
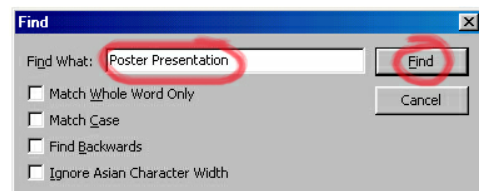
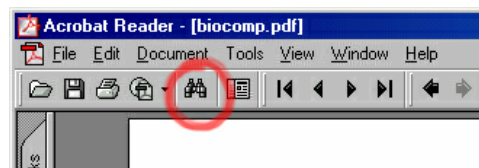


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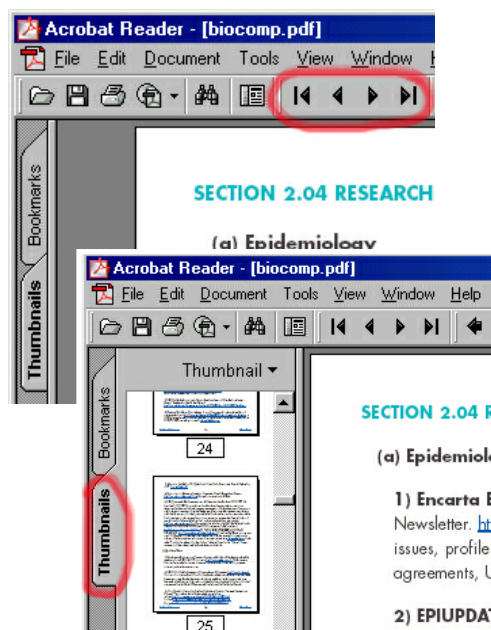
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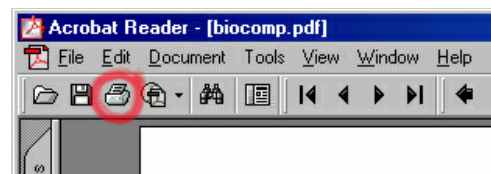
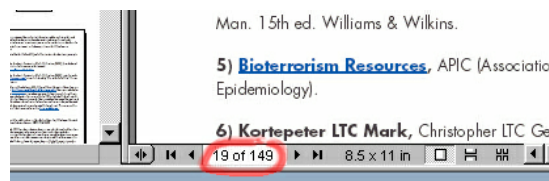
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W1, CME 101 – Basics Seminar (\$135)
7:30 am – 1:30 pm, Wednesday
Salon DE/2nd; Rounds/350

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

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**Consultant: Butler University College of Pharmacy & Health Sciences, Thomson Physicians World
and Hurd Studios Inc.**

Relevance: Newcomers are often unsure as to what are key issues for CME professionals and as to which sessions at the Alliance Annual Meeting they should attend in order to learn about these key issues.

Target Audience: This seminar will target newcomers to CME from all provider types, who need a basic understanding.

Purpose: The seminar is designed to present a great deal of information in a short period of time, with the understanding that participants can then decide if there are other sessions in the body of the ACME annual meeting that would give them more in-depth information about these key issues.

Methods: Individuals with expertise in accreditation, credit systems, ethical and legal issues and commercial support will provide short lectures on these areas. Participants will have an opportunity to apply learned information to analyzing and discussing pertinent issues in a CME case study.

Objectives: By the end of the seminar, participants should be able to: 1) differentiate between CME organizations that accredit, those that have credit systems and define how these groups relate to CME providers; 2) identify the Essential Areas, Elements, and Policies of the ACCME accreditation system; 3) describe the AMA PRA credit system and the ethical opinions that guide how physicians and accredited providers participate in certified CME; 4) identify significant changes in Standards for Commercial Support and the concerns regarding the influence of commercial support on CME from the perspectives of CME providers and commercial supporters; 5) identify the impact such legal issues as copyrighting/trade marking materials, American with Disabilities Act, force majeure clauses and insurance can have on planning CME activities; 6) using a case study, identify areas that could present problems and discuss potential solutions within small groups.

Key Points: This session is designed for CME newcomers to hear introductory presentations on key issues in CME.

Expected Outcomes: Individual new to CME will be able to quickly identify key issues and more adeptly select other sessions at the Alliance annual meeting that will assist them in their CME positions as soon as they return home.

Reference: ACME Continuing Medical Education: A Primer, 2nd Edition, AMA Physician's Recognition Award Requirements for Accredited Providers, ACCME New System of Accreditation.

W2, Provider Section Meeting (Hospitals)
1:30 – 5:00 pm, Wednesday
Dekalb & Gwinnett/2nd; Rounds/145

Enhancement of Professional Competency in Hospital CME
(Program Management; CME 101 – Basics Curriculum; Physician's Track)

Winnie Brown, MPA

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Barbra White, MHA

Mary Free Bed Hospital and Rehabilitation Center, tel: 616/242-0429, <mailto:bwhite@mfbrc.com>

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.

Target Audience: CME providers from hospital settings.

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.

Methods: Section leaders will facilitate discussions on topics of mutual interest to the section.

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. Special emphasis will be focused on developing strategies for continuing to work with industry, obtain funding and still be in compliance with the myriad of regulations facing CME providers and industry. This session is designed to provide members with convenient access to a powerful network, sharing best practices, ramp up quickly on new challenges and learn how to work with industry in providing quality CME to physicians without the appearance of commercial influence and absence of product bias.

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

W3, Provider Section Meeting (Medical Education & Communication Company Alliance [MECCA])
1:30 – 5:00 pm, Wednesday
Rockdale & Forsythe/2nd, Rounds/145

Medical Education and Communication Company Alliance
(Strategic Leadership; CME 101 – Basics Curriculum; Physician's Track)

Lawrence Sherman

Jobson Education Group, tel: 631/367-1776, <mailto:lsherman@jobson.com>

Other Support: Employee of the same organization that owns Interactive Media Solutions

Gil Golden, MD

Guilford Pharmaceuticals Inc., tel: 410/631-6376, <mailto:goldeng@guilfordpharm.com>

Kate Mann, PharmD

KV Medical Directions, tel: 609/514-0541, <mailto:kvmed@aol.com>

Audience response technology provided by Interactive Media Solutions, Englewood, CO

Relevance: Like all CME providers, medical education and communication companies face an array of challenging situations on a regular basis. During this time of media interest and regulatory change within our industry, commercial CME providers increasingly must be diligent with regard to making the right decisions and pursue solutions that address the uniqueness of the medical education and communication company environment as they implement the ACCME elements. Interpreting the gray areas in CME, maintaining an awareness of change, and utilizing this knowledge to manage the expectations of our clients continue to be ongoing challenges that define our profession and our businesses.

Purpose: This Provider Section Meeting will help participants to understand and better navigate challenges particularly relevant to MECCA members. This meeting will be divided into two interactive sessions. Through the use of case studies, one session will illustrate the day-to-day dilemmas of MECCA members for which the guidelines may be less than clear, or when multiple parties may have different interpretations of the guidelines. The other session will explore timely and important topics relevant to MECCA members, a topic requested by participants in last year's session.

Objectives: Identify challenging situations in the day-to-day provision of CME, discuss options available to CME providers in specific challenging situations, and review important legal and regulatory issues that affect – or are likely to affect – the provision of CME.

Key Points: There are many situations that arise in the course of providing CME where guidelines are less than clear, and it is important to be prepared for these situations. The CME regulatory environment is changing rapidly and MECCA members must remain up-to-date in their knowledge of existing guidelines and guideline changes. In addition, in order to most effectively deal with the day-to-day challenge of doing business, it is helpful to have an array of solutions to any given problem; experiential exchange among participants will add to the participants' solution "tool set."

Expected Outcomes: Participants will gain knowledge of appropriate and compliant actions in challenging situations that are frequently encountered and possess a thorough understanding of current hot topics in CME as they pertain to medical education and communication companies.

Reference: ACCME, Request for Comments on a Draft: New ACCME Standards for Commercial Support. Available at: http://www.accme.org/incoming/SCS_Draft_Jan_2003.pdf.

W4, Provider Section Meeting (Medical Specialty Societies)
1:30 – 5:00 pm, Wednesday
Main Meeting – Fulton & Cobb/2nd; Rounds 125
Breakout – Paulding/2nd; Rounds 80; Breakout – Douglas/2nd; Rounds/50

Medical Specialty Societies – Confronting Current CME Issues Head On
(Program Management; CME 101 – Basics Curriculum; Physician's Track)

June Wasser, MA

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Betty Rohr

Radiological Society of North American, tel: 630/571-7878, <mailto:rohr@rsna.org>

Relevance: Our annual provider section meeting affords members the unique opportunity of gathering once a year to discuss topics of common interest. These topics range from “CME basics” to current “hot topics”.

Purpose: The section meeting represents an important forum for interaction with colleagues, networking, and sharing ideas.

Objectives: The overall objective of the meeting is to provide updates on CME topics related to accreditation, commercial support, program planning, new technologies, and the ultimate goal of improving patient care. Also, of particular interest is defining new ways for societies to collaborate on shared goals and how to extend those partnerships to others in the CME world, such as MECCA's and corporate colleagues. Emphasis is placed on the exchange of ideas and “best practices”.

Key Points: These sessions are traditionally highly interactive and usually include a short lecture presentation, sometimes supplemented with panel discussions, and are followed by roundtable sessions that address pressing CME issues. The roundtables offer an ideal situation for tackling difficult CME questions through discussion with colleagues and ACCME and AMA experts.

Expected Outcomes: Provider members will receive valuable take home information that will help them improve or enhance the quality and efficiency of their CME programs.

W5, Provider Section Meeting (Medical Schools)
1:30 – 3:30 pm, Wednesday
Fayette & Newton/2nd; Rounds 105

Medical School 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 (Health Systems)
1:30 – 3:30 pm, Wednesday
Clayton/2nd; Rounds 80

Practice Makes Perfect: Incorporating Simulation to Improve Physician Skills
(Health Care Delivery Systems; CME 101 – Basics Curriculum; Physician's Track)

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Timothy McConnell, PhD

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Relevance: Simulation based training programs can be used to introduce new techniques and to assess and improve physician skills. As simulation has grown, programs have been designed to reduce medical errors and improve patient safety. Learning and practicing through simulation can provide team based training as well.

Target Audience: This Provider Section meeting will be of interest to all levels and all CME professionals who have responsibility for or are interested in medical error reduction.

Purpose: This provider section will discuss two models of simulation used in health care systems and organizations to enhance skills. Provider section members and other participants are invited to share their experience and participate in a facilitated discussion.

Methods: Simulation use will be presented and participants will problem solve the use of simulation in their environment.

Objectives: At the conclusion of this session, participants should be able to assess the value of simulation in their own environment.

Key Points:

1. Simulation training requires a system commitment to clinical skills measurement and improvement.
2. Innovative partnerships lead to increased utilization of simulation centers and dissemination of patient safety practices to health care providers in the community.
3. The outcome of simulated learning can be assessed objectively.

Expected Outcomes: Participants will define the opportunities for simulation-based education in their environment.

Reference: Helmreich RL. On error management: lessons from aviation. BMJ 2000; 320 (7237); 781-785.

W7, Provider Section Meeting (Pharmaceutical Alliance for Continuing Medical Education [PACME])

1:30 – 3:30 pm, Wednesday

Henry/2nd, Rounds/80

Pharmaceutical Alliance for Continuing Medical Education: Adapting to Environmental Changes for Commercially Supporting CME

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

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Michael Saxton, BS

CME Best Practices, tel: 908/537-7300, <mailto:saxton@cmebestpractices.com>

Karen Overstreet, EdD

Nexus Communications Inc., tel: 267/655-5970, <mailto:karen.overstreet@nexuscominc.com>

Relevance: Interest is high in how to appropriately support CME from a strategic, compliant and fiscally responsible position. The environment for commercially supported CME is being impacted by powerful dynamics that include changing guidelines (ACCME, PhRMA, AMA), increased federal (FDA, OIG) scrutiny of practices, public scrutiny, and reduced resources. Industry support for CME complements the discovery, manufacture and sales of products that improve lives. It allows for improved care and standards of care and appropriate use of products. It accelerates the exchange of valuable information, facilitates debate, and scientific exchange. It needs to be done in the new environment that is not static.

Purpose: The provider section meeting will facilitate interaction with members of industry dealing with the dynamic environment, developing strategies for managing the issues for positive outcomes, when interacting with the CME community.

Objectives: At the conclusion of the meeting participants should be better prepared to develop strategies to support CME that are focused on positive outcomes, commercially, strategically, compliant and fiscally responsible.

Key Points: To develop strategies for positive outcomes members of industry must be well versed in the current environmental factors and dynamics impacting commercially supported CME. Balancing external and within their own companies policies, guidelines, and resources is key to succeeding as a professional in the pharmaceutical industry in the area of commercially supported independent education.

Expected Outcomes: Members should be able to identify their own educational gaps within the new CME environment, understand common mistakes and how to avoid them, improve their abilities to interact with the external CME community.

W8, Provider Section Meeting (State Medical Societies)
1:30 – 3:30 pm, Wednesday
Cherokee/2nd; Rounds/80

State Medical Societies Accreditation of Intrastate Sponsors
(Accreditation; CME 101 – Basics Curriculum; Physician's Track)

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Diane Oetting, BA

Medical Association of Alabama, tel: 334/263-6441, <mailto:diane@masalink.org>

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, <http://www.accme.org>.

W9, Provider Section Meeting (Veterans Affairs)
1:30 – 3:30 pm, Wednesday
Adams/3rd; Conference/26

Veterans Affairs (VA) Employee Education Update and Dialogue
(Strategic Leadership; CME 101 – Basics Curriculum; Physician's Track)

Lynn Ward, EdD

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Robert Cullen, PhD

VA Employee Education System, tel: 440/526-3030, ext. 6658, <mailto:robert.cullen@lrn.va.gov>

Relevance: VA Employee Education must continuously address the needs created by changes in VA health care delivery.

Target Audience: VHA Educators

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

Methods: Two VA Employee Education System Employees will discuss changes and answer questions.

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

Key Points: This meeting 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 and Special Training Session
6:45 – 8:30 am, Thursday
Henry/2nd, Rounds/80**

Accreditation Council for Continuing Medical Education (ACCME) Accreditation Surveyor Update
(Accreditation; By Invitation from ACCME)

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Denny Lott, DEd

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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.

