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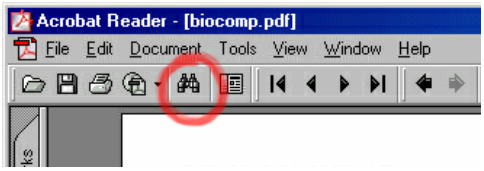

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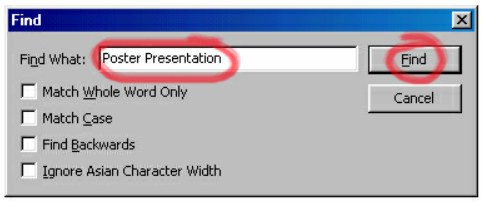

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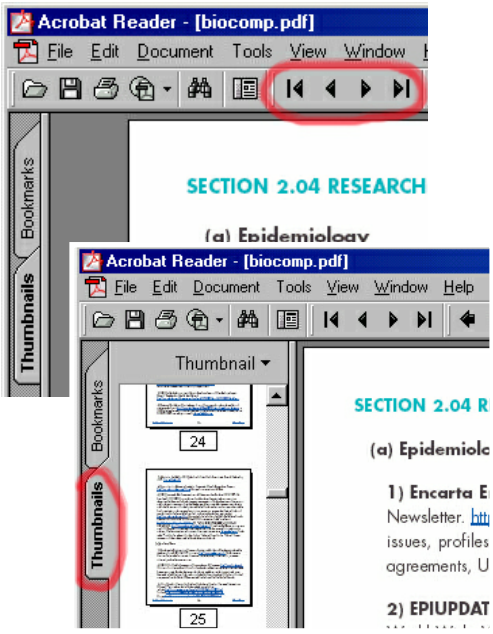
6. Note: You may also view and navigate using numbered thumbnail pages by clicking on the tab titled “Thumbnails” at the left of your Acrobat Reader window.



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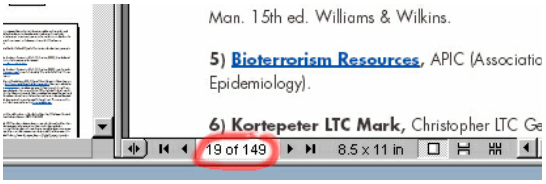

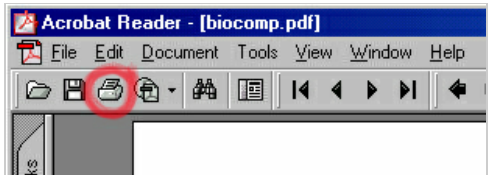

Cont. to Final Program

CME 101 – Basics Seminar ($175)
7:30 am – 1:30 pm, Wednesday
Landmark D/Lobby; Rounds/375

CME 101 – Basics Seminar & Frances Maitland Memorial Lecture
(Program Management; CME 101 – Basics Curriculum; Physician's Track; Audio Taped)

To attend, you must register for the conference and pay an additional $175.
This fee covers the seminar, a complimentary copy of *Continuing Medical Education: A Primer, 2nd Edition*, any other handouts, networking opportunities with presenters and other newcomers, a continental breakfast, a refreshment break, lunch, and the Frances Maitland Memorial lecture.

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Relevance: Newcomers are often unsure of what to expect of the CME profession and what sessions may be most relevant.

Purpose: The seminar provides newcomers to CME with an overview and/or orientation to the profession. Participants will leave with information that will enhance their participation in other educational sessions at this meeting.

Objectives: By the end of this seminar, participants should be able to: 1) identify primary CME organizations roles and relationships; 2) define CME, its purposes, and relationship to promotional education; 3) review the ACCME Essentials, Elements, Standards and policies; 4) discuss commercial support issues; 5) describe the AMA PRA credit system, and 6) address key legal liability issues in CME.

Key Points: Short overview presentations will cover CME basics. The intent is to focus newcomers on key areas so they can assess what other sessions during the conference (e.g., Core Curriculum) they should attend for more in-depth information.

Expected Outcomes: Participants who are new to CME are often overwhelmed. Learn the difference between accreditation and credit designation. Get an overview of the new accreditation system. Identify key legal concepts that can impact on their CME program. Review Standards for Commercial Support and issues related to use of commercial support.

CME 101 – Basics Curriculum

Educational activities selected by the Alliance's Newcomers Subcommittee, scheduled throughout the conference, and designated as such (**CME 101 Basics Curriculum**) **for newcomers to CME** (3½ days)

Wednesday, January 29
7:30 am-1:30 pm, CME 101 – Basics Seminar & Frances Maitland Memorial Lecture **($175)**
1:30-5:00 pm, W1, W2, & W3, Provider Section Meeting – for Your Work Setting
1:30-3:30 pm, W4, W5, W6, W7, & W8, Provider Section Meeting – for Your Work Setting
3:30-4:00 pm, Refreshment Break
5:00-5:30 pm, Meeting – Alliance Leadership, Mentors, and Mentees
5:30-7:00 pm, Welcome Reception

Thursday, January 30
7:30-8:30 am, Continental Breakfast
7:30 am-4:00 pm, P1 – P15, Posters and Exhibits
8:30-10:00 am, Plenary Session & Founder's Lecture – Place Matters: The Geography of Physician Learning and Practice
10:00-10:30 am, Refreshment Break
10:30-11:30 am, Breakout – T8, Applying Essential Area 2 – Educational Planning and Evaluation – To Everyday CME Planning (Part 1)
11:30 am-1:00 pm, Awards Presentation & Networking Luncheon
1:15-2:15 pm, Breakout – T12, So You Want to Write Better Objectives?
1:15-2:15 pm, Breakout – T17, Applying Essential Area 2 – Educational Planning and Evaluation – To Everyday CME Planning (Part 2)
2:15-2:45 pm, Refreshment Break
2:45-3:45 pm, Breakout – T29, The Work of CME: Roles and Responsibilities of CME Coordinators
4:00-5:00 pm, Breakout – T37, Components of a Compliant CME Activity File
4:00-5:00 pm, Forum – T40, Commercial Support: Building Mutually Beneficial Relationships Between CME Providers and Commercial Supporters

Friday, January 31
7:30-8:30 am, Continental Breakfast
7:30-11:30 am, P1 – P15, Posters and Exhibits
8:30-9:30 am, F6, Breakout – Fundamentals of Marketing
9:30-10:00 am, Refreshment Break
10:00-11:00 am, F14, Breakout – Disclosure – Who, What, When, Where, & How
11:15 am-12:15 pm, F26, Breakout – Who Wants to Be Accredited? A Game Testing Your Knowledge of ACCME Elements & Policies
11:15 am-12:15 pm, F27, Breakout – Meeting Planning 101
12:15-5:00 pm, Lunch and Afternoon – On Your Own

Saturday, February 1
7:30-8:30 am, Continental Breakfast
7:30-10:30 am, P1 – P15, Posters and Exhibits
8:30-9:30 am, Breakout – S2, If You Don't Know Where You're Going, How Will You Know When You've Arrived? – Simple and Effective Needs Assessment
8:30-9:30 am, S8, Breakout – Fundamentals of Marketing
9:30-10:00 am, Refreshment Break
10:00-11:00 am, S11, Mini-Plenary – Hot Topics in CME
11:15 am-12:15 pm, S21, Mini-Plenary – Evaluation of the Overall CME Program
12:15-1:30 pm, Annual Business Meeting & Networking Luncheon
1:30-2:30 pm, Breakout – S37, Practical Ideas . . . Timely Pearls for the Practice of CME
2:30-2:45 pm, Refreshment Break
2:45-3:45 pm, Breakout – S40, So You Want to Write Better Objectives?
4:00-5:00 pm, Breakout – S54, Effective Budgeting for a CME Activity **(Cancelled)**

W1, Provider Section Meeting – Hospitals
1:30 – 5:00 pm, Wednesday
Reunion GH/Lobby; Schoolroom/320

Enhancement of Professional Competency in Hospital CME

(Program Management; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: The hospital provider section represents a sizable portion of the Alliance membership and these professionals have many things in common. In today's networked, team-oriented world, workers across all fields are creating Communities of Practice. The concept is simple: groups of like-minded individuals assemble, regardless of their job titles or years of experience. A keen interest in a particular topic ties them together. An important outlet for identifying those like needs and interests is through the networking environment provided during the annual conference. This opportunity provides an avenue for discussing areas of mutual interest specific to hospital based CME providers.

Purpose: The purpose of this meeting is to establish communication with colleagues from other hospital-based CME programs and identify others with similar backgrounds for ongoing dialogue and exchange of ideas and information throughout the remainder of the year.

Objectives: As a result of this meeting, each participant should be able to identify at least one strategy for enhancing their professional competency through formal and informal exchanges of ideas and practices of colleagues.

Key Points: This provider section meeting is intended to provide a forum for the participants to learn from their colleagues and to share their suggestions for enhancing professional competency in hospital-based CME. The Hospital Provider Section provides opportunities for increased efficiency, productivity, and information through networking, providing access to resources and references, and serves as a conduit for sharing best practices and problem solving. The program will be structured with brief formal presentations, separated by opportunities for exchange of information and small group exercises to reinforce the learning experience.

Expected Outcomes: It is expected that each participant will leave the meeting with information and skills that will improve their personal level of competency in CME and incorporate components of quality improvement and regulatory affairs into their overall CME programs. This session is designed to provide members with convenient access to a powerful network, sharing best practices, ramp up quickly on new challenges, learn how to convert accreditation mandates into CME programs utilizing continuous quality improvement philosophy.

Reference: Weisel T. You're only as good as your people, and the war for talent is intense. Fast Company; January 2001:94-97.

W2, Provider Section Meeting – MECCA
1:30 – 5:00 pm, Wednesday
Pegasus AB/Lobby; Schoolroom/140

Medical Education Communication Company Alliance: Navigating the Sea of Challenges - Staying the Course
(Strategic Leadership; CME 101 – Basics Curriculum; Physician's Track)

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Karen Overstreet, EdD
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Lawrence Sherman
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Consultant: Vistacom USA

Derek Dietz, MA
Veritas Institute for Medical Education, Inc., Tel: 201/727-1115, E-mail: derek.dietze@veritasime.com

This session is supported in-kind by Vistacom (donating the audience response system).

Relevance: Medical education and communication companies face many challenges. Dependence on funding from commercial supporters makes the challenge of ROI important. Increasingly diverse opportunities to communicate with physicians and concern about the impact and value of CME in changing physician practices to improve patient care are challenging CME providers to adapt. New policies and guidelines by the ACCME require rethinking the way business is done.

Purpose: This provider section meeting will help attendees understand and better navigate the challenges unique to MECCA members. The meeting will be divided into three interactive sessions. One session will address issues of ROI and outcomes, another will examine new policies of the ACCME such as the Internet Policy, the third will present examples of innovative projects and ideas that are attempts at address the challenges MECCA members face. Case scenarios will be utilized to illustrate points. Audience response technology will be utilized to enhance audience participation.

Objectives: Identify the opportunities and threats that will shape commercial support of CME in the future; identify ways to improve the value of commercial CME partnerships; review ACCME policies and guidelines; illustrate what has been tried and tested with Internet CME; discuss methods to begin measuring the impact of CME in both traditional and non-traditional formats, and generate debate on where new opportunities will emerge.

Key Points: Establishing ROI expectations and meeting them is key to the commercial supporter. The success of CME on the Internet will depend and build on the experience of traditional CME providers. Collaboration is key to the advancement of CME, the future security of today's stakeholders, and understanding the implications to MECCA of new and old policies and guidelines of the ACCME.

Expected Outcomes: Improved knowledge of factors that drive CME support and funding; greater motivation to investigate and communicate ROI or ROE to commercial supporters; identification of potential collaborators in innovative CME projects; improved knowledge of the opportunities and challenges of CME for MECCA members, and ability to interpret and apply ACCME policies and guidelines.

Reference: Schaffer, M.H. Commercial Support and the Quandary of Continuing Medical Education. Journal of Continuing Education in the Health Professions, Volume 20, Issue 2. http://www.jcehp.com/v20n2a7.htm.

W3, Provider Section Meeting – Medical Specialty Societies
1:30 – 5:00 pm, Wednesday
Main Meeting – Cumberland DEF/Exhibition; Rounds/200
Breakout – Cumberland B/Exhibition; Rounds/100; Breakout – Cumberland C/Exhibition; Rounds/100

Confronting Current CME Issues Head On

(Program Management; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: Specialty society CME providers have unique issues related to CME that require the need for idea sharing and problem solving by individuals sharing the same concerns. Historically, the specialty society special interest group (SIG) has provided a venue for gaining new insights into current as well as potentially controversial CME issues. In addition, members benefit from the collective wisdom of other specialty society colleagues in addressing day-to-day CME issues. This provider section meeting continues this tradition - providing a valuable forum for collegial dialogue.

Purpose: The purpose of this educational activity is to provide a forum for formal and informal interaction that encourages exploration of issues of particular interest to specialty society CME providers.

Objectives: The overall objective of the provider section meeting is to provide valuable information on a number of CME topics including the role of specialty societies in assisting and influencing physician's practices, application of cutting-edge technologies, updates from the AMA and ACCME with practice implications, and other "hot topics" in CME. Emphasis is placed on the exchange of ideas and "best practices."

Key Points: This session has historically been a highly interactive one utilizing short lecture presentations on current hot topics within the CME field with concomitant question and answer sessions, an open forum for idea sharing and problem solving, and a series of roundtable sessions on pressing issues in CME. Participants utilize this meeting to learn from peers from similar settings. This is also an excellent opportunity for attendees to explore potential new ways of tackling difficult CME issues through discussion and networking.

Expected Outcomes: Specialty society CME providers will be able to return to their organizational settings with new information, practical tips, and key contacts/resources to enhance the quality and efficiency of their CME programs.

W4, Provider Section Meeting – Health Care Delivery Systems
1:30 – 3:30 pm, Wednesday
Reunion ABC/Lobby; Schoolroom/300

Health Care Delivery Systems

(Health Care Delivery Systems; CME 101 – Basics Curriculum; Physician's Track)

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Daniel Glunk, MD
Susquehanna Health Systems, Tel: 570/321-2284, E-mail: dglunk@shscares.org

Lee Ballance, MD
Kaiser Permanente Medical Center, Tel: 707/651-2863, E-mail: lee.ballance@kp.org

Richard Manch, MD
Banner Health Sytem, Tel: 602/239-5961, E-mail: richard@samaritan.edu

Relevance: Health care delivery systems are increasingly accountable for improving the quality of care, reduce medical errors, and improve physician competencies. Three different health systems will demonstrate how CME can be used to address these issues.

Purpose: This session is designed to demonstrate how CME can be linked with error reduction, QI and improving physician competencies, at the level of one individual, or system wide through multiple hospitals.

Objectives: At the conclusion of this session, participants should be able to implement methods of CME to reduce medical errors, improve physician competencies, and improve quality of care.

Key Points: Non traditional CME methods can be very helpful in improving quality and reducing medical errors. Similar use of better educational formats can help improve competencies of an individual physician or a group of physicians, while earning CME credit.

Expected Outcomes: Implementation of CME formats beyond just the "lecture with Q & A" can result in sustainable performance improvements, such as better competencies, reduced medical errors, or other clinical measures of success.

W5, Provider Section Meeting – Medical Schools
1:30 – 3:30 pm, Wednesday
Reunion EF/Lobby; Schoolroom/320

Medical Schools Provider Section Meeting

(Program Management; CME 101 – Basics Curriculum; Physician's Track)

Arnold Meyer, EdD
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Relevance: Medical school based CME professionals are constantly faced with new issues and demands. Use of new technologies, new or different accreditation requirements, and increasing competition from for-profit CME providers pose these challenges. Past participants have identified current critical issues and requested a forum for discussion and debate.

Purpose: To provide an opportunity for medical school based CME colleagues to discuss and debate the pros, cons, and problem solving methods to challenges posed by these current issues.

Objectives: At the conclusion of this medical school provider section meeting, participants should be able to: 1) identify the pros and cons of current issues; 2) describe various approaches to meet the challenges and demands faced by Medical school CME, and 3) gain insight through shared experiences.

Key Points: It is the intent of this meeting to identify and focus on current critical issues, facilitate discussion by encouraging participants to share practical experiences, and to create a balance in these discussions by including negative and positive points of view. Participants will have ample opportunity to network and meet new colleagues.

Expected Outcomes: Participants should become aware of the current critical issues and concerns facing medical school based CME professionals and develop strategies to address them.

Reference: Leist J, Green J. Congress 2000: A continuing medical education summit with implications for the future. J Cont Educ Health Prof 2000; 20(4).

W6, Provider Section Meeting – PACME
1:30 – 3:30 pm, Wednesday
Pryor AB/Atrium; Schoolroom/55

Pharmaceutical Alliance for Continuing Medical Education: Winning Strategies for Industry-Supported CME

(Strategic Leadership; CME 101 – Basics Curriculum; Physician's Track)

David Katterhenrich, MBA
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Relevance: Interest and involvement in continuing medical education remain high among successful pharmaceutical companies. Industry support for CME can lead to positive customer relationships, to improvements in treatment practices, and to the commercial success of products where appropriate. Winning strategies can result in improved patient outcomes and commercial return on investment in CME.

Purpose: This provider section meeting will allow new and experienced members of the pharmaceutical industry who interface with the CME community, the opportunity to discuss issues, sources of information, and strategies.

Objectives: At the conclusion of the meeting, participants should be able to identify opportunities, potential pitfalls, and resources for improving their individual and organizational performance in areas involving CME.

Key Points: To create optimal partnerships with CME providers, members of industry must have a sound grasp of historical and current issues that effect commercial support. Internally, companies face the ongoing task of making sure employees understand the distinction between balanced and independent CME, and promotion. In the highly competitive marketplace, there is heightened sensitivity to the marketing of pharmaceuticals.

Expected Outcomes: After exposure to presentations by panel members and discussions among attendees, participants will have a greater appreciation of where they need to increase their knowledge and update their current and future operations.

W7, Provider Section Meeting – State Medical Societies
1:30 – 3:30 pm, Wednesday
Cotton Bowl/Atrium; Schoolroom/65

State Medical Societies Accreditation of Intrastate Sponsors

(Accreditation; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: The vast majority of CME providers are accredited through the state/territory medical society process. The SMS accreditation systems face issues that are unique to them and this informal forum provides an opportunity to discuss these issues.

Purpose: The purpose of this educational activity is to provide a forum for staff and volunteers of state and territory medical societies CME Accreditation systems to discuss common problems and solutions in implementing CME accreditation on a state level.

Objectives: By the end of this activity, participants should be able to develop contacts with peers at other state medical societies that can be used as resources and exchange ideas and solutions for common problems faced at the SMS level.

Key Points: Perspective participants will be surveyed to develop key issues that need to be discussed. Participants will be asked to share observations of exemplary compliance and/or problem elements in their state system. Also discussed will be any relevant issues that have come up at a national level that need to be implemented by the SMS systems.

Expected Outcomes: Participants will be able to adapt ideas to their own state accreditation system.

Reference: Accreditation Council for Continuing Medical Education (ACCME), Chicago, IL, www.accme.org.

W8, Provider Section Meeting (Veterans Affairs)
1:30 – 3:30 pm, Wednesday
Bryan-Beeman/Atrium, Schoolroom/40

VA Employee Education Update and Dialogue

(Strategic Leadership; CME 101 – Basics Curriculum; Physician's Track)

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Lynn Ward, EdD
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Relevance: VA Employee Education must change continuously to address the needs created by changes in VA health care delivery.

Purpose: This session provides an opportunity for VA educators to discuss changes in VA education and propose action to strengthen VA employee education.

Objectives: Participants will review and discuss the latest changes and needs in VA employee education.

Key Points: This session provides a forum for discussion of changes, issues, and barriers to improving VA employees' education.

Expected Outcomes: Better understanding of issues faced by VA employee education and efforts to address the issues.

Reference: http://vaww.lrn.va.gov

Breakfast & Special Training Session
6:45 – 8:30 am, Thursday
Cotton Bowl/Atrium; Schoolroom/65

ACCME Accreditation Surveyor Update

(By Invitation from ACCME [Closed Session]; Accreditation; Audio Taped [Not for Sale])

Mary Martin Lowe, MA
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Relevance: The ACCME's system of accreditation directly impacts all accredited providers of CME. ACCME's accreditation surveyors need to receive updates on their role in the accreditation process.

Purpose: This session will provide surveyors with clarifications, updates, and policy interpretations that are relevant to their role of collecting data on a provider's compliance with the ACCME's Essential Areas, Elements and Policies.

Objectives: At the end of this session, surveyors should be able to discuss recent ACCME policies adopted and correct interpretations of ACCME's requirements.

Key Points: Surveyors are asked to collect data on a provider's compliance with ACCME requirements. This responsibility is directly linked to their knowledge about the ACCME's accreditation requirements. Remaining current on ACCME's requirements is a responsibility that all surveyors apply in their role within the ACCME accreditation process.

Expected Outcomes: ACCME accreditation surveyors must be kept fully abreast of ACCME policies and the correct interpretations of how providers should comply with those policies. A forum for surveyors to discuss these issues with ACCME staff and their surveyor peers will help to assist them in meeting their responsibilities.

Reference: Accreditation Council for Continuing Medical Education (ACCME), Chicago, IL, www.accme.org.

P1, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Marsalis/Exhibition; 4'x 8' Horizontal Tack Board & Table for Handouts

The Manitoba Anti-Inflammatory Appropriate Utilization Initiative (MAAUI): Methodology to Implement and Test Drug Appropriateness Usage Interventions

(Needs Assessment; CME 101 – Basics Curriculum; Physician's Track)

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Malcolm Doupe, MSc
University of Manitoba, Tel: 204/235-3673, E-mail: Malcolm_Doupe@sbrc.mb.ca
Grant Research Support: Merck Frosst & Canada, Co.

Relevance: While guidelines exist for the appropriate long-term use of cyclooxygenase inhibitors (coxib) in Manitoba, data is required to determine: I) if physicians adhere to these guidelines when prescribing coxibs or non-steroidal anti-inflammatory drugs (NSAIDs), and II) what educational templates are effective to assist physicians with these guidlelines. The Manitoba Appropriate Anti-inflammatory Utilization Initiative (MAAUI) will provide data for both of these questions.

Purpose: Much administrative data is collected from physicians. In Manitoba, this information can be structured to assess aspects of appropriate care. If physicians are given this information in safe and easily digestible components, physicians may be willing to examine their own practice behaviours that unknowingly keep or put patients in their own practice at risk. This abstract will outline the methodological steps taken to assess the educational potential of two interventions designed to optimize appropriate prescribing of NSAIDs and coxibs by primary care physicians in Manitoba. This study has utilized a randomized controlled design.

Objectives: A province-wide, randomized controlled study to determine if primary care physicians' prescription writing patterns for NSAIDs and coxibs, in patients known to be at high risk for upper GI bleeds, can become more "appropriate" (i.e., more closely aligned with patterns recommended by provincial guidelines) through the use of confidential personalized prescribing profiles of the physician's own practice; and through the subsequent use of educational workshops.

Key Points: Physicians were grouped according to the geographical area of their clinical practice (i.e., regional health authority outside of Winnipeg – the capital city – and health areas within Winnipeg), with a minimum of 30 physicians per area. Geographical areas were randomly assigned to either a control or intervention group. All physicians in the intervention group were mailed a personalized prescribing profile comparing the appropriateness of their own NSAID and coxib prescribing patterns to peers in their geographical area and to the province as a whole. An invitation to an educational workshop held in several locations throughout the province was included with the profile. Physicians choosing to attend a workshop formed a second self-selected intervention group. Baseline "appropriate use" NSAID, NSAID + gastro-protective agents, and coxib use in patients at high risk for upper gastrointestinal (GI) hemorrhagic events were measured on physicians in both the control and each intervention group. Short and long-term changes of physician appropriate use will be compared to the control group in order to determine the educational effectiveness of the prescribing profile and workshop. Pre-post workshop knowledge questionnaires and focus group data will also be collected from physicians in both intervention groups.

Expected Outcomes: Data from the study are currently being analyzed. The methodology may serve as a template for physicians being able to turn unperceived needs regarding drug utilization appropriateness into perceived needs that respond to educational interventions.

P2, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Marsalis/Exhibition; 4'x 8' Horizontal Tack Board & Table for Handouts

Recognizing & Preventing Youth Violence: A Guide and CME Program for Physicians & Other Health Care Professionals

(Needs Assessment; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: Violence is a leading cause of injury, death and mental health problems for America's youth. The Massachusetts Medical Society and its Committee on Violence have produced a youth violence resource guide with an accompanying online self-study continuing medical education module. The youth violence material:

- provides basic information about youth violence
- describes risk factors and appropriate screening tools
- suggests approaches to violence prevention and intervention
- presents ideas and resources for advocacy and research
- introduces the Massachusetts Medical Society's *Teen and Youth Violence Intervention Tip Cards*, and
- focuses on identifying known risk factors and predictors for violent behavior, in order to reduce injury for *all youths* at risk.

Purpose: This presentation will provide physicians with education and tools to effectively integrate violence prevention opportunities into daily practice to minimize violence in society.

Objectives: This program is intended to:

- describe risk factors and appropriate screening tools
- indicate strategies for primary prevention with parents
- identify developmental issues related to violence prevention
- point to important management issues for a child injured in a fight
- point to an understanding of dating violence, and
- help physicians and other health professionals take an appropriate history of violence.

Key Points: Although physicians and other health care professionals have always been involved in treating the results of violence, recent research and practice suggests that physicians can also play a critical role in its prevention.

Expected Outcomes: Physicians have two opportunities for violence intervention and prevention: during a routine health care visit and when caring for a youth who has been injured. On these occasions physicians can provide preventive education, screen for risks, and provide linkages to intervention and follow-up services. This program will provide physicians with tools to make a significant impact in the prevention of youth violence in their community.

Reference: Massachusetts Medical Society (MMS) Committee on Violence, Waltham, MA. Recognizing & Preventing Youth Violence: A Guide for Physicians & Other Health Care Professionals, http://www.massmed.org/pages/youthviolence.asp, 2001.

P3, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Marsalis/Exhibition; 4'x 8' Horizontal Tack Board & Table for Handouts

Design and Implementation of a Best Practice Course for Specialists

(Educational Activities Design; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: To improve reflection on learning needs and evaluation of changes made in practice by specialists, the Royal College of Physicians and Surgeons of Canada (RCSPC) has designed a new CME program (Best Practice Course [BPC]). The course designs are based on recent educational research on how physicians learn which suggest "that education interventions are most likely to enhance the clinical practice of practitioners and improve the health of their patients when they are based on the learning needs of the participants; promote evidence based practice; and provide opportunities for the participants to compare their current practice with the recommended practice". BPC are now the only CME activity for specialists approved by the RCPSC and the only ones that can use the College's logo (as proof of quality educational methodology. An incentive to participate in a BPC is the possibility to earn extra Continuing Professional Development (CPD) credits by completing/sending back the results of a self-audit to course planners. Providers are only starting to implement BPC, and there is limited experience in the CME community of practice. Because of the nature of oncology, this CME course based on sound scientific evidence is an opportunity to create a "community of practice" where individuals share common clinical challenges and seeks solutions through discussions and exchange of personal/professional expertise.

Purpose: This poster reports on the designing/implementing of one of the first BPC approved in Canada and the impact of this course on the learning and clinical practice of the participants.

Objectives: At the end of this presentation, viewers should be able to include several types of educational tools in the design of their CME events in order to improve their learning value.

Key Points: The course objectives were based on the latest scientific evidence. Academic specialists validated learning needs of the community oncologists. A "Pre Course Reflection Survey" was developed from the provincial practice guidelines and the literature and sent with the invitations to help participants reflect on their learning needs and barriers to apply evidence. There was a 64% return of the survey. Results showed that there was a high variability in participants' knowledge and application of the evidence as well as the defining the "gaps in care" with respect to applying the provincial guidelines. The CME provider to tailor the course to the learning needs of the participants used the results of this survey. Pre-course reading material was sent with the invitation to raise awareness of participants on the scientific evidence. The 4-hours course was given in the form of an interactive workshop, which combined lectures, plenary sessions, case studies and small group working on specific issues. The opportunity to work in small groups allowed for discussion surrounding barriers to applying the evidence, differences between an urban and community based practice and the lack of clarity surrounding guidelines. At the end of the program, participants were provided with a self-audit tool based on practice guidelines, which they were instructed to complete for the next 10 patients they would see upon their return in practice. Three months post course a reminder was sent as a rein forcer to have participants return the self-audit tool. The impact of the course on knowledge and practice behaviours was assessed using 1) a questionnaire for knowledge and barriers to practice, 2) intention to change reported at the end of the course, and 3) the completed self-audit questionnaires to assess application of new knowledge in practice.

Expected Outcomes: The addition of educational tools and activities that foster self-assessment of learning needs, reflection on practice, confirmation of the new knowledge and self-evaluation of learning outcomes improves the learning outcomes for the participants. The Best Practice Course concept will facilitate the creation of a "community of practice" as this group expressed their desire to repeat this experience on a more regular basis.

Reference: Royal College of Physicians and Surgeons of Canada Best Practice Course, http://rcpsc.medical.org.

P4, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Marsalis/Exhibition; 4'x 8' Horizontal Tack Board & Table for Handouts

Creating a Community of Practice for Continuing Professional Development in Education

(Educational Activities Design; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: Continuing professional development (CPD) for the educators who design and deliver CME programs is an essential component for ensuring the enhancement of professional competence. Opportunities for CPD in relevant education topics are not always available or are too costly and time consuming for busy CME practitioners to attend. A community of practice can create an environment where continuing professional development can occur in an experiential learning format and benefit educators from a variety of backgrounds and expertise.

Purpose: This poster describes the process of creating a community of practice for a multidisciplinary group of fifteen educational professionals with the goal of providing them with continuing professional development opportunities.

Objectives: To demonstrate how through the process of developing a CME program, a format for providing a group of educators with a community of practice can be provided.

Key Points: Creating opportunities for the CPD of faculty and educators is an important but often ignored activity of a Continuing Education Department. These opportunities can be structured into the planning process for new programs by creating a community of practice where professionals can express and share ideas in a learning environment. The community of practice members were invited to join because they had specific expertise to offer the project. By working on a common problem in educational design the group's activities helped to identify specific learning needs for each member. The members communicated through face-to-face meetings, E-mail and a project management web site.

Outcomes: The participants in this project expressed a high level of satisfaction, demonstrated the application of knowledge to new practice situations, understood the relevance and importance of personal contributions and the contributions of others to the project, and the value of partnerships, communication and sharing of ideas and resources. The community of practice had the added value of building a network of expertise which has already contributed to the undergraduate, postgraduate and other continuing education programs at McMaster University.

Reference: Fox RD. Using theory and research to shape the practice of continuing professional development. J Cont Educ Health Prof 2000; 20:238-246.

P6, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Marsalis/Exhibition; 4'x 8' Horizontal Tack Board & Table for Handouts

Cardiovascular Risk Assessment in Primary Care: A New Vital Sign? An Evidence-Based and Literature-Based Approach for Integrating the Cardiovascular Risk Assessment Approach in Family Practice

(Educational Activities Design; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: The Framingham Heart Study has taken the lead in developing the concept of risk factors, a concept that is now widely accepted and used. In 2000, the Heart Outcomes Prevention Evaluation Study (HOPE study) has emphasized the importance and benefits of treating high cardiovascular risk patients. Major organizations see a role of medical office assessment in the detection of risk factors and estimation of total cardiovascular risk. WHO-IHS, JNC-VI and NCEP-ATP-III reports support the idea that cardiovascular risk assessment (CVRA) should be routinely added to the existing screening program for smoking, raised blood pressure, dyslipidemia and diabetes. Therefore, medical office assessment should permit the identification of many high-risk patients without the need for noninvasive testing for atherosclerotic burden or subclinical myocardial ischemia. We believe that we are assisting at the emergence of a new paradigm in medicine in the sense that CVRA will be more and more present in patients' files with other parameters like the vital signs.

Purpose: The poster will show the elements of a dissemination strategy suitable for guidelines dissemination.

Objectives: At the conclusion of this poster presentation, participants should be able to discuss about the efficacy of an educational intervention as a method of implementing new developments in continuing medical education.

Physicians doing a CVRA should be able to do a critical appraisal of different CVRA methods and that for patients being at moderate and high risk, preventive or therapeutic recommendations should be instituted. Physicians and patients should be able to set priorities and adjust the intensity of interventions according to CV risk level.

Key Points: Having done a national survey, (130 physicians) we have found that Canadian physicians were interested at using new methods for CVRA. We found also that when physicians were asked to do a CVRA in short case studies, there was an important gap between the intuitive approach used by physicians and the real calculated risk when calculated by the Framingham tables. We will present how we have developed and disseminated an evidence-based educational tool for family physicians. A small group problem-based workshop has been developed by two Canadian universities (Université Laval and University of Ottawa) with the support of Aventis Pharma Canada. The workshop is aimed at integrating the risk assessment approach into family physician's practice and fostering the development of new skills at doing it. By the end of 2002, it is believed that more than 4000 Canadian physicians will have attended to this workshop.

Expected Outcomes: Small group problem based workshops should be part of a comprehensive program for dissemination of guidelines or other new avenues in medicine. Partnership is a key to the success of these dissemination initiatives.

Reference: Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations. Statement for Healthcare Professionals from the American Heart Association and the American College of Cardiology. Scott M. Grundy, et al. Circulation. 1999;100:1481-1492.

P7, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Marsalis/Exhibition; 4'x 8' Horizontal Tack Board & Table for Handouts

CME Department of the College of Physicians of Barcelona: Evolution of Activities and Participants' Profile

(Educational Activities Design; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: Promoting the continuing professional development of physicians is the fundamental objective of the activities of Continuing Medical Education that are performed at the CME Department of the College of Physicians of Barcelona (CPB). These educational activities are directed, mainly, to professionals with several years of professional performance who want to maintain, update and develop their professional competences and have specific characteristics. The study of the changes in the activities of education and the repercussions in the profile of their participants facilitate lines of performance of future educational actions orienting them to the professional to whom the continuing medical education is genuinely directed.

Purpose: To analyse the evolution of the CME activities of continuing medical education issued by the CME Department of the College of Physicians of Barcelona and the profile of their participants.

Objectives: To know the changes in the participants' profile in activities of Continuing Medical Education at the CME Department of the College of Physicians of Barcelona and to study their link with the educational supply type.

Methods and Results: The obtained data are analysed and compared, between the 1994 -1995 courses and the 2000 -2001 ones, by means of final reports of the CME Department of CPB and the validated questionnaires that are filled in by the participants after each CME activity. The total amount of supplied courses has increased four more times introducing the distance courses in the last years (5 in 2000/01 course) and Internet and widening the supply of computer courses. At the same time, the total amount of students has increased 273, 7%. In 1995, the 56.6% of the participants were women and practically stays (53%) in 2000/01 course; the age average goes from 34 (1995) to 40 years old (2001); most of them continue being physicians (82.2% in 1995; 74% in 2001), have a regular work (72.5% in 1995; 71.1% in 2001) and reside in the province of Barcelona (96.2% in 1995; 75.5% in 2001) although an increase in the percentage of students that come from other provinces is observed (+13.1% in 2001). The 54.7% of the students of 2000/01 course participated in Computing courses, Internet and distance modality and, in Computing courses, the age average exceeded by 14.5 years to the one obtained in 1995.

Expected Outcomes: 1) A greater supply in activities of distance and presencial education (computing update) makes possible the access to more extensive groups of professionals. 2) The evolution in the profile of the participants in CME (2001) shows an older professional, interested in more operative, intensive and flexible courses; unlike the youngest participant, who is interested in subjects of pre-graduate (1994).

Reference: CME Department. College of Physicians of Barcelona, Spain. www.comb.es.

P8, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Marsalis/Exhibition; 4'x 8' Horizontal Tack Board & Table for Handouts

Reinforcing Physician Education: Challenges and Strategies

(Educational Activities Design; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: As a provider, designing an educational program that is effective in 1) disseminating relevant information in a concise manner, 2) addressing a topic that is not new or novel, 3) reaching a large primary care audience that is bombarded with educational opportunities on a daily basis, and 4) meeting established learning objectives in a manner in which they "stay" with the learner over time is a complicated recipe that is often difficult to master. With guidance from the IMPACT (Innovative Medical Practices Advancing Cardiovascular Therapy) Council, Medicalliance Education Institute (MEI) has developed and implemented a multifaceted series of educational activities that meet and, in most cases, exceed these goals.

Purpose: This poster will describe the IMPACT Council and the unique approach that MEI and the Council have taken to reach the goals outlined above.

Objectives: After reviewing the poster, the participant should be able to describe an effective approach for a successful large programming effort and replicate it in their CME program.

Methods and Results: Hypertension is a common risk factor for coronary heart disease, congestive heart failure, stroke, and renal disease, yet data from the third National Health and Nutrition Examination Survey (NHANES III) show few healthcare providers adequately manage this disease. Addressing this common – but seriously under-diagnosed and under-treated – health risk in a manner that would cause primary care physicians to take more aggressive steps to identify and treat their hypertensive patients to goal was the primary endpoint.

MEI followed basic educational principles to lay the foundation of the program development but also incorporated common – and effective – advertising and marketing principles to create a unique "branded" CME program that, in its own right, has begun to earn national recognition. It began with the formation of a multidisciplinary steering committee comprised of well-known thought leaders who generated a strong, well-developed core curriculum. This committee made a long-term commitment to this program and will carry forth the IMPACT vision. In September 2001, the seven-member steering committee expanded to form the 20-member IMPACT Council who became the spokespeople to deliver the IMPACT message to the primary care audience.

In Q4 2001, MEI and the IMPACT Council launched a 10-city, pilot CME symposium series. The goal was to reach approximately 100 clinicians – primarily Internal Medicine and Family Practice practitioners – in each city via standalone dinner programs and hospital grand rounds. Total attendance for the programs exceeded 1,400.

In February 2002, the IMPACT Council reviewed quantitative and qualitative results from its 2001 pilot program and formalized its 2002 plan, which includes several new dissemination vehicles designed to reinforce the key learnings among participants. Twelve additional CME symposia will also be presented in 2002.

Expected Outcomes: Providers can successfully incorporate a variety of marketing techniques and program "extenders" into CME activities to increase audience reach and reinforce learning over time.

Reference: The Sixth Report of the Joint National Committee on Prevention, Evaluation, and Treatment of High Blood Pressure. Arch Int Med. 1997; 157:2413-2446.

P9, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Marsalis/Exhibition; 4'x 8' Horizontal Tack Board & Table for Handouts

Best Practices in CHE

(Evaluation; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: In the past few years, the Canadian pharmaceutical industry has taken to become more involved in CHE, in partnership with CHE providers of medical organisations and universities.

The majority of pharmaceutical representatives are exposed to the planning and organisation of CHE activities. No study assessed the educational quality of CHE activities developed by pharmaceutical representatives. A review of the literature did not reveal information on the work done by the pharmaceutical industry to improve educational content of CHE activities developed or financially supported by them, nor any account dealing with the quality of the CHE training of the pharmaceutical representatives.

