)-Negotiating for Activity Sites and Establishing Positive Hotel Relationships

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Purpose-One of the first steps in the logistical planning of an activity is negotiating a site, meeting rooms, catering arrangements, recreational functions, and sleeping rooms that will attract potential participants to the activity. Price is not the only consideration. Other aspects may well override the price, if those amenities can be offered. Positive relationships can relieve the stress in negotiations.

Relevance-CME directors and coordinators must secure locations for CME activities they plan. This workshop will address using interpersonal skills to communicate within and outside the organization with clients regarding the standards, content, target audience, and mission of the CME program and conducting relationships with staff and clients that manifest qualities of adaptability and skills in negotiation.

Objectives-Following the completion of this workshop, participants will be able to use techniques for proper negotiation; facilitate contracts for site negotiation; and possess tools to work with the site management for achieving the best results for all parties.

Methods-Knowing and understanding the hotel's point of view goes a long way in establishing positive hotel relationships and aids in negotiating techniques. Knowing the sales staff's corporate expectations, knowing what the catering staff can do, and knowing the behind the scenes and insides of the hotel can add to the understanding of the hotel staff's point of view. Suggestions from a joint venture with the Hyatt Regency-Lexington and the University of Kentucky Office of CME staff will be given as ways to improve relationships.

Results-After the joint venture, the planning staff was better able to understand the needs of the hotel partners and to work to achieve the best results for all parties.

Conclusions-Proven techniques for site selection and negotiation and for working with those personnel at the selected location can facilitate positive relationships.

Pearls-Positive relationships can help relieve the negotiating process. Negotiating techniques can contribute to the confidence of the coordinator or director.

S9 Workshop (Program Management; All)-Streamlining Grand Rounds Program Management

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Purpose-The purpose of this workshop is to report on a CME division's efforts to efficiently manage and monitor approximately 70 grand rounds/conferences in accordance with ACCME essentials and standards.

Relevance-It would be difficult at best to be present at and keep files for all meetings of grand rounds and conferences, when more than one occurs simultaneously. It would be impossible to do so for 70 such ongoing activities. The CME office can effectively certify many grand rounds and maintain certification in accordance with ACCME essentials and standards by using efficient procedures, keeping lines of communication open, and randomly monitoring meetings and files.

Objectives-By the conclusion of this workshop, participants will be better able to list ways of efficiently monitoring grand rounds and conferences; communicate effectively and periodically with grand rounds coordinators; and monitor meetings and files for compliance with ACCME essentials and standards.

Key Points-Use a standard application form with all requirements outlined. Use a certification package for approved activities with all rules and forms included and explained. Maintain a database of all activities' names, times, directors, coordinators, and contact information. Review files, and attend each activity annually, using standard forms. Repeat file review and/or attendance, when key personnel change or when deficiencies are identified. Collect attendance/disclosure data quarterly on a standard form or likeness thereof, and enter data into a database. Communicate periodically with all coordinators. Collect, summarize, and report evaluations annually from each activity. Print certificates upon request. Be familiar with ACCME essentials, standards, policies, and applications, as well as recommendations.

Implications-CME professionals can learn from each other ways to improve the efficiency of their grand rounds program management.

Pearls-Use standard forms. Communicate frequently. Be supportive rather than enforcing whenever possible.

Reference-Rosof A, Felch W. Continuing medical education: a primer. Westport, CT: Praeger, 1992.

S10 Workshop (Strategic Leadership; Intermediate)-CME Strategic Planning: How To Do It

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Purpose-This workshop is for CME directors and managers. It focuses on the tools and methods used to create strategic plans and the strategic planning document.

Relevance-"The best way to predict the future is to invent it." (Alan Kay, inventor of GUI Interfaces) If you cannot invent a future for your CME activities, then you are in danger of becoming irrelevant, of being bypassed by the changes in health care. You must have a vision for CME's place in the larger environment and a plan for achieving that vision, and you must use that plan to communicate to relevant stakeholders and potential allies.

Objectives-Upon completion of this workshop, participant will be better able to follow established strategic principles; complete an environmental scan, a forecast of the future, and an internal audit as inputs into the planning process; and put together a planning document that serves as both an operations guide and a communication tool.

Key Points-You need to do strategic planning. There are specific tools and principles for doing strategic planning. The final result is a planning document, which serves as a road map for tactical planning and a communication tool for selling your vision, recruiting allies, and positioning your activities.