Target Audience: This breakout is designed for ACCME site surveyors.

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.

Methods: ACCME staff will share information with surveyors and provide a Question and Answer forum for specific issues.

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, <http://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
Galleria/Lower; 4' x 8' Horizontal Tack Board & Table for Handouts

Developing Your CME Staff: Is it Worth the Investment?
(Strategic Leadership; CME 101 – Basics Curriculum; Physician's Track)

Lori Andrade, MSA

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Deborah Correnti, MS

Academy for Healthcare Education, tel: 212/499-3239, <mailto:deborah.correnti@impactgroup1.com>

Relevance: At a time when CME providers are feeling increased pressure to reduce costs and increase efficiencies, the provision of CME staff development can often be viewed as unnecessary and, thus, be cut back or even eliminated. What added value does developing your CME staff bring to your organization?

Target Audience: This poster presentation will be of interest to CME professionals at all experience levels and in all provider settings.

Purpose: This poster presentation will explore a methodology of providing CME staff development activities and assessing its benefits.

Methods: A case presentation of staff development on a clinical topic to increase staff efficiency and effectiveness. The results of outcomes research conducted on a CME staff development activity will be presented.

Objectives: At the conclusion of reviewing this poster session, participants should be better able to (1) formulate ideas on how to provide CME staff development activities, (2) develop rational justification on the benefits of investing in CME staff development, and (3) discuss a method to assess the return on educational investment in the development of CME staff.

Key Points: Based on this poster session, participants will begin to assess the impact of CME staff development activities on effectiveness, efficiencies and customer service of staff.

Expected Outcomes: Participants will begin a process of assessing the role of CME staff development activities in their institution.

Reference: Bassi, Laura, Ludwig, Jens, McMurrer, Daniel, Van Buren, Mark. Profiting from Learning. ASTD. 2000.

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

Translating Professional Competence into Practice: Linking Undergraduate, Graduate and Continuing Medical Education to the Teaching of Physician Competencies in the Medical School Environment
(Strategic Leadership; CME 101 – Basics Curriculum; Physician's Track)

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Paula Smith, EdD

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Relevance: The mastery of professional competencies begins with undergraduate medical students and forms a continuum through residency training, board certification, and continuing medical education. The development of objectives for teaching competencies and criteria for assessing them at each level presents new challenges to medical school faculty. Indiana University School of Medicine (IUSM) adopted nine competencies for undergraduate medical students and implemented them during the past four academic years. During this time, the Accreditation Council for Graduate Medical Education (ACGME) and specialty boards promulgated competencies for residency education that became a required part of residency training and evaluation in 2003.

Target Audience: This poster will be of interest to professionals at all levels of experience in undergraduate, graduate, and continuing medical education.

Purpose: CME must provide a framework to help faculty gain skills that will enable them to understand, teach, and assess competencies to trainees at all levels.

Methods: The nine undergraduate medical education competencies adopted by IUSM were analyzed in relation to the core competencies mandated by the ACGME to determine their overlap. Additionally, the IUSM and ACGME core competencies were reviewed to determine their appropriateness for the two groups of trainees.

Objectives: At the conclusion of this analysis, participants should be able to describe the differences between the undergraduate and graduate competency programs, identify appropriate teaching and assessment methodologies for the programs, and establish specific approaches to teaching and evaluating medical student competencies as a basis for CME programs directed to academic faculty.

Results: There was considerable overlap between IUSM's undergraduate competencies and those mandated by the ACGME. The two areas that seemed more appropriate for residency training than undergraduate student training were: (1) the teaching of patients regarding their illnesses and therapeutic regimens, and (2) the understanding of the current health care system including the challenges and opportunities of various practice environments.

Expected Outcomes: IUSM's Division of Continuing Medical Education (CME) will work toward offering programs that define competencies at the undergraduate and graduate levels to faculty that include the evolution of competencies through the spectrum of professional education. CME will work with faculty presenters to assist them in developing programs to teach and assess competencies as the physicians-in-training recognize that professional development is a continuing and lifelong process. CME providers must also actively seek information from the faculty and trainees to develop programs that successfully incorporate the competencies in their programs.

References: "The Indiana Initiative: Physicians for the 21st Century." Indiana University School of Medicine. September 1996. Available at <http://meded.iusm.iu.edu/competencies>.
See also "ACGME General Competencies." Vers. 1.3 (9.28.99). The Accreditation Council for Graduate Medical Education. Available at <http://www.acgme.org/outcome/comp/compHome.asp>.

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

Developing a Collaborative Effort for Cross Disciplinary Geriatric Education
(Strategic Leadership; CME 101 – Basics Curriculum; Physician's Track)

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Albert Finestone, MD

Temple University School of Medicine, tel: 215/707-4787, <mailto:albert.finstone@temple.edu>

Robert Smedley, EdD

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Catherine Thomas-King, CMP

Temple University School of Medicine, tel: 215/707-4787, <mailto:cthomask@temple.edu>

Relevance: In the modern CME environment, CME offices must maximize institutional resources to thrive and survive by fostering intra-university collaboration. Scarce resources can be cross-utilized to promote more widely reaching educational interventions.

Purpose: This poster describes the process of building relationships between 'units' within a major academic Health Sciences Center/University with the goal of producing geriatric CME programs.

Objectives: To demonstrate how independent units, TU-CME and TU-Institute on Aging (TU-IOA), within an organization can share resources to initiate CME programs and facilitate research efforts.

Key Points: A schema was developed, containing the following elements. One, establish an organizational vision that brings cohesiveness to the university departments that share similar missions. Two, target potential collaborators and building relationships based on mutual needs assessments. Three, establish a clearly defined and achievable short term goal such as a short introductory program/collaboration. Four, build on the success by developing additional ventures with existing units, and developing marketing strategies highlighting the successes to target potential collaborative partners.

Expected Outcomes: The collaborative efforts of TU-CME and TU-IOA fostered the development of a CDROM, web-based educational modules and live programs as well as provided greater awareness of internal resources for dynamic educational opportunities. In addition, it engendered collaboration in the University setting for the units collectively as well as individually. The schema we developed builds networks and increases the provision of relevant and contemporary continuing educational programming, geriatrics being one example.

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

Impact of a New Accreditation System on Specialists' Learning Habits
(Accreditation; CME 101 – Basics Curriculum; Physician's Track)

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Grant Research Support: Aventis Canada

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Relevance: Accreditation systems were developed to ensure that physicians maintain their competence in a rapidly changing environment. In traditional systems, practitioners are required to accumulate a minimum number of credits over a period of time by attending CME conferences sponsored by accredited organizations. However, studies suggest that this type of CME activities has limited effectiveness for improving practice behaviors. Based on this fact and the latest research on how physicians learn, the *Royal College of Physicians and Surgeons of Canada (RCPSC)* has developed a CPD program rewarding learning activities that are self-directed and allow self-assessment and reflection on practice. The introduction of this system provided a unique opportunity to study the impact of an innovative accreditation policy on the learning habits of physicians.

Target Audience: This poster will be of interest to CME providers at all experience levels who want to learn about interventions that can influence learning behaviors of practicing physicians. The results are particularly relevant for decision-makers working in organizations involved in the regulation of the medical professions and the maintenance of clinical competencies.

Purpose: To present the results of a study assessing the impact of the Maintenance of Certification (MOC) program, introduced by the RCPSC in January 2001, on the learning habits and perceptions of specialists working in a university-affiliated hospital.

Methods: Pre-post comparison of the type and frequency of learning activities undertaken by academic specialists of the McGill University Health Center in the 12 month period before and after the introduction of the MOC program.

Objectives: After viewing this poster, participants should be able to: 1) describe the characteristics of an accreditation system that encourage self-directed learning, and 2) appreciate the value of developing creative, system-wide interventions enabling changes in learning behaviors, based on the best evidence in education.

Results: Learning opportunities in university-affiliated hospitals are numerous and varied, and not all equal in value and use. Before the introduction of the new accreditation system, specialists perceived traditional activities such as attending formal educational programs and reading the medical literature as having the highest learning value. The lowest learning value was given to activities that are provided by non-medical organizations or that are remote from the clinical practice. The MOC program had a positive impact on the learning habits of study physicians. In the 12 months after its implementation, there was a significant increase in the frequency of activities that allowed specialists to get credits for learning opportunities in the workplace and for reflection on their practice.

Expected Outcomes: This study demonstrates that an innovative accreditation policy, which rewards the most valuable learning activities, may have a positive influence on the learning habits of physicians. It also suggests that non-medical organizations need to improve the perception of the value of their educational activities if they want to influence medical practice.

Reference: Davis D, 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.

P5, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Galleria/Lower; 4' x 8' Horizontal Tack Board & Table for Handouts

Going Ahead with the Spanish Accreditation Council of CME (SACCME): The First Year's Experience
(Accreditation; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: The creation of the Spanish Accreditation Council of CME (SACCME) in 2002-2003 has been a crucial event in the Spanish context because of its significance as the first accreditation body specifically devoted to CME accreditation and owing to the fact that it is made up exclusively by medical professional organisations (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).

Purpose: To describe the difficulties in implementing the SACCME in the real world and the first steps of its CME activities certification system.

Objectives: To analyze:

- The implementation process of the SACCME
- The acceptance of SACCME by the medical professional organizations as a whole
- The initial experience in certifying CME activities

Key Points: Description of the:

- Main strategies used to introduce the SACCME
- Characteristics of the SACCME system

Expected Outcomes: The SACCME can decisively contribute to normalize the CME accreditation in Spain.

The current developments of CME accreditation in Spain are able to facilitate the implementation of several ongoing initiatives related to physicians' regulation. The SACCME could serve as model for other health professionals' initiatives in the domain of CE accreditation.

References: Pardell H, Gual A, Bertran JM, Sierra G, Cabero L, Paz J, Moreno A. The Spanish Accreditation Council of CME (SACCME). A professional body for CME accreditation. 28th Annual Conference of the ACME. Dallas, TX. January 29-February 1, 2003.

Pardell H, Sierra G. Continuing Medical Education and Continuing Medical Education Accreditation in Spain. J Cont Educ Health Professionals (in press).

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

Seven Years' Experience of the CME Accreditation System of the Catalan Council of CME (1997-2004)
(Accreditation; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: The Catalan Council of CME (CCCME) has been the leading CME accreditation body for the Spanish physicians as a whole, having served as model for the subsequent CME accreditation systems of the Spanish Commission of Continuing Education of Health Professionals (SCCEHP) and of the Spanish Accreditation Council of CME (SACCME). The CCCME implemented its CME accreditation system in 1997 and since then 10 providing institutions have been accredited and more than 1000 CME activities have been certified.

Purpose: To describe the profile of CME providers and of participants in CME activities in Catalonia, Spain and the characteristics of such CME activities submitted to the CCCME for certification.

Objectives: To analyze the:

- Type and characteristics of certified CME activities
- Distribution of quality factor
- Scope of CME credits
- Profile of CME providers
- Profile of participants in certified CME activities

Key Points: Description of the:

- CME activities certification system of the CCCME
- Participants' profile in certified CME activities
- Scope of CME activities in Catalonia, Spain

Expected Outcomes: The accurate knowledge of the current offer of CME activities in Catalonia will serve to design new approaches for adapting them to the future needs. The participation of the Catalan physicians in certified CME activities could constitute a relevant tool for designing new developments in the field of professional relicensure-recertification system of the Catalan Medical Association

References: Pardell H, Ramos A, Gual A. Profile of CME activities' providers and participants in Catalonia, Spain. 26th Annual Conference of the ACME. San Francisco, CA. January 24-27, 2001.

Pardell H, Oriol-Bosch A on behalf of the Executive Committee of the Catalan Council of CME. On the CME accreditation in Spain. Med Clin (Barc).2003, 120: 261-4.

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

Assessing Needs, Addressing Change: Linking Continuing Medical Education to Physician Competencies and the Practice Environment - A Survey of Clarian Medical Staff
(Needs Assessment; CME 101 – Basics Curriculum; Physician's Track)

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This project was supported by a grant from Clarian Health Partners, Inc.

Relevance: CME literature and previous survey research have suggested that dramatic changes in organization, delivery, and financing of health care may have introduced new obstacles and opportunities that practicing physicians and CME providers should address in order to maximize the benefit of CME programs and choices.

Target Audience: CME professionals, hospital administrators, medical schools and other CME providers.

Purpose: CME must provide a framework based on predictable needs for future program planning. In large, complex health systems like that represented by the Indiana University School of Medicine (IUSM) and Clarian Health Partners, ongoing needs assessment is critical to CME success. We believe the needs assessment process can be strengthened in this environment by 1) integrating a consensus building methodology into the traditional needs assessment survey and 2) extending the range of needs assessment questions to identify underlying motivators of CME practice and choice among physicians. This presentation will describe the methodology and results of such a survey.

Methods: A Delphi Method survey was conducted in two phases using web-based and hardcopy collection techniques, surveying first IUSM and Clarian leadership and then the medical staff in three key domains: physician competencies for future practice; the impact of the business of health care on CME; and linking CME to outcomes.

Objectives: At the conclusion of this presentation, participants should be able to identify emerging broad areas of educational needs among physicians in a large mid-western health system; describe those physicians' attitudes, strategies, practices, and outcomes in utilizing CME to meet those needs; describe those physicians' preferences regarding linkage of CME to outcomes improvement efforts; and adapt a Delphi consensus-building approach to CME needs assessment.

Results: Physician respondents to the survey perceive the incorporation of evidence-based practice and of information technology skills and tools to be both very important to future practice and an area where education is greatly needed. While increased use of the Internet and other distance learning technologies in CME is likely and desirable, other developments, such as cost-pressure constraining physician CME choice and increasing influence of managed care on CME are undesirable but likely. Finally, broad consensus emerged regarding the need to link CME to patient care improvement, particularly to reduce medical errors and integrate evidence-based medicine into practice.

Expected Outcomes: CME must actively seek information from its participating physicians in order to effectively respond to changing needs and environments. CME professionals will leave this presentation with an innovative needs assessment methodology and examples of survey tools they can adapt to their own environments and needs assessment audiences.