Objectives: To evaluate the impact of a new CHE training program for pharmaceutical representatives on the quality of CHE activities offered by Canada's Research-Based Pharmaceutical Companies (Rx&D). This program was developed by a Consortium of Health Education, constituted of a group of dedicated professionals from across Canada representing academia (CME offices of medical schools), industry (Rx&D Canada), and medical organisations (Quebec Council of CME).

Methods: This is a comparative follow-up study of pharmaceutical representatives, who finished successfully the training program in CHE. Two comparison groups will be established to evaluate the impact of the new training. The first comparison group will be composed of a cohort of representatives who will get the training. The second comparison group, called the reference group here, will include all industry representatives. This group will be both a historic group (observation of past years) and a parallel group (observation made as the present study is conducted). This group will serve to follow the quality of the CHE programs developed by pharmaceutical representatives over time.

Key Points: This innovative approach to enhance education competency of pharmaceutical representatives will be assessed by studying their performance on the planning and organization of CHE activities.

Expected Outcomes: Quality and quantity of CHE programs developed by pharmaceutical representatives according to an evaluation grid. Obstacles encountered by representatives registered in basic and advanced training during the planning of CHE activities before and after the educational training. Results and satisfaction of participants following the training programs. Knowledge retention over time. Type and number of violations of the Canada`s Research Based Pharmaceutical Code of Marketing Practices, section CHE.

P10, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Marsalis/Exhibition; 4'x 8' Horizontal Tack Board & Table for Handouts

The Spanish Accreditation Council for CME (SACCME): A Professional Body for CME Accreditation

(Accreditation; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: After the creation of the Spanish Commission of Continuing Education of Health Professionals (SCCEHP), in 1997, the Spanish Accreditation Council for CME (SACCME) has been made up in 2002 as the first medical intersectorial body aimed to put into practice a comprehensive CME accreditation system for Spain as a whole under the umbrella of the SCCEHP. The Spanish Medical Association, the Spanish Federation of Scientific Medical Societies, the Spanish Council of Medical Specialties, and the Spanish Council of Deans of Medical Schools are the partners of the SACCME.

Purpose: To describe the building process of the SACCME and its very initial operational steps.

Objectives: To analyze:
- The background of the CME accreditation field in Spain
- The initial steps for creating a specific medical accreditation institution in the context of the SCCEHP
- The implementation of the CME activities accreditation system of the SACCME
- The first 6-months experience of the SACCME
- The implications for the Spanish doctors recertification process
- The usefulness of the initiative for other health professional sectors

Key Points: Description of the:
- Specificities and difficulties for implementing a medical CME accreditation initiative in Spain
- Characteristics of the SACCME system
- 6-months experience of the SACCME

Expected Outcomes: A specific medical system for CME activities accreditation can decisively contribute to reinforce the CE accreditation system as a whole. It can also contribute to improve the quality of CME offer. The SACCME system could serve as a model for other health professional sectors. The SACCME system should facilitate the implementation of a recertification system for Spanish doctors.

Reference: Pardell H, Ramírez J, Pallarés L. Feasibility of a national CME accreditation system in Europe. The Spanish experience. 25th ACME Annual Conference. New Orleans, LA. January 19-22, 2000.

P11, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Marsalis/Exhibition; 4'x 8' Horizontal Tack Board & Table for Handouts

Towards an Uruguayan National System for Continuing Medical Professional Development

(Accreditation; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: Uruguay is a country located in the Southern cone of the Americas. It has a population of 3.4 million, and 12 thousand physicians trained in the state-owned School of Medicine; two-thirds of them have a specialist degree. In the last decade, there has been increasing awareness in the country about the need for improved educational activities directed to physicians, as a tool to maintain professional competence. A coordinated effort was then started, leaded by the School of Medicine but involving the most important stakeholders, such as the Secretary of Health, Medical Associations, Specialty Societies and Health Care Delivery Organizations.

Purpose: To describe the current trends in continuing medical professional development in Uruguay, focusing on the accreditation process performed by the School of Medicine, in place since 2001. The results of the process after one year of experience will be shown.

Objectives: After analyzing the information provided in this poster, the participants will be able to understand how a National Strategy was designed and its implementation was then started.

Key Points: The complexity of such a multi institutional endeavor should not be minimized. It is also important to keep in mind the main educational goals to avoid creating a bureaucracy of its own.

Expected Outcomes: Reflection on this experience can provide new insights for different kinds of CME professionals.

Reference: Peck et al. Continuing medical education and continuing professional development: international comparisons. British Medical Journal 2000;320:432-5.

P12, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Marsalis/Exhibition; 4'x 8' Horizontal Tack Board & Table for Handouts

Incorporating CME Provider Core Competencies into the ACCME Self-Study Process

(Program Management; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: Assessing physician competencies and performance outcomes based on participation in continuing medical education programs has been the subject of various research studies, articles and professional discussions. The identification of CME provider core competencies and an evaluation of their role in the development of educational programs have received very little attention.

Purpose: The purpose of this poster presentation is to 1) outline CME provider core competencies identified through a review of the literature and a survey of CME professionals, and 2) assess how the identification of core competencies can enhance professional development and improve daily program management.

Objectives: As a result of viewing this poster presentation, participants should be able to identify CME provider core competencies and describe how professional development complements quality improvement and guides the ACCME Self-Study process.

Key Points: The ACCME has identified three Essential Areas for the improvement and development of continuing medical education programs. In constructing a framework to guide the Self-Study process, the Office of Continuing Professional Education at the University of Rochester School of Medicine and Dentistry identified CME provider core competencies and evaluated their impact on the improvement of continuing medical education programs.

Expected Outcomes: CME providers will identify professional core competencies and assess their impact on the development of continuing medical education programs.

Reference: Bennett, NL, Davis, DA, Easterling, WE, Freidmann, P, Green, JS, Koeppen, BM, Mazmanian, PE, Waxman, HS. Continuing Medical Education: A New Vision of the Professional Development of Physicians. Acad Med 2000; 75: 1167 – 1172.

P13, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Marsalis/Exhibition; 4'x 8' Horizontal Tack Board & Table for Handouts

How CME and Industry Can Work Together: Creating a Win-Win

(Program Management; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: The relationship between CME providers and industry is a valuable partnership that can be enhanced by establishing a forum that allows discussion among medical staff, CME and industry.

Purpose: To establish an organized forum for representatives from pharmaceutical companies to interact with medical staff and employees for the benefit of both. This forum will provide a defined channel for open communication and enhanced continuing education to meet the mission of improving patient care.

Objectives: At the conclusion of this poster presentation, participants should be able to identify ways to establish a more organized approach to foster positive relationships between CME providers and industry.

Key Points: Positive, healthy relationships can be built between industry and medical staff in the interest of bringing quality education to physicians to attain improved patient care.

Expected Outcomes: Healthcare systems can readily integrate into practice the creative ideas and tools presented to establish an organized forum between CME providers and industry that will result in quality CME activities to improve patient care.

Reference: ACCME Standards of Commercial Support.

P14, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Marsalis/Exhibition; 4'x 8' Horizontal Tack Board & Table for Handouts

An Educational Alliance Between a Specialty Society, Pharmaceutical Companies, and a Medical Education Company

(Program Management; CME 101 – Basics Curriculum; Physician's Track)

Sandra Pizzoferrato
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Jennifer Andree-Webb
Center for Advanced Medical Education, Inc., Tel: 609/397-4777, E-mail: jandree@centercme.com

Relevance: It is possible to have a successful collaboration between a specialty society, pharmaceutical company, and a medical education company. The American Epilepsy Society (AES) and the Center for Advanced Medical Education, Inc. (the Center) have collaborated for the last 6 years as cosponsors of the annual Antiepileptic Therapy (AET) symposium that takes place at the annual conference of the AES. Not only have these two organizations successfully collaborated, but they have developed an alliance with the pharmaceutical and medical device industry. The AET symposium is funded by multiple pharmaceutical and medical device companies, and the number of industry supporters continues to increase each year. Building a successful collaboration such as this requires considerable thought, planning and determination.

Purpose: The purpose of this poster is to explain the history of the AET symposium and the formation of this partnership. In addition, the poster will also demonstrate the planning, strategy, and dedication it takes to develop a successful collaboration.

Objectives: At the conclusion of this poster session, participants should be able to recognize the history of the AET symposium; identify steps to build successful relationships, and demonstrate/describe the value of a true educational collaboration.

Key Points: There is always much discussion around the involvement of industry in the development of educational activities. This highlighted educational activity demonstrates how industry, a CME provider, and a cosponsor can work together to develop and support a program that is of high quality and educational value while meeting the needs of the target audience.

Expected Outcomes: As CME professionals, we all have a common goal: to improve patient care and healthcare outcomes. In order for each of us to reach this goal, we must work together as partners and not adversaries. Through the use of systematic planning processes it is possible for CME providers, medical education companies, and industry to produce and deliver high quality CME activities while maintaining compliance with the guidelines of the Accreditation Council for Continuing Medical Education (ACCME) and the American Medical Association (AMA). After reviewing this poster, participants should be able to recognize and utilize the necessary tools to implement a strategic partnership.

Reference: Accreditation Council for Continuing Medical Education Standards for Commercial Support.

P15, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Marsalis/Exhibition; 4'x 8' Horizontal Tack Board & Table for Handouts

A Patient-Based Consortium Model for CME: Effecting Changes in Physician Practice

(Health Care Delivery Systems; CME 101 – Basics Curriculum; Physician's Track)

Joanne Bond, MS
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Relevance: Multiple treatment options are available for men with prostate cancer. However, the treatment recommendations these patients receive often depends on the type of specialist they consult. The Buffalo Niagara Prostate Cancer Consortium offers patients the unique opportunity to have their cases anonymously "peer reviewed" by consortium members, represented by community urologists, radiation oncologists, academic institutions, health care organizations, insurance carriers and patient advocates from Us Too!, an international patient support and advocacy group. By bringing together the various disciplines to one table, the general biases associated with each of the disciplines are no longer an issue.

Purpose: This poster will outline the development of this innovative partnership and detail the changes in physician practice that occurred during the consortium's first year of operation.

Objectives: Through this poster presentation, participants will be able to 1) describe the elements that contributed to the successful implementation of this consortium format, and 2) assess the changes in physician practice and patient care that occurred as a result of the consortium's uniform application of National Comprehensive Cancer Network (NCCN) guidelines for patient work-up, treatment recommendations, and follow-up testing.

Key Points: In this era of managed care, health care providers, patients and payers can work collaboratively to improve quality of care while containing costs. Physician "buy in" to the program was attributed to improved services. A letter listing the agreed-upon treatment options is forwarded to both the patient and his physician, providing them the opportunity to discuss treatment recommendations together and allowing the patient to make an informed treatment decision.

Expected Outcomes: This consortium model can be applied to other areas of medicine to enhance screening and diagnosis; to standardize treatment options and recommendations; and to track and describe patient outcomes.

Reference: Fowler FJ, McNaughton Collins M, Albertsen PC, Zietman A, Elliott DB, Barry, MJ. Comparison of Recommendations by Urologists and Radiation Oncologists for Treatment of Clinically Localized Prostate Cancer. JAMA 2000; 283(24):3217-22.

Plenary Session and Founder's Lecture
8:30 – 10:00 am, Thursday
Landmark ABC/Lobby; Rounds/1400

Place Matters: The Geography of Physician Learning and Practice

(Strategic Leadership; CME 101 – Basics Curriculum; Physician's Track; Audio Taped)

Ronald Cervero, PhD
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Relevance: Since the early 1960s most discussions about the improvement of continuing medical education have begun by seeking a better understanding of how physicians learn. The goal of this movement has been to put physician learners and their learning needs, not new research findings, at the center of the educational process. This has led CME away from the update model of education and into many innovative and exciting educational developments. However, as the conditions of medical practice have been changing in the past 20 years, the possibilities and conceptions of CME have also changed. Many in medicine and CME now recognize that the real world of physician decision-making takes place in a highly complex, often contradictory political-economic context, where the interaction between the patient and physician is perhaps the least complex element. From this fundamental starting point, an emerging discourse has begun in CME that addresses physicians' changing work environments, the accountability schemes and financial incentives built into medical practice, and the importance of physicians' community of peers in making practice changes. I believe we need to build on these observations to change the focus from "how physicians learn" to "where physicians learn." From this new perspective physician practice and learning are seen as fundamentally social acts and our attention is drawn to all the ways in which "place matters."

Purpose: The keynote will discuss the fundamental importance of understanding where physicians practice and learn and how we can use these insights to improve continuing medical education.

Objectives: The specific objectives will be developed as I gather information from the literature and leaders in CME to be used in the keynote.

Key Points: The specific points will be developed as I gather information from the literature and leaders in CME to be used in the keynote.

Expected Outcomes: The outcome of the talk is a vision for CME that builds on the assumption that where physicians practice and learn is of fundamental importance.

Reference: Cervero RM. (2001). Continuing professional education in transition, 1981-2000. International Journal of Lifelong Education, 20 (1&2), 16-30.

Intensive
10:30 am – 5:00 pm, Thursday
Cotton Bowl/Atrium; Schoolroom/65

Measuring the Impact and Return on Investment (ROI) of Continuing Medical Education
(Evaluation; Audio Taped)

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Consultant: Franklin Covey

Relevance: In response to economic pressures to increase efficiency and effectiveness of continuing medical education, measuring return on investment (ROI) has become a critical issue for most organizations. This session shows participants how the CME staff can increase its influence in the organization, enhance program results, and measure the contribution of programs.

Purpose: To provide participants with knowledge and techniques to measure the impact and return on investment of continuing medical education.

Objectives: Participants will be able to: 1) understand the components of a detailed evaluation/ROI analysis plan; 2) select appropriate data collection methods; 3) understand the various methods to isolate the effects of CME activities; 4) understand the various methods to convert data to monetary values; 5) calculate the return on investment, and 6) identify intangible measures.

Key Points: This in-depth course is designed to utilize participant input. The first part of the course is a presentation of process and issues. This emphasizes the need for a comprehensive, results-based process. Throughout the remainder of the course, key parts of the ROI Process(are explored using exercises or case studies. A variety of handouts are used to enhance understanding.

Expected Outcomes: Participants will understand the components of the ROI Process(including, evaluation planning, data collection, isolation, and monetary conversion methods and calculation of ROI.

Reference: Return on Investment in Training and Performance Improvement Programs, Jack J. Phillips, Gulf Publishing, Houston, TX, 1997.

T1, Mini Plenary
10:30 – 11:30 am, Thursday
Landmark D/Lobby; Rounds/375

Educating Physicians about Appropriate and Inappropriate Gifts from Industry

(Educational Activities Delivery; Physician's Track; Audio Taped)

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Relevance: Recent studies and news reports indicate that many practicing physicians are unaware of the American Medical Association Council on Ethical and Judicial Affairs Guidelines on Gifts to Physicians from Industry. The AMA convened Working Group on Communication of Ethical Guidelines for Gifts to Physicians from Industry has developed new educational resources addressing this and related issues. Medical educators can down load these resources from an AMA web site to develop educational programs for their constituents. Information is also available by Internet in self-study format. The topics are:

- An overview of professional, legal and ethical issues for physician relationships with industry
- What physicians should expect from industry and sales personnel
- Professionalism and gifts to physicians from industry
- The AMA/CEJA guideline on gifts to physicians from industry

Educational resources have been developed for a one hour presentation on each topic. The resources will meet the requirements for education in the professionalism core competency outlined by the Accreditation Council for Graduate Medical Education and American Board of Medical Specialties.

Purpose: This session will describe the need for education on these issues, new educational resources, and their use in developing programs for physicians, residents, medical students, and industry personnel.

Objectives: At the conclusion of this session participants should be able to describe some major issues concerning physician relationships with industry, particularly the problem of inappropriate gifts, and be able to access new resources to develop educational programs on these topics.

Key Points: Physicians and individuals who educate them are often unaware of the legal and ethical issues concerning relationships with industry. Accepting inappropriate gifts is unprofessional, violates a physician's fiduciary responsibility to patients, and raises concerns about conflicts of interest in providing care. Resources are available to help educate physicians about these professional responsibilities.

Expected Outcomes: Every attendee will consider developing a series of educational programs at their local institution on professionalism and relationships with industry, using the new educational resources as the basis for the programs.

Reference: American Medical Association, Communication of Ethical Guidelines for Gifts to Physicians From Industry. www.ama-assn.org/go/ethicalgifts.

T2, Breakout
10:30 – 11:30 am, Thursday
Cumberland DEF/Exhibition; Schoolroom/165

Needs Assessments: The State of the Art

(Needs Assessment; Audio Taped)

George Mejicano, MD
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Relevance: ACCME mandates that CME providers seeking accreditation or re-accreditation must use needs assessment data to plan CME activities (Element 2.2). For exemplary compliance, multiple sources of needs must be consistently used to evaluate and plan activities.

Purpose: Accredited CME providers must base instructional planning on needs assessment data. These data guide the development of learning objectives, format and outcomes. Unfortunately, many providers do not take advantage of the numerous types of needs assessment data that are available to them. Reasons for this include misconceptions regarding needs assessments, and the fact that the state-of-the-art has progressed over the past few years. This session is intended for all CME professionals who want to improve their knowledge base concerning needs assessments. Concepts such as perceived needs, unperceived needs and misperceived needs will be clarified. Different types of needs assessment data will be reviewed and practical examples will be shared with the participants. Processes will be suggested that link identified needs to desired results. Finally, a novel method that measures a physician's stage of learning will be described. This method can be utilized to assess learning needs as well as outcomes.

Objectives: At the conclusion of this session, participants will distinguish between different types of needs assessment data and be able to choose which types are germane to their organization. It is expected that each provider utilize more than one type of needs assessment to plan all future CME activities.

Key Points: Needs assessments form the basis of solid instructional design and lay the groundwork for effective outcomes measurements. Thus the ability to collect and interpret needs assessment data is a critical skill and universal need that applies to all members of the entire CME enterprise.

Expected Outcomes: Participants will improve their knowledge base concerning needs assessments and will utilize more than one source to plan all future CME activities.

T3, Breakout
10:30 – 11:30 am, Thursday
Cumberland BC/Exhibition; Schoolroom/135

Applying Adult Learning Principles to Undergraduate Medical School Curriculum: Working Across the Continuum to Enhance Physician Competence

(Educational Activities Design; Audio Taped)

Joseph Green, PhD
Duke Office of CME, Tel: 919/684-6878, E-mail: green106@mc.duke.edu
Consultant: President, Professional Resource Network, Inc.

Relevance: A major challenge facing medical school offices of CME is how to become more valuable to the primary mission of medical schools – training medical students. One competence that CME professionals can apply to any part of the continuum of medical education is that of adult learning. The information about how physicians learn and change can be of enormous value to those on curriculum committees who are tasked with suggesting enhancements to the formats, methods and media used for undergraduate medical students. In addition to providing information on more appropriate methods, adult learning principles are also appropriate as a content area for an initial module in the first weeks of medical school. A new paradigm for medical education is moving from teaching medical students as dependent, young learners needing constant oversight and direction to working with medical students as colleagues and helping them become life-long, adult learners. The ten characteristics of adult learners can also be of benefit to others throughout the medical center, such as those involved in CME within departments.

Purpose: This breakout will describe the ten characteristics of adult learners with discussion about how each plays out in the design of education for physicians and those in training for medical careers.

Objectives: At the conclusion of this breakout participants should be able to discuss each of the ten characteristics of adult learners; describe how each characteristic is relevant to the continuum of medical education, and plan how this information can be provided to those in the medical school who could benefit.

Key Points: The difference between fluid and crystallized intelligence is at the basis of how adult learners differ from their child counterparts. Pedagogy and andragogy will be discussed in terms of the implications for the education of adult professionals. Some of the key adult learner characteristics include linking new knowledge to past experience, having a clear vision of what is expected, wanting involvement in the learning process, and seeking feedback on performance and reinforcement of learning.

Expected Outcomes: The participant will develop a tool that can be used to describe the adult learning characteristics to those in their environment that could benefit. This contribution to the central mission of the school of medicine should assist the CME Office to become a more valued participant in the educational curriculum.

Reference: Bennett NL, Davis DA, Green JS. Continuing medical education: a new vision of the professional development of physicians. Academic Medicine 2000, Vol.75, No.12.

T4, Breakout
10:30 – 11:30 am, Thursday
Pegasus AB/Lobby; Schoolroom/140

Filling the Gap Between Learning Objectives and Evaluation: Selecting Instructional Formats

(Educational Activities Design; Audio Taped)

Jacqueline Parochka, EdD
Discovery International, Tel: 847/374-4667, E-mail: Jacqueline.Parochka@mededgroup.com
Other Support: Vice President and Director of Education, Discovery International

Relevance: Lectures and workshops have been cited as the instructional methods most utilized by continuing medical educators. Although several alternative formats exist, educators frequently rely on these familiar techniques. To increase the selection of a broader range of formats, educators must be aware of the other available methods and know how and when to use them. Although educators often develop activities in the cognitive domain (knowledge) rather than expanding into the psychomotor (skills) or affective (attitudes) domain, gaining expertise in the appropriate selection and use of these various formats will be helpful in planning continuing medical education sessions in any of the domains.

Purpose: The breakout will describe when and how to utilize demonstration, group discussion, case study, role-playing, in-basket, and debate methods.

Objectives: At the conclusion of this breakout, participants should be able to identify optimal educational formats for specific situations to impart knowledge, skills, and attitudes.

Key Points: Instruction involves the creation of learning objectives in three major areas: knowledge, skills, and attitudes. To fulfill objectives, educators are most familiar with delivering content by utilizing either the lecture or workshop formats. This session will focus on the use of alternative instructional methods. Case studies will be used to emphasize instances benefiting from more novel approaches. Advantages and disadvantages of each instructional format will be discussed.

Expected Outcomes: A variety of instructional formats exist in the field of continuing medical education. Participants will be able to indicate when and how specific instructional methods should be used and the related advantages and disadvantages of each method.

Reference: Knowles M. The Modern Practice of Adult Education: From Pedagogy to Andragogy, Revised. Prentice Hall School Group, 1988.

T5, Breakout
10:30 – 11:30 am, Thursday
Cumberland GHI/Exhibition; Schoolroom/180

Evaluating and Incorporating Internet Technologies into Your CME Program

(Educational Activities Delivery; Audio Taped)

Heidi Chandonnet, BS
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Donald Young, MA
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Relevance: The Internet is increasingly becoming an important tool for delivering and supplementing traditional CME. Yet, most CME Providers lack the understanding necessary to properly evaluate and integrate Internet technologies into their CME program. By properly incorporating Internet technologies into their traditional delivery they can achieve greater physician participation and satisfaction.

Purpose: To provide CME Providers with the tools to evaluate and incorporate Internet technologies into their CME program.

Objectives: After participating in this session, participants should be able to evaluate the advantages and disadvantages of incorporating different Internet technologies into their CME program and describe some Internet applications that can be easily implemented into their CME program.

Key Points: Increasingly CME providers need to have the skills necessary to evaluate and incorporate Internet technologies into their CME programs. Combining Internet technologies with traditional CME program can better address learners' needs as well as financial and time constraints that effect participation. A variety of Internet applications will be discussed including providing materials online; regulatory criteria, a variety of online CME activities; and promotion.

Expected Outcomes: CME professionals will be able to evaluate various Internet technologies and finds ways to incorporate these applications into their CME program.

Reference: The Current Status of Online Continuing Medical Education: A Masters Thesis in Medical Information Science, Bernard M. Sklar, MD. www.CMElist.com/list.htm.

T6, Breakout
10:30 – 11:30 am, Thursday
Reunion EG/Lobby; Schoolroom/200

Update on Maintenance of Certification: A Bitter Pill or a Healthy Tonic

(Evaluation; Physician's Track; Audio Taped)

Sorush Batmangelich, EdD
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Consultant: President, BATM Medical Education Consultants

Susan Adamowski, EdD
American Board of Psychiatry and Neurology, Tel: 847/374-4247, E-mail: sadamows@abpn.com

Relevance: Evaluating the non-clinical areas or "gray zones" of physician competencies has eluded organized medicine and been the subject of ongoing debates and investigations. The ACGME (Accreditation Council for Graduate Medical Education) which monitors the quality of all US residency training programs, in February 1999 adopted and endorsed the six General Competencies: Patient Care, Clinical Science, Practice-Based Learning and Improvement, Interpersonal Skills and Communication, Professionalism, and Systems-Based Practice. The American Board of Medical Specialties (ABMS) which conducts certification and maintenance of certification (recertification) functions in medical specialties and subspecialties in the US has also adopted these General Competencies. These competencies are expected to be taught and measured in residency education programs (ACGME) and in certification and maintenance of certification (ABMS) activities. Major challenges face each specialty in developing optimal metrics or measurement strategies for these competencies.

Purpose: This breakout session will provide updates on maintenance of certification and the application of six core competencies and their related skills subsets, and explore various evaluation methods and examples that can be applied to these competencies toward maintenance of certification.

Objectives: At the conclusion of this session, participants should be able to describe updates on maintenance of certification and the application of six core competencies, and explore various evaluation instruments for each competency skills requirements.

Key Points: Teaching and evaluation are two sides of the same coin. In order to effectively teach the six core competencies, there must be relevant, valid, and practical evaluation strategies matching these competencies. Effective evaluation models are required to be developed to strengthen and validate demonstration and evidence of continuing competency attainment and maintenance.

Expected Outcomes: A variety of evaluation instruments are available that can be creatively and innovatively applied or adapted to maintenance of certification and each competency requirement, and which are specific and relevant to different specialties.

Reference: American Board of Medical Specialties (ABMS), Evanston, IL, http://www.abms.org & Accreditation Council for Graduate Medical Education (ACGME), Chicago, IL, http://www.acgme.org.

T7, Breakout
10:30 – 11:30 am, Thursday
Reunion H/Lobby; Schoolroom/220

Outcomes: Methods and Tools for Evaluation

(Evaluation; Audio Taped)

Susan Brown, PharmD
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Susan Cobb, MSN
Meniscus Educational Institute, Tel: 610/834-1810, E-mail: scobb@meniscus.com

Relevance: The ACCME Essential Areas and Elements states that "the sponsor shall evaluate the effectiveness of its overall continuing medical education program and component activities." While CME professionals would agree that there is great value in linking CME efforts with measurable outcomes, most are challenged by how to effectively implement outcomes evaluation.

Purpose: This breakout will explore the various methods and tools available for the subjective and objective measurement of outcomes and discuss strategies for overcoming potential barriers to implementation.

Objectives: At the conclusion of this session, participants should be able to evaluate different methods of measuring outcomes and utilize various tools to accomplish this directive.

Key Points: It is a challenge for CME providers to effectively measure outcomes. Exposure to multiple methods is key to finding the most effective one. Linking needs assessment of the target audience with outcomes evaluation is integral to successful planning and evaluation in CME.

Expected Outcomes: Familiarization with multiple methods of measurement and tools for outcome evaluation should result in more successful program evaluation.

Reference: Evaluating educational outcomes: electronic workbook for continuing medical education providers. Alliance for Continuing Medical Education, March 2002, http://www.acme-assn.org/workbook.

T8, Breakout
10:30 – 11:30 am, Thursday
Reunion F/Lobby; Schoolroom/220

Applying Essential Area 2 – Educational Planning and Evaluation – To Everyday CME Planning (Part 1)
(Accreditation; CME 101 – Basics Curriculum; Audio Taped)

Note – Participation in Part 1 Is Strongly Recommended for Attendance at Part 2
Note – Part 2 Is Scheduled 1:15 – 2:15 pm, Thursday

Marcella Hollinger, MEd
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Consultant: CME Consulting, Ltd.

Steve Biddle, MEd
CE Resource Inc., Tel: 800/232-4238, E-mail: steve.biddle@netce.com

Relevance: Being able to apply the ACCME Essential Elements in the day-to-day planning of CME activities is a basic skill that all CME professionals must master and describe and document as part of the accreditation process.

Purpose: The purpose of these two breakout sessions is to teach participants how to follow a logical sequence for planning a CME activity.

Objectives: By the end of part 1 of this activity, participants should be able to: 1) relate needs assessment, learning objectives, design and evaluation to an overall planning process, and 2)given case study material, identify a specific learning need and learning objectives for which they will plan a CME activity.

By the end of part 2 of this activity, participants should be able to: 1) given case study material in Part 1, select appropriate design and an evaluation strategy for a CME activity; 2) recognize that there can be a variety of design formats that can meet learning needs and learning objectives, and 3) identify components of a planning process that meet the requirements of ACCME Essential Element 2.1.

Key Points: These are two interactive sessions in which small groups will plan a CME activity in accordance with ACCME Essential Area 2 – Educational Planning and Evaluation. 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 ability to work in small groups, to get immediate feedback from the small group reports, and the opportunity to compare the design of their group with those of the other groups.

Expected Outcomes: Participants will see the relationship between Essential Area 2 and a logical planning process for educational design. This is an application exercise in which participants will have developed a CME activity using the planning process required by Essential Area 2 – Educational Planning and Evaluation. Participants will see that there can be several formats for addressing the same need. Participants also will leave with a clearer picture of what to include in a planning process as required by ACCME Essential Element 2.1.

Reference: Accreditation Council for Continuing Medical Education Essential Areas.

T9, Breakout
10:30 – 11:30 am, Thursday
Reunion A/Lobby; Schoolroom/100

Entering the European CME Community

(Program Management; Audio Taped)

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Consultant: a.ha Group, Inc.

Relevance: Increasingly CME providers are looking outside their borders to pursue opportunities in the global CME community. International markets provide expanded reach of CME products and services, untapped markets for programs both oversee and in the U.S., and a means to better understand how CME professionals in other countries address the life-long learning needs of health professionals. Understanding these opportunities and how to develop and implement international strategies are critical to operating in a global CME community.

Purpose: This session is designed for the CME professional with an interest in considering or pursuing CME opportunities abroad, with a specific focus on the European CME marketplace. The session will help participants understand the structural, political, cultural and financial issues surrounding CME in the diversity of international, national and intra-national settings. This session will also explore the nature of commercial support for both the CME provider and physician attendee.

Objectives: At the conclusion of this session, participants will understand the role of key European CME organizations such as the European Union of Medical Specialists and the European Accreditation Council for Continuing Medical Education. Participants will also gain an understanding of the uniquely different opportunities for providing CME activities in an international, national or intra-national setting, and the associated strategic issues. Participants will also give insight from the experiences of U.S. organizations that have pursued international educational activities, and European-based organizations that have helped guide U.S. CME providers.

Key Points: The issues, opportunities and challenges for offering CME are distinctively different dependent upon whether the CME provider pursues international, national or intra-national venues. Developing and executing international educational initiatives requires an understanding of the various accreditation bodies and addressing the diversity of systems in accreditation, credit and recognition.

Expected Outcomes: Participants will be familiar with key resources that they may consult prior to pursuing European CME activities. Participants will understand the differences relative to offering international, national and intra-national CME. CME providers will have an understanding of the important issues surrounding commercial support.

Reference: www.uems.be\, The web site for the European Union of Medical Specialists.

T10, Breakout
10:30 – 11:30 am, Thursday
Reunion BC/Lobby; Schoolroom/200

Exploring the Role and Value of Professional Competencies in Continuing Professional Development

(Strategic Leadership; Audio Taped)

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Relevance: While the maintenance and enhancement of knowledge and skills have always been the goal of continuing professional development (CPD), these efforts have not been systematically shaped by a generally accepted set of competencies. The absence of such guidance complicates the assessment of educational program effectiveness and diminishes the ability to demonstrate to the public the outcomes anticipated from physician participation in programs for CPD. In 1999 the Accreditation Council for Graduate Medical Education (ACGME) identified six General Competencies (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communications skills, professionalism, system-based practice) to define the outcomes for residency education and form the framework for assessment. In 1999 the American Board of Medical Specialties (ABMS) adopted the same competencies, suggesting that in the future CPD and recertification of physicians may parallel the criteria for initial certification. Concurrently within the CME community, a new vision for professional development for physicians has been articulated along with a proposed set of six core competencies for CME educators. Despite this groundbreaking work, experience is limited about the use and value of professional competencies in educational activity development, learner assessment, and program improvement.

Purpose: 1) Describe the ACGME and ABMS General Competencies and their relevance to the CPD of physicians; 2) describe the proposed core competencies for CME professionals; 3) present experiences and lessons learned in educational program development and assessment, and 4) present experiences and lessons learned applicable to the CME professional.

Objectives: At the conclusion of this activity, participants should be able to 1) describe the core professional competencies identified for physicians and for CME professionals; 2) describe experiences of how professional competencies might be used for activity identification and planning and for assessment of learners and program evaluation, and 3) describe the challenges faced in using professional competencies to guide program development and evaluation.

Key Points: 1) The substance and purpose of the competencies identified for professional education and development; 2) explorations of the use and value of core professional competencies in guiding educational program development and assessment; 3) relevance of professional competencies to faculty development, and 4) challenges faced.

Expected Outcomes: Participants will develop an understanding of the role, value, and challenges encountered in using the concept of identified core professional competencies in guiding educational program development and assessment.

Reference: Bennett NL, Easterling WE, Friedmann P, Green JS, Koeppen BM, Mazmanian PE, Waxman HS. Continuing Medical Education: A New Vision of the Professional Development of Physicians. Acad Med 2000; 75: 1167-1172.

Awards Presentation & Networking Luncheon
11:30 am – 1:00 pm, Thursday,
Landmark ABC/Lobby; Rounds/1400

Awards Presentation

Don Moore, PhD, President
Bruce Bellande, PhD, Executive Director
Kristi Eidsvoog, PhD, Awards & Membership Recognition Subcommittee

President's Award

In recognition of a member for significant contributions to the programs, services, and function of the Alliance

Diane Baker, Alliance for Continuing Medical Education
Jann Balmer, PhD, University of Virginia
Jay Brown, BA, Alliance for Continuing Medical Education
Sue Ann Capizzi, MBA
Ellen Cosgrove, MD, University of New Mexico School of Medicine
Melvin Freeman, MD, Virginia Mason Medical Center & Washington State Medical Association
Harry Gallis, MD, Carolinas HealthCare System
Marissa Green, Alliance for Continuing Medical Education
Terry Hatch, MD, Carle Foundation Hospital
Barbara Huffman, MEd, Carle Foundation Hospital
Marcia Jackson, PhD, American College of Cardiology
Julie Jarvi Bainbridge, MS, American College of Cardiology
Karen Overstreet, EdD, Nexus Communications, Inc.
Thomas Pearson, EdD (Deceased [June 20, 2002])
Michael Saxton, BS, Pharmacia Corporation

Fellowship Award

In recognition of outstanding and meritorious service, long standing membership, and active participation with the Alliance

Robert Cullen, PhD, VA Employee Education System
Harry Gallis, MD, Carolinas HealthCare System
Bernie Halbur, PhD, Alliance for Continuing Medical Education
Marcella Hollinger, MEd, Illinois State Medical Society
Henry Slotnick, PhD, University of Wisconsin Madison Medical School

Distinguished Member Award

In recognition of active member involvement in and major service contribution to the Alliance for CME

Jeanne Cole, MS, Jefferson Medical College
Carol Havens, MD, Kaiser Permanente Oakland
Jane Howell, MA, Chandler Medical Center
Steven Passin, Steve Passin & Associates

Distinguished Service Award

In recognition of lifelong service to the field of continuing medical education as a CME professional, a national policy maker, a board member, and a proponent of collaboration within the field of CME

Robert Fox, EdD, University of Oklahoma

Awards Presentation & Networking Luncheon (Continued)
11:30 am – 1:00 pm, Thursday,
Landmark ABC/Lobby; Rounds/1400

William Campbell Felch/Wyeth Award for Research in CME

In recognition of the best completed research projects in the arena of continuing medical education

Jennifer Spear Smith, PhD, FCG Institute for Continuing Education
Barbara Fuchs, MS, FCG Institute for Continuing Education
Emily Evans, BA, FCG Institute for Continuing Education
Colleen Spotts, FCG Institute for Continuing Education

Frances Maitland – PACME Award

In recognition of outstanding and significant contributions by an individual Alliance member to the field of CME and to the advancement of the profession in the areas of research, government activity, CME advocacy, a specific educational activity and/or other significant individual contributions

Gerald Holzman, MD, American College of Obstetricians & Gynecologists
Errol Alden, MD, American Academy of Pediatrics
Howard Dworkin, MD, William Beaumont Hospital
Kathryn Hecht, EdD, Consultant
Ronald Henrichs, PhD, American Academy of Physical Medicine & Rehabilitation
Norman Kahn, Jr., MD, American Academy of Family Physicians
Ajit Sachdeva, MD, American College of Surgeons
Bruce Spivey, MD, American Academy of Ophthalmology
Karl Wallace, Jr., MD, American College of Radiology
Herbert Waxman, MD, American College of Physicians – American Society of Internal Medicine
Suzanne Ziemnik, MEd, American Academy of Pediatrics

Award for Most Outstanding Certified Live CME Activity

In recognition of innovation and excellence in the design, educational format, and instructional delivery of a single live CME activity

Ellen Seaback, CMP, American Urological Association

Award for Outstanding CME Collaboration

In recognition of organizations best demonstrating innovation or uniqueness in achieving effective CME collaboration

Joanne Bond, MS, Roswell Park Cancer Institute
Martin Mahoney, MD, Roswell Park Cancer Institute
Renee Rizzo Fleming, RPh, Blue Cross Blue Shield of Western New York
Ann McCarthy, Wegman's Food Markets, Buffalo Division
Peter Ostrow, MD, WIVB-TV

Award for Innovation in Continuing Professional Development

In recognition of outstanding innovation in continuing professional development

Jennifer Spear Smith, PhD, FCG Institute for Continuing Education
Barbara Fuchs, MS, FCG Institute for Continuing Education
Emily Evans, BA, FCG Institute for Continuing Education

Awards Presentation & Networking Luncheon (Continued)
11:30 am – 1:00 pm, Thursday,
Landmark ABC/Lobby; Rounds/1400

Resolution of Appreciation

In recognition of a vision to create a Professional Development Fellowships Program
and grants in support of two classes of Fellows

Merck & Company, Inc.

Alliance-Merck & Company, Inc. – 2002-2003 Professional Development Fellows

In recognition of the second class of professional development fellows,
who are receiving support to enhance their CME skills and to insure the advancement of the CME profession

Lori Andrade, MSA, Academy for Healthcare Education
Gil Golden, MD, Centric Medical Communications Inc.
Judy Howell, BS, Cherry Hospital

Networking Luncheon

T11, Mini Plenary
1:15 – 2:15 pm, Thursday
Landmark D/Lobby; Rounds/375

Innovative Ways to Fund CME: Building Partnerships and Leveraging Your Assets

(Program Management; Audio Taped)

Linda Casebeer, PhD
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Robert Kristofco, MSW
University of Alabama School of Medicine, Tel: 205/934-2687, E-mail: rkristof@uab.edu

Linda Raichle, PhD
Merck & Co, Inc, Tel: 267/305-9840, E-mail: linda_raichle@merck.com
Other Support: Employee, Merck & Co., Inc.