Methods-The workshop will be didactic, providing an overview of strategic planning, strategic principles, and the strategic planning document. Much of the learning will occur from the checklists, samples, and pocket guides that participants take away from the workshop.

Pearls-Vision and mission statements are important tools, not just fluff or public relations. You can model the future; you can predict environmental conditions. There are practical tools and methods for strategic planning and a specific template for the strategic planning document. Principles developed in competitive business and military environments are relevant for CME providers.

References-Goodstein LD, Nolan TM, Pfeiffer JW. Applied strategic planning: a comprehensive guide. McGraw Hill, 1993.

Kouzcs JM, Posner BZ. The leadership challenge: how to get extraordinary things done in organizations. Jossey-Bass, 1991.

Porter ME. Competitive strategy: techniques for analyzing industries and competitors. Free Press, 1980.

Porter ME. Competitive advantage: creating and sustaining superior performance. Free Press, 1985.

S11 Workshop (Personal Skills; All)-Managing Transitions

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Purpose-This workshop is designed to provide information regarding the psychological processes that individuals experience when changes occur.

Relevance-Change occurs throughout every individual's personal and professional life. The ability to manage change and transitions is a vital skill in today's constantly changing working environment.

Objectives-Identify the concepts and tools for change and transition processes; review the three stages of transition created by change; and utilize transition management principles in daily work life.

Methods-Lecture and discussion of transition management will be based on the model presented in William Bridges' book, Managing Transitions. Participants will review the three stages of transition created by change, as well as transition management theory and applied knowledge.

Conclusions-At times, change is difficult: emotionally, physically, and financially. Works in progress will continue to change with or without our cooperation and approval. If we don't find a way to move forward with transition, we may miss opportunities and use up our energy resisting the inevitable.

Pearls-Concepts and tools, stages of transition, transition in daily work life, and embrace or resist.

References-Bolles, RN. What color is your parachute? Ten Speed Press, 1996.

Bridges, W. Managing transitions. Addison-Wesley, 1991.

Pritchett, P. Mindshift: the employee handbook for understanding the changing world of work. Pritchett and Associates, 1996.

Working Solutions, Inc. Adapting to change in the workplace. Working Solutions, Inc, 1996.

Institute (Personal Skills; All)-Focus on the CME Customer

This institute covers a set of interpersonal skills that can be used to enhance customer service in the CME arena.

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Purpose-The purpose of this institute is to teach a set of interpersonal skills that can be used to improve or enhance customer service in the CME arena.

Relevance-Providers often are placed in difficult situations in dealing with physicians, industry representatives, and other customers in the scientific world of medicine. How do providers use their language skills, observation of behavior, and business sense to make every interaction with CME customers a successful interaction? This institute will use video observation and coaching to offer a solution to these dilemmas.

Objectives-As a result of this institute, participants will be able to use a time-tested model to coach another (ie, subordinate, learner, physician) to improve their customer service skills; evaluate his/her facility with the coaching model; and generalize the use of the model to teach other skills in addition to customer service skills.

Methods and Results-This institute was first designed for managers at a community, teaching hospital. It was implemented with all management staff of the institution with a goal of improving overall customer satisfaction and demonstrating to managers that good leaders are also active teachers. Comments to date show extremely high satisfaction with the course, and the organization will be tracking change in customer satisfaction as measured by Press Ganey survey analysis. Videotape of customer service examples and required video self-confrontation role-play make this institute especially risky and yet very rewarding to the participant.

Conclusions and Implications-Regardless of the CME setting (hospital, specialty society, state association, medical school) or type of education developed (live or enduring material provider), the CME professional should be actively teaching and using known skills to enhance customer service. Given that CME providers interact on a daily basis with a variety of customers (internal and external, physician and non-physician, industry and governmental), it is postured that customer focus skills would be useful to the CME professional. This institute has content that is consistent with the personal competencies identified in the Alliance's Guide for Professional Development (sub-section on Personal Skills).

Pearls-Follow a 4-step sequence. Listen. Diagnose. Make the learner perform the skill so that you can see if s/he can do it.

References-Tichey NM. The leadership engine – how winning companies build leaders at every level. New York, NY: HarperCollins Publishers, 1997.

Freiberg K, Freiber J. Nuts!: southwest airlines' crazy recipe for business and personal success. Broadway Books, 1998.