Reference: Davis, D, et al. Changing physician performance: a systematic review of the effect of continuing medical education strategies. JAMA September 6, 1995, 274(9): 700-705.

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

**Delivery Vehicle Preference for Continuing Medical Education Programs is not Influenced by Physician Specialty:
Special Focus Internet**

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

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Relevance: Questions are often raised regarding the preferred delivery vehicle for CME programs. While the Internet is becoming an increasingly popular mode of delivery for programs, the willingness of health care professionals to access these programs is still undetermined. This study investigated the interest of health care professionals in the CNS field to receive CME credit through the Internet compared to other conventional delivery vehicles.

Target Audience: This abstract will be of relevance to attendees of all experience levels and to all provider groups.

Purpose: The preferred delivery vehicles for CME programs to health care professionals will be investigated, especially in relation to the Internet.

Methods: A detailed survey of 586 health care professionals, involved in the treatment of neurological and psychiatric disorders, was conducted.

Objectives: This study aims to a) assess the impact of the Internet as a medium for CME compared to traditional programs; and b) determine any differences in preferences for CME programs between healthcare specialties.

Results: When compared to traditional means of achieving CME credit, less than 10% of all health care professionals indicated that the Internet was their preferred vehicle for CME programs. While there was no difference in the preferences of primary care physicians, neurologists, and psychiatrists, there was a trend towards an increased interest in Internet CME programs with allied health care professionals.

Expected Outcomes: While the Internet is a convenient and cost-effective method for the distribution of CME programs, the ability of Internet-based programs to reach the expected audience may be questioned. Programs aimed at physicians in the CNS field may be better delivered through more traditional means.

Reference: Lalonde J. How physicians learn. Better methods of delivering CME using online practice-based learning. Cost Qual. 2000 Sep;6(3):29-31.

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

Paradigms of Chronic Care Treatment and Management: A Behavioural Needs Analysis of a Treatment Paradigm
(Needs Assessment; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: Behavioral needs assessments are critical to a deeper understanding of the paradigms of care involved in the treatment and management of complex disorders. In turn, this analysis links to the development of appropriate interventions to enhance professional competence as it ensures accurate understanding of the challenges which physicians encounter in their practice.

Target Audience: This methodology is of value to all providers as it offers insight and depth of understanding regarding clinical practice attitudes and behaviors that impact effective patient care.

Purpose: Behavioral needs assessments derived in educational and psychological research are uniquely suited for research regarding the perceptions, skills, attitudes, and clinical behaviors of medical professionals.

Methods: Effective evaluation of physician practice attitudes and behaviors incorporates both qualitative and quantitative methodologies, through a process of triangulation [Patton, 1990]. Triangulation is defined as a powerful research design that strengthens the research by using several kinds of methods, different data sources, and collects data at different times. Because each method reveals different aspects of empirical reality, multiple methods of observations must be employed, termed triangulation.

Objectives: Utilizing this methodology, a National Needs Assessment on the screening, diagnosis, treatment, and management of Rheumatoid Arthritis among Canadian rheumatologists was conducted.

Key Points: The results indicated the following issues as primary themes of essential importance to rheumatologists: (a) the critical value of early recognition and referrals for Rheumatoid Arthritis; (b) the challenges accessing appropriate pharmacological treatments and resources; (c) the significant gaps in the management of the chronic care patient; and (d) the need to counter multiple myths and stereotypes among health care providers and patients. Moreover, the findings offered insight into the distinct psychological and professional profiles of Rheumatology patients and rheumatologists, providing direction as to how to better support their unique relationship.

Expected Outcomes: Utilization of the rigor and value of triangulation methodology can yield findings that provide a depth of understanding of physicians' needs, behaviors, and perceptions. This study offered valuable information regarding the paradigm of care in which rheumatologists are increasingly required to practice.

Reference: Patton, M.Q. Qualitative evaluation and research methods. Newbury Park, CA, Sage, 1990.

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

Implementing Clinical Practice Guidelines (CPGs) in Asthma: What do Primary Care Physicians Know about Them?

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

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Relevance: Implementing clinical practice guidelines (CPGs) remains a major challenge for any CME provider in our healthcare system. Canadian CPGs on asthma management were published in 1999 and updated in 2001. But it seems that basic issues are still problematic and are not translated appropriately.

Target audience: This poster will be of interest to all CME professionals looking for a practical approach to assess the practice-based learning needs related to clinical daily practice.

Purpose: To assess learning needs related to practice integration of CPGs, upon recruitment each physician had to fill a questionnaire about his way of managing asthmatic patient.

Methods: A prospective randomized-controlled study was undertaken in primary care physicians from 5 regions of Quebec to assess their degree of knowledge of the Canadian CPGs on asthma management and to support their decision-making process at the point of care. At enrollment time, every physician filled out a questionnaire, assessing their knowledge of the CPGs (i.e., "Please describe the 8 criteria for asthma control" and "What educational and therapeutic interventions can be performed to help improve patients with asthma?"). Questionnaires were graded by 1 observer with established criteria.

Objectives: At the end of this poster session, each discussant will be able to: 1-appreciate the value of good questions to be asked when building a needs assessment to assess CPGs implementation, and 2-apply this model to their own environment.

Key Points: We have recruited 104 primary care physicians between August 2002 and November 2002. The analysis of study questionnaires gives the following results: The scores were on average 1.9/8 and 2.5/8 points for control and education/therapy questionnaires, respectively. There were no differences between regions. With regards to control of asthma, the criteria remembered the most were Beta-2 agonist use less than 4 times/week (44-61%), normal physical activity (39-63%) and no absenteeism (35-52%), the other 5 criteria being reported between 0 and 18% of the time. With regards to education and treatment, the criteria reported most frequently were home environment (42-59%), referral to an asthma education center (23-43%), action plan (42-48%), and smoking (24-33%), inhalation technique, anti-inflammatory therapy and add on therapy were reported less frequently and work environment almost never (0-7%).

Expected Outcomes: Participants will begin a process of individual and organizational reflection on how to proceed with the needs assessment approach they use as CME professionals. Participants will also take into account that these results confirm that the physicians enrolled have an up-to-date knowledge of the fundamentals of asthma, but that certain areas of management still remain problematic. The CME capability-enhancing intervention under which they have agreed to submit themselves through our ongoing RCT-study will reveal if these baseline data will be modified.

Reference: Davis DA Clinical practice guidelines and the translation of knowledge: the science of CME.
Can Med Assoc J 2000; 163: 1278-9.

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

Profile of e-Learners in Canada

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

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Relevance: The use of on-line Continuing Medical Education has increased steadily over the last five years. In order to develop e-CHE programs adapted to physicians' needs and preferences, we made a study to identify the profile of the e-learners in Canada.

Target Audience: This poster presentation will be of interest to CME professionals at all experience levels and working in medical education and communication companies, medical schools and medical societies.

Purpose: The purpose is to share qualitative and quantitative data in line with the e-learners profile; their preferred technology and the location where they accessed Internet for e-learning.

Methods: We conducted a retrospective study using data from Canadian CME programs delivered in 2002 on different topics such as women's health and cardiology. This database contains demographic information and participants' characteristics, their preferences for on-line CME activities and evaluation by the participants. A questionnaire was administered to the participants before and after each program.

Objectives: After this poster presentation, participants should be able to 1) identify the e-learners profile and their preferred technology, and 2) formulate some ideas about developing CME programs adapted to e-learners' needs and preferences.

Results: We obtained qualitative and quantitative data from nearly 1000 physicians in Canada. Some variations were found in line with e-learner profile: age distribution, male and female participation, the optimal moment for e-learning and the favorite time of the day. We will also present detailed information on how frequent physicians use the Internet for their CME activities, their preferred technology, the location where they accessed Internet for e-learning and the type of enduring material they preferred.

Key Points: There are some variations in line with e-learner profiles, their preferred technology, the location where they access Internet for e-learning and the type of enduring material they preferred. Being aware of these elements may be useful in designing and implementing CHE programs adapted to e-learners needs and preferences.

Expected Outcomes: Participants will recognize the variations in line with e-learners profile and evaluate how to adapt their CHE program according to the e-learners needs and preferences.

Reference: Canadian Medical Association Journal, CMAJ, Nov. 2002, CMA Survey.

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

The Community of Practice (COP) Pilot Project: A Project to Study Information Exchange among Physicians and Other Members of Selected Communities of Practice

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

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Relevance: Even though they work in clinical teams and groups, physicians most frequently work and learn in silos. Based on E. Wenger (1998) model of community of practice (COP), we are conducting a multi-center study on communities of learners in selected COPs. This model studies how the members store, exchange and build on the collective practice-based learning enhanced by their collegial practice and mutual professional development.

Target Audience: This poster will be of interest to all CME professionals looking for new models of CME delivery integrated to clinical daily practice.

Purpose: The objectives of this pilot project are 1) to describe how naturally occurring groups of health care professionals exchange information and learn together, 2) to determine what methods they use, and 3) to assess whether specific interventions can move these groups towards functioning as communities of learners.

Methods: This multi-site project, conducted over a period of 12-months in 2003, involves consenting participants (specialists, residents and associated health care professionals) from 4 hospital units in Alberta, Quebec (2) and Pennsylvania. Participants attended 2 workshops at the beginning of the study on the research protocol, the communities of practice and the use of personal learning projects, and were trained on the tools provided to share information and knowledge among group members (listserv, RCPSC's Web diary, CPD Tracker and Question Library). In addition, site managers were assigned to each group to seek opportunities to organize collective learning sessions such as rounds and journal clubs. Numerous qualitative and quantitative measurement methods are used to measure changes in the groups' dynamics and individual learning habits during the course of the study.

Objectives: At the end of this poster session, each discussant will be able to: 1) envision the concept of COP, and 2) formulate some ideas on how to apply this model to their own environment.

Key Points: The characteristics of the groups and changes in learning habits during the first 6 months of the study will be presented.

Expected Outcomes: Participants will begin a process of individual and organizational reflection on new models for CME delivery.

Reference: Cultivating communities of practice: a guide to managing knowledge. E Wenger et al. Harvard Business School Press 2002.

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

Bringing Pharmaceutical Representatives into the Educational Loop
(Educational Activities Design; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: The role that representatives play in upholding, promoting or depreciating high standard education has essentially been ignored in the field of CHE. Although pharmaceutical representatives in Canada receive many opportunities to upgrade their knowledge of disease states and management, they receive very little information or training in the practice of CHE. Two years ago a Continuing Health Education course was created by a group of dedicated professionals from across Canada representing academia, industry and the Council for Continuing Pharmaceutical Education. The outcome has been a high quality written document and a "take-home" exam that is unique in its format and congruent with the philosophy of adult education. The coming together of the three stakeholder groups also represents an example of true partnership that promises to offer a high impact on raising and maintaining standards of CE across the country.

Target Audience: This poster will be of interest to participants at all levels in industry, academia and society partnerships.

Purpose: The poster describes the course, course participants' comments, exam completion time, and grade ranges.

Objectives: Participants will discuss implications/impact of pharmaceutical representatives' growing educational expertise.

Key Points: The goal of CHE remains consistent even though stakeholders may vary. Through pooling the resources of differing groups an outcome of higher quality can be achieved. Maintaining high standards of CHE are the responsibility of all stakeholders. The greater the knowledge, skills and communication between these stakeholders, the greater the outcome.

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

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

Audience Response System: Effect on Learning in Family Practice Residents
(Educational Activities Delivery; CME 101 – Basics Curriculum; Physician's Track)

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Grant Research Support: MERIDIA Audience Response

Relevance: Traditional didactic lectures where medical trainees are passive participants in the learning process are known to yield disappointingly low retention rates of factual information. However, novel interactive teaching methods that may improve learning efficacy are being developed. The use of an audience response system that promotes active participation in the lecture process has been shown to improve retention rates of factual information in non-medical venues. Increasingly, such a tool is being used in medical education settings in an effort to realize similar benefits among medical trainees. It would therefore be important to objectively test the effectiveness of an audience response system in a medical education environment to determine whether its utilization translates into improved learning outcomes among medical trainees.

Target Audience: This poster will be of interest to CME professionals at all experience levels in all provider groups.

Purpose: This poster will describe a study that tested the hypothesis that the use of an audience response system to facilitate trainee participation during lectures would result in improved learning outcomes in Family Practice residents.

Methods: New data will be presented from a controlled crossover study that was conducted between May 2002 and January 2003 involving 24 Family Practice residents from an established, community-based, university-affiliated Family Practice residency training program who were assigned on alternating months to either a control or audience response system 60-minute lecture session with otherwise identical content. Scores on post-lecture content-validated multiple-choice quizzes were compared in control and audience response system lecture groups, both immediately following and 1 month after each lecture.

Objectives: At the conclusion of this presentation, participants will 1) understand the suboptimal learning performance that occurs during traditional medical education lecture formats, 2) understand the outcomes of a research project studying the effects of an audience response system on learning performance in a group of postgraduate medical trainees, and 3) formulate ideas on how to improve competence through audience response system-enhanced lecture methods.

Major Results: Post-lecture quiz scores (mean \pm SEM; maximum 7 correct responses) were 4.25 ± 0.28 (n = 32; 61%) in the control lecture group, vs. 6.70 ± 0.13 (n = 23; 96%) in the audience response system lecture group ($P < 0.001$). Re-administration of the same quiz 1 month later yielded quiz scores of 3.39 ± 0.33 (n = 18; 48%) in the control lecture group, vs. 4.67 ± 0.45 (n = 12; 67%) in the audience response system lecture group ($P < 0.05$). Potentially confounding variables (lecture assignment group, postgraduate training year, resident In-Training Examination score, post-call status of resident) did not contribute to these performance differences. Therefore, audience response system-enhanced lectures can improve post-lecture quiz performance in Family Practice residents, both initially and up to 1 month after lecture administration.

Expected Outcomes: Participants will 1) understand new research data validating the audience response system as a means to improve retention rates of factual information among postgraduate medical trainees, and 2) appreciate the need for further research on novel interactive teaching methods such as the audience response system that may improve professional competence by optimizing learning performance.

Reference: Greenberg L, Jewett L. The impact of two teaching techniques on physicians' knowledge and performance. Acad Med 1985; 60:390-396.