Relevance: Seeking and obtaining funding is a skill that is critical for the delivery of quality CME educational activities. The pharmaceutical industry has traditionally provided substantial support for these endeavors, and many units have well-established relationships. However, CME professionals may not be completely aware of some of the issues which can maximize funding success. Additionally, as the continuing education of physicians moves into practice-based learning, new communities of learning are being developed. These communities may provide sources of funding which merit investigation. CME professionals may want to look at non-traditional agencies for creating partnerships and collaborations which might yield new sources of funding.

Purpose: This mini-plenary will provide useful information concerning accessing and maximizing sources of funding for CME educational activities. Three perspectives will be presented: a pharmaceutical company, a CME delivery system based in an academic medical center, and research findings concerning funding sources within the CME enterprise.

Objectives: At the conclusion of the mini-plenary, participants will be able to describe some research findings related to niche markets and various partnerships and collaborations which exist within the CME industry. Participants will be able to describe successful strategies to maximize funding opportunities from the perspective of a pharmaceutical company as a "traditional" funding source. Participants will also learn about examples of educational activities funded from a variety of sources as conducted by one CME delivery system.

Key Points: The search for successful funding opportunities should not be limited by "traditional" relationships. Expanding the thought process and looking at the communities of practice which are being established might enable your CME unit to discover and create new funding sources.

Expected Outcomes: CME professionals are constantly seeking new ways to fund their educational offerings. Competence in this skill may be increased by learning to maximize current relationships, and by creating new partnerships.

Reference: Wenger EC, Snyder, WM. Communities of Practice: The Organizational Frontier. Harvard Business Review Jan-Feb. 2000; pp 139-145.

T12, Breakout
1:15 – 2:15 pm, Thursday
Reunion BC/Lobby; Schoolroom/200

So You Want to Write Better Objectives!

(Objectives Setting and Stating; CME 101 – Basics Curriculum; Audio Taped)

Note – Repeated 2:45 – 3:45 pm, Saturday

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Ann Bailey
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Steven Passin
Steve Passin & Associates, LLC, Tel: 610/325-3611, E-mail: passin@passinassociates.com

Relevance: ACCME mandates that CME providers seeking accreditation or re-accreditation must communicate the purpose or objectives of the activity so the learner is informed before participating in a given CME activity (Element 2.3). For exemplary compliance, these objectives must be communicated consistently and the learning outcomes must be described in terms of physician performance or patient health status.

Purpose: Accredited providers of continuing medical education often struggle with writing clear learning objectives. One reason for this is that CME staff members who are knowledgeable about educational design are often uncomfortable with the scientific content of an educational offering. Another reason is that CME learning objectives typically help frame educational outcomes. In turn, these learning outcomes are scrutinized closely to see if formal CME is making an impact on physician behavior and patient health. In order to be exemplary, CME learning objectives now require specific language that incorporates these important concepts. Providers of continuing medical education are in need of processes that help their staff members write clear objectives that lend themselves to measurable outcomes.

Objectives: At the conclusion of this session, participants will be able to write powerful and effective CME learning objectives for all of their activities. In addition, participants will be able to distinguish between objectives that do describe learning outcomes in terms of physician behavior or patient health status from those that do not.

Key Points: Objectives form the basis of solid instructional design and lay the groundwork for effective outcomes measurements. Thus, the ability to write effective objectives is a critical skill that all CME providers must cultivate.

Expected Outcomes: This session is intended for all CME professionals who want to improve their ability to write learning objectives. It is expected that each participant will utilize the information in this session to change how their organization writes objectives: 1) each CME learning objective must always contain a condition, behavioral verb, and a performance standard, and 2) each CME learning objective must always be stated in terms of physician performance or patient health status.

T14, Breakout
1:15 – 2:15 pm, Thursday
Cumberland BC/Exhibition; Schoolroom/135

Innovations in Physician Leadership Development: The Physician Empowerment Model

(Educational Activities Design; Physician's Track; Audio Taped)

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Consultant: Physician Empowerment Inc.

Nicole Roberts, MSEd
Carle Foundation Hospital, Tel: 217/383-4782, E-mail: nicolek.roberts@carle.com
Consultant: Physician Empowerment Inc.

Relevance: Physicians confront an increasingly complex health care world, as their responsibilities increase and their incomes decrease. Leadership development that empowers them in this world is crucial to the success of the American healthcare enterprise.

Purpose: This session will propose a model of physician leadership development that honors the principles of adult learning and the needs of individual physicians as they confront the increasingly complex world of health care in the United States.

Objectives:
1. Participants will be able to describe the rationale for the Physician Empowerment model.
2. Participants will be able to list the steps in the Physician Empowerment model.
3. Participants will be able to state the rationale for each of the steps in the Physician Empowerment model.

Key Points:
1. Developing physician leaders is essential to the growth and wellbeing of healthcare in America.
2. The Physician Empowerment model is a rational, appropriate, and powerful approach to developing physician leaders.

Expected Outcomes: Physicians learn to be physicians as a part of their training. All too often, their leadership development occurs in situ-to the detriment of the organization and of the physician. Systematic, purposeful leadership development can ameliorate this problem. Participants will learn the rationale behind a new approach to physician leadership development.

Reference: Knowles, Malcolm S. (1998). The Adult Learner.

T15, Breakout
1:15 – 2:15 pm, Thursday
Cumberland GHI/Exhibition; Schoolroom/180

A Professional Development Program for Faculty and CME Staff Dedicated to Educational Delivery of Surgical Skills

(Educational Activities Delivery; Audio Taped)

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Relevance: Research on skills-based training is needed in light of survey data indicating that week-end CME skills-based training activities provide inadequate training for surgeons learning new procedures and in light of the high risk, costly patient care experienced during the surgical procedure learning curve. Delivery of CME for surgeons needing skills-based training (SBT) requires that faculty and CME staff be cognizant of learning factors salient to the surgeons being trained. SBT requires the development of a context and delivery methods and mechanisms congruent with those learning factors. CME SBT also requires that faculty and CME staff link educational activity delivery methods to evaluation metrics. That linkage allows participant self-evaluation and in-house participant evaluation by faculty and CME staff. It also generates data on the effectiveness of CME SBT activities for future CME activity development.

Purpose: To share our experience with ACME meeting participants, presenting process improvement methods used in our skills-based training facility to develop the professional competence of our medical faculty and CME staff. Our intent is to foment shared experience about professional development for skills-based training faculty and CME professionals between the members of our larger community of practice (SBT CME professionals, physicians and surgeons), who may be analyzing, implementing and evaluating professional development programs for educational delivery of surgical skills.

Objectives: After this session, ACME annual meeting participants will be able to:
1. Summarize the research on learning factors salient to surgeons learning new surgical procedures and analyze a number of teaching methods and mechanisms for their congruence with those learning factors.
2. Present examples of professional development activities for SBT faculty and CME professionals contributing to their awareness of surgeon-participant learning needs, and improving CME skills-based training activity efficacy and effectiveness.
3. Make recommendations for establishing a larger community of practice focusing on best practices for SBT CME activities and professional development of medical faculty and CME staff.

Key Points:
1. CME SBT is critical to a successful navigation through the high-risk, costly learning curve that is part of the acquisition of new surgical procedures.
2. Competent training contributes to a reduction in medical errors and their associated liabilities and costs, and instills the surgeon with a confidence in his/her ability to manage complications.
3. Educational delivery methods for training surgeons must involve a high percentage of hands-on practice and include targeted self-evaluation metrics.
4. CME SBT activity faculty and CME staff need
   a. A cognitive understanding of the learning factors salient to surgeons learning new procedures and experience analyzing and matching teaching methods and learning factors
   b. An appreciation of the issues related to participant self-evaluation, and substantive educational program evaluation.
   c. Hands-on experience in skills-based teaching methods and evaluation modalities

Expected Outcomes: We hope that ACME participants will be better able to implement meaningful professional development programs for SBT faculty and staff that contribute to improved surgical skills.

Reference: Rogers, DA Elstein AS, Bordage G. Improving continuing medical education for surgical techniques: applying the lesions learning in the first decade of minimal access surgery. Ann of Surg. 2001; 233(2):159-166.

T16, Breakout
1:15 – 2:15 pm, Thursday
Reunion H/Lobby; Schoolroom/200

Implementing Evidence Based Medicine: Providing a Step Ladder to Overcome the Barriers … Does It Help?

(Evaluation; Audio Taped)

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Relevance: In recent years, there has been increasing efforts to make evidence based medicine (EBM) the norm in healthcare. CME providers have played an important role in these efforts. While providers may do a superior job of offering activities that present empirically sound evidence to participants, they may not be doing enough to encourage application in everyday practice. Research has indicated that barriers to implementation of EBM need to be further examined and sound strategies to overcome these barriers should be developed. A recent study involving general practitioners revealed 6 overarching themes for why physicians do not implement evidence in practice (Freeman & Sweeney, 2001). Providing tools to overcome these identified barriers may positively effect overall implementation of EBM and encourage commitment to change.

Purpose: This presentation will describe the outcomes of a study aimed at overcoming barriers to implementation of EBM by primary care physicians. Participants of this session will be engaged in conversations about the practicality of using EBM in CME activities.

Objectives: At the conclusion of the breakout, participants will be familiar with recent literature regarding implementation of EBM in practice. In addition, participants will be able to identify specific barriers to EBM implementation as well as various ways to overcome them.

Key Points: Successful implementation of EBM is based on helping physicians overcome any number of barriers. Presenting clinical evidence in absence of discussions of possible impediments may not be an effective CME practice.

Expected Outcomes: By providing healthcare practitioners with barrier-specific tools, CME providers can play a large role in the movement toward EBM as a healthcare norm.

Reference: Freeman, AC, Sweeney, K. Why general practitioners do not implement evidence: A qualitative study. BMJ 2001; 323: 1-5.

T17, Breakout
1:15 – 2:15 pm, Thursday
Reunion F/Lobby; Schoolroom/220

Applying Essential Area 2 – Educational Planning and Evaluation – To Everyday CME Planning (Part 2)
(Accreditation; CME 101 – Basics Curriculum; Audio Taped)

Note – Participation in Part 1 Is Strongly Recommended for Attendance at Part 2

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Consultant: CME Consulting, Ltd.

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Relevance: Being able to apply the ACCME Essential Elements in the day-to-day planning of CME activities is a basic skill that all CME professionals must master and describe and document as part of the accreditation process.

Purpose: The purpose of these two breakout sessions is to teach participants how to follow a logical sequence for planning a CME activity.

Objectives: By the end of part 1 of this activity, participants should be able to 1) relate needs assessment, learning objectives, design and evaluation to an overall planning process, and 2) give case study material, identify a specific learning need and learning objectives for which they will plan a CME activity.

By the end of part 2 of this activity, participants should be able to 1) give case study material in Part 1, select appropriate design and an evaluation strategy for a CME activity; 2) recognize that there can be a variety of design formats that can meet learning needs and learning objectives, and 3) identify components of a planning process that meet the requirements of ACCME Essential Element 2.1.

Key Points: These are two interactive sessions in which small groups will plan a CME activity in accordance with ACCME Essential Area 2 – Educational Planning and Evaluation. 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 ability to work in small groups, to get immediate feedback from the small group reports, and the opportunity to compare the design of their group with those of the other groups.

Expected Outcomes: Participants will see the relationship between Essential Area 2 and a logical planning process for educational design. This is an application exercise in which participants will have developed a CME activity using the planning process required by Essential Area 2 – Educational Planning and Evaluation. Participants will see that there can be several formats for addressing the same need. Participants also will leave with a clearer picture of what to include in a planning process as required by ACCME Essential Element 2.1.

Reference: Accreditation Council for Continuing Medical Education Essential Areas.

T18, Breakout
1:15 – 2:15 pm, Thursday
Cumberland DEF/Exhibition; Schoolroom/165

Creative Ways to Recognize Faculty: Enhancing Personal and Professional Development

(Program Management; Audio Taped)

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Leanne Andreasen, MBA
Mayo Clinic, Tel: 480/301-7348, E-mail: andreasen.leanne@mayo.edu

Relevance: With increasing demands on physicians' time, it is important to recognize creativity in the development of, and participation in, CME events. Participation in developing strong communities of CME benefits the individuals, peers, institutions, and patients.

Purpose: This session is designed to show a variety of methods of recognizing faculty for participation in CME programs. In particular, we will share an innovative frequent faculty program and the steps necessary to implement.

Objectives: At the conclusion of this session, participants should be able to recognize creative ways to encourage participation in CME events and establish an appropriate recognition program that works within their environment.

Key Points: Developing a strong program of recognition for participation in CME activities rewards faculty who have a desire to teach; raises the awareness of educational events by creating strong CME communities of practice; and ultimately provides better patient care.

Expected Outcomes: Participants should be able to identify common challenges in implementing a faculty recognition program and take home tips and tools which can be adapted for their institution.

Reference: Ullian JA, Stritter FT. Faculty development in medical education, with implications for continuing medical education. J Cont Educ Health Prof 1996; 16:181-190.

T19, Breakout
1:15 – 2:15 pm, Thursday
Reunion EG/Lobby, Schoolroom/200

Patient Directed Teaching Conferences: Evolving Electronic Educational Linkages in Health Care Delivery Systems
(Health Care Delivery Systems; Audio Taped)

Edwin Noga, Jr, MHA
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Relevance: Academic medical centers and regional or community hospitals are forming new educational partnerships that support the ongoing, sustaining development of physician education in the community setting. Physicians in both environments are pressed for time, yet new technologies allow for a continuation and enhancement of the rich interaction and learning that challenged physicians while they attended medical school. Patient Directed Teaching Conferences (PDTCs) create a participative, relevant educational tool to augment current educational designs and delivery mechanisms, to improve evaluation and program management functions, and to support the delivery of CME in Health Care Delivery Systems. PDTCs supports a physician's increasing need to maintain professional competency in patient care, medical knowledge, practice-based learning and improvement, and system-based thinking.

Purpose: This breakout will describe how a collaborative educational program was established between an academic medical center and a regional medical center by successfully using videoconferencing technologies. The program will explore how new electronic educational linkages enhance the development of CME in health care delivery systems, and specifically provide a new model for educational design and delivery, program management and evaluation.

Objectives: At the conclusion of this breakout, participants should be able to design new models for increased participatory CME and for evaluating this CME experience at their institution (whether videoconferencing is used or not).

Key Points: Physicians learn by deciding whether a problem is relevant (Slotnick, 1999). Effective CME provides practitioners with feedback, is multi-faceted and is enhanced by academic detailing (Leist, 2002). PDTCs create an activity that provides physicians with a discussion about one of their own clinical problems, involve physicians in the educational process, provides feedback and demonstrates in a practical way that the more physicians participate in their education, the more they learn.

Expected Outcomes: New technologies allow for improved communication between physicians at academic medical centers and physicians in the community. PDTCs provide CME professionals with a new tool for the CME toolbox – allowing CME professionals to explore the use of differentiating technologies and participatory learning techniques.

Reference: Slotnick, HB. Alliance for CME Annual Conference 2002: How Doctors Learn: An Introduction for CME Providers.

T20, Breakout
1:15 – 2:15 pm, Thursday
Pegasus AB/Lobby; Schoolroom/140

Interpersonal Skills Program for Physicians

(Personal Skills; Physician's Track; Audio Taped)

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Erik Larson, MSSW
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Consultant: Principal, bean fields Professional Services

Relevance: Supporting healthy physician behavior change is one of the key components of any effective interpersonal skills competency training programs. The area of interpersonal skills has been identified as one of the six general competencies by the Accreditation for Graduate Medical Education (ACGME). Key aspects of physician interpersonal skills relate to issues of stress management, communication, and work satisfaction. An increasing body of knowledge relates the efficacy of experiential and interactive education modalities to create increased positive behavior change. However, behavior change research also indicates a human predisposition to avoid behavior change unless crises are present. A key challenge to CME interpersonal skill delivery is how to develop and implement proactive, comprehensive and sustainable programs that encourage physicians to embrace healthy personal behavior changes both for themselves and for application with their patients.

Purpose: This breakout will present the structure, efficacy and outcomes garnered from a comprehensive year-and-half long interpersonal skills program for physicians. It will provide practical information for CME providers interested in creating a similar program and allow for comparison of results for CME providers who have initiated similar programs.

Objectives: At the completion of the breakout participants should be able to identify the key barriers and solutions to supporting positive physician change in the area of interpersonal skills enhancement.

Key Points: Effective stress education and management must be sustained by the organization and supported with resources and physician role models. Institutional barriers and the presence of increased work stress must be dealt with strategically in order to support such programs efficacy.

Expected Outcomes: Increased knowledge of participants of essential aspects of an effective CME interpersonal skills program.

Reference: van der Klink J., et. al. The benefits of interventions for work-related stress. American Journal of Public Health 2001; 91(2): 270-276.

T21, Mini-Plenary
2:45 – 3:45 pm, Thursday
Landmark D/Lobby; Rounds/375

The Status and Future of ACCME's Accreditation System: Responding to Opportunities

(Accreditation; Physician's Track; Audio Taped)

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Kate Regnier, MBA
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Relevance: The ACCME's system of accreditation directly impacts all accredited providers of CME. Accreditation is a competency area for CME professionals and can be a topic of discussion for CME professionals' communities of practice.

Purpose: This session will provide an update on the status of the ACCME's system of accreditation, with emphasis on areas of effectiveness and areas requiring improvement. In addition, the session is designed to offer a report to providers on the progress and execution of ACCME's strategic plan.

Objectives: At the end of this session, participants should be able to discuss recent issues and developments with ACCME's system of accreditation and strategic planning.

Key Points: ACCME's system of accreditation allows accredited CME providers more flexibility in how CME activities are planned, implemented and evaluated. Knowledge of providers' level of compliance with the Essential Areas, Elements and Policies is valuable to all CME providers. Communities of practice can benefit from discussions on providers' level of compliance with ACCME's Essential Areas and Elements because such discussions can serve as a needs assessment for individual providers. Communities of practice can also benefit from discussions regarding the implementation of ACCME's strategic plan because such discussions can help providers prepare for future opportunities within the accreditation system.

Expected Outcomes: ACCME accredited providers are required to meet the expectations outlined in the Essential Areas, Elements and Policies. Keeping abreast of accreditation issues, including levels of compliance and the status of ACCME strategic planning will help all providers in their practice of complying with ACCME requirements. In addition, such knowledge will help providers prepare for potential changes to come.

Reference: Accreditation Council for Continuing Medical Education (ACCME), Chicago, IL, www.accme.org.

T22, Breakout
2:45 – 3:45 pm, Thursday
Pegasus AB/Lobby; Schoolroom/140

Focus Groups: Are They an Appropriate Method for Needs Assessment in CME?

(Needs Assessment; Audio Taped)

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Relevance: Focus groups are becoming increasingly important as a source of information for needs assessment in CME. They are particularly helpful in identifying problems that need to be addressed, assisting with the planning of programs or survey questionnaires, and validating results of other research. Data quality and the utility of focus group results is often compromised by insufficient numbers of groups, poor moderator training, a lack of a systematic plan for questions, poor data collection, inappropriate coding techniques, and the absence of a verifiable data trail. Careful planning and an understanding of the strengths and limitations of the focus group as a method of needs assessment will ensure that data collected is confirmable, dependable and credible.

Purpose: This breakout will provide participants with an opportunity to 1) see selected aspects of focus group development and implementation; 2) review the literature on focus groups as a 'research method' with special consideration to their use independent of other methods as well as in conjunction with other methods; 3) identify when focus groups can be helpful for needs assessments, and 4) share their experiences with focus groups.

Objectives: At the conclusion of the session, participants should be able to identify the strengths and weaknesses of focus group methodology and their optimal use for needs assessment.

Key Points: Focus groups can be helpful when in-depth knowledge can be obtained by listening to participants share and compare experiences, feelings and opinions and when researching complex behaviors and motivations. Valid information requires attention to question development, data collection and data analysis.

Expected Outcomes: Needs assessment strategies can be enhanced by careful and judicious use of focus groups.

Reference: Fern EF. Advanced Focus Group Research, Thousand Oaks: Sage Publications, 2001.

T23, Breakout
2:45 – 3:45 pm, Thursday
Reunion H/Lobby; Schoolroom/220

Continuing Competence: Designing Educational Activities Motivated by Physician-Identified Gaps in Medical Knowledge

(Education Activities Design; Audio Taped)

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Frederic Wilson, BS
Procter and Gamble Pharmaceuticals, Tel: 513/622-5456; E-mail: wilson.fs@pg.com
Other Support: Employee, Procter and Gamble Pharmaceuticals

Relevance: The design of most enduring materials is based on needs assessment tools, feedback from previous programs and on certain assumptions made by the provider on what physicians need to know. However, physicians themselves are, in most instances, best able to identify the gaps in their knowledge, which can greatly affect which educational materials they want and how they would like to receive them. This physician-identified need for new medical information can help CME providers in the design and ongoing modifications of CME programs. Using the example of the AMA *Managing Osteoporosis* program, which has grown into a 4-part series, the needs assessment process was enriched by the CME provider's collaboration with the commercial supporter. Using their field personnel, the commercial supporter was able to provide physician feedback on the program to the CME provider.

Purpose: This presentation will review program design by providing an example of a national multimedia CME program on osteoporosis developed by the American Medical Association and funded by the Alliance for Better Bone Health (Procter & Gamble Pharmaceuticals and Aventis Pharmaceuticals) where initial program design and subsequent modifications were influenced by physician-identified educational needs.

Objectives: At the conclusion of the breakout, participants should be able to 1) describe a method for collaborating with a commercial supporter to enrich a CME needs assessment, and 2) describe the impact of physician input in the design of a multimedia, multi-part enduring CME program.

Key Points: Program design can be enhanced through a process whereby the physicians are provided with multiple ways of expressing their education needs and preferences. Such physician input can assist the CME provider in program design in order to ensure that the CME is targeted to the physician's professional education needs.

Expected Outcomes: There are a variety of considerations in designing a CME activity. Physician-identified preference should be an important consideration in planning CME programs.

Reference: www.ama-assn.org/go/cme.

T24, Breakout
2:45 – 3:45 pm, Thursday
Reunion EG/Lobby; Schoolroom/200

Physician Personal Perceptions and Their Influence on Needs Assessment and Outcomes

(Educational Activities Design; Audio Taped)

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Consultant: Professional Affairs, Pharmacia Corporation

Relevance: In order that the CME provider has a complete picture of the physician learner the impact of the medical community and the patient community should be evaluated before an educational intervention. While many programs may consistently evaluate "needs assessment" data, the typical needs assessment data does not address the impact that organizations, patients and physician colleagues have on the medical decision making of physician learners.

Purpose: This breakout will describe various methods in which a CME provider could include investigative assessment questions regarding how the medical community and patient community can influence a physician's behavior with regard to medical choices.

Objectives: At the conclusion of this breakout, participants should be able to utilize new assessment modalities that address physician perception of change, the affect that their patients have on potential change and the affect that their colleagues have on potential change.

Key Points: The typical needs assessment data typically addresses both true educational need as well as educational want (i.e. there many be a "need" to update physicians on a specific topic due to changes in treatment or therapies however "needs assessment" data will also include specific "wants" such as scuba medicine or wilderness medicine). This abstract will address how the physician will be evaluated with regard to how they feel about current procedures, the stage of their career, curiosity, pressure from colleagues, current personal knowledge, expectations of the community, patient inquiries, new information in literature, recent regulations, policies, local hospital influence, financial advantage and whether this area of clinical medicine is interesting or not to the physician. In order for behavior change to take place the CME provider may want to consider how the physician currently views him/herself. If a CME provider needs to change behavior as in managed care the physician may not be able to make the behavior change if the above facets are not taken into consideration. A physician may have excellent medical knowledge about a certain topic but due to constraints imposed by his/her current practice may or may not have a motivation to change. An important topic may not have influence if their colleagues or patients are not inquiring of them. To understand this of your learners, ahead of an educational intervention may be very useful if the outcome of the CME is to be evaluated.

Expected Outcomes: To present a new facet of educational design that may not have been previously considered. Participants will be able to return to their respective departments with a broadened understanding of the physician perception and how it affects the outcome of a CME intervention.

Reference: The Physician as Learner, American Medical Association, edited by David A. Davis, MD and Robert D. Fox, EdD. Designworks Process, Robert D. Fox, EdD, University of Okalahoma.

T25, Breakout
2:45 – 3:45 pm, Thursday
Cumberland GHI/Exhibition; Schoolroom/180

Education in Quality Improvement for Pediatric Practice (eQIPP): A Web-Based Program to Integrate Quality Improvement and Continuing Medical Education in an On-Line Learning Community

(Educational Activities Design; Audio Taped)

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Relevance: The Accrediting Council of Graduate Medical Education and all the American Board of Medical Specialty organizations have proposed that clinicians achieve core competencies in performance measurement, quality improvement and systems thinking. Indeed, new Maintenance of Certification requirements for clinicians include these competencies. With this in mind, professional societies and residency training programs will need to help members and trainees meet these new requirements.

Purpose: This session will involve participants in discussing the barriers to improved care at the practice level as well as describe how to use the principles of quality improvement to implement change in the practice setting. We will describe a new program of the American Academy of Pediatrics, Education for Quality Improvement in Pediatric Practice (eQIPP), that integrates quality improvement, performance measurement, and continuing education. This program facilitates the development of an on-line learning community that will support practice improvement through performance measurement and feedback, educational and improvement modules.

Objectives: Participants will develop an understanding of key components of quality improvement as it applies at the practice level. At the conclusion of this session, participants will better understand how an innovative online learning community combines performance measurement, 'best practices', practical tools and effective strategies to achieve improvement in the pediatric practice setting. A facilitated Listserv, conference calls, and message board encourage the development of a community of learners.

Key Points: This presentation will review how the principles of quality improvement and continuing education can be integrated in an innovative professional society program. We will describe the key components of this program: educational modules, performance measurement, and practice improvement tools.

Expected Outcomes: As a result of this presentation, CME professionals will better understand how to help clinicians achieve core competencies and improve care by sharing practical tools and effective strategies for implementing change in the office setting.

Reference: Berwick, DB. A primer on leading the improvement of systems. BMJ 1996;312:619-22.

T27, Breakout
2:45 – 3:45 pm, Thursday
Cumberland BC/Exhibition; Schoolroom/135

Faculty Volunteerism: Using Survey Data to Maximize Physician Participation

(Educational Activities Delivery; Audio Taped)

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Relevance: Physicians who serve as faculty are the essential link between communities of practice and life-long learning aimed at enhancing professional competence. Since the majority of medical specialty associations and academic CME providers are dependent upon volunteer faculty to facilitate CME courses and produce enduring materials, it is essential that CME providers understand physician motivators and hindrances to serve as faculty.

Purpose: Targeted surveys allow medical specialty associations, academic CME departments, and other CME providers to gather data about what motivates and also concerns volunteer faculty. CME providers could then respond appropriately to the data and, thereby, not rely on hearsay.

Objectives: Participants will be able to 1) identify key groups of physician volunteers within their organization; 2) construct an effective survey instrument to assess attitudes about faculty volunteerism; 3) analyze results of collected survey data; 4) build a volunteer faculty demographic profile, and 5) develop processes that reinforce key motivators while addressing concerns.

Key Points: Survey findings identify key motivators for volunteer faculty. Such motivators may include personal recognition and the perceived/assumed quality of a given CME provider's activities. Similarly, time constraints and copyright policies were hindrances cited which inhibit volunteerism.

Expected Outcomes: Recognizing the motivators and hindrances of volunteer faculty increases the CME provider's ability to maintain a substantial, dependable physician volunteer faculty pool.

T28, Breakout
2:45 – 3:45 pm, Thursday
Reunion BC/Lobby; Schoolroom/200

Getting Inside the CME Participant's Head: Implementing Post-Activity Surveys that Demonstrate We Make a Difference

(Evaluation; Audio Taped)

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Relevance: The ACCME requires that CME activities be evaluated for effectiveness in meeting identified educational needs (Essential Area 2.4). One such method has been the post-activity evaluation. While this method is effective in determining participant satisfaction immediately post-activity completion, it is not reflective of educational effectiveness 30 days or even 1 year post-activity. Developing and implementing a Post-Activity Surveillance System can afford CME providers the ability to document the lasting effects of educational activities. Such a system can also be used to measure the extent to which participants adapt their clinical practice.

Purpose: The purpose of this interactive session is to allow the CME professional to discuss methods of measuring post-activity effectiveness, examine the impact of long-term follow-up evaluations, discuss how to judge "educational effectiveness" based on these results, and to enhance the rate of post-activity survey return.

Objectives: After participating in this forum, participants should be able to:
- Realize various options for conducting outcomes evaluations
- Examine the rate of return on various distribution options
- Discover methods of transmitting follow-up evaluations that optimize response rates
- Develop pointers on connecting outcomes evaluations (2.4) with the assessment of overall program effectiveness (2.5)

Key Points: Data derived from post-activity surveillance serve to enhance the CME provider's ability to demonstrate short & long-term effectiveness of CME activities.

Expected Outcomes: This session will contribute to the CME provider's ability to evaluate the effectiveness of CME activities.

Reference: The ACCME's Essential Areas, Elements, and Criteria for Compliance. Accreditation Council for Continuing Medical Education 2001.

T29, Breakout
2:45 – 3:45 pm, Thursday
Reunion F/Lobby; Schoolroom/220

The Work of CME: Roles and Responsibilities of CME Coordinators

(Program Management; CME 101 – Basics Curriculum; Audio Taped)

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Relevance: There have been very few studies about what CME coordinators actually do. A ubiquitous job title throughout CME, it is nonetheless very difficult to compare these positions across CME units. Information about what CME coordinators do would be helpful to CME leadership when making staffing decisions and CME coordinators as they design personal development plans. It will also be important to determine what role CME coordinators play as CME programs are evolving from teaching-oriented meetings-based programs to more technologically-based learning-oriented programs.

Purpose: This educational session will report the results of a national survey being conducted during 2002.

Objectives: At the conclusion of the session, participants will be to describe the roles and responsibilities of CME coordinators; identify the characteristics of successful CME coordinators; start to design a personal development plan, and discuss the role of CME coordinators in the changing CME landscape.

Key Points: CME coordinators play a central role in the CME enterprise; new skills will be required in an increasingly competitive CME enterprise.

Expected Outcomes: CME coordinators will increase their effectiveness and job satisfaction; CME leadership will understand how to use the abilities of CME Coordinators to move their programs forward.

Reference: Rosof AB, Felch WC. Continuing medical education: a primer, second edition, Praeger, 1992.

T30, Breakout
2:45 – 3:45 pm, Thursday
Cumberland DEF/Exhibition; Schoolroom/165

Expanding Your CME Market to Include Physician Assistants (PAs)

(Program Management; Audio Taped)

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Relevance: There are currently more than 47,000 physician assistants (PAs) practicing medicine in the U.S. Within the physician-PA team model, they are providing health care in all specialties of medicine and surgery. Nearly 5,000 new graduates are entering the health care workforce each year. In order to maintain national certification (and state licensure), PAs have CME requirements analogous to their physician colleagues, i.e. 100 hours of credit required each two-year period.

Purpose: This session will provide a brief overview of the PA profession and will review the CME requirements for PAs. In addition, the various CME processes (approval of programs for credit, standards for commercial support, etc) will be discussed as they pertain to the PA profession.

Objectives: At the end of the session, participants should be able to 1) describe the CME requirements for PAs; 2) structure their CME programming to include PAs as potential participants, and 3) provide appropriate certification of attendance to PA participants.

Key Points: The number of physician assistants in the U.S. health care workforce is increasing dramatically. PAs have CME needs similar to physicians. PAs are an important, and frequently overlooked, potential market for your CME programming.

Expected Outcomes: Accredited providers will enhance the reach of their CME programming by including PAs in the marketing mix.

Reference: American Academy of Physician Assistants; Alexandria, VA; www.aapa.org.

T31, Mini Plenary
4:00 – 5:00 pm, Thursday
Landmark D/Lobby; Rounds/375

Environmental Scan: Impact on CME

(Program Management; Physician's Track; Audio Taped)

Bruce Bellande, PhD
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Other Support: Executive Director, Alliance for CME and Site-surveyor and Workshop faculty for ACCME

Relevance: Within the past two years, the environment in which CME providers work has undergone significant change. The American Board of Medical Specialties (ABMS) and the Accreditation Council for Graduate Medical Education (ACGME) have adopted six core competencies for certification and maintenance of certification of specialty physicians. In response to core competencies, the Council of Medical Specialty Societies (CMSS) has adopted the Repositioning of CME in the specialty societies. Moreover, the Institute of Medicine (IOM) has published two reports which have raised greater awareness and concern regarding patient safety and medical errors.

In June of 2002, the IOM hosted a Summit to address the reform of clinical medical education. The results of the Summit will be published in a report to be released by year's end. The impact of this report is anticipated to have a profound effect on the continuum of medical education including CME.

The Accreditation Council for Continuing Medical Education (ACCME) has engaged several task forces to examine the Standards for Commercial Support, CME Content Validity and Internet CME. The American Academy of Family Physicians now requires evidence-based CME content for activities offering Prescribed credit. The Pharmaceutical Research and Manufacturers of America (PhRMA) has issued its Code on Interactions with Healthcare Professionals delineating appropriate ethical behavior by industry representatives engaging in promotional and educational activities with healthcare providers and educators.

Purpose: By means of a mini-plenary session, the results of a CME environmental scan of the actions, policies, procedures and standards of accrediting, credentialing and regulating bodies will be presented with an emphasis on their impact on CME and implications for CME providers.

Objectives: By the end of this activity, participants should be able to list the six core competencies of the ABMS and ACGME; cite the recommendations of the CMSS's Repositioning CME Report; comprehend the CME implications of IOM Reports, both current and emerging; determine the implication of new ACCME policies and standards; assimilate the need for CME evidence based methodologies and practices, and cite the elements of PhRMA's Code on Interactions with Healthcare Professionals.

Key Points: This activity will 1) feature an environmental scan of actions and activities impacting the CME enterprise; 2) present key elements of these actions with relevance to CME providers; 3) examine implications of these actions on the CME enterprise, and 4) offer strategies to respond to these actions.

Expected Outcomes: Participants will be able to interact with faculty by posing questions, expressing concerns and engaging dialogue with faculty and other participants. Moreover, participants will not only be aware of environmental factors impacting CME and their implications, but also will be empowered to develop pro-active strategies and action plans.

T32, Breakout
4:00 – 5:00 pm, Thursday
Cumberland DEF/Exhibition; Schoolroom/165

Putting Palliative Care into Practice: Designing a Communication Skills Workshop to Enhance Care at the End of Life

(Educational Activities Design; Audio Taped)

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Relevance: Large-scale, multi-center studies such as the SUPPORT study clearly demonstrate significant performance gaps in the delivery of acceptable quality of care in the last year of life. As the SUPPORT study demonstrated, improvement in quality measures such as patient and family satisfaction with end of life care, timely referral to hospice, and reduced in-hospital death rates, are difficult to achieve even with intensive intervention in the acute setting. Skilled communication by professionals is a key element in developing consensus on a plan of care, which can improve quality of care in the terminal stages of chronic illness.

Purpose: This breakout will describe the process used to develop a skill-based workshop designed to enhance professional comfort and proficiency in end of life discussions with patients, their families and members of the health care team.

Objectives: At the conclusion of this breakout, participants should be able to describe some key elements useful in developing a communication skills workshop which reinforces effective communication practices useful to practitioners caring for patients at the end of life.

Key Points: Building on clearly identified needs and relying on widely accepted models of adult learning, it is possible to develop a communication skills learning activity which is interactive, case-based, and addresses common difficulties encountered by practicing clinicians. The workshop format includes videotaped patient and family vignettes, structured role-plays, and facilitated group discussion. Follow-up evaluation of the participants' post-workshop experience in managing these discussions is also part of the instructional design.

Expected Outcomes: Familiarization with approaches available for promoting clinician proficiency with complex psychosocial skills.

Reference: Conversations at the End of Life: A Communication Skills Workshop, (Bayer Institute, 2001) www.bayerinstitute.org.

T33, Breakout
4:00 – 5:00 pm, Thursday
Pegasus AB/Lobby; Schoolroom/140

Doing the Two-Step to Overcome Barriers in Clinical Practice Guideline Implementation

(Educational Activities Design; Audio Taped)

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Relevance: While the quality and quantity of published clinical practice guidelines increase, implementation remains a major challenge. Continuing medical education (CME) programs attempt to incorporate clinical practice guidelines into course content, while guideline authors seek ways to improve implementation through the addition of implementation strategies. Barriers to guideline implementation have been identified in the literature and attempts made to classify according to physician responses.

Recently published clinical practice guidelines (Canada, USA, and Europe) have all highlighted the challenge of implementation as it specifically pertains to heart failure. In Canada, there exists a decreased availability of specialist care and tertiary care heart failure clinics, while family physicians are the primary caregivers for patients with heart failure. There is excellent evidence of specific interventions which will go a long way in improving quality of life and reducing hospitalization rates. Therefore, the challenge is to be able to link up primary care physicians with a model of enhanced professional competence using well written and relevant existing clinical practice guidelines and a CME strategy that relates to actual barriers to implementation.

Purpose: This breakout session will present a template for a two-stage assessment of local and regional barriers to implementation of recommendations derived from recently published heart failure guidelines and provide participants with an opportunity to use the process in a "live application".

Objectives: By attending this session, participants will:
- Apply a process for the identification of barriers to the implementation of clinical practice guidelines.
- Evaluate this process.
- Decide how this process can be modified and used in their own geographic region to design an appropriate CME intervention.

Key Points: The hypothesis is that a greater success of implementation and positive outcomes will be achieved by local and or regional involvement of physicians in identifying the priorities for clinical application, the barriers toward local or regional implementation, and the decision of which educational / enabling tools are most suitable. Though this process is more involved and demands greater participation of involved learners, this two-step template is universally applicable to continuing medical education designed from high-quality clinical practice guidelines.

Expected Outcomes: Participants in this session will have the opportunity to "field-test" the two-step process described, and will be able to consider modifications to the template in order to make it directly applicable to their own uses locally or regionally. The template and description will be made electronically available to all participants.

Reference: Cabana MD, Rand CS, Powe NR et al. Why don't physicians follow clinical practice guidelines? A framework for improvement. JAMA 1999; 282:1458-65.

T34, Breakout
4:00 – 5:00 pm, Thursday
Cumberland BC/Exhibition; Schoolroom/135

Changing Physician Behavior: A Comprehensive Data-Driven Strategy

(Educational Activities Design; Audio Taped)

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Other Support: Employee, Pharmacia, Inc.

The project presented will make use of the *DesignWorks® System*, a collection of tools and services proprietary to Pharmacia, Inc.

Relevance: All CME providers are required to carry out needs assessments for all educational activities. This will provide new tools to do so.