Mini-Plenary Session (Strategic Leadership; Intermediate)-Top 10 Ways to Partner with Industry

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Purpose-The purpose of this mini-plenary session is to describe effective negotiating skills, which result in effective partnerships among the pharmaceutical industry and the CME provider.

Relevance-This mini-plenary will facilitate the overarching theme of the Alliance's conference of translating science into practice. The skill of developing trusting relationships among industry supporters and CME providers and of negotiating win-win partnerships are key to continued funding of CME activities.

Objectives-At the conclusion of this mini-plenary, participants will be able to demonstrate the skills necessary to negotiate successful partnerships; discuss key strategies which will engender support from industry for CME activities; and understand the regulatory environment of the pharmaceutical industry and apply those to the creation of successful collaborative efforts.

Methods-Interactive discussions, role-plays and simulations of actual cases will convey the information in a lively and informative mini-plenary session.

Results-The participants will come away from the program with an improved understanding of the regulatory environment in which the pharmaceutical industry must work. They will be able to achieve win-win partnerships based on common goals of providing scientifically rigorous educational initiatives.

Conclusions-This mini-plenary session will facilitate successful partnerships among industry and CME providers.

Pearls-Understand constraints placed on industry by the regulatory environment beyond the ACCME Essentials and Guidelines. Role-plays and case based presentations will enable the CME participants to use more successful strategies to secure funding from industry. Identify the key issues necessary to satisfy the industry partners.

References-Raichle LT, Proving the case for investing in CME. Med Marketing and Media 1998; June.

Moore DE, Green JS, Jay SJ, Leist LC, Maitland FM. Creating a new paradigm for CME: Seizing opportunities within the health care revolution. J Cont Educ Health Prof 1994; 14:4-31.

Andreasen AR. Profits for nonprofits: find a corporate partner. Harvard Business Rev 1996; Nov-Dec.

S12 Workshop (Needs Assessment; Beginner)-Assessing Readiness for Change in Managed Care Organizations

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Purpose-The purpose of this workshop is to demonstrate how CME can be targeted to specific behaviors by developing instruments that reflect the theory of change and learning developed by Fox et al, 1998.

Relevance-Although the model of change and learning developed ten years ago to describe how physicians make change in clinical practice, it has not been translated into direct practices for CME. The need to draw implications is especially important in managed care environments where change readiness and clinical consequences are closely related to institutional and clinical outcomes.

Objectives-After participation in this workshop, learners will be able to develop a strategy for planning and managing change in the practice behaviors of health professionals. They also will be able to define and describe a comprehensive strategy for assessing readiness to change clinical behavior.

Method-The workshop will use the following methods, techniques and activities to demonstrate and engage the audience in discussion related to assessing readiness for change:

Overview of model of change and learning

Case 1-A clinical problem (cases are disguised combinations of experiences with managed care).
Target audience change: Identifying an outcome (clinical problems and behavioral antecedents).
Exercise and discussion of how to identify and assess forces for change based on a case.
Discussion of implications for change strategies of various forces for change.

Case 2-The role of image of change.
Exercise and discussion of how to assess and use image of change to foster learning and changing.
Implications of image of change for planning change strategies.

Case 3-Self assessment of need.
Exercise and discussion of how to develop tools for assessing need and motivation.
Implications extent of need on motivation to learn and change.
Inducing motivation.

Case 4-The role of barriers to change.
Exercise on measuring and interpreting barriers to change.
Removing barriers to change in managed care settings.
Summary: converting principles into practice.

Results-Existing explanations of change and learning can be converted into models of best practices and used to assess readiness for change in managed care environments.

Conclusions-Although a gap exists between research and practice in CME, projects that convert research into models of practice can be successful if they are carefully constructed and field tested.

Pearls-Readiness to change is multidimensional. Educational theory related to change and learning can be measured in a practical way. Planning change can be a cooperative venture between the sponsor and a client. Assessments give a voice to learners in the planning process.

References-Fox RD, Mazmanian PE, Putnam RW. Changing and learning in the lives of physicians. Praeger Publishing, 1989.

Fox RD, Bennett NL. Learning and change: implications for continuing medical education. BMJ 1998; 316:466-468.

S13 Workshop (Educational Activities Design and Delivery; All)-PRO and CME: Support for Needs Assessment, Activity Design, and High Level Evaluation

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Purpose-A medical director and an educator from a peer review organization (PRO) will illustrate how clinical projects baseline and re-measurement data can be used to develop CME activities.