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

Learning through New Technologies

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

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Relevance: On-line training is growing and medical pedagogy is largely solicited. Knowing how to benefit from new technologies is useful in the development and application of medical pedagogy to on-line interactive program.

Target Audience: This poster presentation will be of interest to CME professionals at all experience levels and working in medical education and communications companies, medical schools or medical specialty societies.

Purpose: The purpose of this poster is to share our experience in designing and implementing an accredited on-line interactive workshop using new information and communication technologies to foster best practice sharing between family physicians and specialists.

Methods: CME experts and specialists developed the contents of an interactive workshop. A specialized communications agency provided the logistical and technological support to help physicians in using new technologies. Using the Internet, a CD-ROM or a manual, the participants were able to participate in the workshop with their colleagues in conference calls from their homes or offices.

Objectives: After this poster presentation, participants should be able to 1) recognize key factors for implementing an on-line interactive workshop for small groups, and 2) formulate some ideas on how to use new information and communication technologies for educational programs.

Results: The program reached 345 family physicians all across Canada over a short 6-week period. CME experts, specialists and participants had the opportunity to benefit from new technologies and learn to use it successfully for an interactive CME program. The participants stated that the format made it possible to share clinical experience and integrate content efficiently. More than 90% agreed that the activity was relevant to their practice and would have an impact on their practice and 96% of them said they would participate again.

Key Points: The use of new information and communications technologies is making distance training accessible and is fostering best practice sharing between family physicians and specialists. Expertise sharing associated to solid logistical and technological support are key success factors for implementing this educational strategy.

Expected Outcomes: Participants will consider key factors in designing and implementing on-line interactive workshop to foster best practice sharing.

Reference: Marchand L. Pour une éducation médicale avec apprentissage en ligne, Nouvelles Technologies Éducatives, Pédagogie Médicale 2002; 3:180-187

Keywords: Continuing medical education, on-line CME, distance learning, practice sharing.

P16, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Galleria/Lower; 4' x 8' Horizontal Tack Board & Table for Handouts

Enhancing Educational Activities Delivery: An Adolescent Gynecology CME Activity
(Educational Activities Delivery; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: The goal of CME is to provide physicians with an avenue to increase and maintain their competence in patient care. Recent research results show that the traditional lecture format CME activities have limited effectiveness for improving physician practice behaviors and that adding small lecture discussion groups and a practicum component to the activity increases the carry over of the new information and clinical skills to patient care. The increase in sexually transmitted infections and sexual activity of teens makes pelvic exams and Sexually Transmitted Infections cultures more common in pediatrician and family practice offices. However a survey of our pediatricians shows that experience in these areas with the adolescent population was limited. So by adding small lectures / discussion groups, office tools, resources and a skill practicum with clinical patient models, we hope to enhance a practice change that will lead to better patient care in this area. An audit of cultures for Sexually Transmitted Infections (STIs) will be conducted pre and post activity to demonstrate changes in increased performance of pelvic exams on adolescents and ordering patterns for correct cultures for STIs.

Target Audience: This poster session will discuss the use of small lecture/discussion groups and practicum with patient models formats for Adolescent Gynecology CME is directed to CME planners for pediatricians and family practice physicians.

Purpose: To examine methodologies in the delivery of CME that will enhance changes in practice and skill of the physicians attending the activity.

Methods: Poster Presentation

Objectives: At the conclusion of viewing the poster presentation participants should be able to: 1) Recognize that diversity in the educational format of CME activities will increase retention; 2) increase specific clinical skills, and 3) promote changes in practice by pediatricians and family practice physicians.

Key Points: CME Planners need to be creative in educational strategies for CME presentations to physicians to increase clinical skills and practice changes in care delivery. Small lecture/discussion groups, skill practicum, office tools and resources can be used to encourage changes office practice.

Expected Outcomes: Participants will think about incorporation of creative education strategies to enhance CME activities and support practice changes.

References: Mazmanian, Paul E. Ph D, Davis, David A. MD Continuing Medical Education and the Physician as a Learner: Guide to the Evidence. JAMA 9-4-2002: 1057-1060.

Rosof, Adrienne B., Felch, William Campbell, MD Continuing Medical Education: A Primer.

P17, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Galleria/Lower; 4' x 8' Horizontal Tack Board & Table for Handouts

**The Use of a Specialist/Generalist Team Teaching Approach in a Small Group Format:
Results from a Family Medicine Conference**
(Educational Activities Delivery; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: CME programs frequently use small groups as primary or ancillary educational formats. Subject matter experts or specialists often lead these groups. However, in the real world of health care, communications between primary care physicians and specialists are often limited to (1) large didactic lectures as part of CME events, or (2) feedback (if any) received following patient referrals. Bringing together primary care providers and specialty representatives in the closeness of a small group setting provides the opportunity for two-way discussion of both groups' perspectives, and potentially increases the effectiveness and efficiency of patient care.

Target Audience: This poster will be of interest to all CME providers who offer specialty topic programs to Family Medicine/Primary Care physicians.

Purpose: The purpose of this poster is to describe the effectiveness of six disease-specific small groups, using a "generalist/specialist" co-facilitation approach, as part of a larger Family Medicine conference.

Methods: The poster will cover the specialist/generalist small group format from needs assessment through evaluation, with emphasis on participants' reported perception of format effectiveness.

Objectives: Through this poster presentation, participants will be able to (1) describe levels of success for elements of the generalist/specialist format, (2) discuss facilitators/barriers to success, and (3) discuss "themes" among physician comments regarding the small group experience.

Key Points: Effective communication between professionals is critical to provide effective, evidence-based health care. The small group format can serve as a comfortable venue for a dialogue between specialists and primary care physicians to discuss disease-specific issues from both perspectives, thus taking steps toward creation of partnerships in a community of practice.

Expected Outcomes: CME providers will be able to apply strategies and lessons learned from our experience with the generalist/specialist format to their own programs that target Family Medicine/Primary Care practitioners. Quantitative data from the conference is still being analyzed, and results will be given as part of the poster.

Reference: Peloso, P.M. and Stakiw, K.J. "Small-group format for continuing medical education: A report from the field." Journal of Continuing Education in the Health Professions 20, no. 1 (2000):27-32.

P18, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Galleria/Lower; 4' x 8' Horizontal Tack Board & Table for Handouts

FOCUS: The Journal for Lifelong Learning in Psychiatry™
(Educational Activities Delivery; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: Continuing medical education has operated in a new environment since approval of the six physician competencies by the American Board of Medical Specialty Societies. In parallel to implementation of the competencies in post-graduate education, each medical specialty board is beginning to define the requirements for maintenance of certification. These include professional standing, lifelong learning and periodic self-assessment, cognitive expertise, and practice performance evaluation. A new focus on self-learning and practice-based learning emerges in the requirements. Physician educators will increasingly be called upon to identify innovative and flexible formats for providing CME in this environment.

Target Audience: This poster will be of special interest to CME providers in medical specialty society settings.

Purpose: Provide an example of a proven vehicle for delivering self-directed CME, which was developed in direct response to the new ABMS/ABPN requirements.

Methods: Poster will illustrate development of a new journal and integrated self-assessment exam, along with a related, interactive format utilized at the APA Annual Meeting.

Objectives: After reviewing this poster, meeting participants from specialty societies should be able to identify several formats for delivery of CME that provide lifelong learning and self-assessment opportunities for their physicians.

Key Points: *Lifelong learning in psychiatry™* is an evolving series of educational initiatives developed by the American Psychiatric Association to meet the changing needs of psychiatrists for the 21st century. Within the Lifelong learning program, the *FOCUS* journal has been designed to help practicing psychiatrists keep abreast of significant advances in the field while developing self-directed lifelong learning skills. The journal is disseminated in print and online versions, and the Annual Meeting session, which is based on the year-end self-assessment exam, provides a live, interactive learning format. This poster description offers one model for developing CME products that assist physicians in meeting the new professional requirements.

Expected Outcomes: CME providers, particularly in medical specialty society settings, will implement some of the described formats in ways consistent with the needs of their members.

Reference: Hales D, Rapaport M. From the editors: an introduction to Focus. *FOCUS* 2003; 1:5-6.

P19, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Galleria/Lower; 4' x 8' Horizontal Tack Board & Table for Handouts

Does a Computerized Audience Response System Enhance Physician Learning?
(Educational Activities Delivery; CME 101 – Basics Curriculum; Physician's Track)

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Grant Research Support: In-kind support from Meridia Audience Response

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Grant Research Support: In-kind support from Meridia Audience Response

Relevance: There is strong evidence demonstrating that short continuing medical education (CME) courses which consist of didactic lectures alone are relatively ineffective in causing physician behavioral changes. However the types of CME courses which have been shown to be effective are (1) those which are interactive; (2) those which include the combination of predisposing, enabling, and/or reinforcing strategies. CME professionals need to discourage the use of ineffective instructional techniques and lend support and encouragement for instructional techniques which are known to encourage learning.

Target Audience: This poster session will be of interest to CME planners, course directors and educators at intermediate and advanced levels and are working in communication companies, medical schools, hospitals, and/or medical specialty societies.

Purpose: We will report the results of a study investigating whether the combination of case studies and a computerized audience response system are a means for interaction and reinforcement results in improving the educational effectiveness of a didactic lecture.

Methods: The poster presentation will describe the study design and results to date.

Objectives: At the conclusion of this poster, participants should be able to judge to what degree a computerized audience response system affects educational effectiveness of a didactic lecture.

Major Results: (1) CME courses which have been shown to be effective are: a) those which are interactive; and b) those which include the combination of predisposing (information transfer), enabling, and/or reinforcing strategies. (2) Data will be presented which tests the hypothesis that learners whose instruction included a computerized audience response system will show less of a decrement in the number of correct responses to a clinical vignette over a 1 month period of time, in comparison to learners whose instruction did not include a computerized audience response system.

Expected Outcomes: Participants will be better able to judge whether a computerized audience response system is a useful tool for enhancing the ability of physicians to apply learning.

Reference: Davis D, O'Brien MAT, Freemantle N, Wolf FM, Mazmanian P, Taylor-Vaisey A. Impact of formal continuing medical education: do conferences, workshops, rounds or other traditional continuing education activities change physician behavior or health care outcomes? JAMA 1999; 282:867-874.

“Breaking the Code of Silence”: Measuring the Impact of CME as Part of a Larger Patient Safety Initiative
(Educational Activities Delivery; CME 101 – Basics Curriculum; Physician’s Track)

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Relevance: Innovative CME offerings that are fully integrated into hospital strategic quality initiatives will be imperative for the future. CME professionals need to position themselves in organizations in order to facilitate such integration.

Target Audience: This poster presentation will be of interest to all CME professionals at all experience levels

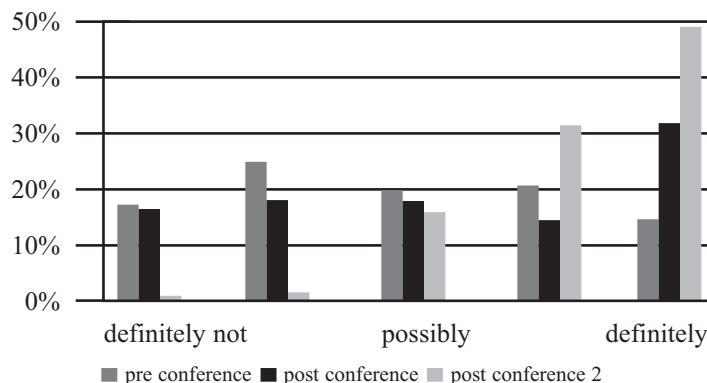
Purpose: The hospital strategic plan and performance improvement goals for FY 2002 and 2003 include a strong focus towards patient safety. However, clinician competency in this area is difficult to quantify and measure. In addition, the work of teams is critical in patient safety. Culture surveys—traditionally an organizational assessment tool for the hospital were integrated and administered by the CME department to evaluate the effectiveness of multi-disciplinary CME offerings in the change of practice behavior.

Methods: Two full day multidisciplinary CME programs entitled “Breaking the Code of Silence” were offered to specifically teach concepts and models of patient safety. An organizational patient safety culture survey was completed prior to and again one month following each of the two CME events.

Objectives: After the poster presentation, the CME professional should consider linkages with performance improvement goals which include coordinating the use of non-traditional CME evaluation tools—used in other parts of the organization— within the needs assessment, planning and evaluation of their program impacts.

Key points: Key areas of patient safety culture (i.e. clinician attitudes) were impacted by the educational offerings. Attendees were more likely to speak up in a team (figure 1), understand that open disclosure was of long-term benefit to patient safety and recognize the system and multi-layer process involvement during an error. The results of these CME evaluations then drive decisions on the subsequent direction of organizational program initiatives

Figure 1



**Post conference attendees indicate that they were *more likely* to SPEAK UP
and tell a senior clinician that a diagnosis /treatment plan posed a patient safety risk**

Expected Outcomes: Survey tools that specifically gauge the CME participants’ practice behavior attitudes can be useful in evaluating the impact of quality initiatives and provide additional feedback to the organization on the effectiveness of early integration of CME.

P21, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Galleria/Lower; 4' x 8' Horizontal Tack Board & Table for Handouts

Asthma CME for Practicing Family Physicians, Pharmacists and Advanced Practice Nurses
(Educational Activities Delivery; CME 101 – Basics Curriculum; Physician's Track)

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Grant Research Support: Glaxo Wellcome

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Grant Research Support: National Institutes of Health

Relevance: It has been estimated that 73% of all asthma hospitalizations could be avoided with proper medical care. Failures in asthma management are usually a result of patient and/or provider actions (or lack of). Low-income and minority individuals experience higher asthma morbidity and mortality and lower prescription rates of controller medications. Arkansas is mostly a medically under-served, rural state with approximately 60% of the population living in communities of 10,000 or less inhabitants. Mortality rates due to asthma are higher than the national rate for both African Americans (45 vs. 22 per 100,000) and Caucasians (15 vs. 10/100,000). Asthma among inner city patients has been widely studied, but very little is known about the health utilization and needs of rural populations. For these reasons we implemented a multi-faceted intervention to improve primary care providers' management of children with asthma that included a CME component and targeted four counties with high asthma mortality rates. The CME intervention included a) one hour live CME events entitled "Asthma Management in the Primary Care Setting" attended by 154 participants (66 physicians, 50 nurses and 38 pharmacists), and 2) a 2-hour video on "Patient Education Management with Asthma Complications in Primary Care" completed by 45 professionals earning a total of 90 hours of CME. All of the asthma CME sessions were approved for AAFP, AMA, AR Board of Pharmacy and AR Nursing Association Credit. Participants included 66 physicians, 50 advanced practice nurses and 38 pharmacists. The overall program evaluation score was 4.77/5.00 and the overall speaker score was 4.78/5.00.