Purpose: This session provides a systematic approach to utilizing qualitative and quantitative data in planning educational interventions.

Objectives: At the conclusion of this session, participants should be able to:

- Explain the need for multiple interventions to change physician behavior.
- Describe types of data useful for planning educational interventions.
- Plan a multi-faceted behavior-change strategy designed to meet change objectives.

Key Points: Individual interventions aimed at changing behavior are rarely effective (Davis, 1995). Clinical problems that involve some aspect of inappropriate or inefficient physician behavior must be approached with multiple interventions. This presentation will describe the planning, development, and implementation of a project involving multiple interventions.

Expected Outcomes: Multiple data sources may be used to plan a comprehensive behavior-change strategy. The strategy should involve multiple types of interventions in order to have the best chance of success. Participants should be able to apply these principles to their own educational programs, in order to achieve more effective educational outcomes.

Reference: Davis, DA. JAMA 1995 Dep 6; 274(9):700-705.

T35, Breakout
4:00 – 5:00 pm, Thursday
Reunion BC/Lobby; Schoolroom/200

Update on the AMA's CME/CPPD Pilot Projects

(Educational Activities Delivery; Physician's Track; Audio Taped)

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Relevance: The AMA continuously reviews the AMA PRA category 1 credit system. As the AMA Council on Medical Education considers and approves changes to the category 1 credit system, these in turn become binding for accredited providers who chose to designate activities for this credit. As the physician practice environment changes, and the technology available for physicians to learn and evaluate their performance become more sophisticated, a need emerged for the AMA to evaluate what changes to the rules which govern the AMA PRA credit system would accommodate these tools, and also demonstrate learning.

Purpose: In the last two years, the AMA Division of Continuous Physician Professional Development has initiated two pilot projects designed to assess real world data on how the AMA PRA could fit two non traditional CME modalities for category 1 credit. The Self Directed/Self Initiated (SDSI) Learning Internet Pilot seeks to identify how a physician, using the Internet outside of formal activities, could have this activity designated for category 1 credit. Likewise, the Performance Measurement Pilot Project will evaluate how physicians can use individual and aggregate performance data to learn and ultimately improve their clinical outcomes. In both cases, final recommendations will rest on confidence that physician learning will take place within any new guidelines that are issued.

Objectives: At the conclusion of this breakout, participants should understand the evolution of the AMA PRA category 1 credit system, why the Council on Medical Education approved these pilot projects, and what the outcomes (final recommendations) could mean for the credit system.

Key Points: The AMA actively engages the CME provider community to provide feedback that ensures the PRA credit system continues to grow in ways that meet the changing needs of physician learners.

Expected Outcomes: The future of CME lies in adapting the system to the changing environment in which physicians practice. By learning more about the activities of the AMA CPPD pilot projects, providers will have a better grasp of where the recommendations came from and be better equipped to successfully incorporate any rule changes ultimately approved for the AMA PRA credit system.

Reference: The American Medical Association Physician's Recognition Award Information Booklets, Version 3.1.

T36, Breakout
4:00 – 5:00 pm, Thursday
Reunion EG/Lobby; Schoolroom/200

Using an Outcomes Framework to Plan Improved CME in Hospitals: A Role Play and Discussion

(Evaluation; Audio Taped)

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Relevance: It has become increasingly important for CME practitioners to assess and document the effectiveness of CME activities that they offer to physicians. What was once a research issue that concerned a small cadre of investigators has now become an operational issue for all CME practitioners. This challenge is being driven by increasing concerns about the quality and cost of health care due in part to the wide variability in physician practice that does not appear to be based on research derived evidence. Because outcomes have become very important in health care, it seemed only natural that outcomes should be important in CME as well. An outcome is defined as the result or effect of an event or the consequences of an action. And in CME, an outcome would be defined as the result or consequence of a CME event or events. Many CME providers want to know how to use an outcomes approach to planning as one way to offer more effective CME.

Purpose: This educational session will give participants an opportunity to use an outcomes based approach to planning CME in a simulated hospital setting and begin to develop skills that can be used in their own work setting.

Objectives: At the conclusion of the session, participants will be to describe the role of outcomes in planning CME activities; identify sources of outcomes data; incorporate outcomes data into planning, and develop an evaluation strategy that can be used to demonstrate effectiveness of CME activities.

Key Points: Planning effective CME is based on at least two major principles: 1) focusing on the behavior to be changed (outcomes), and 2) organizing learning activities in a way that reduces the gap between “what is” and “what should be”.

Expected Outcomes: By providing healthcare practitioners with barrier-specific tools, CME providers should be able to begin implementing an outcomes based approach to planning CME in their own work settings.

Reference: Moore, DE Jr., et.al., Evaluating Educational Outcomes Workbook, (http://www.acme-assn.org).

T37, Breakout
4:00 – 5:00 pm, Thursday
Reunion H/Lobby; Schoolroom/220

Components of a Compliant CME Activity File

(Program Management; CME 101 – Basic Curriculum; Audio Taped)

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Relevance: For those new to CME, determining the elements necessary to include in a CME activity can be a puzzle. Those who have been in CME for an extended period of time can provide guidance as to the keys to an effective and efficient file that documents compliance with ACCME Essentials and Standards and AMA PRA requirements.

Purpose: This session will provide guidance regarding the basic elements of a CME activity file with special emphasis on items required to show compliance with both ACCME and AMA requirements.

Objectives: At the conclusion of this session, attendees will be able to 1) identify key elements of a CME activity file to demonstrate compliance with ACCME Essentials and Standards and AMA PRA guidelines; 2) network with colleagues for solutions to specific documentation issues, and 3) prepare a CME activity file for an accreditation review.

Key Points: Deciding what pieces are crucial to a CME activity file can be a daunting task for beginners in CME. CME professional who have been in the business of CME for an extended period of time can provide guidance to less seasoned professionals by sharing proven methods and forms that have stood the test of accreditation reviews. Sample files and pieces of documentation will be examined with special attention to those items necessary to pass an accreditation review.

Expected Outcomes: Attendees should be able to develop methods of documenting compliance with accreditation requirements and identify those elements that are necessary to include in an activity file.

Reference: ACCME's Essential Areas, Elements, and Decision-Making Criteria, July 1999; ACCME's Accreditation Policy Compenduem, and ACCME's Documentation Review for a CME Activity.

T38, Breakout
4:00 – 5:00 pm, Thursday
Cumberland GHI/Exhibition; Schoolroom/180

Duct Tape and Bubble Gum: MacGyver's Tool Chest for CME Providers

(Program Management; Audio Taped)

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Relevance: A CME professional must be a jack-of-all-trades. Planning and working activities means being prepared for anything from speaker no-shows to audio/visual meltdowns. This breakout will provide practical solutions to common problems faced by meeting planners, ways to identify problems before they appear and a suggested "tool-kit" to always keep on site.

Purpose: This breakout will equip CME providers with practical solutions to common problems arising from delivery and management of CME activities. . The first half will be an interactive large-group format. The second half will ask the large group to divide into small groups of eight or fewer, share best practices and then pick the best tip or tool-kit addition from the group and share it with the larger group.

Objectives: At the conclusion of this breakout, participants should be able to identify potential problems prior to a CME activity and be prepared to resolve most challenges with ease and confidence.

Key Points: Being prepared for anything; identifying and avoiding disasters; creative ways around common problems; recovering from disasters, and the CME tool kit.

Expected Outcomes: These ideas can quickly and easily be applied by any CME staff member at any CME activity to improve the quality of the program.

Reference: A Handbook for Conference Planning by Ralph D. Elliott Ph.D., Office of Professional Development, Clemson University, Clemson, South Carolina. elliot@clemson.edu.

T39, Breakout
4:00 – 5:00 pm, Thursday
Reunion A/Lobby; Schoolroom/100

Gender and CME: A Fellowship Research Project

(Strategic Leadership; Audio Taped)

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Other Support: Alliance/Merck Professional Development Fellowship

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Relevance: The number of female physicians attending medical school in North America is growing. Within the next decade, the increased numbers of women in medical practice will significantly influence health care. Are these increases reflected in attendance of female physicians at CME or in the number of female physicians acting as faculty? The answer appears to be "no": the question, "why not?"

Purpose: This breakout will describe the results of a two year Canadian study on the female physicians (family physicians and specialists) experience of what works and what does not work for them in CME.

Objectives: As a result of attending this session, participants will be able to describe themes in the sociological literature on women and learning; discuss their own experiences and observations concerning CME, and create a list of low cost, manageable and concrete strategies CME providers can implement in order to enhance the quality of current CME offerings.

Key Points: The data that has been collected in this project should be placed on a continuum. Many men would have similar preferences to women in how they approach CME just as many women would be quite happy with the status quo in CME. This being said, the research would indicate that many women tend to have their own culture of learning that is based on connection. As most traditional CME is based on some form of hierarchical learning, this orientation towards connection leads to some differences in the ways in which women prefer to learn. These differences show up in a variety of circumstances within a variety of learning formats.

Expected Outcomes: Participants will commit to making self-initiated changes in their CME practices stemming from insights gained in this presentation and discussion.

Reference: Tannen Deborah. Gender and Discourse. Oxford University Press, Oxford 1996.

T40, Forum
4:00 – 5:00 pm, Thursday
Reunion F/Lobby; Schoolroom/220

Commercial Support: Building Mutually Beneficial Relationships between CME Providers and Commercial Supporters

(Accreditation; CME 101 – Basics Curriculum; Audio Taped)

Jann Torrance Balmer, PhD
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Other: ACCME Monitoring Committee, ACCME Surveyor

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Other Support: Employee, Pharmacia Corporation

Relevance: The relationship between CME providers and commercial support companies (primarily pharmaceutical and medical device companies) has undergone significant changes over the past 10 years. The changing healthcare environment, the regulatory environment for physicians and physician education as well as the increasing presence of well-informed consumers have all had a significant influence on the dynamics of world of continuing medical education. As the competition in both the industry and healthcare delivery sectors of medicine increases, the need for both entities to find mutually beneficial relationships becomes more evident. Since the ACCME is currently reviewing the ACCME Standards of Commercial Support and the FDA continues its vigilance over the pharmaceutical and medical device industry, CME professionals and industry are looking for ways to improve and benefit their constituents – the practicing physician and the patient.

Purpose: The purpose of this session is to provide a forum for discussion of the important issues associated with the CME provider/commercial supporter relationship. Through the use of a panel format, the perspectives and needs of both the commercial supporter and the CME provider can be discussed in from an analytical perspective, and provide insight about the barriers, goals and practices in CME that can foster a positive relationship that meets the needs of both groups without compromising the integrity or independence of accredited CME activities.

Objectives: Through participation in this forum, the participants will have an opportunity to:
1) Relate the current ACCME Standards of Commercial Support and FDA Guidance to practices in commercial support of accredited CME activities
2) Identify barriers to the effective implementation of accredited CME activities
3) Develop an awareness of the barriers and limitations of industry in its role as a supporter for CME
4) Identify strategies that can be implemented to build mutually beneficial relationships between CME providers and industry

Key Points: The key points for this forum are:
1) What information and processes does industry need in order to consider supporting accredited CME activities?
2) What information and processes do CME providers need to produce effective CME that is compliant with all the ACCME Essential Areas, Elements, Standards and Policies?
3) Are there creative strategies that both industry and CME providers can utilize that create positive outcomes for both entities?

Expected Outcomes: CME providers and industry representatives will leave this session with ideas and tools that help them focus on an increased awareness of both industry and CME providers about the regulatory, competitive and societal expectations that influence the delivery of quality CME, start to develop frameworks that address the barriers, issues and desired outcomes for CME and to value the potential benefits in a professional and mutually beneficial relationship.

Reference: Schaffer, Mark H. Commercial Support and the Quandary of Continuing Medical Education. JCEHP, vol. 20, Number 2, Spring 2000, pp. 120-126.

Breakfast and Special Training Session
7:00 – 8:30 am, Friday
Cotton Bowl/Atrium; Schoolroom/65

Fundamentals of Consulting in the Healthcare Environment (Part 1)

(Strategic Leadership; Audio Taped)

Note – Part 2 Is Scheduled 1:00 – 2:30 pm, Friday

James Morell, CHE
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Consultant: President, Morell & Associates

Relevance: Consultants play an important role in assisting CME professionals and institutions in areas of strategic planning, organizational design, accreditation issues, programming assistance, facilitating focus groups, market research, and project management. CME professionals often look to the Alliance as a source of consultant resources. The ethical issues in the consulting relationship are an important consideration for the Alliance consulting members. This community of practice seeks to develop a code of ethics for CME consultants and to develop enhanced skills and professional competence in the elements of the consulting process.

Purpose: This session will describe the fundamentals of the consulting process in a healthcare environment and address the basis of crafting an ethical code.

Objectives: Participants should be able to determine project scope, client needs, and relevant data analysis; how to recognize and respond to ethical issues in the consulting relationship; describe the fundamentals of proposal development and project management, including pricing, contracting, budgeting, and relevant economic considerations, and explore approaches to the consulting process.

Key Points: Development of an ethical code of practice and standards of practice for CME consultants will ultimately provide a guide for CME professionals to engage and evaluate consultants. An ethical code of practice endorsed by the Alliance will inform potential consultants of the association's expectations.

Expected Outcomes: Alliance members that are consultants will leave the session with enhanced skills and new ideas to incorporate in their consulting processes. The discussions will be the basis for an Alliance Code of Ethical Consultant Practices.

Reference: American Association of Healthcare Consultants (AAHC), Glenview, IL, www.aahc.net.

CME 891 – Advanced Seminar
8:30 am – 12:15 pm, Friday
Cotton Bowl/Atrium; Schoolroom/65

Responsible Leadership for CME: The Need for Double Vision

(Strategic Leadership; Physician's Track; Audio Taped)

Ronald Cervero, PhD
University of Georgia, Tel: 706/542-2221, E-mail: rcervero@coe.uga.edu

Relevance: There are many stakeholders for CME programs, including learners, faculty, organizational leadership, and patients, who benefit in many different ways. These include both learning and performance outcomes as well as political-economic outcomes. As CME leaders, both sets of outcomes need to be attended to at the same time. Thus, there are many important substantive questions that leaders must always keep one eye on, such as what is the educational need, who is the audience, what is the market for this program, and how will the program be evaluated to know if it has achieved the stated objectives. At the same time, they must keep another eye on the political-economic outcomes that their organization derives from CME. Recognizing and resolving the dilemmas and contradictions arising from the intersection of these two sets of outcomes is one of the central political problems faced by CME leaders.

Purpose: The purpose of this intensive workshop is to practice a model for linking educational vision, political analysis, and practical strategy for leaders in continuing medical education.

Objectives: At the conclusion of this session, participants will have identified practical strategies that enable them to enact their educational vision in the politically-organized organizational contexts in which CME is provided.

Key Points: The session uses the metaphor of "double vision," which leaders need to enable responsible practical action. Double vision means that leaders need to pay attention not only to the substantive learning and educational issues in CME, but also to the social, political, and economic relationships in their internal and external environments.

Expected Outcomes: Participants will use a case study to practice this model and then use the model to analyze leadership possibilities in their own organizational contexts.

Reference: Cervero, R. M., & Wilson, A. L. (1995). Responsible planning for continuing education in the health professions. Journal of Continuing Education in the Health Professions, 15, 196-202.

F1, Mini-Plenary
8:30 – 9:30 am, Friday
Landmark D/Lobby; Rounds/375

CME's New Vision: Are You Ready to Survive and Succeed?

(Strategic Leadership; Physician's Track; Audio Taped)

Joseph Green, PhD
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Consultant: Surveyor & Speaker, Accreditation Council for Continuing Medical Education (ACCME)
Stockholder: Merck
Other: Board Member, Alliance for Continuing Medical Education (ACME)

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Shelly Rodrigues, MS
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Other: Immediate Past President, American Association of Medical Society Executives

Relevance: We stand at the precipice of major change within CME. The Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) have approved six general competencies that they expect every physician to maintain; hospitals and medical centers are holding physicians accountable for both the quality and cost of care; and state-level licensing is becoming more tied to physicians' actual competence. As such, the days of measuring physicians' professional development by their credit hours (i.e., "seat time") are numbered. Educators need to prepare *now* for the upcoming challenges that come with a more innovative and accountable CME system.

Purpose: This mini-plenary will explore the three specific aspects of CME's future (mentioned above), as well as their practical implications for CME professionals. Representatives from a variety of settings (a communication company, medical school, specialty society, and Veterans Affairs) will discuss how they plan to survive and succeed within the new CME.

Objectives: At the conclusion of this mini-plenary, participants should be able to 1) determine how the changes within CME will affect their own jobs and organizations, and 2) formulate some ideas on how to prepare for the future.

Key Points: The three themes that CME professionals need to embrace, if they are to succeed include: 1) physician education must be self-directed and learner-centered; 2) CME offices must have the knowledge, skills, and resources necessary to assist physicians in their self-education, and 3) CME must be tied to wider efforts at quality improvement, cost control, and licensing/certification.

Expected Outcomes: Participants will begin a process of individual and organizational self-assessment, based on the themes mentioned above.

Reference: Bennett N., Davis D., Easterling W., Friedmann P., Green J., Koeppen B., Mazmanian P., Waxman H. Continuing medical education: a new vision of the professional development of physicians. Acad Med 2000; 75 (12):1167-1172.

F2, Breakout
8:30 – 9:30 am, Friday
Cumberland BC/Exhibition; Schoolroom/135

Changing Perceptions: Developing Quality Scientific Poster Sessions

(Educational Activities Design; Audio Taped)

Mellie Pouwels, MA
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Richard Miller, PhD
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Relevance: Emphasis on self-directed learning to meet learner identified education needs is one of the mainstays of life-long learning. Medical meetings offer oral and poster presentations for the dissemination of medical information. Unfortunately, compared to oral presentations, poster presentations are frequently believed to contain inferior quality information. Many professional societies have allowed this perception to persist. A conscious effort to reverse this perception begins with understanding the views of authors and meeting attendees – the community of practice. Reversal of the negative perception surrounding poster presentations will greatly enhance self-directed learning, and, thereby, professional competence.

Purpose: Surveys to determine the views of authors and attendees are valuable tools for understanding attitudes in order to explore solutions to change the negative perception of poster quality. This presentation will offer guidance in the development of surveys to evaluate the perception of poster quality amongst authors and attendees. Implementing changes in submission format, selection criteria, and scheduling that improve the perception of poster quality will also be explored.

Objectives: Participants will be able to 1) list the advantages and disadvantages of poster presentations; 2) compare the production requirements of poster and oral presentations; 3) design author and attendee surveys for evaluation of attitudes; 4) identify author and attendee attitudes toward poster presentations, and 5) generate solutions to address perception issues.

Key Points: Perception is everything when comparing poster and oral presentations. It is important to develop a fair method for selecting oral and poster presentations as a means of overcoming perceived quality differences between the two presentation platforms. Review of the survey data followed by proper implementation of methods to address perceived differences will improve the quality and perception of poster presentations.

Expected Outcomes: Reversing the attitude by authors and attendees that poster presentations are inferior to oral presentations will improve the morale of authors of posters, increase attendance at poster presentations, and enhance overall meeting quality and general attendance.

Reference: Fox RD, Miner C. Motivation and the facilitation of change, learning, and participation in educational programs for health professionals. J Cont Educ Health Prof, 19:132-141, 1999.

F3, Breakout
8:30 – 9:30 am, Friday
Cumberland GHI/Exhibition; Schoolroom/180

The "How To Guide" for Producing CME Enduring Materials

(Educational Activities Design; Audio Taped)

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Relevance: Enduring materials have become an increasingly popular method for disseminating education to physicians. While we are all familiar with the routine of live meetings or symposia, many providers are now looking to expand the types of CME they offer into the realm of enduring materials. Getting started in this unfamiliar territory is a major concern for providers.

Purpose: This breakout session will focus on the process of enduring materials from start to finish, evaluate incorporating enduring materials into your CME schedule and include the tools needed to succeed.

Objectives: At the conclusion of the session, participants will be able to evaluate why and when to produce an enduring material; assess methods and approaches in the enduring material process; identify instructional design models for enduring materials, and apply tools and construct an internal enduring material process.

Key Points: The tools and examples presented in this session offer creative solutions to establishing and maintaining procedural standards within an institution. Examples will be shared to illustrate how these practices can ensure quality and success of a CME enduring material.

Expected Outcomes: CME professionals must focus on the key points and particulars of each type of enduring material to have a successful and comprehensive activity. Creating a system or process for the production of enduring materials will help to assure a high quality CME activity that is in compliance with ACCME Essential Areas and Policies.

Reference: Caffarella RS. Planning Programs for Adult Learners. San Francisco: Jossey-Bass Publishers, 1994.

F4, Breakout
8:30 – 9:30 am, Friday
Reunion H/Lobby; Schoolroom/220

Physician Core Competencies: Linking In-Patient and Out-Patient Care

(Educational Activities Delivery; Audio Taped)

Dottie Price, MT
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Relevance: Hospitalist medicine requires a clear partnership and communication between the outpatient primary care physician and the inpatient physician (the Hospitalist). All parties (patient, Hospitalist, and primary care physician) benefit from the timely delivery of knowledge appropriate to the continued management of the clinical condition during transition to the outpatient setting. IPC currently utilizes an innovative and timely method of delivering patient-specific clinical notes through daily fax transmissions. Through the same mechanism, IPC has instituted patient-specific CME containing relevant clinical materials (articles, guidelines) delivered to the outpatient physician. This "just-in-time" CME is based on a topic directly related to the patient being discharged. Communication of emerging clinical information requires up-to-date methods. By utilizing this new method we improve the knowledge/competence of the outpatient doctor, the continuity of the care, and we are seeking to demonstrate improved outcomes.

Purpose: This breakout will describe a process for delivering relevant, targeted, clinically-based CME to the primary care physician upon discharge of the patient.

Objectives: At the conclusion of the session, participants should be able to:
- Recognize the relationship between the Hospitalist and the outpatient physician
- Acknowledge the critical need to manage the transition from inpatient to outpatient treatment
- Become familiar with an innovative method to provide patient-specific "just-in-time" CME
- Explore an educational approach to improve core competencies through information sharing from emerging clinical science

Key Points: The Hospitalist is emerging as a specialist in inpatient care only, and has no outpatient practice. The quality of care depends upon an effective transition from inpatient to outpatient care patterns. The critical communication with the primary care physician is enhanced by our innovative method of providing clinical notes (admission, progress, discharge) directly to the primary physician's office through the use of cutting edge technology. Understanding that the demands of a busy practice limit the physician's ability to stay current on emerging science, we are linking relevant CME through this same technology, educating through dissemination of problem-specific knowledge. The information delivered is timely, relevant, and focused on the needs identified through specific patient encounters, bridging the gap between research and the routine application in practice.

Expected Outcomes: Participants will learn about an approach for outpatient management of targeted conditions that could be applied or adapted based on need.

Reference: BE Barnes. Creating the practice-learning environment: using information technology to support a new model of continuing medical education. Acad Med 1998; 73:278-281.

F5, Breakout
8:30 – 9:30 am, Friday
Pegasus AB/Lobby; Schoolroom/140

Evaluating Primary Care Physicians: Is This Person Clinically Competent?

(Evaluation; Physician's Track; Audio Taped)

Brent Kvern, MD
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Relevance: As a professional occupation, physicians have been granted authority to self-regulate and to control key aspects of their working conditions through licensing and professional conduct review. Given that the profession of medicine is one of constant change, physicians must be prepared to maintain and demonstrate their professional conduct and competence in an ever-changing environment. Sometimes an objective assessment of a physician's ability to practice medicine according to today's standards is required. As key players in Medicine's concept of life-long learning, CME professionals must be prepared to help assess the need for educational interventions if concern is present about a physician's competence. There are three main communities of primary care physicians requiring objective evaluations of their ability to competently practice medicine. These are physicians who self-refer (often due to a prolonged absence from clinical work), those that are referred from licensing authorities because of practice concerns, and those that are referred because of having trained in another country and are currently seeking licensure to practice. A multi-dimensional assessment tool must be used to accurately assess the many aspects of clinical care. Educational experiences with specific goals can then be developed if remediation is a goal. But the tools used to objectively assess physicians must be developed and validated using the appropriate standard, which should be physicians practicing in the target community.

Purpose: This breakout session will describe the multi-dimensional physician assessment tool successfully used by the University of Manitoba and explore its successes, lessons learned, and future challenges.

Objectives: At the conclusion of this breakout session participants will be able to describe the components necessary for a comprehensive assessment of a physician's clinical competencies, the necessary partnerships to develop and sustain an assessment program, and some of the legal and ethical concerns of physician assessment.

Key Points: Assessment of clinical competence requires a multi-dimensional overview looking at the knowledge, skills and attitudes of the candidate. Input from multiple observers is crucial. Expectations of acceptable performance must be predefined. The standards of acceptable performance must be validated from among the target group of physicians the candidate is expected to eventually join. Planning for remediation can be based on the identification of specific strengths and weaknesses of each person evaluated.

Expected Outcomes: University based CME offices play an important role in the lifelong learning cycle of physicians. These offices are going to be challenged more frequently to address specific issues and needs of physicians using educational interventions. A variety of assessment tools must be used to gain a more complete understanding of the complex issues in determining competence.

Reference: Epstein RM, Hundert EM. Defining and assessing professional competence. JAMA. 2002;287:226-235.

F6, Breakout
8:30 – 9:30 am, Friday
Reunion F/Lobby; Schoolroom/220

Fundamentals of Marketing

(Program Management; CME 101 – Basics Curriculum; Audio Taped)

Note – Repeated 8:30 – 9:30 am, Saturday

Lisa Olson, PhD
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Consultant: a.ha Group, Inc.

Relevance: All CME providers must understand the fundamentals of marketing in order to develop, promote, execute and measure target audience response for CME products and services.

Purpose: This session is designed to present the fundamentals of developing and implementing a marketing plan for CME activities. The session's purpose is to ensure understanding of the role of marketing research, as well as an understanding of the basic building blocks of product/service, promotional, distribution and pricing strategies.

Objectives: At the conclusion of this session, participants will have become familiar with the components of a comprehensive, strategic marketing plan for CME activities. Participants will understand the importance of using a market/customer-oriented approach to building and delivering CME that meets the needs of target audiences.

Key Points: Marketing is the analysis, planning, implementation and control of carefully formulated programs designed to bring about an exchange of values with target markets. Developing and executing strategic marketing plans requires 1) understanding the pivotal role that marketing plays in any organization; 2) an orientation towards market research and marketplace intelligence; 3) understanding of the organization's strengths and weaknesses, as compared to the competition; 4) clear goals that are in synch with the organization's mission, and 5) clearly articulated strategies and tactics.

Expected Outcomes: CME providers will immediately be able to apply the fundamentals of marketing and market research in their own setting. Participants will be equipped with tools and strategies that they can use to enhance the quality and effectiveness of their marketing efforts.

Reference: Kotler P. and Armstrong G. Principles of Marketing, 9th edition. Prentice Hall, 2000.

F7, Breakout
8:30 – 9:30 am, Friday
Reunion BC/Lobby; Schoolroom/200

Methods and Models of Using Documentation Effectively to Meet ACCME Essentials and Standards (Part 1)

(Program Management; Audio Taped)

Note – Part 2 Is Scheduled 10:00 – 11:00 am, Friday

Melinda Steele, MEd
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Relevance: For many CME providers and especially those new to CME, determining effective and efficient mechanisms to document compliance with the ACCME Essentials and Standards can be a challenge. While the Essentials and Standards are straightforward in the expectation of what needs to be done, the interpretation of how to accomplish it is left to the individual provider.

Purpose: This session is designed to provide guidance to CME providers on how to meet documentation requirements of the Essentials and Standards of the ACCME. Attendees will be encouraged to bring their "best practices" to share with others. The facilitator will provide samples of documentation and forms used to comply with the requirements.

Objectives: At the conclusion of this session attendees will be able to 1) identify various methods of documenting compliance with ACCME Essentials and Standards; 2) network with colleagues for solutions to specific documentation issues, and 3) design forms and methods of documentation that suit their specific institutional needs.

Key Points: Meeting the documentation requirements to show compliance with the ACCME Essentials and Standards can be a challenge to some CME providers. With some forethought and purpose, forms and documentation methods can be developed that can easily meet the requirements. CME professional who have been in the business of CME for an extended period of time can provide guidance to less seasoned professionals by sharing proven methods and forms that have stood the test of accreditation reviews. The networking of colleagues to share best practices can benefit all that attend this session.

Expected Outcomes: Networking and sharing ideas can assist all CME professionals in achieving their goal of compliance with ACCME Essentials and Standards. Both the facilitator and the attendees of this activity should be able to take away new and fresh ideas for effectively and efficiently conducting the documentation aspects of CME.

Reference: ACCME's Essential Areas, Elements, and Decision-Making Criteria (July 1999), Accreditation Policy Compendium, and Documentation Review for a CME Activity.

F8, Breakout
8:30 – 9:30 am, Friday
Reunion A/Lobby; Schoolroom/100

An On-Line Community of Practice Model that Facilitates Knowledge Generation and Sharing Among Medical and Surgical Specialists is Part of The Royal College of Physician Maintenance of Certification Program

(Strategic Leadership; Audio Taped)

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Consultant: Professional Development Directorate

Relevance: Our model proposes that a shared community space harnesses the power of the Internet. The model takes advantage of the simplicity of the desktop to facilitate collaboration, provides on-line mentoring opportunities, teaches personal development skills that enhances the learner's ability to learn, provides a safe and trusted environment for finding journals /courses, and offers web tools that act as active learning partners. The on-line community is at its early stages but already has significant elements to facilitate knowledge generation and sharing through the integration of two tools (WebDiary and the Question Library) developed for the Maintenance of Certification Program (in Canada) geared at physicians practicing in various areas of specialty medicine.

Purpose: The breakout session will describe and demonstrate the on-line learning portal supporting the Maintenance of Certification Program – namely MAINPORT.org. The session will also outline the scope of the next phase of development and the implications to the learner, to specialty medicine, and to health care. The session will also be used by the presenters to gain feedback on their plans from other educators within the field of CME/CPD.

Objectives: At the conclusion of the breakout session, participants will be able to discuss and debate the merits of portal technology that creates a shared community space that maximizes the learner's potential. Participants will also see innovative web tools that enhance the learner's ability to learn.

Key Points: The merits of portal technology include the ability to facilitate access to a variety of tools in an integrated way so that the learning environment is personal, comprehensive, and accessible. Key is the understanding that the culture of learning in professional development rather than the technology that provides its functioning is the focus that drives portal technology.

Expected Outcomes: Through collaborative sharing participants will gain insight into the use and / or value of community space via portal technology in their own settings. The feedback from the session will be instrumental to the presenters in the continual development of MAINPORT.org.

Reference: MAINPORT.org.

F9, Forum
8:30 – 9:30 am, Friday
Cumberland DEF/Exhibition; Schoolroom/165

Leveraging a Medical Education Web Portal to Enhance and Measure Professional Competence

(Evaluation; Audio Taped)

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Other Support: Employee, Merck & Co, Inc.

Relevance: Recent data on physician web information-seeking and online CE usage patterns demonstrate that nearly all physicians have access to the web, know how to use it, and access it for medical information. However, physicians find too much information on the web to scan it effectively. With the recent proliferation of medical education web sites, the ability to quickly locate and identify medical education that is relevant to a provider's practice becomes an important factor. For physicians, the CME source's credibility, 24-hour access, and ease of searching/use are the most important aspects of web-based education. Medical education web portals can provide environments that meet these criteria. Although many have been developed and considerable design resources have been devoted, little measurement has been conducted to determine whether participation in such web portals enhances the professional competence of the community of healthcare providers.

Purpose: This forum session will provide 1) an overview of optimal design elements for medical education web portals as communities of practice for healthcare professionals, 2) templates and procedures for measuring the enhanced professional competence, and 3) enhanced professional competency data, derived from the actual measurement of participants in a medical education web community, based upon a library of 35 CME courses consisting of multiple forms of content media.

Objectives: Participants should be able to 1) understand best practices in web portal design/strategies, and 2) adapt templates that measure enhanced competence of healthcare professionals who participate in online CME communities of practice.

Key Points: Medical education web portals can be designed to provide optimal communities of practice for physicians and other healthcare professionals to enhance professional competence by providing credible, up-to-date medical information relevant to various specialties that is easy to use and easy to search. Measurement of enhanced professional competence as a result of participation in a medical education web portal should include baseline and follow-up measurement of the relevance of the experience to daily practice and the healthcare professional's specific panel of patients, evidence-based competence questions, strategies used to interactively engage the learner, intents to change and changes in patient management. Data suggest a small number of variables contribute disproportionately to enhanced professional competence.

Expected Outcomes: CME professionals will 1) be better able to develop a strategy for how they can participate in medical education web community development and design, and 2) learn how to measure enhanced professional competence of healthcare professionals, based upon structured learning instruments, across multiple media formats.

Reference: Casebeer LL, Bennett NL, Kristofco RE, Carillo DA, Burst N, Centor RM. Physician internet medical information-seeking and online CE usage patterns. JCHEP, Spring 2002, in press.

F10, Mini-Plenary
10:00 – 11:00 am, Friday
Reunion H/Lobby; Schoolroom/220

Best Practices in Accreditation and CME Practice

(Accreditation; Audio Taped)

Jann Torrance Balmer, PhD
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Other: Editor, Best Practices in Accreditation

Relevance: Success in continuing medical education is intrinsically tied to success in accreditation and the implementation of this voluntary regulatory system. The continuum of CME providers provides a broad palate for the discussion, implementation and execution of CME activities, creative problem solving and compliance patterns in the provision of CME to physicians. CME providers seek opportunities for discussion, collaboration and benchmarking through the identification of best practices in CME practice and exemplary compliance in the Essentials Areas, Elements and Policies as identified by the Accreditation Council for Continuing Medical Education (ACCME). The CME profession attracts individuals with a passion for education, public service, research and improved healthcare. The collaboration of these creative and thoughtful CME professionals fosters an environment that encourages innovation, and new or improved strategies for continuing medical education.

Purpose: This mini-plenary session is designed to identify, discuss and highlight some of the Best Practices in Accreditation and CME Practices that demonstrate the relevance of CME, the processes that foster exemplary compliance with the ACCME accreditation system and exemplify innovative strategies in the delivery of CME.

Objectives: Through participation in this mini-plenary session, the participants will have the opportunity to:
1) Identify best practices in CME that reflect exemplary compliance with the ACCME accreditation system;
2) Demonstrate creative or innovative strategies for the implementation and execution of CME, and
3) Discuss the role of benchmarks such as "best practices" as a platform for improvement in each of their CME programs.

Key Points: The importance of benchmarks or "best practices" provides a platform for self-evaluation and reflection and encourages the development of new strategies that are based on principles or concepts that have been identified as exemplary by the ACCME accreditation system or the CME profession. The discussion of some of these best practices highlights the characteristics that the system identifies as successful.

Expected Outcomes: This mini-plenary session will serve as a springboard for CME professionals and create an opportunity for self-evaluation of the CME enterprise that can be used to facilitate dialog with colleagues and promote positive change in CME programs.

Reference: Essential Areas, Elements, and Policies of the Accreditation Council for Continuing Medical Education (ACCME), Best Practices Handbook 2001 and 2002, ACGME Core Curriculum 2000.

F11, Breakout
10:00 – 11:00 am, Friday
Reunion EG/Lobby; Schoolroom/200

Physician Core Competencies: Educational Activities Delivered

(Educational Activities Design; Physician's Track; Audio Taped)

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Relevance: The Southeast Permanente Medical Group of Georgia, Inc (TSPMG) has leveraged its team development strategy to create multi discipline communities of practice – health care teams – throughout the organization. After seven years of development, each of these teams has acquired a common interest and has become truly the primary learning centers within our organization. Several CME initiatives have supported the physician team leaders as they strive to become more effective in their roles. We also want to share our very interesting continuing medical education programs, which have included nurse practitioners, physician's assistants and lead RNs.

Purpose: This breakout session will describe how educational programs were created, developed, designed, and implemented to meet the increasing needs of our physician team leaders to assist them in moving their team's performance, service, quality and patient satisfaction to a higher level.

Objectives: At the conclusion of this breakout, participants will have useful data and program design and delivery methods/information related to skills found to be useful in effective team development.

Key Points: To share specific CME programs that we have developed and implemented for our physicians and associate providers (nurse practitioners, physician assistants, behavioral health professionals and lead RNs). These programs include leadership training, palm-based time and life management, extensive communication skills programs, and a new educational program to expand the role of nurse practitioners and physician assistants to create contributions to the team that are truly collaborative in nature.

Expected Outcomes: These programs can be creatively and innovatively applied or adapted to help medical practitioners who practice in a team setting, to become more efficient, effective and successful.

F13, Breakout
10:00 – 11:00 am, Friday
Cumberland BC/Exhibition; Schoolroom/135

Electronic Audience Response System: Creating a Community of Practice

(Educational Activities Delivery; Audio Taped)

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Relevance: Historically, continuing medical education has been an individual activity. Typically 10-20% of participants interact while the remainder of the audience simply listens. Audience participation and interaction is a well established but underutilized technique in medical education. Although didactic presentations cover objectives in less time than interactive presentations, interactive presentations can increase attentiveness and retention and create an academic environment of idea sharing. Electronic polling facilitates interaction, provides instantaneous feedback and preserves anonymity. Audience participation is increased, creating a "community of practice" where professional competence can be improved contemporaneously.

Purpose: The ACGME has endorsed "interpersonal skills and communication" as one of its six general competencies. This session is designed to show how an electronic polling system can be used to measure changes in communication style among participants. Presenters will discuss some of the challenges of incorporating such technology into traditional CME activities.

Objectives: At the end of the presentation the participant will be able to 1) recognize the value of an electronic audience response system in measuring changes in communication style, and 2) formulate ways to use these systems in their own continuing medical education environment to improve physician competence.

Key Points: Each participant will be provided an electronic keypad at the beginning of the seminar. Audience participation in the medical ethics seminar will be encouraged by the seminar leader who will stimulate interaction by presenting case reports and asking questions. A survey composed of 5 questions will be asked before and after the session. A Likert scale of 1-5 is assigned for each question. Electronic software will tabulate the results and display bar graphs of pre- and post-responses at the conclusion of the session.

Expected Outcomes: After the session, statistically significant differences in responses can occur that reflect a change in people's attitude regarding medical ethics. Previously, changes were in the direction of enhancing communication between doctors and patients. It would be difficult to assess this change in attitude as accurately and as quickly without using audience response technology. This technology can be purchased by hospitals or medical groups and used to measure the effectiveness of their CME activities.

Reference: End-of-Life Seminar Facilitated by an Electronic OptionFinder^{R}, Steven A. Levy, MD, FACP, The Journal of Continuing Education in the Health Professions, Volume 19, pp. 105-110.