Relevance-Our intent is to show how the PRO experience can support the CME communities in the areas of needs assessment, activity design, and evaluation.

Objectives-To identify the participants' CME needs and how the PROs can assist in providing these needs and to provide examples of PRO current and potential collaboration with hospitals, universities, and other CME organizations.

Methods-Identify planning and evaluation steps as opportunities for collaboration with PRO and CME providers. Group discussion will focus on the CME needs PROs can assist providers in creating educational activities.

Results-Establish collaborative projects that will help providers and external partners level their complementary resources toward reaching common goals.

Conclusions-PRO data can be used to support CME activities.

Pearls-Provide examples of successful CME activities using the resources of the PRO. Provide participants with resource information regarding collaborative PRO programs.

References-American Health Quality Association, www.ahqa.org.

Center for Clinical Quality Evaluation, www.ccqe.com.

Colorado Foundation for Medical Care, www.cfmc.org.

S14 Workshop (Educational Activities Design and Delivery; Intermediate)-Encouraging Continuing Medical Education Faculty to Teach Effectively

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Purpose-The purpose of this workshop is to report on a CME department's effort to improve and enhance faculty's understanding and application of effective instructional planning strategies and presentation techniques.

Relevance-Although some CME faculty (content experts) have experience as presenters of medical information, many are uninformed as to the utility of instructional planning and the variety of learning methods for transmitting information to adult learners. Print-based instructional planning guides are one useful method for informing and guiding faculty in the development of instructional activities. Instructional planning guides are brief templates for planning and envisioning the design and delivery of one's instruction. They can be of immense value for a wide range of CME providers, health care organizations, and communication companies who use content experts to present CME topics.

Objectives-Upon completion of this workshop, participants should be able to appraise the usefulness of instructional planning guides in improving teaching within their organization; identify the important components of an instructional planning guide; discuss strategies for reinforcing the application of effective instructional planning techniques among CME faculty; and describe methods for evaluating the effectiveness of instructional planning reinforcing strategies.

Key Points-Six instructional planning guide modules were developed in the following areas: case based learning, demonstration and simulation, effective adult education, panel discussions, lectures, preparing teaching materials, and using teaching aids. These print-based instructional planning modules are provided to faculty as a means for assisting them in planning and delivering their instruction. An educational consultant also provides one-on-one instructional development assistance to faculty during the design and development of their instructional activities. Faculty self-reports revealed that faculty found the planning guides useful in preparing for their instructional responsibilities. Observations of instructors using the planning guides indicated improvements in the quality of instruction provided.

Implications-Print-based instructional planning guides and the assistance of an instructional mentor are useful methods for enhancing and improving the instructional preparatory activities of faculty, which can result in improved teaching.

Pearls-Techniques for promoting and reinforcing instructional planning among faculty. Important components of an instructional planning guide. Role of an instructional mentor (educational consultant). Evaluating the impact of instructional planning guides.

S15 Workshop (Evaluation; Intermediate) – Outcomes Measurement Using OSCE Stations, Standardized Patients, and Pre and Post Tests

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Purpose-The purpose of this workshop is to discuss how OSCE stations, standardized patients, and pre- and post-tests can be used to measure the outcomes of continuing medical education (CME) programs.

Relevance-The goal of CME is to help physicians provide optimal medical care by changing their behavior to reflect advances in the knowledge and practice of medicine. As a result, it is important to measure the outcomes of CME programs to determine if change has occurred.

Objectives-By the end of this interactive workshop, participants should be able to know what OSCE's, standardized patients, and pre- and post-tests are; discuss their benefits and limitations; be able to use them; and use them to measure outcomes of CME activities.

Method-Didactic presentation followed by interactive discussion.

Key Points-There are various ways to conduct outcomes measurement of CME programs. OSCE's, standardized patients, and pre- and post-tests are effective tools to measure the outcomes of CME programming and change in physician behavior.

Conclusions-It is important that relevant information to which physicians are exposed to in a CME activity be incorporated appropriately into their practice of medicine. Therefore, it is important to measure the outcomes of all CME programs to ensure they are meeting their goals.

Pearls-All CME programs should be measured to evaluate their effectiveness. Outcomes measurement should be built into all CME programs. OSCE's, standardized patients, and pre- and post-tests are effective tools in measuring the outcomes of CME programs.