Target Audience: This poster will be of interest to all CME professionals at all experience levels working in medical education, who are working to influence practice behaviors of primary care providers.

Purpose: A multi-faceted asthma intervention including CME for physicians, pharmacists and advanced practice nurses will be presented along with data on practice outcomes in the intervention and control groups.

Methods: Live 1-hour CME conferences and a 2-hour videotape were used. Four counties were targeted as the interventional group with control counties having no asthma CME intervention, but the same incidence of asthma in the patient population.

Objectives: Participants studying the data presented on the poster will be able to implement a similar controlled asthma CME intervention in their community.

Key Points: Effective CME for primary care professionals regarding the diagnosis and treatment of asthma can be implemented.

Expected Outcomes: Participants will be able to replicate this successful CME program.

Reference: A. Oxman, MA Thompson, DA Davis, R Haynes. No Magic Bullets: A systematic review of 102 trials of interventions to improve professional practice. CMAJ. 153 (10): 1423-31, 1995.

P22, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Galleria/Lower; 4' x 8' Horizontal Tack Board & Table for Handouts

**National Clinical Guidelines: Educational Programme of Rheumatoid Arthritis in Clinical Guidelines in Finland
2001 - 2002**

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

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Relevance: Printed and web-based national clinical guidelines are easily available to Finnish clinicians. However, implementation of the guidelines remains limited as only few systematic attempts have been made to enhance their acceptance in clinical practice.

Target Audience: Health care professionals working with national clinical guidelines.

Purpose: The purpose of the study was: 1. to plan and evaluate a systematic educational programme for a national guideline, and 2. to investigate the knowledge, skills and attitudes of physicians to the national guidelines, using the recently published guidelines for rheumatoid arthritis as a template.

Methods: The educational programme was designed to cover the Cochrane-based clinical guidelines for rheumatoid arthritis published in 2001. The programme outline was designed centrally but modified according to local needs. The educational process consisted of a series of lectures, patient cases and use of an interactive polling system during the events. The skills, knowledge and attitudes of the participating physicians were measured before the initial educational event and six months thereafter using a structural questionnaire and an interactive polling system. Data were analysed using t-test and one-way analysis of variance. Cronbach's alpha was used to test the reliability of the instrument.

Objectives: The participants will be able to suggest how to arrange educational programmes in their own organizations.

Major Results: The overall attitudes to the national guidelines (for rheumatoid arthritis) were positive after six months. A significant improvement in the result of the single attitude statement "National guidelines could help interaction with patients and relatives" was observed ($p < 0.05$). Knowledge elements were the same or showed improvement after six months of education. Skills improvement was demonstrated in all questions concerning diagnosis and treatment. The pre-planned patient cases were well received. According to the participants view, they learned most about the drug treatment of rheumatoid arthritis.

Expected Outcomes: The educational programme improved the skills, knowledge and attitudes of the participants. The pilot project with rheumatoid arthritis has provided the basis for other educational activities as new national guidelines have been published. In the future, plans for implementation will become a part of the national medical guidelines in Finland.

Reference: <http://www.duodecim.fi>. Makela M, Kunnamo L. Implementing evidence in Finnish primary care. Use of electronic guidelines in daily practice. Scand J Prim Health Care 2001 Dec; 19(4): 214-7.

P23, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Galleria/Lower; 4' x 8' Horizontal Tack Board & Table for Handouts

Comparison of Satisfaction in Face-to-Face Versus Online Delivery of a CME Workshop
(Evaluation; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: CME workshops are usually rolled out in a face-to-face mode with many opportunities for interaction between the speaker and the participants. Evaluation of this kind of interactive workshops has demonstrated a high level of participants' satisfaction. Workshop transformed into an online format may reach physicians who otherwise would not attend traditional CME events. However, this adaptation may affect the satisfaction of participants.

Target Audience: This poster will be of interest to CME professionals at all experience levels.

Purpose: To determine if an online delivery of a CME workshop will affect the satisfaction of participants.

Methods: The project is a retrospective study on two groups of physicians. The physicians in the first group attended the face-to-face workshop in small groups, and those in the second group attended the on-line format (Internet, CD-ROM or a workbook). Each physician filled out an evaluation form (demographic and practice data, satisfaction with the content and the format).

Objectives: The participant will be able to identify the profile of physicians who prefer online media for delivering CME workshops. They will be able to adapt a traditional format to an online format regarding satisfaction.

Results: Preliminary analysis demonstrates a difference in demographic characteristics, practice pattern and in satisfaction with the quality of interaction between two workshop formats.

Expected Outcomes: Providers can expect to better design online CME workshops and better target their participants to increase the level of satisfaction. There is place for further research on how physicians learn and on how to provide better services for those who prefer to access educational services at a distance.

P24, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Galleria/Lower; 4' x 8' Horizontal Tack Board & Table for Handouts

Looking at a Program from Different Angles: A Comprehensive Evaluation of a Cross-Training Program
(Evaluation; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: Evaluation is an essential element in program development and implementation. In order to better understand the effectiveness of educational interventions it is important to utilize multiple assessment methods at various levels of evaluation (Kirkpatrick, 1998; Harden et al., 1999). By looking at a program from different perspectives and by triangulating data one can more accurately assess its efficacy.

Target Audience: This poster will be of interest to CME professionals at all experience levels, working in varied settings.

Purpose: This poster will describe the evaluation plan and results of a cross-training program. The latter was devised to expand the primary care skills of gynecology providers and the women's health competencies of internal medicine staff at a community-based health care center. The evaluation strategy included participation records, satisfaction surveys, collection of take-home points, self-assessments, pre- and post-intervention quizzes, pre- and post intervention Objective Structured Clinical Exams (OSCEs) and chart reviews.

Objectives: After viewing the poster attendees should be able to: 1) describe the evaluation plan used in this cross-training project, and 2) discuss the opportunities and challenges associated with each individual assessment tool.

Key Points: Program evaluations should: 1) address various outcome levels; 2) utilize multiple evaluation strategies, and 3) provide feedback to participants as well.

Expected Outcomes: Program evaluators should be encouraged to use multiple methods and cover various levels of evaluation. Whenever possible, evaluation tools should serve multiple functions.

References: Hanley K, et al. A cross-training program for Internal Medicine and Gynecology. Acad Med 76(5):577-8, 2001.
Kirkpatrick DL. Evaluating training programs: The four levels (2nd Ed.). Berrett-Koehler, San Francisco, 1998.
Harden RM, et al. Best Evidence Medical Education – BEME Guide No 1. Medical Teacher 21 (6):553-62, 1999.

P25, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Galleria/Lower; 4' x 8' Horizontal Tack Board & Table for Handouts

Using a Quasi-Experimental Research Design to Assess Knowledge in CME Programs
(Evaluation; CME 101 – Basics Curriculum; Physician's Track)

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Relevance: CME programs focus on knowledge acquisition, skill development, clinical reasoning and decision-making, and health care outcomes. While in recent years less emphasis has been placed on knowledge acquisition, it can be argued that learning fundamental concepts and principles is the first step in their application to practical, patient care settings.

Target Audience: This poster presentation will be of interest to all professionals involved in the development, implementation, and evaluation of CME programs and to those responsible for sound measurement and research in Continuing Medical Education.

Purpose: To conduct a yearlong study using sound research methodology to measure knowledge acquisition among CME participants.

Methods: A randomized separate-sample pretest-posttest design, a quasi-experimental technique, was used. Nine CME programs with a sufficient number of participants were identified a priori. Knowledge acquisition was compared between the control group and the intervention group for the nine individual programs and for the combined programs.

Objectives: After reviewing this poster presentation, the conference participant will (1) have a better understanding of sound measurement and research methodology in CME studies, and (2) understand the effect size for knowledge acquisition that can be expected in a traditional CME program.

Key Points: A total of 667 physicians, nurses, and other health professionals participated. Significant gain in knowledge was found for six programs: Perinatology, Pain Management, Fertility Care 2, Pediatrics, Colorectal Diseases, and Alzheimer's disease (each $p < .001$). The intervention group differed from the control group when the nine programs were combined ($p < .001$; effect size = .84).

Expected Outcomes: Conference participants will be better prepared to design CME research studies that measure the objectives of their CME programs with precision and validity.

Reference: O'Neill S, Markert RJ, and Bhatia S. Using a quasi-experimental research design to assess knowledge in CME programs. Journal of Continuing Education in the Health Professions (in press).

P26, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Galleria/Lower; 4' x 8' Horizontal Tack Board & Table for Handouts

Perceived Commercial Bias during Live CME Programs
(Evaluation; CME 101 – Basics Curriculum; Physician's Track)

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Speakers' Bureau: Pfizer

Relevance: There is concern with the issues of commercial support for CME activities. The ACCME has prepared a draft for "New ACCME Standards for Commercial Support". Two of the themes addressed in this document are "absence of commercial bias" and "disclosure of required information and relations". Providers are now beginning to examine these issues.

Target Audience: The study presented with this poster session will be of interest to and have implications for all CME providers.

Purpose: To assess the amount of bias perceived by attendees during commercially supported programs.

Methods: The study is a retrospective evaluation of data from evaluations of a medical center's accredited conference series (Internal Medicine Grand Rounds, Pediatric Grand Rounds, and Family Practice Noon Conference Series) from May 1999 to May 2000. Conferences non-commercially supported will serve as controls.

Objectives: To assess the amount of bias perceived by attendees during commercially supported programs and to explore if the perceived bias is associated with the variables: knowledge of sponsorship, level of attendee (ie. Resident, faculty, local physician), perceived proportion of talk focused on diagnosis, and drug therapy.

Key Points: While CME providers can maintain the ACCME standards for commercial support, there may still be perceived bias on the part of individual attendees.

Expected Outcomes: The study presented by poster session will make CME providers aware that although, they may maintain the standards, there are other factors that can affect attendees' perceived bias of commercial support of live CME conferences.

Reference: Relman A. Separating Continuing Medical Education from Pharmaceutical Marketing. JAMA 2001; 285:2009-2013.

P27, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Galleria/Lower; 4' x 8' Horizontal Tack Board & Table for Handouts

Developing a Comprehensive Outcomes Program for Your CME Shop: It May Be Easier Than You Think!
(Evaluation; CME 101 – Basics Curriculum; Physician's Track)

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Mary Keene, BS

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Relevance: Effectively evaluating professional competency and assessing accountability of physicians have long been major challenges in CME. ACGME identified six core competencies in 1999 for resident education. These same initiatives have been implicated recently in a new focus for enhancing professional competence: to guide and direct the development of continuing medical education programs for physicians. CME is faced with the daunting task of producing and implementing an evaluation mechanism that measures physician competency and, ultimately, its impact on physician practice and patient care.

Target Audience: This poster presentation is targeted to physicians and CME professionals within all provider groups at all levels of experience who are interested in developing a comprehensive outcomes program within their institution.

Purpose: To demonstrate an example of how a comprehensive outcomes program can be developed and implemented within a CME institution.

Methods: A flow chart will be used to describe how a comprehensive outcomes program is being developed and implemented within the Mayo School of CME. Sample outcomes materials will be made available for distribution to participants.

Objectives: Upon conclusion of this presentation, participants should be able to: 1) recognize that the focus of CME will transition to competency-based activities; 2) examine how educational activities can be evaluated and measured, and 3) formulate a plan to develop a comprehensive outcomes program in their CME organization

Key Points: Outcomes are a key component of the CME mission, and are built into all aspects of the planning and approval processes. The use of standardized, yet flexible processes and tools, based on outcomes principles, keeps the focus on the ultimate needs of the patient. Training, education, and marketing of outcomes throughout the organization is essential for consumer buy-in and results. Understanding the components and costs/efforts to complete outcomes allows for an effective and efficient overall education program.

Expected Outcomes: Participants will be able to develop and implement a comprehensive outcomes program within their CME institution that measures physician competency.

References: ACCME's Essential Areas, Elements, and Decision-Making Criteria. ACCME, July 1999.

ACGME Outcome Project. *Competencies*. Retrieved February 28, 2003, Accreditation Council for Graduate Medical Education Website: <http://www.acgme.org/outcome/comp/compHome.asp>.

ACGME Outcome Project. *Table of toolbox methods*. Retrieved February 28, 2003 Accreditation Council for Graduate Medical Education Website: <http://www.acgme.org/outcome/assess/table.asp>.

Davis, David A. & Fox, Robert D. (Eds.). (1994). *The physician as learner: linking research to practice*. Chicago, IL: American Medical Association.

Kirkpatrick, Donald L. (1994). *Evaluating training programs: the four levels*. San Francisco: Berrett-Kochler: Emeryville, CA.

Implementing Commitment to Change Contracts into Live CME
(Evaluation; CME 101 – Basics Curriculum; Physician's Track)

Deborah Samuel, BA

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Relevance: According to Bennett, Davis, et al [*Academic Medicine* (2000) 75:1167-1172], “optimal CME...[is designed to improve] the knowledge, skills, and attitudes that physicians require in their daily professional lives that lead to improved patient outcomes.” In order to ensure that physicians accomplish this, CME professionals are increasingly called upon to link improved physicians' practice behaviors and patient outcomes to the CME that they plan. The Commitment to Change Contract represents a Level 3 educational intervention that CME professionals can feasibly use to measure health professionals' performance.

Target Audience: This poster presentation will be of interest to CME professionals at all experience levels and working in all provider groups.

Purpose: This poster presentation will describe how the American Academy of Pediatrics

- incorporated Commitment to Change Contracts into three live *Practical Pediatrics* CME activities, in which didactic and interactive sessions were offered, and
- demonstrated that learners' behavior changed as a result of attending the three day CME activity.