F14, Breakout
10:00 – 11:00 am, Friday
Reunion F/Lobby; Schoolroom/220

Disclosure – Who, What, When, Where & How

(Accreditation; CME 101 – Basics Curriculum; Physician's Track; Audio Taped)

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Relevance: Since the implementation of the ACCME's new system of accreditation, the one element responsible for the highest percentage of non-compliance findings has been element 3.3, "The provider must present CME activities in compliance with ACCME's policies for disclosure and commercial support." The Summer 2001 issue of the ACCME Report (Volume 10, number 1) documented three elements with which providers were having difficulty demonstrating compliance – elements 1.1, 2.5, and 3.3. The data were from the July 2000, November 2000, and March 2001 accreditation decision cycles, and were based upon 161 providers. Compared with less than 5% of providers who were found to be noncompliant in element 2.5, nearly 40% of providers were noncompliant with element 3.3. Although there are four sub-elements in Element 3.3, noncompliance was most often due to lack of compliance with the disclosure requirements. Some providers are under the impression that disclosure is only required if they accept commercial support. Many other providers collect disclosure information but cannot document that the information was transmitted to the learner.

Purpose: This breakout will review the requirements for disclosure, including faculty relationships with commercial supporters, faculty relationships with the manufacturer of any product/device that will be discussed, and the disclosure of off-label or investigational use of products. The relationship between disclosure and commercial support will be clarified. Common problems and misperceptions will be presented, and various examples of compliance will be provided. Participants will have ample opportunity to present specific situations for the group to discuss.

Objectives: Participants in this session will gain a better understanding of the spirit of disclosure, and will be better prepared to implement appropriate documentation procedures. Participants will learn the distinction between disclosure and commercial support and will be able to apply the principles of disclosure within their programs.

Key Points: A high percentage of providers have been found to be noncompliant in their documentation of disclosure. Many providers do not understand that some elements of disclosure are required even when there is no commercial support. Documentation of verbal disclosures and the requirements for disclosure of off-label and investigational use are not well understood.

Expected Outcomes: Accredited providers will have a better understanding of Element 3.3A (Disclosure). Participants will be able to more efficiently and more effectively implement disclosure policies and procedures that will be in compliance with ACCME's requirements.

Reference: ACCME's Essential Areas and their Elements (specifically Element 3.3); ACCME Report, Summer 2001, Volume 10, Number 1.

F15, Breakout
10:00 – 11:00 am, Friday
Reunion BC/Lobby; Schoolroom/200

Methods and Models of Using Documentation Effectively to Meet ACCME Essentials and Standards (Part 2)

(Program Management; Audio Taped)

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Relevance: For many CME providers and especially those new to CME, determining effective and efficient mechanisms to document compliance with the ACCME Essentials and Standards can be a challenge. While the Essentials and Standards are straightforward in the expectation of what needs to be done, the interpretation of how to accomplish it is left to the individual provider.

Purpose: This session is designed to provide guidance to CME providers on how to meet documentation requirements of the Essentials and Standards of the ACCME. Attendees will be encouraged to bring their "best practices" to share with others. The facilitator will provide samples of documentation and forms used to comply with the requirements.

Objectives: At the conclusion of this session attendees will be able to 1) identify various methods of documenting compliance with ACCME Essentials and Standards; 2) network with colleagues for solutions to specific documentation issues, and 3) design forms and methods of documentation that suit their specific institutional needs.

Key Points: Meeting the documentation requirements to show compliance with the ACCME Essentials and Standards can be a challenge to some CME providers. With some forethought and purpose, forms and documentation methods can be developed that can easily meet the requirements. CME professional who have been in the business of CME for an extended period of time can provide guidance to less seasoned professionals by sharing proven methods and forms that have stood the test of accreditation reviews. The networking of colleagues to share best practices can benefit all that attend this session.

Expected Outcomes: Networking and sharing ideas can assist all CME professionals in achieving their goal of compliance with ACCME Essentials and Standards. Both the facilitator and the attendees of this activity should be able to take away new and fresh ideas for effectively and efficiently conducting the documentation aspects of CME.

Reference: ACCME's Essential Areas, Elements, and Decision-Making Criteria (July 1999), Accreditation Policy Compendium, and Documentation Review for a CME Activity.

F16, Breakout
10:00 – 11:00 am, Friday
Cumberland GHI/Exhibition; Schoolroom/180

Management of CME Series Activities

(Program Management; Audio Taped)

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Relevance: In large hospital systems, numerous CME activities occur on an on-going basis. Monitoring these "series activities" for consistent compliance with the Essential Areas can be a challenging task for the CME provider. CME providers need to develop an organized approach to successfully managing their series activities.

Purpose: The purpose of this breakout is to present practical information that the CME provider can use to overcome common barriers of series activity maintenance.

Objectives: At the conclusion of this breakout, the participants will be able to: identify problem areas that hinder effective series activity management, describe methods used to simplify the series activity management process, develop a series activity management action plan.

Key Points: This presentation will address many aspects of the management process including 1) how to develop positive relationships with non-CME staff who run series activities, 2) how to communicate to non-CME staff the importance of compliance with the Essential Areas, and 3) how to create an organized planning system to keep track of all series activities .

Expected Outcomes: The participants will be able to use information presented, handouts, and job aid examples to formulate a successful approach to managing series activities.

F17, Breakout
10:00 – 11:00 am, Friday
Pegasus AB/Lobby; Schoolroom/140

Meeting the Challenge of Continuing Education Consolidation: A New Paradigm for Practice that Effects Health Care Professionals

(Strategic Leadership; Audio Taped)

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Relevance: Health care providers work in a multi-disciplinary setting. Their professional competency and continuing education is interrelated. A multi-disciplinary approach to continuing education is the model for health care professionals to stimulate communication, to obtain relevant information and to ensure that all members of the health care team meet the patient's needs and to maintain and enhance their professional competency.

Purpose: The consolidation of all programs of the University of Kentucky Chandler Medical Center's continuing education units began July 1, 2000. The Medical Center Continuing Education office was formed to include the previous programs of Continuing Medical Education, Continuing Pharmacy Education, Continuing Nursing Education, Continuing Dental Education and Continuing Allied Health Education. The purpose of this session is to present one model of consolidation that offers cost effective, multi-disciplinary and up-to-date Continuing Education activities to all health care professionals. Merging of resources enables the office to be more efficient, sets the stage for multi-disciplinary cooperation in continuing education for the future and supplies the resources for outcome measurement and implementation to improve quality of patient care.

Objectives: Following the completion of this workshop the participant will be able to understand the process used by the University of Kentucky to arrive at the decision to consolidate, describe the model chosen and the reasons behind the model, recognize the steps, the challenges and the problems in the process and assemble resources and future possibilities for a consolidated model.

Key Points: Change is a challenge. Consolidation of continuing education is not moving all offices in one location! The process before consolidation must assess whether the consolidated model will work and function as one unit. Recommendations and processes are formulated and put into place to assure success. Consolidation brings rewards in offering quality continuing education that affects the health care professionals and ultimately improves the outcomes in patient care.

Expected Outcomes: Those participating will be come acquainted with the consolidation process that was used at the University of Kentucky. It is in no way the only process that could be used. The experience and the lessons learned will be presented. Others may benefit from University of Kentucky's experience and/or may choose to experience consolidation for themselves.

Reference: Institute of Medicine. Committee on Quality of Health Care in America. Crossing the Quality Chasm: A New Health System for the 21st Century, 2001.

F18, Breakout
10:00 – 11:00 am, Friday
Cumberland DEF/Exhibition; Schoolroom/165

CME's Role in a Major Organizational Transformation

(Health Care Delivery Systems; Audio Taped)

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Relevance: CME professionals within health care delivery systems are challenged by the recent Institute of Medicine report, *Crossing the Quality Chasm,* to redesign their existing learning systems. These systems must support teams of care providers as they attempt to dramatically improve patient care. We must draw on a "variety of interventions and a mix of approaches" including the blended, innovative uses of learning technology. Such designs will respect limited provider time and meet the challenge of geographically dispersed care delivery settings.

HealthPartners, a 650,000 member, nonprofit health plan in Minnesota is organizing to rapidly redesign its systems of care, incorporating evidenced based medicine, team based approaches and using best system specific processes for delivering patient centered care. It has positioned all parts of the organization (including Continuing Medical Education) to participate. Seven specific care improvement innitiatives have been identified. Time frames are relatively short, one year for the first two projects (diabetes care and access) and an additional year for the next 5 projects.

The resulting models of best practice are to be developed first within small microsystem pilot sites. The learning accomplished within the pilots must then be rapidly dessiminated to over 30 different sites; primary care clinics, multi-specialty clinics and hospitals. Because of the short time frames and the dispersed care settings, use of web and computer based approaches must be integrated into the more traditional use of lectures, print materials and micro-teaching approaches. Evaluation of both clinical and learning outcomes, will drive the transformation of both the quality of care as well as the effectiveness of learning.

Purpose: This session will describe the development and implementation of an integrated provider educational program across a large, dispersed health plan.

Objectives: At the conclusion of this session, participants will be able to describe the planning and implementation process for a large scale, multiple format CME initiative across a large, dispersed organization.

Key Points: To effect rapid organizational change to improve patient care, CME must integrate both the best clinical knowledge with the best systems-specific care processes. To accurately translate and disseminate this knowledge, the educational system must be involved with the teams that are developing the new care paradigm. Rapid, efficient dissemination requires multiple coordinated educational modalities and committed organizational leadership.

Expected Outcomes: This breakout offers a model for integrating CME professionals into the process of transforming health care.

Reference: Committee on Quality of Health Care in America, Institute of Medicine. 2001. Crossing the Quality Chasm, A New Health System for the 21st Century. Washington, D.C.: National Academy Press.

F19, Forum
10:00 – 11:00 am, Friday
Landmark D/Lobby; Rounds/375

Simplifying the Continuing Education Accreditation Process: A Collaboration Among Accreditors

(Accreditation; Audio Taped)

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Relevance: Many providers of CME have multiple accreditations. The Accreditation Council for Continuing Medical Education (ACCME), American Nurses Credentialing Center (ANCC) and the American Council on Pharmacy Education (ACPE) have been working together to simplify the processes involved when an organization needs to seek accreditation from all three groups by merging the application tool but still keeping the decision making processes separate.

Purpose: The purpose of this session is to explain the joint application for accreditation that could be used to seek accreditation from the ACCME, ANCC and ACPE and to report on the progress made to implement it.

Objectives: At the end of this session, participants should be able to describe the process for using the joint application and discuss its benefits.

Key Points: Accreditation is a process that requires organizations to expend both human and financial resources. Organizations that maintain multiple accreditations could benefit from a process that allows them to produce only one application. This process could result in saving organizations both time and money. In addition, a combined application could allow an organization to see a more complete picture of its continuing education programs.

Expected Outcomes: Organizations who maintain multiple accreditations seek reaccreditation on a regular basis. The use of a joint application may enable these organizations to better prepare for accreditation, as all effort could be put into one application instead of three.

Reference: Accreditation Council for Continuing Medical Education (ACCME), Chicago, IL, www.accme.org.

F20, Mini-Plenary
11:15 am – 12:15 pm, Friday
Reunion H/Lobby; Schoolroom/220

Evidence-Based Medicine for Practicing Clinicians: Education to Change Practice

(Educational Activities Delivery; Physician's Track; Audio Taped)

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Relevance: Organizations responsible for the continuing professional development of their members are increasingly required to make their education programs evidence-based. The skills and knowledge needed to practice evidence-based medicine (EBM) have been clearly defined. However, the challenge remains in teaching these skills and knowledge to busy practitioners.

Purpose: This session will describe the rationale behind the design, implementation and evaluation of a comprehensive workshop whose purpose is to improve the knowledge, attitudes and skills required for evidence-based practice by clinicians.

Objectives: At the conclusion of this session, participants should be able to:
(1) Define EBM and describe the skills involved in evidence-based practice.
(2) Explain the rationale for hands-on, case-based instruction to promote the use of EBM skills.
(3) Describe a multidimensional evaluation strategy and its role in informing ongoing curricular revision of an EBM workshop.

Key Points: To promote the real-time application of EBM by clinicians, we created a web-based desktop providing access to sources of pre-appraised evidence (EBM databases). This has served as the centerpiece for an 8-hour workshop delivered at 5 sites to 98 clinicians. Instruction centered on 4 skills: formulating clinical questions, searching evidence-based databases, understanding the results of searches, and applying them to patient care. We used computer labs to give direct experience with the desktop and provided access to the desktop for 3 months after the workshop.

Using an interactive format, the session will emphasize 3 core elements of the workshop's design and address the following specific questions:
(1) Content: Why were some EBM skills chosen for this curriculum and not others? Why were information resources that focused on pre-appraised evidence selected for the web-based desktop and workshop?
(2) Format: Why were certain instructional methods (e.g., small group discussions, case-based learning) chosen over others? What is the rationale behind the design and use of the web-based desktop? What are the implications of these choices on the facility, faculty and financial needs when doing the workshop?
(3) Evaluation: How effective is the current workshop? How has the curriculum been modified in response to evaluation data? How can future evaluation begin to measure higher level educational outcomes, such as practitioner behavior and patient outcomes?

Expected Outcomes: By the end of this session, participants will have developed an action plan for implementation of an EBM workshop at their own sites.

Reference: Mangrulkar RS, et al. The effectiveness of a workshop designed to improve evidence-based practice among clinicians. Journal of General Internal Medicine 2000; 16 (Suppl 1): 103.

F21, Breakout
11:15 am – 12:15 pm, Friday
Cumberland DEF/Exhibition; Schoolroom/165

Using E-mail to Make Pre-Conference Needs Assessment More Effective

(Needs Assessment; Audio Taped)

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Relevance: Finding cost-effective ways to reach program participants to tailor the program to their needs is a challenge to CME providers. Many program planners have adopted the postcard response "Send us your burning issue/ one question" method to engage learners before the conference. The Office of CME engaged in planning a three day faculty development retreat for clinical faculty with the key role of precepting medical students on the seven required clinical clerkships. Possible topics were developed by a steering committee based on their perceptions of problem areas, faculty complaints in two key education committees, and a surveys and focus groups of the students who had completed the clerkships in the last three years. The steering committee ranked the top 14 issues from these diverse sources. A survey was sent to the 100 clinical faculty most actively engaged in student precepting asking them to respond to each of the 14 issues with 1) their interest in having the issue addressed at the retreat, and 2) their interest in receiving a literature search/ summary of that issue. They were also asked to respond to two open-ended questions "What do you think is really good about the current clerkships?" "If you could change something about the clerkships, what would it be?" Of the 100 faculty invited, 74 registered for the three day conference. Of these, 33 (44.7%) responded to the pre-conference needs assessment. The attention paid to pre-conference needs assessment of the actual participants improved both the registration rate and the participants' satisfaction with the retreat. Email proved to be an efficient and cost-effective way to accomplish this.

Purpose: The breakout will describe the needs assessment in detail. Participants will learn how we decided on the contents and construction of the email survey. We will share the results of the survey and how the Steering Committee used it to modify the program design and the syllabus provided to the participants.

Objectives: Participants will understand how to use email as part of a comprehensive approach to needs assessment once conference participants are identified to customize the program and educational materials to their needs.

Key Points: Focus groups and traditional mailed surveys can be expensive and time-consuming to do. Using general needs data does not necessarily match the learners' actual needs. Email surveys of potential participants can enhance the relevance and effectiveness of a conference. It can also enhance participant buy-in to the conference.

Expected Outcomes: Participants will have an effective, low-cost tool to use in needs assessment.

Reference: Alliance Guide for Professional Development, revised June 2001.

F22, Breakout
11:15 am – 12:15 pm, Friday
Reunion EG/Lobby; Schoolroom/200

Tools for Outcomes Measurement

(Educational Activities Design; Audio Taped)

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Relevance: The emphasis in the ACCME guidelines on assessing educational outcomes appears in elements 2.4 and 2.5 of the Essential Areas and their Elements. These elements state that a provider must evaluate the effectiveness of its CME activities in meeting identified educational needs and evaluate the effectiveness of its overall CME program and make improvements to the program. The traditional need to evaluate educational activities and follow up with outcomes measurement can be an overwhelming task, and many providers seek new ideas for accomplishing this task.

Purpose: This breakout is designed to introduce CME professionals to a discussion of methods and tools for obtaining meaningful outcomes information.

Objectives: At the conclusion of this breakout session, participants should be able to describe the four levels of evaluation and discuss the tools for implementing outcomes measurement techniques.

Key Points: To establish meaningful outcomes measurement, a needs assessment for the educational activity must be determined followed by an appropriate evaluation. The four levels of evaluation that will be considered in this workshop are participant satisfaction, participant learning, change of behavior, and health-care outcomes. Needs assessment, evaluation, and outcomes measurement are dynamic processes that begin at the inception of an activity. The collection of these components addresses both educational effectiveness and compliance with the ACCME Essential Areas and their Elements.

Expected Outcomes: CME Professionals should be able to return to their practice environments and design or implement a process of outcomes measurement that will improve their educational activities.

Reference: Kirkpatrick DL. Evaluating Training Programs, The Four Levels. Calif: Berrett-Koehler Publishers, Inc; 1998.

F23, Breakout
11:15 am – 12:15 pm, Friday
Cumberland GHI/Exhibition; Schoolroom/180

Post-Licensure Training (Prescribed Education) of Core Competencies

(Educational Activity Design; Physician's Track; Audio Taped)

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Other Support: Assistant Director for Education Services, CPEP

Relevance: In 1999, over 4,000 of the 684,000 active physicians in the United States underwent an action by a state medical board. The figures indicate an ongoing need for physicians to improve their clinical practice of medicine. The Colorado Personalized Education for Physicians (CPEP) program utilizes a personalized approach to physician behavioral change and a level of interaction and individualized attention that distinguishes it from traditional approaches to remediation.

The Educational Intervention is designed with emphasis placed on personalized goals and objectives, which are established with the physician's input. Ongoing mentoring with a physician peer provides immediate feedback and direction. The use of this method, combined with specialty updates, peer interaction and self-study, transforms education into a partnership that allows for collaboration in meeting mutually set goals. It also offers physicians an opportunity to address areas of identified need and to achieve success in life-long learning and change.

Purpose: This session will describe the benefits and limitations of instituting multi-modal educational interventions for physicians who need to improve their professional competence.

Objectives: At the conclusion of this session, participants should be able to describe the elements of multi-modal educational interventions and their effects on physician performance.

Key Points: Today, in an environment in which competence issues impact everything from quality of care and patient satisfaction to employee morale and public relations, programs like CPEP are critical in strengthening and maintaining professional competence. More research needs to be completed to validate the effectiveness of multi-modal interventions in physician performance.

Expected Outcomes: A variety of educational resources are available in our communities. The key is to maximize these resources to affect a significant behavior change in physicians. Communities need to collaborate in order to achieve success in physician performance.

Reference: Colorado Personalized Education for Physicians (CPEP), Aurora, CO, www.cpepdoc.org.

F24, Breakout
11:15 am – 12:15 pm, Friday
Reunion BC/Lobby; Schoolroom/200

CME Credits as Indicators of Improved Physician Competence: An Online Survey

(Evaluation; Audio Taped)

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Relevance: A common criticism of the CME credit system is the lack of evidence that earning credits results in any improvement in clinical practice or patient outcomes. In the United States of America CME is a self-regulated enterprise, based on an honor system, which serves as an assurance to the public that physicians continue learning after graduating from medical school and finishing residency training programs.

The most widely accepted evidence of continued learning among physicians is documentation of credits they have earned by completing CME activities that have been certified as being planned, administered, and evaluated in accordance with specific guidelines. Currently 34 States have mandated the documentation of CME credits, affecting more than 70% of US physicians. Of the 24 member boards of the American Board of Medical Specialties, 13 require evidence of CME credits for specialty recertification, and virtually every hospital requires evidence of credits for credentialing purposes. However, while critics of credit systems challenge their validity and advocates claim they are the most realistic method of encouraging at least baseline compliance with the concept of lifelong learning, few studies reflect how physicians themselves perceive and evaluate the process of earning CME credits as indicators of competence.

Purpose: This session will describe an online survey of 500 physicians who have completed a CME activity over the Internet, will examine perceptions and attitudes related to earning and documenting CME credits, and will present and analyze the survey findings to discern whether CME credits are perceived to be useful indicators of physician competence.

Objectives: After attending this session, participants should be able to assess how physicians perceive the value of CME credits as a self-regulated mechanism to encourage continued learning and improvements in clinical practice, and should be able to cite metrics that reflect the survey findings.

Key Points: Fine points of the debate over self-regulation vs. government regulation; physician self-confidence as a component of clinical competence; variations in perception across medical specialties; methods of eliciting feedback from online CME participants; the challenge of linking CME activities to improved clinical outcomes; and survey findings.

Expected Outcomes: The expected outcome of this breakout is that participants will be better informed about how physicians view the value (or lack thereof) of documenting CME credits as a worthwhile activity leading toward improvements in clinical practice, and will have the ability to disseminate this information in their work settings.

Reference: American Medical Association, AMA Physician's Recognition Award. Chicago, IL, http://www.ama-assn.org/ama/pub/category/2922.html.

F25, Breakout
11:15 am – 12:15 pm, Friday
Pegasus AB/Lobby; Schoolroom/140

Implementation of Impact Analysis and ROI Techniques

(Evaluation; Audio Taped)

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Relevance: Selecting a new technique for organizational improvement is one issue, but implementing that technique throughout the organization is quite another. This topic is relevant to any organization interested in impact assessment and determining the financial returns from training activities or learning events.

Purpose: The basics of impact analysis and the ROI Process will be presented. Implementation of actual studies in one VA healthcare network will be discussed. The intent is to share lessons learned from the studies and to illustrate the ROI process.

Objectives: At completion of this presentation, CME professionals should be able to 1) identify the fundamental differences between impact assessment and return on investment; 2) describe organizational approaches for conducting these studies; 3) state the key advantages and disadvantages for the process, and 4) calculate ROI.

Key Points: 1) Selecting techniques: Impact analysis or ROI planning requires understanding purpose, timing, data collection technique, and most importantly how the effects of the training or learning event can be isolated. We will discuss when each technique is appropriate, and the additional requirements of return on investment including tabulating costs, converting impact data to monetary values, identifying intangible benefits, and calculating the return on investment. 2) Organizational strategies: Using expert teams versus training in-house educational staff to apply one more design process steps. 3) Lessons learned: Results from actual VHA case studies will be presented. These case studies include barriers encountered and methods of isolating effects. 4) Community of practice: How to alter the typical format of Impact Analysis and ROI reports to disseminate the information needed by practitioners.

Expected Outcomes: At the conclusion of the session, participants will understand the relationships among impact analysis, ROI and evaluation.

Reference: InfoLine Series on Evaluation, Volumes 1-5, Jack J. Phillips, (Editor), American Society for Training and Development, Alexandria, Virginia, 1999.

F26, Breakout
11:15 am – 12:15 pm, Friday
Landmark D/Lobby; Rounds/375

Who Wants to Be Accredited? A Game Testing Your Knowledge of ACCME Elements & Policies
(Accreditation; CME 101 – Basics Curriculum; Audio Taped)

Kathy Johnson, EdM
Accreditation Council for Continuing Medical Education, Tel: 312/464-2500, E-mail: kjohnson@accme.org

Dennis Lott, DEd
Accreditation Council for Continuing Medical Education, Tel: 312/464-2500, E-mail: dlott@accme.org

Relevance: The ACCME's system of accreditation directly impacts all accredited providers of CME.

Purpose: This session will provide an interactive forum in which participants will engage with ACCME staff to explore and evaluate ACCME accredited providers' common questions and misinterpretations regarding ACCME requirements.

Objectives: At the end of this session, participants should be able to distinguish between ACCME policy and common misperceptions about ACCME requirements.

Key Points: ACCME's system of accreditation allows accredited CME providers more flexibility in how CME activities are planned, implemented and evaluated. Understanding the correct interpretation and meaning of accreditation requirements is beneficial to all accredited providers and can be the focus of discussions for communities of practice.

Expected Outcomes: ACCME accredited providers are required to meet the expectations outlined in the Essential Areas, Elements and Policies. Knowing what the common misconceptions and questions are will assist providers in successfully implementing these requirements, without doing extra work on things that are not necessary.

Reference: Accreditation Council for Continuing Medical Education (ACCME), Chicago, IL, www.accme.org.

F27, Breakout
11:15 am – 12:15 pm, Friday
Reunion F/Lobby; Schoolroom/220

Meeting Planning 101

(Program Management; CME 101 – Basics Curriculum; Audio Taped)

Diane Oetting, CAE
Medical Association of State of Alabama, Tel: 800/239-6272, E-mail: diane@masalink.org

Relevance: Many CME coordinators find themselves in the position of having to plan meetings without any experience in this field. This breakout will help them to understand the basic components needed to succeed in this aspect of their job.

Purpose: This breakout will describe the basic steps in meeting planning and give tips to make this process easier.

Objectives: At the conclusion of this breakout, participants should be able to describe the basic tools needed to plan meetings, meal functions and trade shows.

Key Points: Meeting planning is a series of steps, in order to plan successfully, an individual needs to know the steps to take and vocabulary necessary to dialog with providers of meeting components.

Expected Outcomes: Individuals should have the tools needed to successively plan a meeting or trade show.

Reference: The Convention Liaison Council Manual, 6th edition.

F28, Breakout
(Cancelled)

Partnerships and Collaborations: A Fellowship Research Project

(Strategic Leadership; Audio Taped)

Karen Bradley, DMD
University of Florida, Tel: 352/265-8081, E-mail: kbradley@ufl.edu
Other Support: Alliance/Merck Professional Development Fellowship

Relevance: The creation of innovative and sustainable partnerships and collaborations between and among the various components of the CME enterprise will become increasingly important as external forces dramatically change the landscape of providing physician education. The move towards practice-based learning, demonstration of core competencies, and the re-structuring of funding mechanisms will necessitate different alliances in order to pursue the goals of aiding physicians to improve their patient care.

Purpose: This breakout will describe the results of a research project conducted as part of the Alliance for CME-Merck Fellowship for Professional Development.

Objectives: As a result of attending this session, participants will be able to describe a preliminary model that demonstrates relationships among the various components of the CME enterprise. Participants will be able to evaluate their current partnerships in light of examples of similar CME delivery systems. Participants will acknowledge limitations of the present study, and directions for future research.

Methods and Results: The data that has been collected in this project comes from structured interviews and a preliminary survey of selected accredited CME providers. Results will be presented that indicate demographics of the survey group, the nature of partnerships and collaborations which exist, and funding issues.

Expected Outcomes: Participants will be able to use this information for strategic planning purposes by better understanding their role in the CME "universe" as viewed by themselves and by the other delivery systems.

Reference: Kanter, RM. Collaborative Advantage: The Art of Alliances. Harvard Business Review July-Aug 1994, pp. 96-108.

F29, Breakout
11:15 am – 12:15 pm, Friday
Reunion A/Lobby; Schoolroom/100

CME Consulting: Professional, Practical and Ethical Competencies

(Personal Skills)

Joseph Green, PhD
Duke Office of CME, Tel: 919/684-6878, E-mail: green106@mc.duke.edu
Consultant: President, Professional Resource Network, Inc.

Relevance: For those who need to engage consultants to improve the operations of CME Offices and for those who offer consulting services, this breakout will deal with the professional, practical and ethical competencies needed to assure a successful engagement. These considerations will be discussed for consultancies related to accreditation or CME process or outcomes. The faculty will engage both audiences in a dialogue about what is expected and what is promised as CME Offices and consultants interact toward a commonly agreed upon goal. CME consulting has been a hidden resource to CME professionals. When consulting is used or done appropriately, it can be a very satisfying relationship for both parties.

Purpose: This breakout will describe the benefits and pitfalls in using consultants to assist the Office of CME. Both consultants and those who have used them will be asked to share both positive and negative experiences. A set of criteria will be provided for consultants to decide if they should undertake a consultancy and for CME Offices for whether they should hire a consultant and how to decide the type of consultant to hire. Both groups will react to the others' criteria.

Objectives: At the conclusion of this breakout, participants should be able to: describe criteria for selecting consultants or deciding whether to accept a consulting assignment; and, discuss practical and ethical competencies for successful engagements.

Key Points: Some of the important points that will be made include establishing agreed upon goals, setting realistic expectations, agreeing on fees and payment schedules in advance, fulfilling agreements, tracking project status, and establishing effective communication strategies.

Expected Outcomes: Both CME Offices and consultants should better understand each other's expectations and have more realistic goals for consulting engagements.

Reference: Bennett NL, Davis DA, Green JS. Continuing medical education: a new vision of the professional development of physicians. Academic Medicine 2000, Vol 75, No 12.

Special Training Session
1:00 – 2:30 pm, Friday
Cotton Bowl/Atrium; Schoolroom/65

Fundamentals of Consulting in the Healthcare Environment (Part 2)
(Strategic Leadership; Audio Taped)

James Morell, CHE
Morell & Associates, Tel: 847/498-7363, E-mail: Morellasso@aol.com
Consultant: President, Morell & Associates

Relevance: Consultants play an important role in assisting CME professionals and institutions in areas of strategic planning, organizational design, accreditation issues, programming assistance, facilitating focus groups, market research, and project management. CME professionals often look to the Alliance as a source of consultant resources. The ethical issues in the consulting relationship are an important consideration for the Alliance consulting members. This community of practice seeks to develop a code of ethics for CME Consultants and to develop enhanced skills and professional competence in the elements of the consulting process.

Purpose: This session will describe the fundamentals of the consulting process in a healthcare environment and address the basis of crafting an ethical code.

Objectives: Participants should be able to determine project scope, client needs, and relevant data analysis; how to recognize and respond to ethical issues in the consulting relationship; describe the fundamentals of proposal development and project management, including pricing, contracting, budgeting, and relevant economic considerations, and explore approaches to the consulting process.

Key Points: Development of an ethical code of practice and standards of practice for CME consultants will ultimately provide a guide for CME professionals to engage and evaluate consultants. An ethical code of practice endorsed by the Alliance will inform potential consultants of the association's expectations.

Expected Outcomes: Alliance members that are consultants will leave the session with enhanced skills and new ideas to incorporate in their consulting processes. The discussions will be the basis for an Alliance Code of Ethical Consultant Practices.

Reference: American Association of Healthcare Consultants (AAHC), Glenview, IL, www.aahc.net.

Physician's Intensive
8:30 am – 12:15 pm, Saturday
Cotton Bowl/Atrium; Schoolroom/65

Professional Development for Physicians in CME (Part 1)
(Strategic Leadership; Physician's Track; Audio Taped)

Note – Part 2 Is Scheduled 1:30 – 5:00 pm, Saturday
(Part 1 & Part 2 [$175 If Not Registered for the Conference])

Howard Dworkin, MD
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Murray Kopelow, MD
Accreditation Council for Continuing Medical Education, Tel: 312/464-2500, E-mail: mkopelow@accme.org

Relevance: A survey of physician members of the Alliance indicated that there is a need for greater in-depth understanding of the physician's role in developing CME activities. Although many physicians are involved as Chairs of CME committees or as Directors of CME, their knowledge and skills are limited by lack of training during their formative years in the medical profession. This activity is aimed at developing a better understanding of adult education theory, helping physicians understand the components of effective course development including translating needs into objectives and evaluating outcomes.

Purpose: An expert faculty will help physicians to develop the knowledge and skills needed to function in the CME arena.

Objectives: The faculty will assist the physician student to acquire the knowledge and skills necessary to perform the complex functions required of a physician leader in the CME field.

Methods: Reading selections and problem sets will be sent to the physician after registration in this activity and will require approximately two hours of preparation prior to coming to the Alliance Annual Conference. A three-hour session will be presented at this conference. An additional three-hour activity will be presented at this year's Alliance conference (Part 2) and will serve to complete this eight-hour activity.

Key Points: The physician participant will develop the background knowledge needed to comprehend the complexities of physician continuing medical education and will be able to translate adult education theory into practice. Through the use of exercises and faculty presentation, the physician will be in an ideal position to understand and carry out steps necessary to meet ACCME requirements and to lead a CME program to the point of ACCME accreditation.

Expected Outcomes: This professional development intensive will begin the support of physicians who want to be more expert in the background knowledge and skills critical to CME.

Reference: Davis DA, Fox RD. The physician as learner: Linking research to practice; and Bennett NL, et al. Continuing medical education: A new vision of the professional development of physicians. Academic Med 75(12):1167-1172, 2000.

Physician's Track

Educational activities **of interest to physicians**, selected by physician leaders in CME
(Terry Hatch, MD, Conference Vice-Chair; Harry Gallis, MD, CME Advisory Subcommittee Chair,
and Howard Dworkin, MD, Physician's Curriculum Subcommittee Chair), scheduled throughout the conference,
and designated as such (**Physician's Track**) for doctors in CME (3 _ days)

Wednesday, January 29
7:30 am-1:30 pm, CME 101 – Basics Seminar & Frances Maitland Memorial Lecture **($175)**
1:30-5:00 pm, W1, W2, & W3, Provider Section Meeting – for Your Work Setting
1:30-3:30 pm, W4, W5, W6, W7, & W8, Provider Section Meeting – for Your Work Setting
3:30-4:00 pm, Refreshment Break
5:00-5:30 pm, Meeting – Alliance Leadership, Mentors, and Mentees
5:30-7:00 pm, Welcome Reception

Thursday, January 30
7:30-8:30 am, Continental Breakfast
7:30 am-4:00 pm, P1 – P15, Posters and Exhibits
8:30-10:00 am, Plenary Session & Founder's Lecture – Place Matters: The Geography of Physician Learning and Practice
10:00-10:30 am, Refreshment Break
10:30-11:30 am, Mini-Plenary – T1, Educating Physicians about Appropriate and Inappropriate Gifts from Industry
10:30-11:30 am, Breakout – T6, Update on Maintenance of Certification: A Bitter Pill or a Healthy Tonic
11:30 am-1:00 pm, Awards Presentation & Networking Luncheon
1:15-2:15 pm, Breakout – T14, Innovations in Physician Leadership Development: The Physician Empowerment Model
1:15-2:15 pm, Breakout – T20, Interpersonal Skills Program for Physicians
2:15-2:45 pm, Refreshment Break
2:45-3:45 pm, Mini-Plenary – T21, The Status and Future of ACCME's Accreditation System: Responding to Opportunities
4:00-5:00 pm, Mini-Plenary – T31, Environmental Scan: Impact on CME
4:00-5:00 pm, Breakout – T35, Update on the AMA's CME/CPPD Pilot Projects

Friday, January 31
7:30-8:30 am, Continental Breakfast
7:30-11:30 am, P1 – P15, Posters and Exhibits
8:30 am-12:15 pm, CME 891 – Advanced Seminar – Responsible Leadership for CME: The Need for Double Vision
8:30-9:30 am, Mini-Plenary – F1, CME's New Vision: Are You Ready to Survive and Succeed?
8:30-9:30 am, Breakout – F5, Evaluating Primary Care Physicians: Is This Person Clinically Competent?
9:30-10:00 am, Refreshment Break
10:00-11:00 am, Breakout – F11, Physician Core Competencies: Educational Activities Delivered
10:00-11:00 am, Breakout – F14, Disclosure – Who, What, When, Where & How
11:15 am-12:15 pm, Mini-Plenary – F20, Evidence-Based Medicine for Practicing Clinicians: Education to Change Practice
11:15 am-12:15 pm, Breakout – F23, Post-Licensure Training (Prescribed Education) of Core Competencies
12:15-5:00 pm, Lunch and Afternoon – On Your Own

Saturday, February 1
7:30-8:30 am, Continental Breakfast
7:30-10:30 am, P1 – P15, Posters and Exhibits
8:30 am-12:15 pm, Professional Development for Physicians in CME (Part 1) ($175 for Part 1 & Part 2 [If You Are Not Registered for the Conference])
8:30-9:30 am, Mini-Plenary – S1, A 2003 Update to the AMA Physician Recognition Award Credit System
8:30-9:30 am, Breakout – S9, A Practicing Physician Curriculum: A Mission Compatible Approach
9:30-10:00 am, Refreshment Break
10:00-11:00 am, Mini-Plenary – S11, Hot Topics in CME
11:15 am-12:15 pm, Breakout – S27, Accrediting CME to Meet the Needs of Family Physicians
11:15 am-12:15 pm, Breakout – S30, CME Provider Self-Assessment and Lifelong Learning
12:15-1:30 pm, Annual Business Meeting & Networking Luncheon
1:30-5:00 pm, Professional Development for Physicians in CME (Part 2) ($175 for Part 1 & Part 2 [If You Are Not Registered for the Conference])
1:30-2:30 pm, Breakout – S32, Hospital CME: Uniquely Positioned to Improve Competence
1:30-2:30 pm, Breakout – S33, Integrating Evidence-Based Medicine Principles into CME
2:30-2:45 pm, Refreshment Break
2:45-3:45 pm, Breakout – S45, Assessment and Enhancement of Physician Performance: The Quebec Model 1997-2002
4:00-5:00 pm, Breakout – S49, Integrating Quality Improvement and Continuing Medical Education: Innovative Examples

S1, Mini-Plenary
8:30 – 9:30 am, Saturday
Landmark D/Lobby; Rounds/375

A 2003 Update to the AMA Physician Recognition Award Credit System

(Educational Activities Delivery; Physician's Track; Audio Taped)

Dennis Wentz, MD
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Charles Willis, MBA
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Julie Johnston, MBA
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Relevance: All ACCME and state medical society accredited providers of continuing medical education need to keep informed about the fundamentals of the AMA PRA credit system. As the AMA evaluates and implements changes to the credit system, CME providers should understand how these improvements fit within an evolving credit system, incorporate any necessary changes to their operating procedures, and grasp the implications for practicing physicians.

Purpose: This session will provide the most recent information about the AMA PRA credit system. It will review the latest version (3.1, to be published in 2002) of the AMA PRA information booklet, highlighting clarifications from the previous version. The session will also focus on the AMA's several pilot projects, providing an update on their activities and progress. The recommendation which emerge from these pilot activities will directly affect how accredited CME providers can designate certain activities for AMA PRA category 1 credit. Plenty of time will be provided for audience interaction, questions and answers, and general discussion on subjects of interest to Alliance attendees.

Objectives: At the conclusion of this miniplenary session, participants should be more knowledgeable about AMA PRA category 1 credit system and the changes made to it in 2002, and be able to describe these changes to their physician learners and other stakeholders in the CME enterprise.

Key Points: The AMA PRA credit system continues to evolve to meet the changing needs of physician learners.

Expected Outcomes: The future of CME lies in evolving systems that satisfy the individual needs of physician learners, in maintaining the integrity of the existing framework of the AMA PRA credit system, and in communicating these guidelines and requirements to all members of the CME community.

Reference: The American Medical Association Physician's Recognition Award Information Booklets, Version 3.1.