Reference-Kantrowitz, MP. Problem-based learning in continuing medical education: some critical issues. J Cont Educ Health Prof 1991; 11:11-18.

S16 Workshop (Accreditation; Beginner; CME 101: Basics Curriculum) – Applying the Essentials to Everyday CME Planning

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Purpose-The purpose of this workshop is to teach participants how to follow a logical sequence for planning a CME activity.

Relevance-Being able to apply the ACCME Essentials in the day-to-day planning of CME activities is a basic skill, which all CME professionals must master.

Objectives-By the end of this workshop, participants should be able to follow a logical sequence for planning a CME activity based on the ACCME Essentials; and develop a CME activity using the planning process described in the ACCME Essentials.

Methods-This is an interactive workshop in which small groups will be assigned to plan a CME activity in accordance with the ACCME Essentials. An interactive format allows participants to draw on their own and each other's experiences. Participants are asked to design a session, using other than a lecture format. This gives them the opportunity to be creative. Participants really welcome the immediate feedback they get from the small group reports.

Conclusion-Participants will have developed a CME activity, using the planning process described in the Essentials.

Pearls-Show the relationship between the Essentials and a logical planning process for educational design. Provide an opportunity for practical application of the Essentials. Give participants opportunities to interact around a problem with which they are familiar. Allow participants to see that there can be several formats for addressing the same need.

S17 Workshop (Accreditation; All) – ACCME Standards for Commercial Support: What Commercial Support Companies Need to Know

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Purpose-This workshop is designed for representatives from commercial companies who are interested in developing a broader understanding of the ACCME Standards for Commercial Support and how these standards are implemented by ACCME accredited providers. The discussion will include a review of the Standards for Commercial Support, case studies that reflect implementation of these standards, and a dialogue that focuses positive problem solving and relationship building.

Relevance-Issues associated with commercial support and the ACCME Standards for Commercial Support compliance. Commercial support company representatives are frequently confused about the main components of the standard and request clarification so they can help to develop positive relations with ACCME accredited providers.

Objectives-Through participation in this workshop, participants will have an opportunity to review the ACCME Standards for Commercial Support; discuss strategies for implementation and compliance with the ACCME Standards for Commercial Support; apply the Standards for Commercial Support to case studies; and identify strategies for building positive solutions and relationships between commercial support companies and ACCME accredited providers.

Methods-This workshop will utilize a short period of review via lecture/discussion followed by a case study approach to discussing the important elements of the Standards for Commercial Support. The workshop will conclude with a brainstorming session that highlights strategies for building positive relationships and ensuring compliance with the ACCME Standards for Commercial Support.

Results-The commercial support company representatives will have practical strategies for compliance with the ACCME Standards for Commercial Support and building positive relationships with ACCME accredited providers.

Conclusion-Increased knowledge of the ACCME Standards for Commercial Support by commercial support company representatives can foster the development of quality CME and decrease friction in a system that requires outside funding.

Pearls-Know about objectivity and scientific balance. Identify their role in the development of quality CME. Describe the importance of disclosures on balance and scientific integrity for a CME activity. Develop strategies for building positive relationships.

Reference-ACCME Standards for Commercial Support

S18 Workshop (Program Management; All) – Implementing Business Basics into the Practice of CME

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Purpose-The purpose of this workshop is to report one CME department's effort to refine their business operations.

Relevance-CME's reputation as an effective and efficient business operation is essential in today's highly competitive and rapidly changing profession.

Objectives-By the end of this workshop, participants should be able to recognize the value of a mission statement and strategic plan; identify components of a business plan; create and/or modify contractual documents for their own application; and do a self-assessment of their current CME business operation.

Methods-A needs assessment identified state-of-the-art information and critical attention areas. A strategic planning session refined direction and priorities, which lead to the development of a business plan. Diverse contractual documents and a procedures guide were created. A mid-year assessment identified needed modifications.

Results-Refinement of business practices resulted in a more focused, customer oriented, streamlined operation while reducing crisis management. Performance assessment was enhanced.

Conclusions-Formalizing and adopting a business demeanor enhances long and short-term planning, structure, and process, time saved, cost containment, identification of resources needed (human and monetary), reputation, and overall image of CME.

Pearls-Consistency in business operations. Acknowledgement of timelines and consequences of poor planning. Signed legal documents. Stress the importance of adopting business practices in CME. Reduced stress and crisis management.

References-Sahlman WA. How to write a great business plan. Harvard Bus Rev 1997:98-108.