Methods: Commitment to Change Contracts were distributed to learners at three AAP *Practical Pediatrics CME Courses* held since August 2001. Learners were asked to identify up to three (3) concrete, measurable changes that they would employ in their practice as a result of attending these courses. Respondents were contacted 3-6 months after each course and asked to indicate on a questionnaire the degree to which they implemented the changes they intended and to identify the barriers they confronted in implementing their intended changes.

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

- develop Commitment to Change Contracts for their CME programs, and
- use the Contract to assess the impact of a CME activity on health professionals' performance and identify barriers to change.

Key Points: Implementing this innovative tool at these live CME activities revealed the following:

- learners are willing to complete Commitment to Change Contracts,
- learners who completed a Contract were largely committed to enhancing their knowledge and skills and to improving their performance,
- the high number of changes that were partially or completely made indicated that these live CME activities impacted health professionals' performance, and
- the Contract was an effective means to measure improved practice behaviors.

Expected Outcomes: Commitment to Change Contracts are feasible tools for

- assessing health professionals' performance after participating in a CME activity, and
- demonstrating needs assessment when planning future CME activities.

Reference: Mazmanian PE, Mazmanian PM, Waugh JL. Commitment to change: ideational roots, empirical evidence, and ethical implications. *J Cont Educ Health Prof* 1997; 17:133-140.

P29, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Galleria/Lower; 4' x 8' Horizontal Tack Board & Table for Handouts

CME for CME Professionals: Changing the Way We Educate
(Program Management; CME 101 – Basics Curriculum; Physician's Track)

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Nancy Bennett, PhD
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Relevance: In an age where physicians must demonstrate competency with regard to medical knowledge and patient care, CME professionals are challenged with the task of providing education that will validate or enhance physicians' performance. CME professionals need to have opportunities to advance their own knowledge of CME in order to provide the appropriate educational opportunities that will further the success of their physicians.

Target Audience: This poster exhibit will be of interest to all CME professionals at all experience levels, particularly those individuals directly responsible for the development and management of CME programs. This can include: Directors and Chairs of CME, Coordinators and Educators, Medical Science Librarians and other CME professionals.

Purpose: This exhibit provides eight unique educational opportunities designed by, and for, CME professionals to enhance their skills as developers of continuing medical education.

Methods: An exhibit that will illustrate eight distinctive approaches that demonstrate how CME professionals can advance their personal knowledge and training toward the goal of improving educational activities and outcomes.

Objectives: After viewing this poster exhibit, CME professionals will be able to: 1) formulate ideas on how to better develop CME activities that have a direct impact on physician performance; 2) consider new methods, including self-directed education, to enhance their own performance, and 3) build better communication systems to provide better networking opportunities amongst CME professionals.

Key Points: Based on this information the 2 themes that CME professionals will find valuable are: 1) CME professionals have resources available to tie greater efforts at quality and physician performance improvement, and 2) CME professionals must have the knowledge, skills and resources available to meet this challenge.

Expected Outcomes: CME professionals will be able to: improve avenues of communication, identify more global sources for needs assessment, build collaborative relationships, and identify successful models that reinforce "Best Practices".

References: Hotvedt, M, Laskowski, R. Establishing Priorities for Hospital Education. JCEHP, Summer 2002, Volume 22, Number 3, 181-186.
Cheren, M. A Concise Review of Adult Learning Theory. JCEHP, Summer 2002, Volume 22, Number 3, 190-191.
Casebeer, L, Bennett, N, Kristofco, R, Carillo, A, Centor, R. Physician Internet Medical Information Seeking and On-line Continuing Education Use Patterns. JCEHP, Winter 2002, Volume 22, Number 1: 33-42.

T1, Plenary Session and Founder's Lecture
8:30 – 10:00 am, Thursday
Grand Ballroom/2nd, Rounds/1155

Translating CME Professional Competence into Action in the Practice Setting
(Personal Skills; CME 101 – Basics Curriculum; Physician's Track)

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Consultant: President, Professional Resource Network

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Consultant

Suzanne Ziemnik, MEd

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Relevance: Continuing Medical Education is facing urgent change. All CME professionals have a role to play in bringing about that change. The nature and urgency of that change suggests new knowledge and practices for the CME provider. To position CME for the future, the Alliance has reviewed and revised its existing competencies for the CME professional. Some of what the CME professional (leader/director/coordinator) has done will continue, but changes in healthcare and CME require updated competencies for the CME professional. The Alliance for CME will provide that direction and support.

Target Audience: This session is targeted at all levels of CME professionals in all CME provider venues.

Purpose: This plenary session will present the case for urgent change in CME practice, relate CME professional competencies to the future practice of CME, demonstrate how to translate the competency into practice and assist immediately an attendee's selection of subsequent sessions at the Annual Conference.

Methods: Interactive lecture

Objectives: At the conclusion of this session, the participants should be able to 1) identify at least 4 key trends that suggest urgent change in the practice of CME, 2) describe the updated CME competencies and their relationship to the CME trends, 3) explain how to translate knowledge of a competency into practice, and 4) select at least one, or two, competencies and plan how they, using the Alliance Annual Conference and other resources, will develop, or improve, their skill/s in those competency areas for their professional level and venue of CME practice.

Key Points: Urgency for change in CME practice is at a critical stage. All CME professionals, especially CME leaders, have a role to play in bringing about these changes. Key trends in CME include focusing on measurable results of CME interventions, partnering with other organizational elements, reorganizing the CME office, and demonstrating value to the parent organization, the health system and the practicing physicians. The updated 8 competency areas include the following: 1) adult/organizational learning principles, 2) educational interventions, 3) performance measurement, 4) system thinking, 5) partnering, 6) leadership, 7) administration/management and 8) self assessment and lifelong learning. Working on one or two competencies at a time can be a reasonable approach in improving the professional skills and practice in a CME venue.

Expected Outcomes: Participants should be able to identify one or two competencies that they want to learn, or improve, at this annual conference (knowledge acquisition) and apply what they learned in their CME practice venue (knowledge utilization). In addition, this learning experience should help them prepare learning experiences for the physicians they serve.

References: 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, *Academic Med* 2000;75:1167-1172. Epstein RM and Hundert EM. Defining and Assessing Professional Competence, *JAMA*, 2002; 287(2); 226-235.

T2, Mini-Plenary
10:30 – 11:30 am, Thursday
Salon DE/2nd; Rounds/350

Leading CME Change: A Critical Competency
(Strategic Leadership)

James Leist, EdD

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**Other Support: Interim Director, Alliance Center for Learning and Change
Consultant**

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Relevance: Physicians are facing critical challenges and must make some significant changes about how they maintain their clinical competency, provide care to patients, improve prescribing behaviors and reduce medical errors among other changes. Many of these changes will impact continuing medical education (CME) and require skill in leading change. At a minimum, traditional types of CME must be improved to address those needs. More importantly, CME must reform itself to support the changes needed in healthcare and make itself of value to the medical profession and to the organization in which it resides. This requires talented leaders that are able to facilitate constructive change in a profession.

Target Audience: This mini-plenary will be of interest to CME professionals at all experience levels and all provider types.

Purpose: The purpose of this mini-plenary is to identify and define strategies for necessary changes that CME professionals must lead in the various venues that serve physician continued learning.

Methods: Through an interactive lecture/discussion format, the speakers will review key needed changes and discuss how they will lead those changes from their setting.

Objectives: At the conclusion of this mini-plenary, the learner should be able to 1) identify the key changes necessary in CME, 2) describe essential steps that they must take in leading the key change in their venue, and 3) identify at least one change that they will lead in their setting.

Key Points: The CME professional must have a vision for CME in the healthcare system, if they are to lead effective change. Leading change is a critical competency that requires a step by step process (establishing a sense of urgency, creating a guiding coalition, empowering broad-based actions, generating short term wins, etc.) to make effective changes that are valuable to healthcare, the medical profession, and to continuing medical education in all venues.

Expected Outcomes: CME professionals will return to their CME setting with a vision of change and a plan of action to improve their CME program, and increase the value of CME in their organizations and to the physicians that they serve.

References: Kotter J, Leading Change, Harvard Business School Press, Boston, 1996:187pp.

Kouzes J and Posner B, The Leadership Challenge: How to Keep Getting Extraordinary things done in Organizations, Jossey-Bass, San Francisco, 1995:405pp.

T3, Breakout
10:30 – 11:30 am, Thursday
Salon C/2nd; Rounds/190

ACCME or ACME and Other CME IQ Questions: A Primer for the First-Timer (or Seasoned Pro!)
(Personal Skills; CME 101 – Basics Curriculum)

Lawrence Sherman

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Other Support: Employee of the same organization that owns Interactive Media Solutions

Gil Golden, MD

Guilford Pharmaceuticals Inc., tel: 410/631-6376, <mailto:goldeng@guilfordpharm.com>

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Postgraduate Institute for Medicine, tel: 303/799-1930, <mailto:Michael@pimed.com>

Other Support: Employee of the same organization that owns Interactive Media Solutions

Audience response technology to be provided by Interactive Media Solutions, Englewood, Colorado.

Relevance: There is no formal training program for continuing medical education (CME) professionals, nor is there a certification process for individuals involved in this critically important profession. While a certification process has been discussed for many years, it is still in the theoretical stage. There are existing programs, such as the *CME: The Basics* offered by the ACME, and the *Understanding ACCME Accreditation* offered by the ACCME several times a year; however, the majority of CME professionals either do not attend or participate in these educational opportunities, or perhaps need a refresher from time to time. An informal survey of attendees at the 28th Annual Conference in Dallas demonstrated that many of the attendees were participating in their first ACME conference and were there to “learn more about CME.” Survey participants also commented on the lack of basic information and the need to “learn on the job”, hoping that attendance at the conference would help them to better understand the do’s and don’ts of CME. Observationally, there were many errors that the survey participants made, including: 1) referring to the Alliance meeting as “the ACCME conference”; 2) using the word *accredit* when the word *certify* was more appropriate; and 3) using the words sponsor and commercial supporter (and grantor) interchangeably. These were heard from veteran CME professionals as well as from first-time conference attendees.

A panel of CME professionals will utilize audience response technology to determine the CME IQ of session attendees both before and after the presentations, as well as to survey the audience regarding their specific areas of interest or questions. Substantive discussions will be led by the panel in response to the specific needs and questions of attendees.

Purpose: This session is designed to provide valuable information for CME professionals at all levels to increase their core competency in CME.

Objectives: At the conclusion of this breakout session, the participant should be better able to: 1) identify commonly made errors in CME verbiage and vernacular; and 2) demonstrate a greater competency in the profession of CME.

Key Points: In this activity, a team of recognized experts will use interactive methods to determine the CME IQ level of meeting attendees and provide an informative, interactive presentation to address these needs. This information should be useful in the everyday practice of CME.

Expected Outcomes: Participants will have a clearer understanding of the language of CME and will be able to pass along this knowledge to their peers and colleagues.

Reference: Data on file, L Sherman.

T4, Breakout
10:30 – 11:30 am, Thursday
Salon A/2nd, Rounds/150

Disclosure 101: How, What, When, and What's New?
(Accreditation)

Beth Brillinger, BS

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Eric Peterson, EdM

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Relevance: According to the previous ACCME Annual Reports, nearly 40% of providers in 2000 and 33% of providers in 2001 were rated as non-compliant with Element 3.3. Considering this ongoing pattern, and with potential changes in the disclosure policy on the horizon, it is clear that providers have lingering questions about when, what, and how to properly disclose faculty information regarding financial statements and relationships.

Target Audience: This session is suitable for all CME professionals who would like an overview of ensuring compliance with Element 3.3.

Purpose: This session will review the current requirements, as well as the proposed language included in the Draft New Standards for Commercial Support, for disclosure. It will also provide CME professionals with the tools that one provider used to achieve exemplary compliance.

Methods: Through discussion and case examples, we will demonstrate how we ensure compliance with Element 3.3. Participation from the audience will be encouraged.

Objectives: At the conclusion of this breakout session, participants should be able to 1) identify techniques for meeting ACCME disclosure requirements and 2) interpret the Draft New Standards for Commercial Support as they relate to disclosure and significant relationships.

Key Points: The key point is to appreciate the importance of properly documenting disclosure, especially in the wake of possible guideline changes.

Expected Outcomes: CME professionals should be able to return to their practice environments and design or implement a process of disclosure, which will improve their educational activities and be in compliance with ACCME requirements.

References: Responses to frequently asked questions concerning the draft new standards for commercial support. Available at http://www.accme.org/whatsnew/sec_new_nw1_234.asp. Accessed 3/6/03.

The ACCME Annual Data, 2001. Available at http://www.accme.org/incoming/125_2001_Annual_Data.pdf. Accessed 3/6/03.

The ACCME Report, Volume 11, Number 2, Fall 2002. Available at

http://www.accme.org/incoming/124_Volume_11_Number_2_Final_10_04_2002.pdf. Accessed 3/6/03.

The ACCME Report, Volume 10, Number 1, Summer 2001. Available at

http://www.accme.org/incoming/110_Volume_10_Number_1_08_10_2001.pdf. Accessed 3/6/03.

T5, Breakout
10:30 – 11:30 am, Thursday
Salon B/2nd; Rounds/95

Improving Professional Competence with Online CME

(Evaluation; CME 891 – Advanced Curriculum)

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Other Support: President, Medical Directions, Inc.

Grant Research Support: National Cancer Institute, National Institute of Mental Health

Relevance: There is considerable evidence that traditional CME modalities, such as lectures and journal articles, are ineffective in improving physician performance. There are also studies showing that more interactive approaches, such as case discussions and role-play exercises, can be beneficial. Having come to the same conclusion, other industries are developing ambitious agendas to use technology-based education as a cost-effective way to provide effective individual education and training. Despite its potential, no such agenda now exists for online CME. The vast majority of current CME activities do not take advantage of the potential of computer-based education and the most of the online CME activities that are offered simply repurpose the content of journal articles and live meetings. If CME providers are to fully utilize new technologies, particularly online CME, to improve physician performance, they need more information on what approaches to online CME are effective, how to measure these effects, the costs of developing new programs, and which physicians are most likely to use them.

Target Audience: This session will be of use to experienced CME providers who seek to better understand the potential of online CME. It will also be of direct interest to health care organizations that are seeking Internet-based solutions to improving practitioner competencies.