S2, Breakout
8:30 – 9:30 am, Saturday
Reunion F/Lobby; Schoolroom/220

If You Don't Know Where You're Going, How Will You Know When You've Arrived? Simple and Effective Needs Assessments

(Needs Assessment; CME 101 – Basics Curriculum; Audio Taped)

Philip Bellman, MPH
Kaiser Permanente, Tel: 510/625-2425, E-mail: philip.bellman@kp.org

Carol Havens, MD
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Relevance: Documenting change in physician behavior resulting from educational interventions requires adequate outcomes measurement. The value of measured outcomes, however, will only be as good as the needs assessment. Conducting simple but effective needs assessments which motivate participants and include quantitative measures can provide essential baseline data for establishing post-intervention change.

Purpose: This breakout will offer a wide variety of innovative ways for organizations to increase the value and effectiveness of educational needs assessments. It will showcase practical approaches to conducting measurable needs assessments including techniques for increasing motivation, participation, and representation. The session will also demonstrate how the resulting baseline data can be linked to improved measurement of educational outcomes.

Objectives: At the conclusion of this breakout, participants will be able to utilize and apply multiple strategies to assess educational needs and capture baseline data at a level that ensures enhanced outcomes measurement.

Key Points: Educational needs assessments frequently rely on generalizations of the organizations' or physicians' presumed needs. Quantitative measures of expressed and demonstrated need can be captured through relatively simple, practical methods and/or existing data sources. A variety of approaches can be used which require minimal time, resources, and technical expertise yet yield useful data on skills, knowledge, attitudes, and self-reported readiness to change. These assessment methods include the use of paper and on-line surveys, interviews, focus groups, nominal group process, input at existing meetings, as well as the use of existing data sources such as utilization measures, length-of-stay statistics, prescribing patterns, medical legal statistics, etc. The organizational value of these assessment methods is further enhanced when participants are sufficiently motivated and engaged to provide accurate and representative information. Capturing this data can be essential in demonstrating movement toward desired behaviors or skills.

Expected Outcomes: Participants will obtain practical, easy-to-apply methods, templates, and examples that will permit the collection of representative baseline data and help improve the design of educational programs and subsequent measurement of outcomes.

Reference: Davis DA, Lindsay E, Mazmanian P. The effectiveness of CME interventions. In: Davis DA, Fox RD (eds). The Physician as Learner. American Medical Association: Chicago, 1994.

S3, Breakout
8:30 – 9:30 am, Saturday
Cumberland GHI/Exhibition; Schoolroom/180

Cross-Training – A CME Strategy to Enhance Clinical Competencies

(Educational Activities Design; Audio Taped)

Elizabeth Krajic Kachur, PhD
Medical Education Development, Tel: 212/982-8436, E-mail: mededdev@earthlink.net
Consultant: Director, Medical Education Development

Kathleen Hanley, MD
New York University, Tel: 212/238-7451, E-mail: scornelis@newyorknet.net

Relevance: Changes in the health care system require adjustments in physicians' roles and thus competencies. For example, gynecologists often are the sole provider for women of childbearing age. They become primary care clinicians although their residencies often lack training in primary care medicine. On the other hand, a significant number of female patients who regularly see internists (e.g., for chronic health care problems) would like to receive routine gynecology care in that setting as well, increasing efficiency and reducing cost. Yet, few internists feel comfortable performing such services. This calls for broadening the scope of practice for both providers, which a cross-training program is able to do. This form of peer teaching is relatively new to medical education since the borders between specialties have been fairly pronounced.

Purpose: This breakout will describe a program that was devised to include all practitioners of the Medicine and Gynecology Departments at a community-based health center. The needs assessment was performed using focus groups, literature reviews, q-sorts and surveys. The instructional methods included lectures, workshops, co-practice sessions, readings and web-based programs. Some were required, others optional. The evaluation consisted of pre- and post-intervention OSCEs, surveys and patient-related outcome data. It showed some statistically significant improvement of primary care and women's health competencies, as well as practitioner's confidence in applying them to patient care.

Objectives: At the end of the session participants will be able to describe a specific cross-training program demonstration project and discuss some of the intricacies of cross-training professionals in general.

Key Points: Cross-training programs are complex because they require the bridging of long-established specialty borders. In order to assure that the healthcare providers can practice their new skills it may be necessary to affect some changes in the institution's infrastructure.

Expected Outcomes: Adjustments in professional roles and tasks call for the development of new CME instructional models. Cross-training is a strategy that is complex, yet it can help instill the required new competencies.

Reference: Hanley K, Kachur EK, Kalet A. A cross-training program for Internal Medicine and Gynecology. Acad Med 76(5):577-8, 2001.

S4, Breakout
8:30 – 9:30 am, Saturday
Reunion A/Lobby; Schoolroom/100

Clinical Scenarios in Osteoarthritis: Innovation in Continuing Medical Education Programs – An Interactive, Accredited Workshop on CD ROM

(Educational Activities Design; Audio Taped)

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Grant Research Support: Merck Frosst Canada Ltd.

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Relevance: There is a need to revise our current approach to improving patient wellness through education. It is becoming increasingly difficult to encourage physicians to attend CME events. Their time is precious to them and they have less and less of it, yet, they need to keep up with modern medicine and its staggering swiftness regarding advances in new treatment options for patients. The injection of innovation into the traditional workshop format is one approach to breathe new life into "tried and tested" education programs which will revitalize communities of practice through the enhancement of professional competence.

Purpose: This presentation is designed to share and discuss with CHE leaders an example of a high quality, accessible, and portable accredited MAINPRO M1 Osteoarthritis workshop conducted via a CD ROM format, which includes live patient interviews and examinations; direct feedback from an on screen specialist; reference information; and pre and post testing. Through the presentation we will share how the program was conceived, designed, and developed and then finally delivered to GP audiences.

Objectives: This breakout should provide "food for thought" on how innovative CHE tools can be co-developed through academic and industry partnerships. Through this breakout we hope to share insights, thoughts and ideas about the intervention, discuss the pros and cons of this resource, and gain feed-back from the participants on how to build upon this innovation for future educational programs.

Key Points: Through a partnership, we have been able to develop an interactive, portable breakout that is convenient, interesting, relevant and overflowing with valuable resource information. This is the first of its kind in Canada. It meets the needs of physicians (both urban and rural), academia and industry. We have been able to identify and address the needs of our community; design an innovative educational tool; and introduce this tool to physicians.

Expected Outcomes: Realistically, patients will receive better treatment if physicians' professional competence is enhanced. Also, the criteria for physicians maintaining their status with the CCFP is becoming more and more important as the number of credits has increased. We expect this portable accredited workshop will have great value for the average Canadian physician practicing in rural or urban communities.

S5, Breakout
8:30 – 9:30 am, Saturday
Reunion EG/Lobby; Schoolroom/200

A Practical Application of Educational Design: Linking Needs Assessment to Desired Outcomes

(Educational Activities Design; Audio Taped)

Camilla Curnow, MS
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Relevance: Evidence-based medicine has become an all-encompassing concept in both the field medicine itself and CME. Beginning January 1, 2002, The American Academy of Family Physicians (AAFP) added new criteria for evaluating and categorizing CME clinical content, stating on their website, "The AAFP strongly believes an evidence-based approach to CME will help ensure the validity of CME clinical content and lead to improved medical practice and patient outcomes." Other specialties and associations are beginning to implement evidence-based foundations for their training, practice, and certification; the Accreditation Council for Continuing Medical Education (ACCME) has mandated that accredited providers must link educational needs with desired results in their provision of CME activities. As CME providers, we now not only face the challenge of including evidence-based content ***in*** our programs, but also the application of "evidence-based" criteria ***to*** our programs.

Purpose: The purpose of this breakout is to describe an initiative to tie an electronic pre-conference needs assessment to desired outcomes in a live conference, "Information Mastery: Feeling Good About Not Knowing Everything," an evidence-based approach to teaching and practicing medicine.

Objectives: At the conclusion of this event, participants should be able to apply the definitions and methodologies presented to their own educational activity design process.

Key Points: Many CME providers are still struggling with applying the concepts of needs assessment and outcomes to their own programs. As best practices in this area are still evolving, it is important for CME professionals to gather a "toolbox" of practical ways to 1) determine how to apply concepts of needs assessment and outcomes relate to individual activities, 2) how to implement strategies for linking them, and 3) accomplish these goals without excessive investment of resources.

Expected Outcomes: Participants will come away from this session with an example of a practical tool to use in applying ACCME Essential Area 2, Educational Planning and Evaluation, to their own programs.

Reference: Slawson, DC, Shaughnessy, AF. Teaching Information Mastery: Creating Informed Consumers of Medical Information. Journal of the American Board of Family Practice 1999; 12:444-449.

S6, Breakout
8:30 – 9:30 am, Saturday
Pegasus AB/Lobby; Schoolroom/140

Secrets of eCME Promotion

(Educational Activities Delivery; Audio Taped)

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Relevance: As electronic continuing medical education (eCME) carves out its place on the CME landscape and the Internet becomes a ubiquitous part of a healthcare professional's practice, traditional efforts of creating awareness and driving activity need to shift towards new communication mediums and techniques. As the ecology of communications within the healthcare community becomes increasingly complex, participation rates in virtual events are dependent on reaching learners and persuading them on the merits of a program. The success of eCME events will depend not only on the quality of the content but also the ability of purveyors to successfully transform communications campaigns within this rapidly changing environment.

Purpose: The session presents CME professionals with a pragmatic approach using the latest tools and methods to develop and execute integrated communications campaigns to maximize awareness and activity of eCME events. Although the session will focus on eCME events, CME professionals promoting traditional CME formats will also benefit.

Objectives: At the conclusion of this session, participants should have an understanding of the communications dynamics with the online learner, an understanding of the different communication tools available and the necessary skills to develop integrated communications campaigns for eCME events.

Key Points: Creating awareness and participation for eCME events is different than traditional formats. Geographic, physical and time barriers are removed from the participation in eCME events. An understanding of these differences helps CME professionals avoid common pitfalls when promoting eCME programs. Knowledge of the different promotional instruments available help CME professionals quickly develop campaigns that ensure targeted diffusion of eCME programs.

Expected Outcomes: This session will assist CME professionals to adopt and execute new communications campaigns that integrate with the needs of the cyber-learner and facilitate the diffusion and adoption of best practices. This will lead to superior returns on educational investments.

Reference: Gurian, P. E-mail Business Strategies & Dozens of Other Great Ways to Take Advantage of the Internet (Revised & Updated for 2001) 2001, Grand National Press.

S7, Breakout
8:30 – 9:30 am, Saturday
Reunion BC/Lobby; Schoolroom/200

CME Outcomes: Four Simple, Low Cost Models to Measure Impact on Practice

(Evaluation; Audio Taped)

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Relevance: Measurement of the impact of CME on physician practice and patient/population health status is the elusive gold standard in the profession. The challenge is finding the resources and the tools that are applicable and reasonable within the organizational structure. Without external grant support, allocation of significant resources to conduct a comprehensive study is often beyond the scope of most CME programs. However, as the CQI process has repeatedly demonstrated, accessing information already collected and/or utilizing existing tools in different ways are the best approaches to gathering data on a shoestring.

Purpose: The underlying goal of outcomes research is to assure that healthcare delivery continues to advance, that new technologies are adopted, and that care is delivered effectively and efficiently. Thus, while a CME outcomes study may aim to demonstrate a causal relationship between CME and practice changes, the experimental designs necessary to demonstrate statistical and practical reliability and validity are elusive at best. Moreover, one of the greatest benefits of CME often is confirming to physicians that their current practice is "state-of-the-art". The purpose of this talk is to illustrate four models of outcomes evaluation for one-time CME activities that produce results which are meaningful to both the program planners and the organizational executives who support the CME enterprise.

Objectives: At the conclusion of this session, participants should be able to 1) identify simple techniques within their program to measure CME outcomes; 2) suggest new strategies to link available clinical data to CME activities and outcomes, and (3) identify at least one new CME outcomes project to begin at their institution.

Key Points: Don Moore has proposed 6 levels of evaluation (a-f). All CME providers track attendance (Level a), and nearly all measure learner satisfaction (Level b). Many, if not most, consistently track self-reported learner knowledge, i.e., were there changes in knowledge, skills or attitudes? The real difficulties arise in moving to Level d – Performance, Level e – Patient Health, or Level f – Population Health. Further complicating the matter is the difficulty in moving from self-reported to observed behaviors. Four models will be described that attempt to evaluate at levels d-f and that combine both self-reported and observed data. All studies were conducted with no additional staff and minimal new dollars allocated.

Expected Outcomes: A variety of evaluation and outcomes models are described in the literature and anecdotally. Unfortunately the science in this area is still in its infancy. By continuing to share different approaches among CME providers such as these four, low-cost studies, *and* by discussing the pros and cons of each approach, CME leaders can begin to enhance the likelihood that new strategies and techniques will be developed. Ultimately this will move forward the entire CME profession.

Reference: Moore, D. (2002) Evaluation and Outcomes in CME. Almanac, 24 (2): 2-3.

S8, Breakout
8:30 – 9:30 am, Saturday
Cumberland DEF/Exhibition; Schoolroom/165

Fundamentals of Marketing

(Program Management; CME 101 – Basics Curriculum; Audio Taped)

Lisa Olson, PhD
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Consultant: a.ha Group, Inc.

Relevance: All CME providers must understand the fundamentals of marketing in order to develop, promote, execute and measure target audience response for CME products and services.

Purpose: This session is designed to present the fundamentals of developing and implementing a marketing plan for CME activities. The session's purpose is to ensure understanding of the role of marketing research, as well as an understanding of the basic building blocks of product/service, promotional, distribution and pricing strategies.

Objectives: At the conclusion of this session, participants will have become familiar with the components of a comprehensive, strategic marketing plan for CME activities. Participants will understand the importance of using a market/customer-oriented approach to building and delivering CME that meets the needs of target audiences.

Key Points: Marketing is the analysis, planning, implementation and control of carefully formulated programs designed to bring about an exchange of values with target markets. Developing and executing strategic marketing plans requires 1) understanding the pivotal role that marketing plays in any organization; 2) an orientation towards market research and marketplace intelligence; 3) understanding of the organization's strengths and weaknesses, as compared to the competition; 4) clear goals that are in synch with the organization's mission, and 5) clearly articulated strategies and tactics.

Expected Outcomes: CME providers will immediately be able to apply the fundamentals of marketing and market research in their own setting. Participants will be equipped with tools and strategies that they can use to enhance the quality and effectiveness of their marketing efforts.

Reference: Kotler P. and Armstrong G. Principles of Marketing, 9th edition. Prentice Hall, 2000.

S9, Breakout
8:30 – 9:30 am, Saturday
Cumberland BC/Exhibition; Schoolroom/135

A Practicing Physician Curriculum: A Mission Compatible Approach

(Health Care Delivery Systems; Physician's Track; Audio Taped)

Linda Famiglio, MD
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Relevance: Developing a practicing physician curriculum that enhances the experience of being a physician in an integrated healthcare delivery system is a strategic approach toward achieving physician satisfaction and retention. Every healthcare delivery system seeks to attract and develop the best physicians. Expectations of performance and continued education can be linked to compensation and a continued system credentialing process. Adequate resources, relevant topics and convenient modes of delivery are a necessity to the busy physician. The Continuing Medical Education Committee can provide the guidance, support, and strategic planning toward successfully achieving the educational mission of the organization.

Purpose: This breakout will describe one approach toward developing curricula that can be linked to the strategic mission of an organization.

Objectives: At the conclusion of this breakout, participants should be able the develop curricula that is related to the mission and strategic goals of their organization.

Key Points: Encouraging physician understanding and support of organizational goals can be difficult for the leadership of an organization. Providing educational opportunities linked to the mission of the organization can be an effective way of encouraging participation. Interactive workshops related to key health system issues provide the best effect on physician behavior. Clear expectations of system performance and crediatialing standards and provision of adequate resources can enable the practicing physician in reaching exceptional achievement. The use of these basic audit and feedback principals will increase the likelihood of continued behavior that is mission concordant. Two successful examples from a system wide Practicing Physician Curriculum will be presented.

Expected Outcomes: Providing a system suggested menu of educational opportunities for the physician can be an effective way of encouraging continued education and continued professional growth compatible with the mission of the organization.

Reference: Thomson O'Brien MA, Freemantle N, Oxman AD, Wolf F, Davis DA, Herrin J. Continuing education meetings and workshops: effects on professional practice and health care outcomes (Cochrane Review). In: The Cochrane Library, Issue 1, 2002. Oxford: Update Software.

S10, Forum
8:30 – 9:30 am, Saturday
Reunion H/Lobby; Schoolroom/220

Hotel Contracts: A Multidisciplinary Approach (Part 1)
(Program Management; Audio Taped)

Note – Part 2 Is Scheduled 10:00 – 11:00 am, Saturday

Jenny Kundert, CMP (Panel Moderator Part 1/Panelist Part 2)
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Barbara McLeod, BA (Audience Moderator Parts 1 and 2)
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Kimber Chavez, BA (Panelist Parts 1 and 2)
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Arlene Bradford, BA (Panelist Parts 1 and 2)
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Steve Rudner, JD (Panelist Parts 1 and 2)
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Dulany Hall, BA (Panelist Parts 1 and 2)
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Douglas Peterson, AA (Panelist Parts 1 and 2)
Prestige Resorts & Destinations, Ltd., Tel: 952/473-9559, E-mail: dougp@prestigeresorts.com

Relevance: Many CME professionals who manage education programs also are responsible for negotiating, reviewing and signing contracts with meeting venues. Many of us, professional in every other respect, know little about business law and contractual obligations. Contracts with meeting facilities have become more complicated.

Purpose: This session will be an expanded forum on a presentation given on hotel contract language and negotiations at the 2002 Alliance meeting. A balanced panel of stakeholders will discuss and debate top issues and challenges facing meeting sponsors today. The panel format will include question and answer with the audience.

Objectives: At the conclusion of this session, participants should be able to identify issues of importance to meeting sponsors and discuss key contract clauses.

Key Points: This interactive session will include a panel of experts, representing the industry from the legal, hotel and CME professional perspectives. Specific hotel contract clauses will be addressed.

Expected Outcomes: Dialogue with experts from the represented industry segments will expand the CME practitioner's knowledge base of contract interests to facilitate maximum communication among parties and enhance professional competence within our communities.

Reference: Foster, J. The law of meetings, conventions & trade shows: meeting and facility contracts.

S11, Mini Plenary
10:00 – 11:00 am, Saturday
Landmark D/Lobby; Rounds/ 375

Hot Topics in CME

(Program Management; CME 101 – Basics Curriculum; Physician's Track; Audio Taped)

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Other Support: Executive Director, Alliance for CME, Site-Surveyor and Workshop Faculty for ACCME

Norman Kahn, Jr., MD
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Other: Member, ACCME, and Chair of the ACCME Task Force on the Standards for Commercial Support

Michael Saxton, BS
Pharmacia Corporation, Tel: 908/901-1370, E-mail: Michael.S.Saxton@pharmacia.com
Other Support: Pharmacia Corporation Employee

Relevance: CME professionals are experiencing continuous change as a result of the changing healthcare marketplace. Many of these changes occur rapidly and therefore it is important to offer "just-in-time" information as a part of the annual conference program.

Purpose: The purposes of this educational activity are to present the significant changes in the revision of the ACCME Standards for Commercial Support, the outcomes of the Institute of Medicine's Health Professions Education Summit, and the implications of the Health and Human Services Office of Inspector General's (OIG's) Draft Compliance Program Guidance for the Pharmaceutical Industry.

Objectives: By the end of this activity, participants should be able to identify the significant changes in the revised ACCME Standards for Commercial Support; recognize the rationale for and purpose of the Institute of Medicine's Health Professions Education Summit, its report and recommendations; determine the implications of the OIG's Draft Guidance for CME professionals, and articulate with the faculty and session participants issues, concerns and implications of these three initiatives, and develop appropriate strategies to respond to changes in CME practice.

Key Points: 1) Identify the significant changes in the revised ACCME Standards for Commercial Support; 2) present key findings and recommendations of the Institute of Medicine's Health Professions Education Summit; 3) analyze the impact of the OIG's Draft Guidance on commercial support of CME activities and the legal risks associated with the proposed regulations; 4) discuss implications of these initiatives on the CME enterprise, and 5) consider strategies to respond to these initiatives.

Expected Outcomes: Participants will be able to interact with faculty and other participants by posing questions, expressing concerns and engaging in dialogue. Moreover, participants will not only be aware of the key points of this session and their implications, but will also be empowered to develop proactive strategies and action plans.

S12, Breakout
10:00 – 11:00 am, Saturday
Cumberland BC/Exhibition; Schoolroom/135

Facilitating Continuous Professional Development: Audio Journals

(Needs Assessment; Audio Taped)

Ronnie Davidson, EdD
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Shelley Johnson, BA
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Relevance: It is essential to the value of any CME activity to perform a comprehensive needs assessment as part of the development process. The needs assessment that CME*info*.com performed prior to the development and launch of a new audio journals program will be presented as a case study as will the *ongoing* needs assessment and evaluation activities.

Purpose: The intention is to share with other CME professionals this creative example of a comprehensive and ongoing needs assessment process.

Objectives: As a result of attending this breakout, CME professionals should be able to implement a variety of needs assessment activities and to understand the importance of continuing the needs assessment throughout the course of the activity and its evaluation.

Key Points: The most valuable CME activities are designed to facilitate the continuous professional development of their audience. It is through needs assessment that we are able to identify the information needs of our intended audience. Because needs change over time, it is an important part of an ongoing activity to continue the needs assessment as part of the overall activity evaluation.

Expected Outcomes: CME professionals will be able to implement new, creative needs assessment programs for all of their CME activities. They will also gain an understanding of the importance of continuing evaluation and needs re-assessment for ongoing activities, such as subscription-based programs and annual events.

Reference: Candy PC. Preventing Information Overdose: developing information-literate practitioners. J Cont Educ Health Prof 2000; 20(4):228-237.

S13, Breakout
10:00 – 11:00 am, Saturday
Cumberland DEF/Exhibition; Schoolroom/165

Using an Audience Response System for Activity Planning

(Educational Activities Design; Audio Taped)

Jack Dolcourt, MD
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Relevance: Electronic audience response systems have been used by educators to elicit feedback from the learner as a means for assessing the depth of knowledge of the audience, determining if the message has been understood, discovering the audience's perceptions, and determining the audience's ability to apply the information. The use of an audience response system can be expanded for use by CME planners for such purposes as audience polling in order to discover preferences and for more precisely determining the characteristics of the potential audience. Increased knowledge of the characteristics of the audience can be useful in the decision-making process by the CME planner and the CME administrator.

Purpose: In this 1 hour breakout session we will describe 4 applications of the audience response system we have used for activity planning, including 1) uncovering audience demographics (age, years in practice, profession, type of practice), 2) audience polling to identify preferences (preferred dates and venues for future meetings), 3) participation in other CME activities (journal reading, conference attendance, amount of money allocated by the professional practice for continuing education), and (4) ranking of topics being considered for inclusion during subsequent CME activities.

Objectives: At the conclusion of this activity, CME professionals should be able to:
- identify 4 ways for incorporating an audience response system into the process for planning CME activities
- be aware of the higher response rate of electronic audience polling compared to paper evaluations

Key Points: The audience response system allows rapid audience polling with instant tabulation of results. Audience participation is higher than when using paper evaluations. Audience polling can allow planners to gain insight into the audience preferences and thus better tailor educational activities to meet the needs and desires. As part of the needs assessment process, the audience can be polled in order to establish the rank order of content preference for subsequent CME activities. Because results are instantaneous, participants have advance notice concerning the content and can begin to plan for attending subsequent year's conferences.

Expected Outcomes: CME professionals can adapt some of these polling techniques to their own environment, including 1) uncovering the audience demographics, 2) identifying preferences for meeting times and locations, 3) discovering audience participation in other types of CME, and 4) establishing a rank order of content preferences for future CME activities.

Reference: Blanford L, Lockyer J. Audience response systems and touch pad technology: their role in CME. J Cont Educ Health Prof 1995;15:52-57.

S14, Breakout
10:00 – 11:00 am, Saturday
Reunion BC/Lobby; Schoolroom/200

Developing an Online CME Credit Repository to Satisfy MOC

(Educational Activities Design; Audio Taped)

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Relevance: An important component of the process of maintenance of certification (MOC) is evidence of commitment to life-long learning. The American Board of Medical Specialties (ABMS) considers MOC as a way of assessing continuing competence and a prerequisite for taking recertification examinations. An online CME repository enables physicians to electronically track and access AMA PRA category 1 credits earned through either direct or joint sponsored CME activities.

Purpose: An online CME repository allows physicians to immediately access and print a cumulative transcript or a more customized transcript listing credits for a specific time frame, by subspecialty or modality, or by a particular CME activity. This presentation will provide the necessary tools for developing, implementing, and maintaining an online CME credit repository.

Objectives: Participants will be able to 1) list the needs of the physician users of the CME repository; 2) summarize the components of the technical infrastructure needed to develop and support the repository; 3) discuss the data input and implementation processes, and 4) identify initial and ongoing financial and staffing concerns.

Key Points: Success of the online CME repository depends on a well-developed, detailed approached to development and implementation. The repository must meet the needs of physicians as MOC requirements become policy for recertification.

Expected Outcomes: CME providers will develop online access to a CME repository as a benefit of society membership thereby providing a relatively low-cost solution to anticipated needs of physicians to comply with MOC requirements.

Reference: American Board of Medical Specialties (ABMS) Research and Education Foundation. 2001 Annual Report and Reference Handbook. Evanston, IL: ABMS, 2001 (www.abms.org).

S15, Breakout
10:00 – 11:00 am, Saturday
Reunion A/Lobby; Schoolroom/100

Specialty Societies Can Build Capacity for Leading Change

(Educational Activities Delivery; Audio Taped)

Elizabeth Lindsay, PhD
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Relevance: There is a movement away from reliance on formal CME as an effective vehicle to promote changes in practice. However, we are early in the development of new models for leading and communicating about change. Medical specialty societies are well positioned to provide leadership in building new models. The Canadian Cardiovascular Society has developed and is testing an approach to identify specialists who already have roles as key opinion leaders and have an interest in developing further skills to influence change and improve health outcomes in their communities. The evidence is clear that to disseminate information and implement changes in practices, we need to design strategies that include multiple channels and new techniques for communication. It is also important to think in terms of the system that surrounds those we want to influence and consider how the system can be altered to support the changes. In addition, we need to find ways to build flexibility into our strategies that will address individual differences in learning needs and styles.

Purpose: This breakout will describe an approach developed by the Canadian Cardiovascular Society to develop "key opinion leader" skills among cardiovascular specialists.

Objectives: Through attendance at this breakout session, participants will increase their:
- awareness of the opportunities for formal and informal continuing education that occur between medical specialists and other health care providers
- knowledge of how to create learning opportunities for these specialists who want to develop their skills as influencers

Key Points: Medical specialists often have the knowledge and skills that are needed by others. We have relied on formal CME in the past as the primary communication vehicle to promote changes in practices. Since the evidence is clear that formal CME alone does not usually produce measurable changes in practice, we need to consider other ways to enhance the role of the medical specialist. For example:
- Help specialists understand how to listen for real learning needs among those they will address and how to communicate effectively based on these needs
- Note that clinical letters and other forms of consultation can provide a channel of communication that can influence change
- Specialists can be more effective if they understand how and why people change
- Specialists can create practice tools to support changes in practice

Expected Outcomes: Those who want to increase the effectiveness of specialists as effective change agents will broaden their perspective on how specialists can influence practices and will increase opportunities for learning that go beyond formal didactic presentations.

S16, Breakout
10:00 – 11:00 am, Saturday
Cumberland GHI/Exhibition; Schoolroom/180

Low Health Literacy: Measuring Clinical Behavior Change After a CME Program

(Evaluation; Audio Taped)

Joanne Schwartzberg, MD
American Medical Association, Tel: 312/464-5355, E-mail: Joanne_Schwartzberg@ama-assn.org

Relevance: Recent research has shown us that as many as 90 million adult Americans are at risk for poor health outcomes due to their limited literacy skills and inability to read, understand and act on health care information. National surveys have found 21% of adults born in America cannot read the front page of a newspaper and 48% cannot read a bus schedule. Patients with low literacy are twice as likely to be hospitalized and twice as likely to report poor health. Health economists estimate that this problem costs health systems $73 billion annually.

The AMA and AMA Foundation developed a self-study CME program, *The Health Literacy Introductory Kit,* to introduce the topic to physicians, provide research findings, a video of interviews with patients, and discussion of written and verbal communication techniques to improve the understanding of medical information by patients with limited literacy skills.

Purpose: This breakout will illustrate the scope of the health literacy problem in the United States, the health system barriers faced by patients with low literacy, and communication strategies that have been used to overcome some of the barriers. The results of an outcomes survey sent to participants 6 months to 1 year after the self-study CME program will be presented, including changes in clinical and administrative office practices and reported additional uses for kit materials in terms of communication with colleagues, medical students and residents.

Objectives: At the conclusion of this breakout, participants should be aware of the ramifications of low health literacy throughout the health care system and be able to describe an evaluation process that identifies significant clinical, administrative and educational practice changes 6 months to 1 year after participating in a self-study CME program. They will also become aware of the potential for dissemination of new concepts beyond the initial one-on-one self-study activity.

Key Points: Self-study CME materials may be more effective than we realize if our evaluation does not include a longitudinal component looking at clinical and administrative practice changes and the potential for broader dissemination beyond the individual physician.

Expected Outcomes: The evaluation instrument that measures clinical and administrative behavior change can be easily adapted to other educational venues.

Reference: American Medical Association (AMA), Chicago, IL. www.ama-assn.org.

S17, Breakout
10:00 – 11:00 am, Saturday
Reunion F/Lobby; Schoolroom/220

What Would You Do If … Case Studies in Provider/Commercial Support Interactions
(Program Management; Audio Taped)

Maureen Doyle-Scharff, BA
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Other Support: Employee, Pharmacia Corporation

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Grant Research Support: Abbott Laboratories, AstraZeneca, Aventis Pharmaceuticals, Glaxo SmithKline, Janssen Pharmaceutica, Pharmacia Corporation, and Schering Oncology Biotech

This breakout will use an audience response system.
The system and technical support will be provided by Audience Response Systems, Inc.
The key pads will be provided by Pharmacia Corporation.

Relevance: Understanding each other's perspective, restrictions, goals and expectations is the key to effective communication and the development of mutually-beneficial partnerships between providers and commercial supporters. Such understanding can help keep both parties in compliance, and enhance the quality of continuing medical education activities.

Purpose: The purpose of this breakout is to provide ACCME accredited providers and commercial supporters a forum to review real-life case studies that showcase typical positive and negative interactions between providers and commercial supporters. Suggestions and solutions will be offered on how to deal with each scenario, including difficult and unexpected requests.

Objectives: At the conclusion of this breakout, participants should be able to:
1. Analyze scenarios of provider/commercial supporter interactions
2. Develop tools for effective communication between providers and commercial supporters
3. Have an increased awareness of the environments in which providers and commercial supporters work

Key Points: Utilizing the audience response system, participants will be able to provide instant feedback on how they would respond to case situations. This interactive session will encourage participant's to share experiences with one another by answering the question "What Would You Do?". Pearls on how to teach our partners about ourselves and our businesses will be provided throughout the workshop.

Expected Outcomes: An annotated handout will be provided to all participants that outlines each case discussed, to be used as a reference guide. Additionally, a follow-up survey will be sent to each participant requesting feedback on how situations have been handled since the workshop, as well as examples of new encounters.

Reference: Standards for Commercial Support.

S18, Breakout
10:00 – 11:00 am, Saturday
Reunion EG/Lobby; Schoolroom/200

Joint Sponsorship: A Collaborative Affiliation Model

(Program Management; Audio Taped)

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Relevance: With growing numbers of partnerships and strategic alliances being formed among CME professionals, joint sponsorship of activities will continue to be a major issue for both ACCME accredited providers and their non-accredited provider partners. As academic health centers and other health care organizations strive to build networks and communities of practice, the logistics associated with joint sponsorship may reveal opportunities for enhancing the professional competence of both CME and healthcare professionals.

Purpose: A representative from both an accredited and non-accredited provider will present views on the practical implementation of an adaptable joint sponsorship arrangement at both local and state level. A description of the appropriate use of technology (e.g., videoconferencing) and a flexible communication system among community hospitals and other affiliates will be provided.

Objectives: By participating in this breakout session, participants should be able to describe the benefits and challenges associated with a successful jointly sponsored program; identify key stakeholders in developing successful jointly sponsored activities, and construct a plan for the implementation of a collaborative model for joint sponsorship.

Key Points: Successful jointly sponsorship in CME depends on the development of individualized programs and activities that are truly consistent with needs of the healthcare professionals in the non-accredited provider's arena. The provision of an integrated administrative support system by the accredited provider is a key component of a successful collaboration. Frequent and appropriate communication between affiliates and the accredited provider, and among affiliates themselves is also vital for success in maintaining compliance with the ACCME's Accreditation Policies and Procedures.

Expected Outcomes: Participants will have the opportunity to adapt the outline of a successful collaborative joint sponsorship model for their own use. Furthermore, templates of planning and implementation documents will be made available.

Reference: Bailey A.R., & Passin S.M. Practical Tips on Successful Joint Sponsorships**.** Almanac 2000;22(10):1-4.

S19, Breakout
10:00 – 11:00 am, Saturday
Pegasus AB/Lobby; Schoolroom/140

Enhancing the Value of the Office of CME in the Medical School Environment: Linking CME to Quality and Regulatory Compliance

(Strategic Leadership; Audio Taped)

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Relevance: In order to be more valuable to the schools of medicine in which we work, the CME office needs to become more knowledgeable about and involved in attempts to impact quality and cost of care and assist in demonstrating compliance with regulatory standards. Involving the CME office in quality issues means establishing relationships with such offices as Quality Improvement, Infection Control, Pharmacy and Therapeutics, Credentialing, etc. In order to assist in the compliance functions, the office of CME needs to establish relationships with the Compliance Office, Legal Affairs, Risk Management, etc.

Purpose: This breakout will describe how CME offices can establish mutually beneficial relationships with both the quality and regulatory functions within the medical school environment, specific examples will be given and discussion will be facilitated among all participants.

Objectives: Following this session, participants should be able to:

Identify appropriate offices/departments within their medical school performing these critical functions.
Describe strategies for involving them in activities supported by the office of CME and vice versa.
Delineate successful CME activities from multiple schools of medicine that resulted from these partnerships.

Key Points: Bringing added value to the primary function of the medical school provides the office of CME with an enhanced reputation. Including professionals serving in these capacities on CME advisory boards or as consultants to the office of CME has proven a very effective tool for enhancing the relevance of CME to practicing physicians. Providing information to physician faculty concerning the institution's regulatory responsibilities and quality initiatives is a critically important function of the office of CME.

Expected Outcomes: Participants will be provided a list of relevant offices and reasonable strategies for pursuing involvement with these important functions.

Reference: Bennett NL, Davis DA, Green JS. Continuing medical education: a new vision of the professional development of physicians. Academic Medicine 200, Vol. 75, No.12.

S20, Forum
10:00 – 11:00 am, Saturday
Reunion H/Lobby; Schoolroom/220

Hotel Contracts: A Multidisciplinary Approach (Part 2)
(Program Management; Audio Taped)

Jenny Kundert, CMP (Panel Moderator Part 1/Panelist Part 2)
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Douglas Peterson, AA (Panelist Parts 1 and 2)
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Relevance: Many CME professionals who manage education programs also are responsible for negotiating, reviewing and signing contracts with meeting venues. Many of us, professional in every other respect, know little about business law and contractual obligations. Contracts with meeting facilities have become more complicated.

Purpose: This session will be an expanded forum on a presentation given on hotel contract language and negotiations at the 2002 Alliance meeting. A balanced panel of stakeholders will discuss and debate top issues and challenges facing meeting sponsors today. The panel format will include question and answer with the audience.

Objectives: At the conclusion of this session, participants should be able to identify issues of importance to meeting sponsors and discuss key contract clauses.

Key Points: This interactive session will include a panel of experts, representing the industry from the legal, hotel and CME professional perspectives. Specific hotel contract clauses will be addressed.

Expected Outcomes: Dialogue with experts from the represented industry segments will expand the CME practitioner's knowledge base of contract interests to facilitate maximum communication among parties and enhance professional competence within our communities.

Reference: Foster, J. The law of meetings, conventions & trade shows: meeting and facility contracts.

S21, Mini-Plenary
11:15 am – 12:15 pm, Saturday
Landmark D/Lobby; Rounds/375

Evaluation of the Overall CME Program

(Evaluation; CME 101 – Basics Curriculum; Audio Taped)

Sharon Whitmer, EdD
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Relevance: The Accreditation Council for Continuing Medical Education Essential Area 2, Element 2.5 states that "the provider must evaluate the effectiveness of its overall program and make improvements to the program." Before implementing Element 2.5, CME professionals need to identify 1) what it means to evaluate an overall program, 2) methods to collect the appropriate information, 3) the stakeholders, 4) suitable improvements based on the recommendations, and 5) outcomes of the implemented improvements.

Purpose: This mini-plenary session is designed to identify what it means to evaluate an overall CME program and will offer practical examples on how to accomplish this task.

Objectives: At the conclusion of the mini-plenary session, participants will be able to describe the evaluation process of a CME program; identify methods to collect data to evaluate a program; identify the stakeholders, determine appropriate improvements, and critique the improvements.

Key Points: Evaluating the effectiveness of an overall CME program and making improvements based on the recommendations from the evaluation is crucial to the success of any program. CME professionals need to know how others in the field are implementing Element 2.5.

Expected Outcomes: CME professionals will understand what it means to evaluate a program, obtain examples on how to evaluate a program, and hopefully feel a little more comfortable about evaluating their overall CME program.

Reference: Accreditation Council for Continuing Medical Education (ACCME), Chicago, IL, www.accme.org.

S22, Breakout
11:15 am – 12:15 pm, Saturday
Reunion A/Lobby; Schoolroom/100

The Physician Leadership Clinic at Carle: A Melodrama in 3 Acts

(Educational Activities Design; Audio Taped)

Nicole Roberts, MSEd
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Consultant: Physician Empowerment Inc.
Other Support: Alliance/Merck Professional Development Fellowship

Relevance: The consumer of research is often the best person to decide whether or not the findings are generalizable to his or her own setting. Providing context for the results, through thick description, helps the consumer make that decision. This session will provide thick description of the context in which the first year's study of the Physician Leadership Development Clinic at Carle took place.

Purpose: This session addresses 2 purposes: 1) to report the findings of the first year of research on the Physician's Leadership Development Clinic at Carle, and 2) to propose a method of presenting research findings that acknowledges the human attraction to a good story, through dramatic presentation.

Objectives:
1. Participants will be able to describe the context in which the Physician Leadership Development Clinic took shape.
2. Participants will be able to cite relevant results from the first year of study of the Physician Leadership Development Clinic.
3. Participants will reflect upon the use of drama as a means of presenting research findings.

Key Points:
1. The PLDC began in a time of change within the Carle organization, and this change had relevance to the program.
2. Research can be presented in a variety of ways, including dramatic presentation.