Society of Medical College Directors of CME (SMCDCME). Future directions for medical college continuing education. Washington, DC: SMCDCME, 1995.

S19 Workshop (Strategic Leadership; Advanced) – Strategies for Translating Science into Practice: Learning Organizations, Performance Improvement Systems, and Document Design

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Purpose-This workshop will explore three powerful ideas from outside of medicine and CME to see how they can support the translation of science into practice.

Relevance-Disciplines outside of CME – organizational development (learning organizations), human resources training (performance improvement), and document design -–have developed some very powerful ideas for translating knowledge, information, and theory into practical outcomes. CME professionals need to look closely at and learn from these ideas.

Objectives-After completing this workshop, the participants will be able to identify barriers to learning in medicine and provider organizations; organize CME operations around the principles of a learning organization; design performance improvement systems in medical environments; and design documents that enhance learning.

Key Points-What is happening in human resources training, organizational development, and document design has great relevance for CME professionals. Learning, not education, is the link between science and practice. Medicine is riddled with barriers that inhibit learning. Medicine and CME has an overly rational view of learning. CME relies upon a limited education model of learning. Learning can be sustained, expanded, and effective (science translated into practice) only if organizational structures support learning processes. Learning can occur without education. Bad document design can undermine good content and learning (the medium is often a major part of the message). Using these ideas, CME would have radically different objectives and practices.

Pearls-How to build learning into organizational structures and build organizational structures that encourage and support learning. Concrete examples of knowledge management and performance improvement systems. Practical tips on designing effective documents and on traps to avoid in document design.

References-Argyris C, Schon DA. Organizational learning: a theory of action perspective. Reading, MA: Addison-Wesley, 1978.

Sherry I, Wilson B. Supporting human performance across disciplines: a converging of roles and tools. Performance Improvement Quar 1996; 9(4):19-36.

Schriver KA. Dynamics of document design: creating text for readers. New York: John Wiley & Sons, 1997.

S20 Workshop (Needs Assessment; Intermediate) – The Use of Case-Based Surveys in Needs Assessment, Evaluation, and Return on Educational Investment

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Purpose-The purpose of this workshop is to report on the development of case based surveys from national guidelines and the subsequent use of those surveys for needs assessment and evaluation CME interventions and return on educational investment.

Relevance-Published disease management guidelines are available for a number of chronic diseases. These guidelines are excellent tools in developing case based surveys. Such surveys can be used as needs assessment tools as well as evaluation tools to measure the effectiveness of CME interventions and return on educational investment. Case based surveys are particularly useful in establishing practice patterns because physicians are not simply stating their preferences but actually giving answers which indicate knowledge levels. These identified practice patterns and knowledge gaps offer a unique opportunity for CME offices to provide CME interventions, which address specified practice gaps. When combined with inquiries about barriers to best practice, a survey can elicit important clues to improving physician performance.

Objectives-Participants should be better able to use practice guidelines to develop case based surveys to identify needs, from the data, and to measure the effectiveness of a CME intervention and return on educational investment.

Methods-Participants will review case based surveys and practice guidelines from which they were developed. Small groups will be assigned to utilize a particular practice guideline to develop case based questions. All participants will receive copies of the case based survey they produced. Further discussion will include opportunities for funding, possible educational interventions to address the needs identified; and use of the survey to evaluate the effectiveness of CME interventions and return on investment.

Results-Participants will come away with a new appreciation for the potential utility of case based surveys in CME.

Conclusions-Case based surveys give CME professionals the opportunity to use practice patterns, knowledge gaps and barriers to best practice using patient scenarios.

Pearls-Physicians respond to case based surveys. Physicians' responses to case based scenarios correlate well with their behavior in test ordering and treatment decisions. Practice guidelines are available for 19 areas on the AHCPR's web page.

References-Gifford DR. Can a specialty society educate its members to think differently about clinical decisions? J Gen Intern Med 1996; 11:664-672.

Davis DA. Translating guidelines into practice. Can Med Assoc J 1997; 157:408-416.

S21 Workshop (Educational Activities Design and Delivery) – The Barriers and Benefits of Conducting a Large Scale CME Awareness and Education Project

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Purpose-The purpose of this workshop is to address and discuss the barriers and benefits of conducting a large-scale (province wide) CME awareness and education project.