Purpose: I will present the results of several NIH-supported research studies of online CME as well as unpublished practical information obtained from these trials and from our experience with online CME.

Methods: I will review the background in computer-based education and discuss data from four published studies of online CME. I will demonstrate the attributes of successful online CME programs in cancer prevention and domestic violence. I will discuss additional practical information, such as the cost of developing and marketing online CME, measuring its effectiveness, and the demographic characteristics of physicians who use online CME. Lastly, I will provide the audience with new research findings in online CME.

Objectives: To enhance the abilities of CME professionals to use online CME to improve professional competence.

Results: Carefully crafted online CME can improve physician knowledge, beliefs, and skills in diverse clinical areas, such as cancer prevention and domestic violence. These improvements can be demonstrated locally, nationally, and internationally. Effective online CME is relatively expensive to produce although it is inexpensive to distribute and maintain. Currently, online CME is most attractive to younger female physicians and this finding is independent of program content.

Expected Outcomes: Participants will better understand the potential of online CME and will begin developing programs that take full advantage of this educational medium.

Reference: Harris JM, Kutob RM, Surprenant ZJ, Maiuro RD, Delate TA. Can Internet-based education improve physician confidence in dealing with domestic violence? *Family Medicine* 2002;34:287-292.

T6, Breakout
10:30 – 11:30 am, Thursday
Rockdale & Forsythe/2nd, Rounds/145

Maintenance of Certification: Implementation Models and Organization Roles
(Evaluation)

Soroush 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, <mailto:sadamows@abpn.com>

Relevance: CME programs are generally conversant with the lifelong learning component of Maintenance of Certification (MOC) Programs, but issues still remain about incorporating the six General Competencies into MOC Programs which both ACGME (Accreditation Council for Graduate Medical Education) and The American Board of Medical Specialties (ABMS) have adopted. This session will present implementation models and organizational roles that specialty societies, hospitals, communication companies, and other CME providers may find helpful.

Target Audience: This breakout session will be of interest to CME and other professionals at all experience levels and involved in partnerships for implementing MOC and the six General Competencies in specialty societies, specialty Boards, medical schools, hospitals, and academic medical centers.

Purpose: This breakout session will provide implementation models, multiple organizational roles, and updates on MOC and the application and assessment of the four elements of MOC and the six core competencies.

Methods: Existing information will be reviewed and summarized and available updates and new developments will be presented.

Objectives: At the conclusion of this session, participants should be able to describe implementation models and updates on MOC, define roles of key stakeholders, and apply and assess the four elements of MOC and the six core competencies.

Key Points: MOC is a system and an enterprise which requires the following three ingredients for it to work successfully: 1) the four elements of MOC and the six core competencies need to be understood, embraced and promoted; 2) roles and partnerships in the multidimensional MOC enterprise need to be respected and established, and 3) assist physicians and organizations in implementing and objectively assessing requirements of a MOC program.

Expected Outcomes: MOC is a work in progress. Those new to CME will receive a basic grounding in core competencies and requirements for an ABMS Maintenance of Certification Program. Those who are in the process of implementing the lifelong learning component of MOC will be able to compare their efforts with what others in the field are doing, especially in relationship to incorporating the core competencies. Suggestions and helpful hints will be provided for those at all levels.

References: 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>.
Accreditation Council for Continuing Medical Education (ACCME), Chicago, IL, <http://www.accme.org>.

T7, Breakout
10:30 – 11:30 am, Thursday
Dekalb & Gwinnett/2nd; Rounds/145

Value-Based Services: Developing a Successful CME Pricing Structure
(Program Management)

Kelly Enders

Medical Education Collaborative, tel: 303/420-3252, ext. 27, <mailto:kenders@meccme.org>

Relevance: For many CME providers, determining an effective and successful pricing structure can be a challenge. To ensure value to program funding and/or sponsorship, continual medical education organizations need a fair, well supported pricing structure.

Target Audience: This breakout will be of interest to CME professionals at all experience levels and all types of providers.

Purpose: This session is designed to provide professional competence and guidance to CME providers on how to determine an effective and successful pricing structure that is of high satisfaction to those that it affects. Attendees will be encouraged to discuss their current pricing strategies with others. The session will also be used by the presenter to gain feedback on ideas and format for a successful pricing structure.

Methods: Existing strategies and structures will be discussed, as well as dissemination of new information as collected through attendee idea/suggestion generation.

Objectives: At the conclusion of the breakout session, participants will be able to 1) identify areas of value for CME and the appropriate pricing for that value, and 2) design professional forms/methods for documenting a CME pricing structure.

Key Points: Internal and external surveys indicate that pricing procedures vary in the CME field. With some forethought and purpose, forms and documentation methods can be developed that will ease the pricing structure procedure, resulting in higher levels of client satisfaction. The networking between colleagues and peers to share suggestions and ideas can benefit all that attend this session.

Expected Outcomes: Networking and sharing ideas can assist all CME providers in achieving their goal of developing a successful pricing structure. In return, this display of professional competence within the CME field will yield high levels of client satisfaction. Both the facilitator and the attendees of this activity should be able to take away new and fresh ideas for developing a successful pricing structure.

T8, Breakout
10:30 – 11:30 am, Thursday
Fulton & Cobb/2nd; Rounds 125

Distance Education: Delivery Styles
(Educational Activities Delivery)

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Relevance: As continuing education evolves it has become apparent that physicians need various learning tools to complement learning styles and needs. Distance Education has become one of the major branches of delivery used in continuing medical education. Little has been presented about how to select and coordinate the various formats to tailor them to specific learning needs. In order to avoid duplicating efforts or missing opportunities it is necessary to look at how the distance education formats are connected and how best to make an overall plan of use.

Target Audience: This workshop will be of interest to CME professionals of all experience levels who are involved in or exploring distance education.

Purpose: Specific formats, such as instant messaging, web based, home study, help lines, audio or video conferencing, and their place in distance education will be identified and reasons to use each will be explored.

Methods: Representatives of distance education formats will introduce each one, and explain the ramifications of each as well as how to mesh them into a cohesive distance education program.

Objectives: At the conclusion of this workshop the participants should be able to: 1) match the best format to a particular body of information, 2) select the best format for individual learning styles and needs, 3) appreciate how formats affect individual learning needs, and 4) coordinate a distance education program which consists of more than one format.

Key Points: The most cohesive distance education program involves coordination of a variety of learning and dissemination styles.

Expected Outcomes: Participants will start to develop a coherent distance education program.

References: Phongthara Vichitvejpaisal et al, Does computer-assisted instruction really help to improve the learning process? Medical Education 2001, 35:983-989.

David J. Steele et al, Learning preferences, computer attitudes, and student evaluation of computerized instruction. Medical Education 2002, 36:225-232.

T9, Breakout
10:30 – 11:30 am, Thursday
Fayette & Newton/2nd, Rounds/105

Preventing the Appearance of Commercial Bias: Educational Framing and Design
(Educational Activities Design)

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Relevance: CME is being scrutinized more closely than ever before, particularly in relation to commercial support and bias. Providers can design educational activities to prevent the appearance of bias, regardless of whether an activity receives commercial support.

Target Audience: Intended for members of all provider sections with intermediate experience in CME.

Purpose: This interactive session will identify ways to frame and design CME activities to not only ensure fair balance and scientific rigor, but also to prevent participants' perception of bias.

Methods: After a brief discussion of the importance of framing, this session will be divided into 2 parts—1 focusing on an educational activity for a new class of therapeutic agents and 1 focusing on a therapeutic class with many products. Group discussion will be used to generate ideas for framing the activities and building fair balance and rigor into them. Interactivity, including brainstorming and Q&A, will be encouraged.

Objectives: At the conclusion of this session, participants should be able to 1) discuss the importance of framing a CME activity, 2) create a context for CME activities to ensure fair balance and scientific validity across the activity, 3) apply strategies for ensuring fair balance and scientific rigor to their own CME activities.

Key Points: Framing is important to set the stage for CME activities. Strategies can be incorporated throughout a CME activity (in the introduction, throughout the content, and at its conclusion) to ensure that participants recognize its balance, objectivity, and scientific rigor.

Expected Outcomes: Participants will be able to apply concepts of framing and ensuring balance to their own CME activities.

Reference: Bolman LG, Deal TE. *Reframing Organizations: Artistry, Choice, and Leadership*. San Francisco: Jossey-Bass Publishers. 1991.

T10, Breakout
10:30 – 11:30 am, Thursday
Paulding & Douglas/2nd; Rounds/105

Outcomes of CME on Bioterrorism – A Collaborative Assessment
(Evaluation)

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Other Support: Alliance/Merck Professional Development Fellowship

Relevance: Due to bio-terrorism outbreaks and on-going scares, the last few years have proven to be one of the most significant periods in healthcare. The CME community played a vital role along with the government and military in rapidly communicating essential information to physicians. Assessing the role CME played in the communication and education links to physicians is essential in order to evaluate effectiveness and plan for on-going training. By systematically assessing educational outcomes, the CME community can provide the most effective and efficient education on this important topic.

Target Audience: This breakout will be of interest to CME professionals at all experience levels and in all provider settings.

Purpose: The results of a year-long Alliance/Merck Fellowship research project concerning outcomes of CME on bioterrorism will be presented. Representatives from several provider types will discuss various outcome assessment activities conducted in partnership with this fellowship.

Methods: Representatives from several different types of CME providers will discuss outcomes methodologies and results from assessments that they conducted.

Objectives: At the conclusion of this breakout, participants should be better able to (1) compare methods to conduct outcomes surveys, (2) assess how different CME providers can collaborate on outcomes surveys, (3) discuss the CME on bioterrorism provided by accredited providers, and (4) identify areas of need for future CME on bioterrorism.

Key Points: Based on this breakout, participants will begin to assess the impact of CME on bioterrorism and evaluate various outcomes assessment models.

Expected Outcomes: Participants will begin a process of developing outcomes methods and assessing the need for future CME on bioterrorism.

Reference: Grant, Laura, Stanton, Frances. The Effectiveness of Continuing Professional Development. Association for the Study of Medical Education. 2000.

T11, Breakout
10:30 – 11:30 am, Thursday
Cherokee/2nd, Rounds/80

Leadership Development at Large Multi-Specialty Clinics/Hospitals
(Educational Activities Design; Physician's Track)

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Consultant: Physician Empowerment inc.

Relevance: Physicians confront an increasingly complex health care world, as their responsibilities increase and their incomes decrease. The Clinic Advisory Board notes that Leadership development is crucial to the success of the American healthcare enterprise. Some large multi-specialty Clinics and hospitals have developed approaches to providing leadership development, which this session will discuss.

Purpose: This session will clarify how large multi-specialty clinic/hospital associations provide leadership training to their physicians, the effects of that training, and the satisfaction of the organizations and participants with that training.

Objectives:

1. Participants will be able to describe the various methods large clinic/hospitals use to provide leadership training to physicians.
2. Participants will be able to discuss the effects of that training.
3. Participants will be able to discuss the satisfaction of organizations and participants with the training.

Key Points:

1. Developing physician leaders is essential to the growth and wellbeing of healthcare in America.
2. A systematic understanding of how leadership development is provided to physicians is essential to ensure that the best practices are adopted.

Expected Outcomes: Systematic understanding of how some healthcare providers do leadership development can provide insight and avenues for future development among other providers. This grounded theory study of leadership development among large clinic/hospital groups will give participants that systematic understanding.

Reference: Clinical Advisory Board. (2002). Recovering Physician Loyalty: Lessons on Crafting a True Hospital-Physician Partnership. Washington, DC: The Advisory Board Company.

T12, Breakout
10:30 – 11:30 am, Thursday
Henry/2nd, Rounds/80

Enhancing CME Activity Planning Teamwork for Physician Chairs, Faculty and CME Coordinators
(Personal Skills)

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Relevance: Information elicitation is recognized as a learned skill of significant value whenever there is a need for critical planning, whether in the areas of national security, requirements engineering¹, or in continuing medical education (CME). Meeting planning (MP) and CME documentation (CMED) are basic components of a CME program. Implementation of MP and CMED is successfully accomplished through the crucial information eliciting personal skills of seasoned CME coordinators working with course chairs and faculty. However, even seasoned CME coordinators may not be able to articulate the varied information eliciting strategies and techniques (IEST) they employ in planning a CME activity with physician chairs and faculty, and these IEST may not be evident to novice CME professionals. Furthermore, CME technical terms, i.e., needs assessment, educational objectives, methods and outcomes, which are the focal elements of planning documents, may be so removed from the content of the educational activity on which many physician chairs or faculty are focused that the terms become stumbling blocks to planning. Yet seasoned CME coordinators have the personal skill to elicit fully nuanced information from CME activity chairs and faculty in the planning of a CME activity. How do they do it?

Purpose: In this session, participants will explore a number of information eliciting strategies (IEST) used by seasoned CME coordinators to facilitate CME activity planning. These strategies translate CME technical terms into nuanced activity planning concepts relevant to the expert medical content proposed by CME activity chairs and faculty.

Target Audience: This breakout session will be of interest to CME professionals at all experience levels, working in all provider groups who want to improve substantively the engagement of CME coordinators and physician chairs/faculty in the planning of CME activities.

Objectives: At the conclusion of this breakout session, participants should be able to (1) describe the value of IEST as a learned personal skill across several disciplines, (2) identify types of information eliciting strategies for CME activity planning that include but are not limited to hard copy survey questionnaires, interview techniques, scenario reviews, decision-making options, definition setting, list-choices, etc. (3) identify translation techniques for CME technical terms within the IEST “interview” strategy, and (4) perform a preliminary self-assessment of their own personal skills in employing IEST for planning CME activities.

Key Points: (1) IEST is recognized as a learned personal skill in a number of disciplines where critical planning is called for. (2) In order to successfully plan CME activities, CME coordinators must go beyond competent meeting planning and basic maintenance of CME documentation. CME Coordinators must address the development of CME activity content by working with activity chairs and faculty to develop needs assessment, establish objectives, develop appropriate educational methods and set educational outcomes measures that link back to the activity’s needs and objectives. (3) As part of their personal skills, CME coordinators need to have an armamentarium of IEST that translate CME technical terms into concept-driven planning by CME activity chairs and faculty.