Expected Outcomes: Presentation of research findings need not be a dull affair. Drama can help elaborate the context in which research takes place, and can thus help the consumer decide which results are of use to him or her in their own setting.

Reference: Knowles, Malcolm S. (1998) The Adult Learner.

S23, Breakout
11:15 am – 12:15 pm, Saturday
Cumberland GHI/Exhibition; Schoolroom/180

Educational Design in Multidisciplinary Continuing Education

(Educational Activities Design; Audio Taped)

Susan Cobb, MSN
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Susan Brown, PharmD
Meniscus Educational Institute, Tel: 610/834-1810, E-mail: sbrown@meniscus.com

Relevance: Given that health care is delivered in a multidisciplinary fashion, continuing education (CE) for health care professionals often needs to address target audiences consisting of members of various disciplines. CE providers need to be knowledgeable about the requirements for accreditation of CE activities for key health care disciplines and about where to obtain additional information on this topic. When designing multidisciplinary CE activities, providers need to be cognizant of the learning needs of the target audiences and design activities that meet both those needs and the accreditation requirements.

Purpose: This session will address how to design CE activities for multidisciplinary audiences incorporating the necessary accreditation elements. Needs assessment, planning, implementation, and evaluation of CE activities will be discussed, with an overlay of the requirements for physicians, nurses, and pharmacists. Resources and processes for providing CE activities for other disciplines will be included.

Objectives: At the conclusion of this session, participants should be able to compare the ACCME Essential Areas and Elements, the ANCC Commission on Accreditation Criteria, and the ACPE Criteria for Quality; relate these accreditation guidelines to the steps of educational design; and identify resources for multidisciplinary CE.

Key Points: A key challenge for CE providers is to effectively plan and implement multidisciplinary educational activities. Integration of the educational design steps with the accreditation requirements is essential to linking these disciplines and providing successful CE programs.

Expected Outcomes: CE providers will be able to meet the needs of target audiences from various disciplines and fulfill the necessary accreditation requirements.

Reference: Cobb S, Brown S. Table: continuing education resources for multidisciplinary target audiences. Almanac Newsletter 2001; 23(3):4-5.

S24, Breakout
11:15 am – 12:15 pm, Saturday
Cumberland DEF/Exhibition; Schoolroom/165

Demonstration of Clinical Outcomes and CME: Adult Asthma

(Educational Activities Design; Audio Taped)

Mei Ling Schwartz, MPH
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Joseph Beezy, MD
Kaiser Permanente Medical Care Program, Tel: 818/375-2013, E-mail: joseph.e.beezy@kp.org

Relevance: Health care providers are constantly being asked to demonstrate the value of medical education in improving the outcome of health care services. The linkage of educational process to clinical outcome has assumed greater importance in today's health care economic climate. Outcome based medical education involves a strategic approach in combining data-based tools along with effective educational strategies in CME program design and delivery.

Purpose: This breakout session is designed to demonstrate the selection and application of clinical decision data tools along with effective learning principles to design programs that have the potential of achieving clinical outcome.

Objectives: At the conclusion of the breakout session, participants would be able to state the data tools and learning process required to implement an outcome based CME program.

Key Points: Selection and utilization of appropriate data tools in program planning, delivery and monitoring; application of effective learning principles that has greatest impact on physician practice behavior change.

Expected Outcomes: Selection and use of appropriate clinical data tools can serve both as a source of information and as a performance measure. Knowing how to integrate the tools into physician learning can enhance the outcome of a project. At this session, we will present one of our best practice projects (awarded the Samuel Sherman Award by the California Medical Association, Institute of Medical Quality).

Reference: Helwick, Caroline. Outcomes: Florida Academy Learns A New Trick, Convene April 1999.

S25, Breakout
11:15 am – 12:15 pm, Saturday
Cumberland BC/Exhibition; Schoolroom/135

Small Group Learning: How to Maximize Their Learning Potential?

(Educational Activities Delivery; Audio Taped)

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John Toews MD
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Relevance: There is increasing demand for small group learning opportunities by physicians. Accreditation systems in Canada recognize and reward small group interactive learning differently than large group didactic learning within their study credit structures. Empirical research supports the use of small group learning for physicians. The studies document increased self efficacy, the creation of collegial networks and changes in clinical practice. Theorists speculate that learning in small groups leads to better learning outcomes as these groups motivate participants to become actively involved and engaged in learning.

Purpose: This breakout will provide participants with an opportunity to 1) critically discuss contemporary research about small group learning; 2) share practical experiences about setting up small groups learning within a course; 3) share practical experiences about setting up and facilitating permanent groups (i.e., groups of physicians who meet for multiple sessions or over several months), and 4) identify the optimal use of small group learning as a modality for teaching.

Objectives: At the conclusion of the session, participants should be able to describe the strength of the evidence supporting the use of small group learning for physicians and be able to identify when small groups will and won't be useful.

Key Points: Small group learning is helpful in shaping and validating knowledge. Physicians have an opportunity to discuss and reflect upon scientific findings, solve real-time problems, and learn new and easily implemented approaches to patient care. They can validate new ideas within the context of their own experiences and knowledge.

Expected Outcomes: Providers of small group learning will develop a rationale for using small group learning that is based on both empirical data and practical wisdom.

Reference: Imel S. Using groups in adult learning: Theory and practice, Journal of Continuing Education in the Health Professions 1999, 19:54-61.

S26, Breakout
11:15 am – 12:15 pm, Saturday
Reunion F/Lobby; Schoolroom/220

Outcomes Measurement: Are You Where You Wanted To Be?

(Evaluation; Audio Taped)

Margaret Peterson, MBA
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Sarah Myren, BA
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Maree Stone
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Relevance: It is the responsibility of CME providers to develop assessment tools for measuring physician knowledge and learning. This commitment necessitates evaluating what knowledge the physician had about the topic(s) before attending the CME program, what they learned from the program, and if they retained this knowledge and incorporated that learning into their clinical practice. ACCME requires that accredited sponsors assess the educational value of their programs. This breakout will help you advance from evaluating the program to initiating level 3 & 4 outcomes measurements.

Purpose: Demonstrate useful, sensible tools to measure multiple levels of outcomes. Start your own outcomes process the next day!

Objectives: At the conclusion of this presentation, participants should be able to identify the difference between the four levels of outcomes measurement; implement them into their program evaluations, and analyze the findings.

Key Points: Utilization of pre- and post-conference evaluation tools will be emphasized, as well as how an organization should be able to use this in their practice setting. This session will provide the attendee with knowledge of how the levels of outcomes contrast.

Expected Outcomes: Examples of program evaluations, utilizing the four levels of outcomes measurement, will be provided. This will enable the learner to develop or modify their current evaluation tool. High audience involvement will be encouraged.

Reference: Davis DA, Thomson O'Brien MA, Freemantle N, Wolf FM, Mazmanian P, Taylor-Vaisey A. Impact of Formal Continuing Medical Education – Do Conferences, Workshops, Rounds and Other Traditional Continuing Education Activities Change Physician Behavior or Health Care Outcomes? JAMA 1999; 282:867-874.

S27, Breakout
11:15 am – 12:15 pm, Saturday
Reunion H/Lobby; Schoolroom/220

Accrediting CME to Meet the Needs of Family Physicians

(Accreditation; Physician's Track; Audio Taped)

Nancy Davis, PhD
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David Baldwin, MPA
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Carol Tierney
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Relevance: AAFP CME accreditation ensures the relevance of CME content for family physicians. New criteria for evaluating and categorizing clinical content will encourage CME providers to incorporate principles of evidence-based medicine into their CME activities on an optional and incremental basis. Existing criteria also allow for the accreditation of non-clinical content including practice management, teaching skills, ethical and social issues, professional development, and leadership skills.

Purpose: This workshop will provide an overview of the AAFP CME accreditation process of activity review to CME providers who target their CME to family physicians.

Objectives: Upon completion of this workshop, participants should be able to identify CME requirements for AAFP members; define eligibility criteria for AAFP Prescribed and Elective credit hours; distinguish between AAFP and ACCME accreditation and AAFP and AMA credit; review principles of evidence-based medicine and new documentation requirements for AAFP evidence-based CME, and discuss the AAFP's new criteria for CME clinical content and its impact on the application process.

Key Points: The AAFP has over 90,000 family physician members in 50 states, the District of Columbia, Uniformed Services, Puerto Rico, the Virgin Islands, and Guam who must accrue 150 CME credit hours in a 3-year period. Seventy-five of the required hours must be AAFP Prescribed credit hours, and the balance may be AAFP Elective credit hours. AAFP CME accreditation is based on a system of reviewing individual activities rather than institutions. AAFP Prescribed credit requires the input of an Active or Life member of the AAFP.

Expected Outcomes: Participating in the AAFP CME accreditation process will help providers design CME to meet the unique educational needs of family physicians and thereby will enhance the providers' potential to attract family physicians to participate in their CME activities. The AAFP strongly believes its new evidence-based approach to CME will help ensure the validity and scientific relevance of CME clinical content and lead to improved medical practice and patient outcomes.

Reference: AAFP CME Accreditation, Leawood, KS, http://www.aafp.org/cme/accreditation.

S28, Breakout
11:15 am – 12:15 pm, Saturday
Reunion BC/Lobby; Schoolroom/200

Specialty Societies Go International

(Program Management; Audio Taped)

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Elizabeth Wilson, BS
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Relevance: Increasingly U.S. specialty societies recognize the tremendous opportunities in pursuing markets outside the U.S. to include expanding the reach of valuable CME offerings, expanding the reach of educational programs, developing new membership markets, creating additional revenue streams, and enhancing the understanding of global healthcare issues. Understanding why societies choose to go global, who can benefit, when to go global, and how to develop and implement international strategies are critical to the success of any international initiative.

Purpose: This session is designed to acquaint specialty society education and marketing professionals with the opportunities and potential pitfalls in developing markets outside the U.S. This session will give specialty society professionals an understanding of the options available for international outreach, as well as international market development for domestic programs. Through case studies, this session will provide instruction on how to begin or expand current efforts.

Objectives: At the conclusion of this session, participants should have an understanding of four basic models for international organization and the relative pros and cons of each. Participants also should get insight from the experiences of other societies and understand what the critical success factors are in executing an international educational outreach program. This session will further allow participants to gauge whether their own organization is ready to pursue or expand its international initiatives.

Key Points: Developing and executing international educational initiatives requires: 1) understanding of the society's internal strengths and weaknesses relative to international initiatives, 2) consensus on the society's international mission and goals, 3) understanding and appreciation for the local markets through market research, 4) a systems approach to implementation, and 5) ability to establish productive alliances and/or partnerships.

Expected Outcomes: Gaining acceptance of CME and other educational products and services in international markets is a powerful strategy that can provide specialty societies with greater international visibility, greater reach of educational offering and new sources of revenues. Understanding, building and managing international programs also provides a means to develop an enhanced understanding of international health issues and the challenges that other countries and regions face.

Reference: Daniels J. and Daniels N. Global Vision: Building new models for the corporation of the future. McGraw Hill, 1993.

S29, Breakout
11:15 am – 12:15 pm, Saturday
Reunion EG/Lobby; Schoolroom/200

Effective Collaborations: How Can We Work Together?
Accredited Organizations and Medical Education Companies/Communication Companies

(Program Management; Audio Taped)

Johnnie White, BS
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Relevance: Working with a medical education company can be beneficial for a CME provider, if a partnership is established and clear procedures are developed. Medical education companies often have resources that can enhance the delivery of CME activities.

Purpose: Provide recommendations for effective collaborations between CME providers and medial education companies to develop educational programs that meet the ACCME guidelines.

Objectives: At the conclusion of this session, participants will have a foundation to establish a working relationship between a CME provider and medical education company.

Key Points: The key points that will be discussed in this session are: 1) understanding the strengths of the two parties, 2) reviewing recommended guidelines & procedures for the Medical Education Company, and 3) understanding the relationship between the Medical Education Company and the commercial supporter.

Expected Outcomes: The outcome of this session will produce a model that is based on experience and can serve as an outline for developing educational programs with partnership between a CME provider, medical education company and the commercial supporter.

Reference: Jacqueline Parochka, EdD, Volume 19, Profile of Medical Education and Communication Company Alliance Members, The Journal of Continuing Education in the Health Professions, pp 29-38.

S30, Breakout
11:15 am – 12:15 pm, Saturday
Pegasus AB/Lobby; Schoolroom/140

CME Provider Self-Assessment and Lifelong Learning

(Personal Skills; Physician's Track; Audio Taped)

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Other Support: Part-Time Employee, Alliance for CME

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Marc DesLauriers, PhD
Professional Renewal Center, Tel: 785/842-9772, E-mail: mdeslauriers@prckansas.org

Relevance: Continuing medical education (CME) providers face two challenges that must be addressed. First, the changing healthcare environment requires physicians to maintain competency in several areas (Reference American Board of Medical Specialties). Second, CME and the CME providers must change to address the new healthcare system and the demands it places on physicians. These changes require CME provider**s** to practice what they preach: self-assessment and lifelong learning. To do that**,** CME provider**s** must have a good vision of the future of CME and the skills to lead the profession.

Purpose: This session will raise awareness about the competencies future CME providers will need and the ways in which self-assessment and lifelong learning will contribute to maintaining those competencies.

Objectives: At the end of this session, learners should be able to 1) identify and determine the value of the competencies needed by professional CME providers in the future; 2) discuss the skill sets needed to apply various competencies; 3) apply a process of self-assessment to measure professional needs, and 4) identify lifelong learning resources for addressing the various competencies.

Key Points: If CME is to contribute to and add value to the healthcare system in the future, traditional CME methods need to change. A vision of CME will be presented with the needed competencies for the CME profession to meet the vision. The major areas of competence reflected in the literature include 1) adult education practices (physician learning, practice based learning, and system based learning), 2) educational processes (self-directed learning, problem-based learning, self-assessment, and measurement), 3) educational resources/tools (library, technology, and best practices), and 4) leadership and management (change management, strategic leadership, and quality improvement). The process of self-assessment and continuous improvement of self will be reviewed, and the participants will participate in an exercise applying self-assessment process to themselves in creating a profile of their professional learning needs.

Expected Outcomes: The participants will validate possible competencies for CME professional, use a new self-assessment process to develop a profile of their learning needs, and develop a plan for improvement of their practice.

Reference: Bennett NL, Davis DA, Easterling WE, Friedman P, Green JS, Koeppen BM, Mazmanian PE, Waxman HS. Continuing Medical Education: A New Vision of the Professional Development of Physicians. Acad Med 2000; 75: 1167-1172; and Casebeer L, Jay S, Leist J, Brink T, Miller V. Skills and Knowledge Needed by the CME Professional in the Twenty-first Century: J Contin Educ Health Prof 1995; 15:227-230.

Annual Business Meeting & Networking Luncheon
12:15 – 1:30 pm, Saturday
Landmark ABC/Lobby; Rounds/1400

Call to Order of 2003 Annual Business Meeting

Approval of February 2, 2002 Meeting Minutes

Minutes from Annual Business Meeting
12:00 – 1:30 pm EST, Saturday, February 2, 2002
Disney's Coronado Springs Resort
Lake Buena Vista, Florida

Call to Order

The Annual Business Meeting was called to order by President Don Moore at 12:40 pm EST, Saturday, February 2, 2002.

President's Report

Dr. Moore recognized and introduced the following individuals.

Retiring Board Directors

Melvin Freeman, MD
Robert Kristofco, MSW
Patrick Sweeney, MD
Joan Sondag Taylor, MBA

New Directors Elect

Howard Dworkin, Jr., MD
Henry Slotnick, PhD
Suzanne Ziemnik, MEd

Remaining Board Directors

Marcia Jackson, PhD, President Elect
Harry Gallis, MD, Secretary-Treasurer Elect
Sue Ann Capizzi, MBA
Ellen Cosgrove, MD
Stuart Gilman, MD
Sarina Grosswald, EdD
Karen Overstreet, EdD
Jacqueline Parochka, EdD
Robert Pyatt, Jr., MD
Michael Saxton, BS
K. M. Tan, MD

Treasurer's Report

Treasurer Marcia Jackson reported that 2001 was an excellent year. Net assets increased by $244,465, 1% over net assets of 2000, and 9% over 1999. With regard to the 2001 operating budget, actual revenue of $1.6 million was 5% below budget projections. However, total actual expenses were $1,352,139, which was 33% below budget projection. Therefore, the year end surplus was $244,465.

The 2002 operating budget projects revenue of $1.8 million, an increase of 6% over the 2001 operating budget. Projected expenses are proposed to be 1% under 2001 expenses.

Annual Business Meeting & Networking Luncheon (Continued)
12:15 – 1:30 pm, Saturday
Landmark ABC/Lobby; Rounds/1400

Approval of February 2, 2002 Meeting Minutes (Continued)

Minutes from Annual Business Meeting
12:00 – 1:30 pm EST, Saturday, February 2, 2002
Disney's Coronado Springs Resort
Lake Buena Vista, Florida

Executive Director's Report

Executive Director Bruce Bellande stated that 2001 was a productive year for financial performance. He reported the following information for 2001.

Attendance at Annual Conference

The Alliance was concerned that the events of 9/11 might cause a sizable decrease in 2002 registration. Therefore, the pre-registration process was monitored carefully. As expected, pre-registration was down approximately 15% from last year, with 975 registrants and 55 exhibits. Membership overall showed a 5% increase in the last year, with a 40% increase since 1997.

Existing Publications

The Alliance's *Almanac*, edited by Jennifer Smith, PhD, and Kristi Eidsvoog, PhD, has been improved, based on the feedback received from members. It is now an even more useful and practical publication.

This is a turnover year for *Almanac* editors, who serve three-year terms. The Executive Director acknowledged and thanked the current editors. He also announced that the Editor-in-Chief Elect is Calvin Johnson, MD, and that the two Associate Editors are Molly Hughes, MA, and David Pieper, PhD. The Alliance congratulates them and looks forward to their leadership and vision, as they continue to take the *Almanac* to the next level.

The Journal for Continuing Education in the Health Professions is now indexed in Index Medicus. It continues to improve under the leadership of Editor Paul Mazmanian, PhD, and the talented Editorial Board.

The Alliance contiues to revise and update the *Guide for Professional Development*, which is available on the web site. There also is a *Research & Development Resource Base (RDRB)* in CME available on the web site. The Alliance thanks the University of Toronto, particularly David Davis, MD, and his staff, who update the *RDRB* on a regular basis.

Information about Alliance members is available both in the *Membership Directory* and on the web site.

The Alliance offers members complimentary publications, including the *CME Briefings* newsletter and *MedicalMeetings* magazine.

New Publications

Best Practices in CME Accreditation Handbook is a publication that is made possible by a cooperative effort with the Accreditation Council for Continuing Medical Education (ACCME). With the cooperation of ACCME, the Alliance contacted CME providers, who had been given commendations by ACCME for their CME practices. They were invited to submit their commendable best practices. The Alliance organized those and placed them in a notebook of more than 550 pages. This is a valuable resource, and it has been one of the best selling educational products. The Alliance is indebted to Jann Balmer, PhD, Editor of the *Handbook*.

Annual Business Meeting & Networking Luncheon (Continued)
12:15 – 1:30 pm, Saturday
Landmark ABC/Lobby; Rounds/1400

Approval of February 2, 2002 Meeting Minutes (Continued)

Minutes from Annual Business Meeting
12:00 – 1:30 pm EST, Saturday, February 2, 2002
Disney's Coronado Springs Resort
Lake Buena Vista, Florida

Executive Director's Report (Continued)

New Publications (Continued)

Evaluating Educational Outcomes is an electronic notebook on the Alliance web site. After registering for the e-notebook on the web, subscribers have continual access to it, until the next edition is released. The e-notebook represents a tremendous amount of work by a team of individuals. It provides outcomes methods to improve and measure the performance of programs and activities, as well as the impact on physicians. Moreover, it measures outcomes of program participants, physician performance, patient health status, learning, competence, dimensions of return on investment, and cost/benefit analysis of CME activities.

In October 2001, the Alliance e-mailed an invitation to members to forward resources, journal articles, and programs of all formats concerning bioterrorism preparedness. Using this information, the Alliance built a library for reference by member and physicians. This *Compendium on Bioterrorism Agents Preparedness* can be found on the Alliance web site and includes hotlinks to hundreds of sources.

Member Benefits

The Alliance completed a comprehensive membership survey in an effort to better respond to members' needs and interests.

The web site continues to grow, with many ongoing opportunities to network.

CME: The Basics is now a web cast course. Interested individuals can go to the Alliance web site to register for and complete the course.

The Alliance wishes to acknowledge Merck's generosity to the Professional Development Fellowships Program. Shortly, a call for the second class of Fellows will be launched. The Alliance invites all those interested to apply.

Advocacy

In response to requests, the Alliance is investigating the launching of a more comprehensive program for advocacy. Currently, the Alliance represents its membership with the following groups.

American Medical Association (AMA) Council for Medical Education
AMA House of Delegates
Council on Medical Specialty Societies
ACCME Hearings
AMA Gifts to Physicians Workgroup
AMA Taskforce on CME Provider/Industry Collaboration
Collaboration with Colleagues in International CME (Most of Whom Are Based in Europe)

Annual Business Meeting & Networking Luncheon (Continued)
12:15 – 1:30 pm, Saturday
Landmark ABC/Lobby; Rounds/1400

Approval of February 2, 2002 Meeting Minutes (Continued)

Minutes from Annual Business Meeting
12:00 – 1:30 pm EST, Saturday, February 2, 2002
Disney's Coronado Springs Resort
Lake Buena Vista, Florida

Executive Director's Report (Continued)

Plans for 2002

The Executive Director concluded his report by outlining the strategic direction for the Alliance in 2002, which includes the following seven initiatives for innovation, collaboration, and accountability.

1. Create processes to ensure an array of member services that meet the varied needs of those who facilitate learning and change.
2. Identify and explore potential relationships with other health care and learning organization to further the Alliance's vision and mission.
3. Study, evaluate, and improve the linkage between education and improved clinical practice and/or health outcomes in various practice settings.
4. Help facilitate members and other professionals' use of learning and change skills.
5. Articulate and then implement means for ongoing member participation and leadership development.
6. Enhance sound governance, association management, and professional development.
7. Research the Alliance's current market positioning, and develop a plan to move the key constituencies to a new level of understanding.

Each initiative has objectives with score cards for monitoring and evaluating progress.

Adjournment

There being no other business, the Annual Business Meeting was adjourned at 1:20 EST, Saturday, February 2, 2002.

Announcements

President's Report (Don Moore, PhD)

Recognition of Retiring Board Directors
Introduction of Re-Elected & New Board Directors

Treasurer's Report (Marcia Jackson, PhD)

Executive Director's Report (Bruce Bellande, PhD)

Adjournment of Annual Business Meeting

Take Home Messages from 2003 Annual Conference (Terry Hatch, MD)
Theme & Call for Educational Abstracts for 2004 Annual Conference (Terry Hatch, MD)

Networking Luncheon

Physician's Intensive
1:30 – 5:00 pm, Saturday
Cotton Bowl/Atrium; Schoolroom/65

Professional Development for Physicians in CME (Part 2)
(Strategic Leadership; Physician's Track; Audio Taped)

(Part 1 & Part 2 [$175 If Not Registered for the Conference])

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Dennis Wentz, MD
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Frederic Wilson, BS
Procter and Gamble Pharmaceuticals, Tel: 513/622-5456, E-mail: wilson.fs@pg.com

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Relevance: There are a number of elements within the CME field of which physicians must be critically aware. These include the ethical principles related to physician behavior in general and specifically related to continuing medical education, when the physician is serving as a director of a CME program. Closely related to these principles is the relationship that a given provider develops with commercial supporters of a CME program. The ethical principles developed and the relationship with commercial supporters leads directly into the approach used to operate a CME office and the subsequent development of policies utilized on a daily basis. The virtues of developing a policy manual will be reviewed.

Purpose: The faculty will help the physician understand the various areas referred to above and will assist the physician director of a CME program.

Objectives: The areas identified above will be presented as a knowledge and skills set needed by the physician CME director. As a provider of lifelong learning and self-assessment, the director of CME must be certain that ethical principles are developed in the relationship with commercial supporters. The entire staff of a CME program must be imbued with these principles by the physician CME leader.

Methods: The objectives selected for this presentation are gleaned from suggestions made by those physicians who participated in the Professional Development for Physicians in CME Part 1 on 2/1/02. Through the use of exercises and faculty presentation, the physician will be in an excellent position to understand and carry out the steps necessary to serve as a leader in a CME program and to meet ACCME requirements.

Expected Outcomes: This professional development session will further support physicians who want to be more expert in CME and to develop the skills necessary to lead an exemplary CME program.

Reference: Council on Ethical and Judicial Affairs. Code of Medical Ethics: Current Opinions. American Medical Association, 2000-2001 Edition.

Physician's Track

Educational activities **of interest to physicians**, selected by physician leaders in CME (Terry Hatch, MD, Conference Vice-Chair; Harry Gallis, MD, CME Advisory Subcommittee Chair, and Howard Dworkin, MD, Physician's Curriculum Subcommittee Chair), scheduled throughout the conference, and designated as such (**Physician's Track**) for doctors in CME (3½ days)

Wednesday, January 29
7:30 am-1:30 pm, CME 101 – Basics Seminar & Frances Maitland Memorial Lecture **($175)**
1:30-5:00 pm, W1, W2, & W3, Provider Section Meeting – for Your Work Setting
1:30-3:30 pm, W4, W5, W6, W7, & W8, Provider Section Meeting – for Your Work Setting
3:30-4:00 pm, Refreshment Break
5:00-5:30 pm, Meeting – Alliance Leadership, Mentors, and Mentees
5:30-7:00 pm, Welcome Reception

Thursday, January 30
7:30-8:30 am, Continental Breakfast
7:30 am-4:00 pm, P1 – P15, Posters and Exhibits
8:30-10:00 am, Plenary Session & Founder's Lecture – Place Matters: The Geography of Physician Learning and Practice
10:00-10:30 am, Refreshment Break
10:30-11:30 am, Mini-Plenary – T1, Educating Physicians about Appropriate and Inappropriate Gifts from Industry
10:30-11:30 am, Breakout – T6, Update on Maintenance of Certification: A Bitter Pill or a Healthy Tonic
11:30 am-1:00 pm, Awards Presentation & Networking Luncheon
1:15-2:15 pm, Breakout – T14, Innovations in Physician Leadership Development: The Physician Empowerment Model
1:15-2:15 pm, Breakout – T20, Interpersonal Skills Program for Physicians
2:15-2:45 pm, Refreshment Break
2:45-3:45 pm, Mini-Plenary – T21, The Status and Future of ACCME's Accreditation System: Responding to Opportunities
4:00-5:00 pm, Mini-Plenary – T31, Environmental Scan: Impact on CME
4:00-5:00 pm, Breakout – T35, Update on the AMA's CME/CPPD Pilot Projects

Friday, January 31
7:30-8:30 am, Continental Breakfast
7:30-11:30 am, P1 – P15, Posters and Exhibits
8:30 am-12:15 pm, CME 891 – Advanced Seminar – Responsible Leadership for CME: The Need for Double Vision
8:30-9:30 am, Mini-Plenary – F1, CME's New Vision: Are You Ready to Survive and Succeed?
8:30-9:30 am, Breakout – F5, Evaluating Primary Care Physicians: Is This Person Clinically Competent?
9:30-10:00 am, Refreshment Break
10:00-11:00 am, Breakout – F11, Physician Core Competencies: Educational Activities Delivered
10:00-11:00 am, Breakout – F14, Disclosure – Who, What, When, Where & How
11:15 am-12:15 pm, Mini-Plenary – F20, Evidence-Based Medicine for Practicing Clinicians: Education to Change Practice
11:15 am-12:15 pm, Breakout – F23, Post-Licensure Training (Prescribed Education) of Core Competencies
12:15-5:00 pm, Lunch and Afternoon – On Your Own

Saturday, February 1
7:30-8:30 am, Continental Breakfast
7:30-10:30 am, P1 – P15, Posters and Exhibits
8:30 am-12:15 pm, Professional Development for Physicians in CME (Part 1) ($175 for Part 1 & Part 2 [If You Are Not Registered for the Conference])
8:30-9:30 am, Mini-Plenary – S1, A 2003 Update to the AMA Physician Recognition Award Credit System
8:30-9:30 am, Breakout – S9, A Practicing Physician Curriculum: A Mission Compatible Approach
9:30-10:00 am, Refreshment Break
10:00-11:00 am, Mini-Plenary – S11, Hot Topics in CME
11:15 am-12:15 pm, Breakout – S27, Accrediting CME to Meet the Needs of Family Physicians
11:15 am-12:15 pm, Breakout – S30, CME Provider Self-Assessment and Lifelong Learning
12:15-1:30 pm, Annual Business Meeting & Networking Luncheon
1:30-5:00 pm, Professional Development for Physicians in CME (Part 2) ($175 for Part 1 & Part 2 [If You Are Not Registered for the Conference])
1:30-2:30 pm, Breakout – S32, Hospital CME: Uniquely Positioned to Improve Competence
1:30-2:30 pm, Breakout – S33, Integrating Evidence-Based Medicine Principles into CME
2:30-2:45 pm, Refreshment Break
2:45-3:45 pm, Breakout – S45, Assessment and Enhancement of Physician Performance: The Quebec Model 1997-2002
4:00-5:00 pm, Breakout – S49, Integrating Quality Improvement and Continuing Medical Education: Innovative Examples

S32, Breakout
1:30 – 2:30 pm, Saturday
Reunion H/Lobby; Schoolroom/220

Hospital CME: Uniquely Positioned to Improve Competence

(Educational Activities Design; Physician's Track; Audio Taped)

Martyn Hotvedt, PhD
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Relevance: The mission of the Hospital CME Unit is to provide quality continuing educational activities for physicians and other health care professionals that practice medicine within the hospital. The goal is to help physicians improve their practice of medicine in order to improve the provision of health care and improve health outcomes of the population served by the hospital. Integrating the emerging evidence base for medicine, measuring outcomes and quality of care, reducing medical errors, and understanding the managed care environment, all present challenges to the process and outcomes of the Hospital CME Unit. However, the Hospital CME Unit is uniquely positioned to understand the local hospital culture and the myriad of issues affecting both the hospital and physicians involved.

Purpose: This breakout will analyze the issues and problems faced by Hospital CME Units in their attempt to meet the goal of helping physicians.

Objectives: At the conclusion of this breakout, participants should be able to analyze their own Hospital CME Unit, particularly focusing on their physicians' motives for learning and expanding their ability to manage CME activities.

Key Points: Hospital CME Units have the unique opportunity to help their own physicians improve their competency in order to improve the health outcomes of their patients. Being so close to the action not only allows CME Units to better understand the day-to-day problems and issues involved in the improvement process, but it also helps the CME Units deal with the multiple day-to-day problems of supporting direct patient care. The CME Units can therefore maximize the practical aspects of improvement in their hospitals.

Expected Outcomes: Analysis developed within this breakout section will provide each participant with a tailored approach to modifying his or her Hospital CME Unit to maximize the efficiency in helping physicians improve their health care competencies with the ultimate goal of improving patient outcomes.

Reference: Hotvedt MO, Laskowski RJ. Establishing Priorities for Hospital Education, Journal for Continuing Education in Health Professions, In Press.

S33, Breakout
1:30 – 2:30 pm, Saturday
Reunion BC/Lobby; Schoolroom/200

Integrating Evidence-Based Medicine Principles into CME

(Educational Activities Design; Physician's Track; Audio Taped)

Nancy Davis, PhD
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Relevance: With recent initiatives by AAFP and ACCME to encourage scientifically sound content validity in CME, there is an increased interest in evidence-based medicine by CME providers. Evidence-based medicine has been integrated into medical school and residency curricula over the past few years. With today's practicing physicians and health systems, payers and the public demanding evidence-based medicine, the next step is integration into CME.

Purpose: This breakout will describe evidence-based medicine concepts and how they can be integrated into CME. Participants will learn methods and identify resources for developing and planning evidence-based CME activities as well as evaluating the impact of these activities.

Objectives: At the conclusion of this session, participants should be able to define evidence-based medicine concepts; describe grading and strength of evidence; identify and use EBM databases for CME development; identify clinical topics that are appropriate for evidence-based CME; discuss pros and cons of evidence-based medicine, and measure impact of evidence-based CME.

Key Points: Evidence-based medicine is a key component of medical education, including CME, as well as practice. Practicing physicians are frequently asking for evidence in CME activities in which they participate.

Expected Outcomes: CME providers will increasingly be expected to produce evidence-based CME. With tools from this session, they will be able to guide their planning committees, faculty and staff in incorporating these concepts into their programming.

Reference: AAFP Criteria for Clinical Content of CME, 2001.

S34, Breakout
1:30 – 2:30 pm, Saturday
Cumberland DEF/Exhibition; Schoolroom/165

Benefits of Live Interactive Procedures for CME

(Educational Activities Delivery; Audio Taped)

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Relevance: Presentation of a medical procedure to a large audience is limited to two options: playback of a pre-recorded medium or live broadcast. Although playback of pre-recorded medium is convenient and widely used, it has been our experience that live broadcast is a more exciting option that offers greater impact upon a continuing medical education program. Live observation of the procedure and interaction with faculty actively performing it better prepares the participant for solving problems as they implement the procedure in their own setting. This session is a discussion of our experience producing and integrating live procedures into our CME offerings.

Purpose: To discuss the benefits of using live interactive medical procedures to enhance the educational experience of physician and allied health participants in a CME activity.

Objectives: After attending this breakout, participants should be able to:
1. describe the minimum technical requirements necessary for producing a live medical procedure,
2. list the benefits of utilizing live interactions vs. pre-produced media,
3. review documentation methods, and
4. discuss successful examples of CME programs that incorporate live procedures.

Key Points: Participants should take away from this session that:
1. physician satisfaction is increased with the use of live medical procedures,
2. programs are enhanced by the use of live procedures as opposed to pre-produced medium because of the ability to demonstrate solutions to problems encountered in real time,
3. technical preparations and meeting minimal technical requirements are critical in successfully producing a live medical procedure,
4. live interactions remove censorship and editing encountered with playback medium, and
5. scheduling and planning are essential to successfully integrating live procedures into the agenda.

Expected Outcomes: After this session, it is hoped that ACME participants will:
1. identify the steps involved in producing a live procedure during an educational activity,
2. evaluate the benefits of incorporating live procedures as opposed to pre-produced and edited materials,
3. create methods for documenting the value of live procedures,
4. justify the role of live procedures in an educational setting, and
5. gain the confidence to utilize live procedures in educational activities.

Reference: Park, et al. A Pilot Study of New Approaches to Teaching Anatomy and Pathology: The Laparoscopic View for Medical Students. Surgical Endoscopy (2001) 15: 245-250.

S35, Breakout
1:30 – 2:30 pm, Saturday
Reunion EG/Lobby; Schoolroom/200

Clinical Measurement of Hospital CME as a Tool for Quality Improvement: "Community Acquired Pneumonia" Focus Area

(Evaluation; Audio Taped)

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Relevance: In 1995, the Florida PRO reported that Bayfront Medical Center had higher than expected mortality (15.3%) for Medicare pneumonia patients. An internal medical record review of those with community acquired pneumonia (CAP) indicated that the mean time to the administration of antibiotics was 7.8 hours. It was also found that antibiotics (even when ordered in the ED) were not given until the patient was admitted to the inpatient unit. In an effort to link communities of practice with the enhancement of professional competence, the creation of a multidisciplinary Continuous Quality Improvement Team (CQIT) and implementing the FOCUS and PDSA tools could facilitate a potential change in health care provider practice. In addition, the inclusion of the CME Committee allows for longitudinal education of the community, and in turn, enhances professional competency.

Purpose: The breakout will demonstrate the use of FOCUS and PDSA in the hospital setting along with the utilization of CME to effect change in health care provider behavior and improve patient outcome.

Objectives: At the conclusion of the breakout, participants will be able to 1) model Bayfront's CME approaches to process improvement in the care of CAP patients, and 2) identify how the auditing of hospital committees can be used to recognize CME opportunities and to document needs assessments.

Key Points: In terms of CAP, the implementation of CQIT recommendations can impact a variety of measures including a shorter length of stay, reduction in mortality and decrease in the readmission rate. The use of quality improvement strategies can have an impact in the hospital setting.

Expected Outcomes: Participants will understand the use of quality improvement strategies (specifically FOCUS and PDSA), know how to recognize CME opportunities, and know how to document needs assessments.

S36, Breakout
1:30 – 2:30 pm, Saturday
Cumberland GHI/Exhibition; Schoolroom/180

Mapping Progress Against Guidelines and Competencies: Evaluation of a CME in Dyslipidemia

(Evaluation; Audio Taped)

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Relevance: Multiple forces exist within our communities of practice that push continuing medical education (CME) to a state of cyclic and iterative growth. First, CME, by its primary purpose demands continuous evolution, updates and evaluation. Second, health professionals require CME programs to continually enhance their knowledge and practices in order to meet the demands of fast paced changes in the health care industry. Third, current knowledge of adult and higher education principles reinforce the need to provide continual feedback to those professionals engaged both as designers or participants in CME activities. This is done to foster self regulation in their learning and professional development. Fourth, professional associations are setting standards for their members' continual professional growth. On the basis of meeting these standards, membership is maintained and competence is assured. Finally, there is increasing acceptance of the concept of change and learning as a process. These five factors demand that the CME community begin to employ evaluation strategies that feed the rapid evolutionary growth health care providers and educators face. Current programs tend to focus primarily on summative evaluation strategies. Typically the summative evaluation produces a public statement summarizing the program's accomplishments or provides the learner with a personal statement of their success or failure to meet the program objectives. Rarely is the evaluation seen as a step toward larger or evolving outcomes or a progressive CME agenda. It is argued there is an opportunity to contribute to the CME communities of practice by adopting a more formative model of evaluation that foster reflection, self-regulation and professional growth. This can benefit both the designers and the learners of CME.

Purpose: This session will advance ways to develop evaluation designs that provide continual feedback to learners and program designers and support continuing professional growth.

Objectives: The session will provide participants the opportunity to discuss how existing evaluation strategies and instruments can be enhanced by being more formative.

Key Points: Professional growth involves a cyclic process of self-assessment, action and self-evaluation. Continuing medical education supports the continual need for learning to maintain professional competencies. Adoption of formative evaluation strategies within CME that foster reflection and self-regulation will enhance motivation to maintain competencies. Based on evidence based clinical guidelines and professional competencies as the comparative information, an evaluation was designed for a CME program on dyslipidemia. A formative evaluation design is embedded within the evaluation. Break-out participants compare summative and formative strategies and the findings with the purpose of identifying the worth to the learner and the designer.

Expected Outcomes: Insights into how methods of formative evaluation are in harmony with current approaches to CME. Employment of these strategies shows promise to support multiple professional goals.

Reference: Popham, W J. Educational Evaluation. Boston, MA, Allyn & Bacon. (1993).