Relevance-Therapeutic guidelines are constantly being updated, and new treatment options are continually becoming available. It is key that physicians be aware of these new guidelines and treatment options.

Objectives-By the end of this workshop, participants should be able to discuss the barriers and benefits of conducting a large scale CME project; discuss the steps involved in planning and implementing a large scale CME project; have some guidelines as to how to conduct a large scale CME project; and evaluate the effects of a large scale CME project on physicians' patterns of practice.

Methods-Didactic presentation with interactive discussion.

Key Point-Large scale CME projects are one way to disseminate important information (new guidelines, treatment options, etc) to a large group of healthcare providers over a short period (6 months) of time.

Conclusion-A well planned large scale CME project is an effective way to disseminate information and facilitate implementation to a number of healthcare providers over a short time period.

Pearls-The success of a large scale CME project is a result of planning: steps of the program outlined, roles identified, and timelines adhered to.

References-Education program for Manitoba dissemination and evaluation process.

S22 Workshop (Educational Activities Design and Delivery) – Transforming the CME Lecture: Making Traditional Presentations More Interactive

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Purpose-The purpose of this workshop is to highlight the benefits of interactive lectures in CME, to enable participants to transform more traditional lectures into interactive presentations, and to discuss ways in which CME providers can encourage increased interactivity in their educational events.

Relevance-Despite widespread criticism, the lecture method remains a predominant format in CME. One of the main problems of the lecture is that the participants usually are passive and not actively involved in the learning process. The benefits of interactive lectures are numerous, including increased motivation, learning, and retention.

Methods-The workshop will begin with an interactive plenary on the benefits and techniques of interaction during lectures. Participants then will work in small groups to discuss the strengths and indications of diverse interactive strategies and to practice two techniques. The workshop will conclude with a discussion of how to transform CME lectures into more interactive sessions (eg, training workshops for CME providers, online tutorials, written manuals, etc).

Conclusion-CME activities can be enhanced by incorporating interactive techniques into the common lecture format. Workshop participants will be challenged to transform some of their own lectures and to encourage their colleagues or CME faculty to do the same.

Pearls-Increased interactivity during CME lectures can improve learning. Common strategies to increase interaction include the use of effective questioning, breaking into small groups, clinical cases, simulations, and role-plays. Interaction gives valuable feedback to both CME teachers and participants.

Reference-Steinart Y, Snell L. Promoting interactive lecturing in large group presentations. Medical Teacher, forthcoming.

S23 Workshop (Educational Activities Design and Delivery; All) – A Meta-Review of the Effectiveness of CME at a Distance

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Purpose-The purpose of this workshop is to report on a project designed to perform a comprehensive review of the literature investigating the utilization and effectiveness of distance learning technologies for providing CME at a distance.

Relevance-A variety of distance education technologies have been used for several decades to provide CME opportunities to rural and remote physicians. These technologies have ranged from radio, audio teleconferencing, slow scan imaging, and video conferencing, to the newer instructional technologies of CD-ROM, World Wide Web, and asynchronous computer conferencing. How effective have the various technologies been in delivering CME at a distance? What are the costs involved in utilizing the various technologies? What has been learned, and how can CME providers utilize the technologies more effectively in providing CME as we enter the new millennium?

Objectives-Upon completion of this workshop, participants will be able to identify and describe the different technologies which have been used in delivering CME at a distance; discuss the advantages and disadvantages of the various distance learning technologies which have been reported in the literature (ie, instructional effectiveness and cost-efficiency); describe instructional techniques for effectively utilizing the more common distance learning technologies (video conferencing, audio teleconferencing, World Wide Web, and computer mediated communications); and evaluate the effectiveness of distance learning technologies in providing CME at a distance.

Key Points-A meta-review of the literature investigating the use and effectiveness of distance learning technologies in delivering CME at a distance was conducted. This extensive review summarizes the results of the English-language, peer-reviewed literature investigating the use of distance education methods in providing CME. The meta-review reports on the technologies, which have been used, evaluative outcomes, study designs, and best practices. Implications of the various distance learning technologies for providing effective and cost-efficient CME, recommendations for future research and development, gaps in the literature, strategies for effective instructional use of various technologies, and the future of CME at a distance are explored in the meta-review as well.

Implications-The results of the meta-review provide a comprehensive overview of the effective use and application of distance learning technologies in delivering CME at a distance. The reporting of the results of the meta-review, including the advantages and disadvantages of the various instructional technologies, and discussion of future directions for CME have implications for current and future providers of CME at a distance.

Pearls-Effectiveness and cost-efficiency of various distance learning technologies; effective distance learning instructional techniques; strengths and weaknesses of distance learning technologies; strategies for enhancing and improving distance learning instruction; and future directions of CME at a distance.

S24 Workshop (Evaluation; All) – Standardized Patients as Outcome Measures in CME Research: Lessons from the Field

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Purpose-The purpose of this workshop is to introduce participants to what is considered as state-of-the-art standardized patient methodology.

Relevance-Developed initially as a way of teaching and evaluating medical students, standardized patients (SP) are now used as outcome measures in educational and health care research. However, to be valid as outcome measures, SP must meet a series of criteria. Mastery of this powerful evaluation technique may be useful to many CME researchers.

Objectives-At the end of this workshop, participants should be able to identify for what kind of research questions SP can be a useful measurement strategy; plan for the development of a SP case in the scope of a research project; choose and train SP in order to validate and maintain their performance during the project; plan the budget for SP; and recognize the legal and ethnical considerations specific to SP methodology.

Methods-Through a series of exercises followed by short presentations, participants will go through all the steps of developing a research study using SP.

Conclusions-Researchers must think carefully before deciding to use standardized patients as outcome measures to evaluate the impact of a CME activity. However, when used appropriately, SPs are a powerful evaluation tool.

Pearls-Develop a standardized patient scenario. Conduct a research project with standardized patients.

References-Brown JA, Abelson J, Woodward CA. Fielding standardized patients in primary care settings. International J for Qual in Health Care 1998; 13:199-206.

Tamblyn RM, Klass DK, Schanbl GK, Kopelow ML. Factors associated with the accuracy of standardized patient presentation. Acad Med 1990; 65:S55-56.

S25 Workshop (Accreditation; Beginner; CME 101: Basics Curriculum) – Getting Ready for the Site Survey

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Purpose-The purpose of this workshop is to assist participants in preparing for a site survey.

Relevance-Critical to the success of any CME professional is the ability to prepare for and participate in a site survey.

Objectives-By the end of this workshop, participants should be able to discuss when, where, and how ACCME site surveys are conducted; list the do's and don'ts of preparing for and participating in a site survey; and develop a site survey action plan.

Methods-This is an interactive workshop. The first part will be a short lecture on the types of site surveys and what are appropriate/inappropriate actions one can take preparing for and participating in a site survey. In the second part of the workshop, participants will work in small groups to develop an action plan for pre-survey preparation, participation in survey event and post-survey follow-up.

Conclusions-Participants will prepare an action plan for preparing for and participating in a site survey.

Pearls-Assist those who have not experienced a site survey to get a sense of what will happen during different types of site surveys. Provide immediate feedback on practical tips for preparing for, participating in, and following up on site surveys.

S26 Workshop (Program Management; Intermediate) – Staffing and Salaries for CME Programs

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Purpose-The purpose of this workshop is to report on the findings of an Alliance survey of salaries and educational levels of CME personnel conducted in 1997. Emphasis will be placed on recent trends in personnel costs, ratio of CME staff compared to major CME budget categories, and related issues to staffing and salaries in the CME office.

Relevance-Data regarding the staffing and salaries in CME offices are scarce and much needed by CME managers and administrators. A salary survey published by the Alliance in May and June 1998 is one of the most requested articles published recently in the Almanac.

Objectives-By the end of this workshop, participants should be able to describe recent trends in personnel costs in the typical CME office; calculate staff ratios compared to major budget categories; and develop salary and staffing plans based on potential funding, mission, and scope of the CME program.

Methods-Survey data and other published information regarding salaries and staffing ratios in CME offices will be the foundation of the workshop. Experiences and information from participants in the workshop will be used in interactive discussions.

Pearls-Learn how to calculate a staff-to-budget ratio. Determine appropriate salaries for different CME positions and educational levels of employees. Analyze personnel cost trends. Compare personnel expenses by budget category. Utilize budget data in administrative decision making.

References-Rocheford LA. Survey examines salaries, education levels of CME personnel. Almanac 1998; May:1 and June:2.

American Society of Association Executives. Dollars and cents. Association Educator 1998; April and June.

American Society of Association Executives. Association operating ratio report. American Society of Association Executives: 10th edition.

Society for Academic Continuing Medical Education. The biannual survey. SACME, May 1998.