S37, Breakout
1:30 – 2:30 pm, Saturday
Reunion F/Lobby; Schoolroom/220

Practical Ideas . . . Timely Pearls for the Practice of CME

(Accreditation; CME 101 – Basics Curriculum; Audio Taped)

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Relevance: Knowing which aspects of the accreditation process are most important in our CME program and then actually putting these aspects into useful practice are of interest to everyone in CME today. Knowing and applying the ACCME Essential Areas and Elements are just a start in making this happen. Organizational oversight, management skills, and educational processes contribute significantly to the success of the CME program and the individual responsible for that program.

Purpose: This highly interactive breakout will use the experiences of both the participants and faculty to identify ideas that are relevant, timely, and practical to beginning professionals in making a difference in their CME programs. The pearls identified will be driven primarily by the ACCME's Essential Areas and Elements, since these are still so new to many in the field and still require some clarification and help in applying them to everyday use.

Objectives: At the conclusion of this breakout, participants should be able to describe and apply at least ten of the ideas generated to their practice of CME.

Key Points: To really address the needs of the many CME program models being represented by breakout session participants, faculty will elicit input from most everyone. Perhaps most importantly, each participant will be provided a list of the dozens of ideas that are generated immediately following the breakout.

Expected Outcomes: Through a simple yet effective brainstorming and reporting method, participants' competence and confidence will be increased as a result of their active involvement in this breakout. Participants at past "Practical Ideas" breakouts offered by this faculty have reported the educational opportunity to share and receive was significant.

Reference: ACCME Essential Areas and Elements; ACCME Policies and Procedures; Continuing Medical Education Handbook: A Resource for CME Practitioners.

S38, Breakout
1:30 – 2:30 pm, Saturday
Pegasus AB/Lobby; Schoolroom/140

Strategic Partnerships in Medical School CME Offices: Becoming a Revenue Center

(Program Management; Audio Taped)

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Consultant: President, Professional Resource Network, Inc.

Relevance: Because of financial realities in health care, support from the School of Medicine for the Office of CME has diminished. Whether the Office of CME receives minimal or no annual funding, new strategies are required to bring additional revenue into the Office of CME. Additional revenue allows the Office of CME to hire more staff with specific skill sets, purchase new technology and better meet the needs of your physician audience. Several sources of revenue are available to the CME Office: joint/co-sponsors, pharmaceutical companies, medical device companies, foundations, participant fees, independent CME activities, research grants, and fees to departments for CME services. In addition, there are many ideas, such as the use of External Industry Advisory Panels that can be used to assist in increasing net revenue to CME Offices. Establishing strategic partnerships with groups inside and outside the School of Medicine is the most effective way to raise enough revenue to capitalize the CME operation.

Purpose: This breakout will describe specific steps that can be taken to build strategic partners for the CME Office that will increase revenue and help reach operational goals.

Objectives: At the conclusion of this breakout, participants should be able to list several new sources of possible revenue for the CME Office; describe possible strategic partners, and delineate specific strategies that will enhance the budget and operations of the CME Office.

Key Points: Several ideas will be discussed, including how to identify and track possible joint/co-sponsors and grantors, how to initiate and maintain critical strategic relationships, and how to meet or exceed budget projections.

Expected Outcomes: Participants will receive several ideas that could lead directly to new revenue sources for the CME Office and strategies for developing and maintaining important relationships.

Reference: Bennett NL, Davis DA, Green JS, et al. Continuing medical education: a new vision of the professional development of physicians. Academic Medicine 2000, Vol.75, No.12.

S39, Breakout
1:30 – 2:30 pm, Saturday
Reunion A/Lobby; Schoolroom/100

Lessons Learned from Application of the Baldridge Criteria to Improve an Educational Organization

(Strategic Leadership; Audio Taped)

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Relevance: Organizations worldwide use the Baldridge criteria as a guide for improvement and to evaluate progress toward becoming the best in their fields. Educational organizations must work diligently to apply the standards to their work and organization.

Purpose: We will share the experiences from EES in applying the Baldridge criteria to our System as a real-world example of how to interpret and use the criteria to improve organizations.

Objectives: Participants will learn about methods for assessing their organizations in the seven Baldridge categories, establishing organizational performance measures, identifying opportunities for improvement, and achieving better run organizations congruent with missions and strategic plans. Examples of EES experience (including two years of lessons learned) with implementation of Baldridge criteria will be provided.

Key Points: The Baldridge criteria can be used to evaluate the overall health of an organization. These standards guide the organization in its performance improvement efforts. The Baldridge criteria require that the organization systematically uses all data, feedback, and knowledge attained to continue to improve. Blending Baldridge criteria into organizational work processes is a key to success. To meet the Baldridge criteria, the activities and work of an organization must be aligned with each other and with the mission and strategic plan. Organizational performance measures are used to track and communicate progress toward strategic goals. Performance improvement must be systematic, built on data and reality rather than hunches and anecdotal input. Building and maintaining an aligned organization, systematically analyzing and improving, is hard work and requires a "corporate conscience."

Expected Outcomes: Example implementation strategies and lessons learned from application of Baldridge criteria can be used to facilitate improvement in educational organizations.

Reference: Baldridge National Quality Program: www.quality.nist.gov.

S40, Breakout
2:45 – 3:45 pm, Saturday
Reunion EG/Lobby; Schoolroom/200

So You Want to Write Better Objectives!

(Objectives Setting and Stating; CME 101 – Basics Curriculum; Audio Taped)

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Relevance: ACCME mandates that CME providers seeking accreditation or re-accreditation must communicate the purpose or objectives of the activity so the learner is informed before participating in a given CME activity (Element 2.3). For exemplary compliance, these objectives must be communicated consistently and the learning outcomes must be described in terms of physician performance or patient health status.

Purpose: Accredited providers of CME often struggle with writing clear learning objectives. One reason for this is that CME staff members who are knowledgeable about educational design are often uncomfortable with the scientific content of an educational offering. Another reason is that CME learning objectives typically help frame educational outcomes. In turn, these learning outcomes are scrutinized closely to see if formal CME is making an impact on physician behavior and patient health. In order to be exemplary, CME learning objectives now require specific language that incorporates these important concepts. Providers of CME are in need of processes that help their staff members write clear objectives that lend themselves to measurable outcomes.

Objectives: At the conclusion of this session, participants will be able to write powerful and effective CME learning objectives for all of their activities. In addition, participants will be able to distinguish between objectives that do describe learning outcomes in terms of physician behavior or patient health status from those that do not.

Key Points: Objectives form the basis of solid instructional design and lay the groundwork for effective outcomes measurements. Thus, the ability to write effective objectives is a critical skill that all CME providers must cultivate.

Expected Outcomes: This session is intended for all CME professionals who want to improve their ability to write learning objectives. It is expected that each participant will utilize the information in this session to change how their organization writes objectives: 1) each CME learning objective must always contain a condition, behavioral verb, and a performance standard, and 2) each CME learning objective must always be stated in terms of physician performance or patient health status.

S41, Breakout
2:45 – 3:45 pm, Saturday
Reunion BC/Lobby; Schoolroom/200

The Nuts and Bolts of Online CME: Lessons Learned – A Staff Perspective

(Educational Activities Design; Audio Taped)

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Relevance: The World Wide Web has become a more widely adapted delivery modality for continuing medical education (CME). As physicians are being required to demonstrate the maintenance of competence, CME professionals need to develop and maintain new competencies. Many who want to move toward online CME delivery are unsure how to do so. In addition, they may also be facing significant resource limitations. CME professionals are being thrusted into a whole new delivery modality often without prior skills, education, or experience. They are dealing with many challenges and questions (e.g., How do I get started? Who is involved, and at what stage? What are the resources I need? From where are the resources coming? Why me?)

Purpose: This breakout will describe the process of creating a Web-based CME activity from start to finish. Each step in the process will include "real-life" examples from the request for proposal (RFP) process to beta testing.

Objectives: At the conclusion of this breakout, participants will have a comprehensive overview of planning and implementing a Web-based CME activity by understanding how to plan projects, estimate resources, and measure an activity's success.

Key Points: Developing CME activities for the Web is not an easy process. In order to ensure a successful activity, careful planning and execution needs to take place. Effective communication skills throughout all areas of an organization are critical to the success of any distance learning activity.

Expected Outcomes: Participants will have practical examples to incorporate into their own CME practices that will help them plan and develop online activities.

Reference: Bernard Sklar's Online CME Presentations, http://www.cmelist.com.

S42, Breakout
2:45 – 3:45 pm, Saturday
Cumberland BC/Exhibition; Schoolroom/135

Implementing Locally a Consensus Report on Asthma through an Educational Intervention: Results from a Controlled Study

(Educational Activities Design; Audio Taped)

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Relevance: A local consultant, opinion leader, using an interactive educational technique should be able to influence physician's performance. Medical education is perceived as a natural way to disseminate and implement guidelines.

Purpose: This presentation will describe how an educational intervention was set up and what evaluation methods were used. Moreover, the results will be presented and a critical appraisal of the results will be done with the participants. Shortly after publication of the Canadian recommendations on asthma by the Canadian Thoracic Society in Dec 1999, an interactive educational program was designed. Two 2-hour small group interactive workshops were presented to a group of family practice physicians in a remote area (14,000h, 19 MDs, and 4 community pharmacies). The workshops highlighted two aspects of the recommendations: add-on therapies (long-acting beta-2 agonists and antileucotrienes) and patient education. Indicators used for the purpose of this study were 1) participating physicians self efficacy level, 2) number of asthmatic patients referred to the Asthma Education Center (AEC), and 3) number of prescriptions of add-on therapies delivered by local pharmacies, three month before and after the intervention. Data were compared with a control group from another remote area, about six hundred miles away, where no specific intervention had been done.

Objectives: At the conclusion of this breakout, participants should be able to discuss about the efficacy of an educational intervention as a method of implementing guidelines.

Key Points: An interactive educational intervention on asthma had a positive impact on physician's self efficacy and there were a twofold increase to the number of add-on therapies prescribed after the workshop. Number of patients referred to the AEC was not affected.

An educational program can impact on professional practice and be part of a comprehensive strategy in the dissemination and implantation of guidelines. Further research may lead to a better understanding of how to enhance access to AEC, since in the study an educative intervention did not impact on professional practice for referral to AEC.

Expected Outcomes: Results will foster further research on how to have patients registered to AEC since it does not be par of the medical culture to refer patients to AEC. CME in some interactive formats may be still a useful method for disseminating guideline recommendations to physicians.

Reference: Authors Cretin S. Farley DO. Dolter KJ. Nicholas W. Evaluating an integrated approach to clinical quality improvement: clinical guidelines, quality measurement, and supportive system design. Medical Care 39(8 Suppl 2):II70-84, 2001 Aug.

S43, Breakout
2:45 – 3:45 pm, Saturday
Pegasus AB/Lobby; Schoolroom/140

Linking the Internet, CME and Rural Physicians: Ruralmdcme.ca

(Educational Activities Delivery)

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Relevance: There has been an increase in physicians' use of the Internet as a resource for clinical information and a source for online CME. The literature has identified CME programming as an important means for enhancing the retention and recruitment of physicians in rural communities. Rural physicians often practice in a wider array of clinical disciplines simply because of their distance from urban tertiary care centers and specialists. Physicians' satisfaction with rural practice has been linked to the level of opportunities they have for professional development and continuing education. There are several factors underlying the importance of online CME for rural physicians: provides greater access to learning resources and communications with specialists; convenient, flexible and suits self-directed learning styles; enables physicians to maintain competency and stay current on state of the art medical practices, and allows for the establishment of online communities of practice. Online CME enables rural physicians to participate in lifelong learning activities without having to leave their communities, spend time away from their families and practices, locate locums, and incur the costs and burden of travel. The important considerations for CME providers include how to design online CME programs and educational resources for rural physicians and how to promote and increase adoption and usage of such programs and resources.

Purpose: This breakout will explore and discuss the value of online CME for rural physicians. In small group discussion activities, participants will identify the barriers to rural physicians' use of the Internet as an educational resource, discuss strategies for enhancing adoption and usage of online CME and the Internet as an educational resource, and identify features and aspects of online CME and Internet resources which are attractive to rural physician learners. Participants will also learn how hybrid-applications of technology can be used to delivery online CME. Ruralmdcme.ca, a CME Web portal developed by Memorial University for rural physicians, will be demonstrated and discussed during the presentation.

Objectives: At the conclusion of this session, participants should be able to identify key issues influencing the delivery of online CME to rural physicians, describe barriers to Internet usage among rural physicians and how these barriers can be addressed, and discuss important Internet resources and Web-based education features for rural physician CME.

Key Points: The recruitment and retention of rural physicians can be influenced by professional isolation issues due to lack of CME opportunities. Online CME has a role to play in addressing some of these professional isolation issues. Barriers to rural physicians' use of Internet and online CME need to be identified and addressed in launching Web-based initiatives. 'Ruralmdcme.ca' is a Web-based CME framework designed to improve rural physicians' access to professional development resources and enhance efforts in retaining and recruiting physicians in rural areas.

Expected Outcomes: Participants will be able to apply information learned in this session to their own continuing education practices: designing online CME initiatives for rural physicians and increasing usage of Internet-based learning resources.

Reference: Kripalani S, Cooper HP, Weinberg AD, Laufman L. Computer-assisted self-directed learning: The future of Continuing Medical Education. Journal of Continuing Education in the Health Professions 1997;17:114-120.

S44, Breakout
2:45 – 3:45 pm, Saturday
Cumberland GHI/Exhibition; Schoolroom/180

e-Learning: Successful Models for Associations

(Educational Activities Delivery; Audio Taped)

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Relevance: Associations serving the medical professions provide education and training to medical practitioners worldwide. Many of these associations are exploring new delivery models enabled through use of emerging web-based technologies or "e-learning." As association educators develop their future program plans, new technologies provide exciting opportunities to address their members' educational needs in new formats with new products. Web-based education will not completely supplant face-to-face education, but it does provide increasingly important opportunities to serve new audiences and shorten the time to bring cutting-edge knowledge, information and techniques to a geographically diverse group. Educators within medical associations need to consider these new technologies in light of their own audiences, content, and educational goals, taking into account their unique environment and business models and the rigorous standards established for licensure and certification credits.

Purpose: This breakout will describe six critical e-learning options and explore five successful models for adding e-learning to the program mix within the association education environment.

Objectives: At the conclusion of this breakout, participants should be able to describe the six critical features of e-learning and five successful models of association-based e-learning.

Key Points: The e-learning field is an emerging and confusing arena at this point in time. Association educators need to make informed decisions about how these new technologies can enhance their program mix. Understanding the available e-learning options is critical for program development. Associations have a unique business model, which must be taken into account as education planning takes place. Five e-learning models have emerged within the association arena, which have proven to be successful in terms of both learning and business practices.

Expected Outcomes: Understanding the basis of these successful e-learning models will enable participants to better understand their options and incorporate e-learning into their overall education program mix.

Reference: Greater Washington Society of Association Executives (GWSAE) Center for Association Leadership, Washington, DC, www.centeronline.org.

S45, Breakout
2:45 – 3:45 pm, Saturday
Reunion A/Lobby; Schoolroom/100

Assessment and Enhancement of Physician Performance: The Quebec Model 1997-2002

(Evaluation; Physician's Track; Audio Taped)

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Relevance: During this interactive session, participants will learn how to use data banks for needs assessment and will link remedial CME interventions to practice assessment.

Purpose: This breakout will present an overview of the Quebec Model 1997-2002 of the Canadian MEPP program; use small groups to identify monitoring tools for assessing the clinical performance of physicians and to discuss their advantages and limits, use small groups to describe the advantages and the limits of individualized remedial CME activities.

Objectives: At the end of the breakout, the participants will be informed of the Quebec experiences of the Canadian Maintenance and Enhancement of Physician Performance (MEPP) Program; be able to identify monitoring tools, including data banks to assess the clinical performance of general practitioners and specialists, and be able to describe the advantages and the limits of remedial CME programs to improve physicians' practice.

Key Points: The participants will receive feedback of their work. The moderator will present the results of the use of some monitoring tools and personalized CME interventions. A strong link must exist between the licensing authority and medical schools to well define the needs to recruit experienced clinical trainers and write evaluation reports by experienced evaluators.

Expected Outcomes: A variety of monitoring tools, including data banks, are available to assess the clinical performance of physicians. Some remedial CME interventions are more adapted for physicians in practice depending on their specific needs. These can be applied in each context.

S46, Breakout
2:45 – 3:45 pm, Saturday
Cumberland DEF/Exhibition; Schoolroom/165

Completion of a Self Study and Site Survey to Meet New ANCC Accreditation Requirements

(Accreditation; Audio Taped)

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Relevance: Recently the American Nurses Credentialing Center's Commission on Accreditation (ANCC) changed its approach to criteria as related to accreditation of continuing education activities for nurses. The ANCC has become less proscriptive in its required evidence for adherence to their criteria. Although the educational provider has more flexibility in demonstrating how criteria are met through a self-study, the burden of defending how criteria are met is placed on the applicant during the site survey. The applicant must verify, amplify and clarify elements of the self-study in regards to adherence to ANCC criteria. Department of Veterans Affairs Employee Eeucation System (VA EES) was one of the first applicants to decide to use the new approach (at the time an applicant could chose to use either the old ANCC criteria or the new), when reapplying for ANCC accreditation.

Purpose: This breakout will describe what the VA EES did to prepare for and complete the ANCC self study. In addition, it will discuss what it did during the site survey to meet the new ANCC requirements for accreditation.

Objectives: At the conclusion of this breakout, participants should be able to explain the changes in the ANCC accreditation requirements; describe the self study and the site survey process, and apply the VA EES self study experience to their educational organization when seeking ANCC accreditation.

Key Points: ANCC recently changed their accreditation criteria. Educational organizations, such as the VA EES, must now demonstrate what they do to meet the criteria in a defensible and logical manner. ANCC is less specific in its requirements regarding what an educational entity (provider) must demonstrate to meet ANCC requirements, and ANCC has changed some aspects of the provider criteria. Changes include eliminating the requirement for policies, eliminating the need for pilot testing, eliminating specific requirements for evaluation questions, changing the required number of nurses on planning committees, and a self-study in which the applying organization identifies and describes its strengths and areas for improvement. A site survey is conducted so that the applicant can verify, amplify and clarify adherence to the criteria.

Expected Outcomes: Participants well be acquainted with the way VA EES responded to the new ANCC requirements for self study and the site survey.

Reference: Manual for Accreditation as a Provider of Continuing Nursing Education, Washington, DC, www.nursingworld.org/ancc/accred.htm.

S47, Breakout
2:45 – 3:45 pm, Saturday
Reunion H/Lobby; Schoolroom/220

Training and Development for the New Hire: What Entry-Level CME Coordinators Need to Know

(Program Management; Audio Taped)

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Relevance: The Alliance for Continuing Medical Education (the Alliance) recently revised the Guide for Professional Development in June 2001. The guide supports the professional development of its members and is intended to improve the quality of continuing medical education (CME). The guide, containing both professional competencies and learning resources, allows CME professionals to identify learning needs and to select appropriate educational resources. However, entry-level CME coordinators could potentially have difficulty early on in their employment identifying learning needs due to limited experience with their role. In addition, CME managers and supervisors may have limited time and background in designing a training program for the CME new hire. With these factors in mind, the presenters of this breakout session performed focus groups and surveyed CME coordinators with varying experiences, supervisors, and directors to not only identify those competencies which are most important to the new hire, but those which require initial training and instruction. As a result of the limited time, resources, and training available to the coordinators, a model has been developed to identify the most common learning needs for CME coordinators and ways to effectively train them to do their jobs.

Purpose: This breakout session will provide the attendee with information on the importance of each competency to the new hire, their training needs, and a model for the development of entry-level CME Coordinator.

Objectives: At the conclusion of this breakout, participants should be able to identify the Alliance competencies by importance; assess training needs, and describe a training and development model for entry-level CME coordinators.

Key Points: New employees can often get very frustrated performing job functions they are not adequately trained to do. In addition, CME managers have limited time to spend training new employees. Thus, by having knowledge of the most important competencies needed by CME new hires and a systematic, development model, both new CME coordinators and managers benefit.

Expected Outcomes: This session will provide information that can be implemented by CME managers to train entry-level CME coordinators effectively and efficiently.

Reference: Alliance for Continuing Medical Education's Guide for Professional Development, http://www.acme-assn.org/files/guide-pd-6-2001.pdf.

S48, Breakout
2:45 – 3:45 pm, Saturday
Reunion F/Lobby; Schoolroom/220

Using CQI in the CME Office to Improve Efficiency and Enhance Customer Service

(Program Management; Audio Taped)

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Relevance: There has been a considerable amount of effort examining the role of CME and CQI in improving clinical processes. There has not been as much work looking at how CQI can improve the processes that characterize the day to day work of a CME office. CME is process driven, and CQI techniques can improve efficiency and enhance customer service.

Purpose: This educational session will report the experience of the Division of CME at Vanderbilt University School of Medicine's application of CQI to improve administrative processes.

Objectives: At the conclusion of the session, participants will be to summarize the basic principles of the CQI process, describe how to apply CQI in a CME office, identify key steps that contribute to successful application, and discuss the cost-benefits of using CQI in a CME office.

Key Points: CQI techniques can have an important impact on CME operations, but there must be a plan, and projects must be started in areas that are important to staff.

Expected Outcomes: Participants will be able to begin planning a CQI application in their CME Offices.

Reference: Langley GJ, Nolan KM, Nolan TW, Provost LP, Norman CL. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance. San Francisco: Jossey-Bass, 1995.

S49, Breakout
4:00 – 5:00 pm, Saturday
Reunion BC/Lobby; Schoolroom/200

Integrating Quality Improvement and Continuing Medical Education: Innovative Examples

(Educational Activities Design; Physician's Track; Audio Taped)

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Other: American Academy of Pediatrics Liaison to the National Initiative for Children's Healthcare Quality

Relevance: Research demonstrates CME activities that are most effective include active learning opportunities, learning delivered in a longitudinal or sequenced manner, and the provision of methods to facilitate implementation in the practice setting. With this in mind, professional societies and residency training programs will need to help members and trainees meet new requirements for achieving core competencies in performance measurement, quality improvement and systems thinking.

Purpose: This session will involve participants in discussing the barriers to improved care at the clinical level, as well as illustrate several successful projects which have integrated quality improvement, performance measurement, and continuing education for medical students, trainees, and professionals. These examples demonstrate the development of communities of learners in settings varying from on-line to regional.

Objectives: At the conclusion of this session, participants should be able to define the key components of the improvement cycle; understand the relationship between performance measurement and improvement, and recognize several ways in which collaborative quality improvement strategies can be integrated into continuing medical educational activities.

Key Points: This presentation will review how quality improvement can be adapted in various CME settings to help clinicians improve their care. Examples of successful projects include a statewide asthma improvement project involving 2 professional societies and all 9 state Area Health Education Center sites, a learning collaborative involving 10 pediatric practices focused on improving preventive services, an immunization improvement project in a pediatric residency program, and an on-line program developed by the American Academy of Pediatrics (involving performance measurement and feedback, educational and improvement modules, participant listserve, conference calls).

Expected Outcomes: As a result of this presentation, CME professionals will 1) better understand how to help clinicians improve care by sharing practical tools and effective strategies for implementing change in the clinical setting; 2) be able to introduce effective improvement strategies when planning educational sessions, and 3) facilitate the development of core competencies in communities of learners.

Reference: Berwick, DB. A primer on leading the improvement of systems. BMJ 1996;312:619-22.

S50, Breakout
4:00 – 5:00 pm, Saturday
Pegasus AB/Lobby; Schoolroom/140

e-Learning Strategies for e-CME

(Educational Activities Design; Audio Taped)

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Relevance: To meet learning objectives, instructional designers have to choose the best learning strategies when developing e-CME activities. But in the past, the technology has limited the choice of learning strategies that could be implemented. Some of these technology issues have been resolved, and innovative technologies are opening the way to new e-learning strategies. Instructional designers are now able to choose the best e-learning strategy to meet a learning need.

Purpose: This session will present the different e-learning strategies available for the educational design of an online CME activity. The intent is to provide a better understanding of the new design possibilities, when developing Web-based educational activities.

Objectives: After this session, the participants should be able to 1) discern key success factors in the educational design of online CME; 2) suggest new ways of designing interactive online CME; 3) identify e-learning strategies that can be implemented, and 4) have a better understanding of the required compromises in the design and development of a successful online program.

Key Points: Based on an analysis of the learning strategies used in online CME activities, this session will highlight 1) possible e-learning strategies, 2) the validity of these e-learning strategies in CME, and 3) the efficiency of instructional design choices in e-learning.

Expected Outcomes: This session will contribute to the development of best practices in the educational design of e-CME activities (online or offline).

Reference: Rosenberg, Marc J., E-Learning: Strategies for Delivering Knowledge in the Digital Age, 2000, McGraw Hill.

S51, Breakout
4:00 – 5:00 pm, Saturday
Cumberland BC/Exhibition; Schoolroom/135

CME on the Internet: Successful Collaboration

(Educational Activities Design; Audio Taped)

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Relevance: Collaboration between an academic medical center, two for-profit companies, and a pharmaceutical company can be complex, challenging, and rewarding at the same time. Defining roles and responsibilities and establishing guidelines for processes early in the relationship is critical. This workshop will demonstrate how each partner in this collaboration navigated their way through complicated issues by utilizing the ACCME policies and Standards for Commercial Support to establish standards for a premiere website that includes both CME and non-CME activities.

Purpose: Academic medical centers, for-profit medical education/communication, and pharmaceutical companies can collaborate to form successful communities of practice. This workshop will demonstrate how diverse organizations can work successfully together to deliver dynamic, interactive, and timely CME on the Internet. Gastrotherapy.com is a website developed for primary care physicians. The site includes both CME and non-CME activities and information. Temple University School of Medicine serves as the accredited provider and academic sponsor. MedCases manages the site and serves as the clinical content provider. Qwest Interactive Solutions serves as the technology and marketing partner. The site is supported by an educational grant from AstraZeneca. The complex nature of each of these organizations and the experience of building a true collaboration will be of interest to participants.

Objectives:
- Identify key elements for successful collaboration for Internet activities
- Recognize the need and opportunity for collaboration and partnerships
- Describe processes and guidelines used to establish working relationships and quality assurance
- Illustrate what has been tried and tested with Internet CME using the ACCME Standards for Commercial Support

Key Points:
- Interactive education surrounded by major resources can be a powerful tool for physicians
- The success of CME on the Internet will depend and build on the experience of traditional CME providers
- Collaboration is key to the advancement of CME, and future security of today's stakeholders
- The initial and ongoing design of Internet CME requires multiple partners, diverse expertise, and a unique structure to market, deliver and evaluate these activities

Expected Outcomes:
- An appreciation for the diversity among organizations and a recognition of the strengths of each that can be capitalized upon for successful collaboration and quality education
- The ability to embrace opportunities for collaboration with excitement and enthusiasm rather than with fear and mistrust
- Identification of potential collaborators in innovative CME projects on the Internet
- Ability to interpret and apply ACCME policies and guidelines

Reference: Peterson, M. Continuing Medical Education on the Internet: State of the Art. JCEHP 1999;19:242-249.

S52, Breakout
4:00 – 5:00 pm, Saturday
Reunion EG/Lobby; Schoolroom/200

Tips and Techniques for Using ARS as an Effective Teaching Tool

(Education Activities Delivery; Audio Taped)

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Relevance: As CME providers continue to strive for interactivity during educational activities, the audience response system (ARS) has shown itself to be a valuable way to increase audience involvement. Properly used, the ARS can promote active discussion, provide a comfortable environment for exploring controversial topics, and enhance the overall educational experience. An activity plagued by a poorly run ARS can become tedious, rushed, and distract from the material being presented.

Purpose: The intent of this session is to provide participants with practical techniques that will enhance the effectiveness and interactivity of an ARS. The session will incorporate an ARS to aid in demonstrating the successful use, as well as the potential pitfalls, of the technology. Session presenters will share personal experiences using an ARS in a variety of educational formats.

Objectives: At the conclusion of this breakout session, participants should be able to:
1. Recognize how an ARS can improve the delivery of an educational activity
2. Describe effective methods of using the ARS, including developing quality questions, training faculty to improve audience interaction, etc.
3. Explain the planning necessary from both the instructor and the CME planner for the ARS to have a positive educational impact
4. Analyze data on audience reaction to the use of an ARS

Key Points: Effective use of an ARS to enhance educational delivery requires:
1. Communications and planning between faculty and CME professional
2. Educating faculty on ARS techniques
3. Writing effective and relevant questions
4. Changing faculty and CME professional behavior to get the most out of the technology

Expected Outcomes: This session will enable participants to increase interactivity in their educational activities and to avoid many of the common mistakes often seen in ARS use.

Reference: Copeland HL, Hewson MG, Stoller JK, Longworth DL. Making the continuing medical education lecture effective. J Cont Educ Health Prof 1998;18:227-234.

S53, Breakout
4:00 – 5:00 pm, Saturday
Reunion A/Lobby; Schoolroom/100

Mimicking the Classroom: Is Live CME on the Web a Viable Alternative?

(Evaluation; Audio Taped)

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Relevance: For thousands of years, people have learned in classrooms, face-to-face with a teacher. All of us learned to read, discovered how to dissect a frog or pronounce properly *parlez-vous français* in a classroom. It comes as no surprise, then, that the classroom paradigm still ranks, far and away, as the primary means for training physicians. While many methods of delivering training by electronic means have yet to firmly establish themselves in the healthcare community, the one that most closely mimics the classroom is gaining a solid foothold. Live e-learning or synchronous e-learning technology enables CME providers to deliver what amounts to a traditional approach to training via the Internet.

The ever-increasing demands placed upon physicians and medical investigators can make it difficult to schedule a face-to-face meeting. As well, travel has become more expensive and time consuming due to recent world developments. Synchronous e-learning can eliminate the constraints of time and distance when training physicians or communicating to the worldwide community. You don't have to be in the same place to be on the same page, and you don't even have to be in the same country. With the use of the Internet and phone-based meeting tools, one can hold advisory board or CME meetings in real-time and online without the big expenses and huge hassles business travel usually entails.

Exciting features provided by the newer generation of synchronous e-learning applications revolve around the following collaborative tools designed to enhance interaction among participants:

- Pre/post conference survey to perform CME needs assessment;
- Polling (Touch-pad) technology allowing participants view results immediately;
- Application sharing for instructors to demonstrate new software; and
- Interactive Web touring to bring participants to a relevant Web site.

Purpose: The presentation will cover the various development phases of a CME program using e-learning technologies, such as needs assessment or pre/post conference surveys via e-survey tool, content development via application sharing tool.

Objectives: At the conclusion of the session, participants will have gained experience using real-time e-learning technology, and through the case-study approach, will be able to assess the applicability of synchronous e-learning technology in their organizations.

Key Points: Our data show that interactive CME sessions using synchronous e-learning enhance group interactivity and provide physicians with the opportunity to practice skills that can change professional practice and enhance professional competence.

Expected Outcomes: Various applications are possible with synchronous e-learning. These can be creatively and innovatively applied or adapted to each community of practice.

Reference: E-Learning: Strategies for Delivering Knowledge in the Digital Age, Marc J. Rosenberg, McGraw-Hill, 2002.

S54, Breakout
(Cancelled)

Effective Budgeting for a CME Activity

(Program Management; CME 101 – Basics Curriculum; Audio Taped)

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Relevance: Basic meeting planning includes needs assessment, setting goals, writing high quality, measurable objectives, successfully identifying the correct target audience, and ACCURATE BUDGETING, among other elements. This session will focus on a budgeting tool in Excel that is easy to follow, comprehensive, can predict a registration fee that is risk minimized, and has the added advantage of being explainable to a planning committee or chairperson. The attendee will receive a copy of this tool, and will also be able to download it from our web site following the conference at http://www.publichealth.usf.edu/conted/downloads.html.

Purpose: The purpose of this session is to provide a useful budgeting tool for predicting a risk minimized registration fee.

Objectives: At the conclusion of this session, the participant will be able to 1) prepare an effective budget; 2) predict a registration fee that has a high likelihood of success, and 3) use this tool for increased effective planning with program chairpersons or committees.

Key Points: Program success, though dependent upon many ingredients, is based especially on an effective program budget.

Expected Outcomes: CME professionals with day-to-day responsibility for program planning will be able to plan more effective and defensible budgets.

Reference: MacLaurin D, Wykes T. Meetings and Conventions: A Planning Guide. Toronto, Canada: Meeting Professionals International Canadian Council, 1997.

S55, Breakout
4:00 – 5:00 pm, Saturday
Cumberland DEF/Exhibition; Schoolroom/165

A Partnership That Works: A Case Study

(Program Management; Audio Taped)

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Other Support: Employee, Georgia Academy of Family Physicians

Relevance: Oftentimes associations and commercial supporters do not work together to plan activities that fulfill the goals of both. Through an open and cooperative relationship, activities can be planned that succeed from both points of view without jeopardizing program integrity.

Purpose: The purpose of this breakout is to provide ACCME accredited providers and commercial supporters an overview of a partnership that provides benefits for both parties while maintaining program integrity. A practical application of this cooperative process will be discussed as a model.

Objectives: At the conclusion of this breakout, participants should be able to
- Develop a successful partnership between an association and commercial supporters.
- Identify facets of program planning that lead to greater satisfaction for partners.
- Describe the effective utilization of an advisory board.
- Identify and evaluate potential partnership opportunities.

Key Points: Providers of continuing medical education (CME) would be well served to examine whether or not they are working effectively with their commercial supporters that result in partnerships that build upon and complement each other. Cooperation can lead to increased commercial support if both partners feel that their input is of value in developing a plan of activities for the association.

Expected Outcomes: A template will be distributed of successful activities for a continuing medical education provider that delivers expected needs for learners, provider, and commercial supporters.

Reference: American Academy of Family Physicians. Principles for Cooperation, AAFP Website, www.aafp.org, September 26, 2001.

S56, Breakout
4:00 – 5:00 pm, Saturday
Reunion H/Lobby; Schoolroom/220

Meeting Accreditation Requirements for Multiple Health Professions: How to Provide Certified Multidisciplinary Activities

(Accreditation; Audio Taped)

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Relevance: Although a spectrum of licensed health professionals work in synchrony to deliver most health care, certifying continuing education remains fragmented by profession or field. This challenges the ability of continuing education providers to meet the needs of their broad target audience and also can distract from the goal of meaningful outcomes resulting from education that is oriented to health care profession organizations rather than needs of patients' requirements for interdisciplinary care. The Veterans Affairs Employee Education System (EES), the national continuing education arm of the VA Hospital system, is accredited by many national and state health profession accrediting bodies, and has developed procedures which are routinely used (about 500 such activities per year) to certify activities simultaneously for health professions including physicians, nurses, psychologists, pharmacists, dentists, social workers, speech and hearing pathologists, healthcare executives, health facility architects, addiction counselors, and others.

Purpose: An overview of the accrediting bodies for various health professions will be presented. This presentation will focus on ACCME, ANCC, APA, and ACPE accreditations. A summary of similarities, differences, and unique requirements for these accreditations will be presented. Examples will be presented of policies, procedures, and checklists used by our staff to focus on quality project planning, delivery, and evaluation and in turn simultaneously meet the various accreditation requirements. The discussion will include comparison of live activities as well as self-study/enduring materials. Discussion will include the importance of focusing on quality without regard to the external requirements, then reviewing for specific compliance issues. Accreditation-specific requirements tend to occur in domains of definition of live vs. self-study, planning committee composition, contact hour calculation, promotional materials content, and commercial support.

Objectives: As a result of this session, participants should understand more about the accreditation environment for a variety of health professions; understand common themes and differences of organizational accreditation and activity certification requirements, and be able to customize resources provided in this session.

Key Points: Being accredited by multiple health profession continuing education bodies and providing multiple-certified activities is possible and can be done in a routine fashion. The organization must be able to distinguish between generally accepted sound program development requirements and compliance issues unique to a particular accrediting body. It is helpful to develop procedures and performance support tools for staff to use to integrate compliance with the routine work of a continuing education provider.

Expected Outcomes: Providers of CME can have more information to determine whether it is worthwhile seeking accreditation for other health professions. At the very least, the information and resources provided should ease joint sponsorship with educational partners who support certification for other health professions.

S57, Forum
4:00 – 5:00 pm, Saturday
Cumberland GHI/Exhibition; Schoolroom/180

Linking Scientific Behavioural Needs Analysis to Professional Competency Standards for Schizophrenia

(Needs Assessment; Audio Taped)

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Relevance: Providing empirical support of the constructs embodied in clinical competency guidelines would enhance the value of guidelines to physicians. However, such empirical support is often lacking, or the research that is conducted is unreliable or renders inadequate content validity. As such, practitioners do not always give credence to competency guidelines. Linking CME research results to clinical competency guidelines bolsters value in practice.

Purpose: This forum delineates the academic method utilized in a scientific needs analysis of psychiatrists' cognition and behaviour in the area of schizophrenia, and how such research can be directly linked to medical competency guidelines.

Objectives: Participants will gain a clear understanding of triangulation, a rigorous scientific method for qualitative research applied to physician practice behaviour. By understanding the value of this methodology, participants can better understand how needs analysis of physicians is an essential component to validating physician competency guidelines.

Key Points: Current needs assessments must tease out fine discrepancies in the knowledge and competencies of highly educated and experienced physicians. Effective assessment of physicians' competencies and needs must go beyond identifying what gaps exist to why they exist. Quantitative strategies can be used to point out the direction of issues; however researchers must surround the broad problems with multiple qualitative strategies to increase the accuracy and validity of findings. Effective evaluation of physician practice behaviour incorporates **triangulation.** Triangulation is a method of research design, which combines method in the examination of the same phenomena, including both quantitative and qualitative approaches. It is based on the logic that no single method ever adequately solves the problem of rival causal factors, because each method reveals different aspects of empirical reality. The term is taken from land surveying. Knowing a single landmark only locates you somewhere along a line in a direction from the landmark, whereas with two landmarks you can take bearings in two directions and locate yourself at their intersection [Patton, 1990]. Utilizing this methodology, a national needs assessment on the screening, diagnosis, treatment, and management of schizophrenia was conducted. The needs assessment was based on the opinions of psychiatrists from across Canada and included quantitative data gathered from questionnaires and the qualitative data gathered from panels of participating psychiatrists. The results revealed primary themes of essential importance to psychiatrists: co-morbidity, stigma, cognitive assessment, compliance, support systems (including housing, social support, and vocational groups), issues of fragmented care, measurement and outcomes, diagnosis as a process, and transitions to new medications. Detailed analysis of these themes showed correlations between the criterion elements and those competencies that are outlined by the Canadian Psychiatric Association.

Expected Outcomes: Participants will examine how multiple data collection methods increase the accuracy in assessing physician needs and competencies. Reliable and valid outcome data based on triangulation have direct relevance to clinical practice guidelines. This research suggests the need and means to link needs assessment outcomes to physician competencies.

Reference: Patton, MQ. (1990). Qualitative evaluation and research methods. Newbury Park, CA, Sage.