Expected Outcomes: Participants will appreciate the value of IEST skills for planning CME activities and begin a process of self-assessment of their own IEST skills.

Reference: 1. Nuseibeh B, Easterbrook S: Requirements Engineering: A Roadmap. In A. C. W. Finkelstein (ed) “*The Future of Software Engineering* “. (Companion volume to the proceedings of the 22nd International Conference on Software Engineering, ICSE’00). IEEE Computer Society Press.

T13, Breakout
10:30 – 11:30 am, Thursday
Clayton/2nd; Rounds/80

A Patient-Based Consortium Model for CME: Effecting Changes in Physician Practice
(Health Care Delivery Systems)

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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 (BNPCC) 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 were no longer an issue.

This breakout session will address the core competencies of Patient Care, Practice-Based Learning and Systems-Based Practice.

Target Audience: This session will be of interest to CME professionals working in hospitals, medical schools and medical specialty societies.

Purpose: This session will outline the development of this innovative partnership and detail the changes in physician practice that occurred during the consortium’s first two years of operation.

Methods: The presenters will outline the development process of this consortium model, including the roles played by each constituent member of the group. Handout materials will be provided to participants.

Objectives: At the conclusion of this workshop, 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. This process also allowed the patient and his physician the opportunity to discuss treatment recommendations together, allowing the patient to make a better-informed treatment decision. The Washington Advisory Board, comprised of 2,000 of the countries largest and most progressive health systems and medical centers, has identified the BNPCC as a “Best Practice”.

Expected Outcomes: This consortium model can be applied to other areas of medicine to enhance screening and diagnosis; to standardize treatment options and recommendations using evidence-based medicine; and to track and ascertain 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.

T14, Intensive
1:15 – 5:00 pm, Thursday
Cherokee/2nd; Rounds/80

**Navigating the CME Landscape to Improve Patient Care: The Pleasures, Pain, Perils, and Pitfalls
of Commercial Support**
(Personal Skills)

Lawrence Sherman (moderator)

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Audience response technology to be provided by Interactive Media Solutions, Englewood Colorado.

Relevance: The guidelines that influence commercial support of CME are in a continual state of evolution. A triumvirate of regulatory bodies exists for the three main participants in CME: the ACCME, the FDA, and the AMA. Other agencies, such as the Office of the Inspector General (OIG) of the Department of Health and Human Services, are also involved in the overall regulation of the roles of each of the stakeholders in CME activities. It is imperative that CME providers have an understanding of the current guidelines issued by all of these organizations and be able to develop and implement CME activities that are in compliance. This creates an educational need among CME providers to fully understand these guidelines and to better understand how commercial supporters can operate within guidelines to best develop CME activities that will eventually lead to better patient care.

A diverse panel of CME professionals and commercial supporters will utilize audience response technology to identify areas in which questions exist concerning the roles of the commercial supporter and CME provider as viewed by the commercial supporters. There will be heterogeneity among the commercial supporters on the panel, demonstrating the various backgrounds and responsibilities of the people that are tasked by their organizations to oversee CME grant support. Substantive discussions will be led by the panel in response to the specific needs and questions of the attendees.

Purpose: This session is designed to provide valuable information for CME professionals at all levels of experience to increase competency in CME.

Objectives: At the conclusion, participant should be better able to: 1) describe the view of CME from the commercial supporter's perspective; and 2) identify methods by which they will be able to better interact with commercial supporters.

Key Points: In this activity, a team of recognized experts will use interactive methods to determine the questions and concerns of the audience regarding commercial support and provide an informative, interactive presentation to address these needs. This information should be useful in the everyday practice of CME.

Expected Outcomes: Participants will have a clearer perspective of the attitudes and needs of commercial supporters regarding CME and be able to better meet these needs and expectations.

Reference: Draft Guidelines for Commercial Support, 1/13/03 http://www.accme.org/whatsnew/sec_new_nw1_232.asp.

T15, Mini-Plenary
1:15 – 2:15 pm, Thursday
Salon DE/2nd; Rounds/350

ACCME Update: Current and Future Issues in Accreditation (Part 1)
(Accreditation)

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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.

Target Audience: This mini-plenary is designed for CME professionals at all experience levels and in all organizational settings.

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.

Methods: ACCME staff will share information on existing, new and/or proposed policies.

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: Knowledge of current trends and new developments in accreditation is important to all CME providers. CME professionals can benefit from discussions on current trends in accreditation, such as providers' level of compliance with ACCME's Essential Areas and Elements, because such discussions can serve as a needs assessment for individual providers. CME professionals 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, <http://www.accme.org>.



T16, Breakout
1:15 – 2:15 pm, Thursday
Salon C/2nd, Rounds/190

Physicians are Consumers Too: The Use of Social Marketing to Enhance Professional Competence
(Educational Activities Design)

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Relevance: As CME providers, we are engaged in a relentless pursuit of the most effective means to educate physicians and make sustainable changes in their behavior. Our efforts have often been met with disappointing results and a number of published studies have illustrated the limited effectiveness of the traditional didactic approach. The corporate and commercial sectors of business have long reaped the benefits of marketing their products to consumers. Even our colleagues in public health education have successfully incorporated concepts of social marketing to develop positive health messages. However, the field of social marketing remains a virtually untapped potential in CME. With its basic premise of promoting behavior change, social marketing seems to be a concept worthy of further examination in educating physicians.

Target Audience: This breakout session will be of interest to CME professionals at all experience levels, but particularly those involved in design of educational activities.

Purpose: This presentation will focus on the basic concepts of social marketing and how to translate these concepts into effective delivery methods for CME.

Methods: Presenters will review the basic tenets of social marketing and share their experiences with incorporating these concepts into CME activities. Participants will have the opportunity to contribute to a social marketing case study presented during the session.

Objectives: At the conclusion of the breakout, participants will be able to describe and discuss 1) the basic tenets of the social marketing framework, 2) successful applications of social marketing in producing behavior change, 3) the relevance of social marketing for CME, and 4) how to develop a social marketing campaign.

Key Points: The tremendous potential of social marketing in CME can be harnessed by embracing concepts of product, place, promotion and price. Goal identification, audience segmentation and formative research must also be explored.

Expected Outcomes: Participants will begin to envision CME activities as “products” worthy of marketing to physicians. The desired changes in physician behavior can be generated through appropriate application of social marketing strategies.

Reference: David, S.P., Greer, D.S. Social Marketing: Application to Medical Education. *Annals of Internal Medicine*, 2001; 134:125-127.

T17, Breakout
1:15 – 2:15 pm, Thursday
Salon A/2nd, Rounds/150

Faculty Development . . . Not Just for Medical Schools Anymore: A Faculty Development Model for Medical Specialty Societies
(Educational Activities Design)

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Relevance: Volunteer physician faculty forms the foundation of every CME program. For decades, volunteer physician faculty, with their knowledge base and experience, have provided clinical information to physicians and health care professionals in the CME setting. Despite the physician's traditional role as teacher, only a small percentage of physicians have any formal background in educational methodology and instructional strategies grounded in the basic principles of adult education.

The Society's Board of Directors, however, recognizes the need to educate faculty about the basic principles of adult education in order to enhance the transfer of clinically relevant knowledge and skills and to improve professional competence. The Board, therefore, funds an initiative that promotes the application of adult education principles throughout the Society's CME programming. A Society-sponsored faculty development workshop incorporating pre- and post-activity assessments and an educational consultant/content expert are core components of this initiative.

Target Audience: This breakout session will be of interest to CME professionals at all experience levels who work with physician faculty in a medical specialty society-based CME program or in other CME settings, and who want their physician faculty to understand and apply adult education principles.

Purpose: The development, as well as the implementation and related assessment activities, of a medical specialty society-sponsored faculty development model to promote the principles of adult education will be discussed.

Objectives: At the conclusion of this session, participants will be able to: 1) use data to document the reasons for implementing a model for faculty development; 2) prepare a proposed model for faculty development (including costs and timelines); 3) identify key characteristics and define the role of an educational consultant in the model; and 4) replicate the use of pre- and post-activity assessments in evaluating the faculty development model.

Key Points: Applying the principles of adult education in the CME setting is essential. Physician faculty, however, are rarely versed in these basic principles, such as learner motivation, curriculum design, and effective presentation skills. The Society-based faculty development model provides a content-relevant setting in which these principles may be conveyed.

Expected Outcomes: Participants will begin to discuss how a faculty development model may enhance their current CME program and explore the development of an appropriate model for their setting.

Reference: Zemke, R, Zemke S. Adult education in associations: thirty things we know for sure about adult learning. Convene 2001 (April); 6 – 8.

T18, Breakout
1:15 – 2:15 pm, Thursday
Salon B/2nd; Rounds/95

Evaluation Benchmarks: A Tool for Quality Improvement

(Evaluation; CME 891 – Advanced Curriculum)

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Relevance: Measuring and analyzing activity evaluation data are key components in determining educational effectiveness, identifying strengths and opportunities for improvement, driving program management, and building future programs. Utilizing benchmarks provides a systematic method of triggering activity and program reviews. In addition, setting and utilizing benchmarks is an effective method of assessing data in a meaningful way and can act as a catalyst for significant programmatic change and improvement.

Target Audience: This session will be of interest to CME professionals at the intermediate and advanced level of experience in all provider groups.

Purpose: This session is designed to: explain the process of identifying key indicators of educational effectiveness, describe the process of analyzing data for the purpose of setting benchmarks, and illustrate how to utilize benchmarks to facilitate quality improvement in CME at both the activity and program level. In addition, use of evaluation benchmarks as a program assessment and quality improvement tool can aid providers in achieving exemplary compliance for essential element 2.5 by ensuring that innovative and creative mechanisms are in place to measure the effectiveness of the program.

Methods: Case presentations, examples, and a panel discussion from professionals who use benchmarks in their daily practice will provide practical direction to providers wanting to improve their programming.

Objectives: At the conclusion of this breakout, participants should be better able to 1) explain the significance of benchmarks, and 2) describe a process for developing and utilizing benchmarks in their CME settings

Key Points: 1) Developing benchmarks is a realistic goal for any CME provider, and 2) use of benchmarks triggers providers to review, analyze, and improve activities and programs.

Expected Outcomes: Participants will have the building blocks on which to develop their own evaluation benchmarks and quality improvement system.

Reference: Baldrige National Quality Program website, <http://www.quality.nist.gov>.

T19, Breakout
1:15 – 2:15 pm, Thursday
Rockdale & Forsythe/2nd, Rounds/145

So You Want to Write Better Objectives!
(Objectives Setting and Stating; CME 101 – Basics Curriculum)

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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 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.

T20, Breakout
1:15 – 2:15 pm, Thursday
Dekalb & Gwinnett/2nd; Rounds/145

Shorten Your Learning Curve! A Systems Approach to CME Workflow for New CME Professionals
(Program Management)

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Relevance: One of the six approved general physician competencies required by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) is **systems-based practice**. CME organizations can benefit from focusing the systems “lens” on their own practices. Professionals new to CME often experience a prolonged skills acquisition phase because of the multiple components of the CME system – both internal and external – that they are required to learn. One way to minimize the learning time and maximize new employee efficiency is to provide them with a systems-based framework for analyzing and understanding their workflow.

Target Audience: This breakout will be of interest to professionals new to CME, from all provider groups, who are seeking practical tools for understanding the demands of their new role(s).

Purpose: Systems theory will be applied to CME workflow, to help new professionals grasp their roles and responsibilities more effectively and efficiently.

Methods: General systems theory concepts will be presented and incorporated into a structured CME workflow analysis.

Objectives: At the conclusion of this session, new CME professionals should be able to (1) apply the systems analysis tool(s) provided to their own workflow, (2) identify knowledge gaps for system components relevant to their individual role(s), and (3) develop a plan to remedy those gaps, incorporating concepts from the Alliance for CME Guide for Professional Development (Revised 2001).

Key Points: (1) In the midst of massive procedural, philosophical and budgetary changes in the CME environment, new professionals need more than ever to rapidly integrate into existing CME entities. (2) Systems theory is a useful paradigm for these professionals to proactively decrease the time it takes to develop and apply professional competencies. (3) Existing resources can be integrated with systems theory tools to yield a practical approach to self-directed development of necessary knowledge and skills.

Expected Outcomes: New CME professionals will use the systems tools provided to accelerate acquisition and application of core competencies, via achievement of the objectives above.

Reference: Checkland P. Systems thinking, systems practice. New York: John Wiley and Sons, 1999.

T21, Breakout
1:15 – 2:15 pm, Thursday
Fulton & Cobb/2nd; Rounds/125

**Assessing Organizational Learning Needs: Developing Your Competence as a CME Office
in Health Care Environments**
(Needs Assessment)

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Relevance: Continuing Medical Education (CME) has been perceived primarily as clinical education for the individual physician. As healthcare and learning theory have evolved, so has the perception of CME. Previous expectations within healthcare institutions were that clinical competence be maintained individually; however, recently the new dimension of team and/or organizational performance has been added. Now CME providers must consider the needs of the organization — addressing clinical performance problems, team performance, or the development of new leaders within the system. Consequently, CME providers must change their perception of and processes used for assessing the needs of physicians within a healthcare organization.

Target Audience: This session is targeted at CME professionals in academic settings connected to healthcare organizations.

Purpose: This breakout will describe the processes by which CME offices can assess the organizational needs of physicians within a healthcare institution.

Methods: Interactive lectures, case studies, group discussion and a planning form will all be used during this session.

Objectives: At the conclusion of this session, participants should be able to: discuss the evidence for assessing team and organizational learning needs; describe methods for conducting needs assessment at the team and organizational levels, especially in different venues; and, apply the evidence and practice in their own CME venue.

Key Points: CME is more than individual learning. CME must also focus on team and organizational learning and CME professionals must consider the following issues: awareness of organizational performance issues; sensitivity to learner characteristics; and, knowledge of data sources available to the CME office.

Expected Outcomes: Participants should be able to return to their CME office with more tools to better understand the organizational priorities for physician learning and with a plan of how they will incorporate this new information into the overall CME program.

Reference: Green, JS, Leist, JC. Determining needs from the perspective of institutions or organizations providing care in Continuing Professional Development for Physicians. Eds. Barnes, BE, Davis, DA, and Fox, R, (In Press).

T22, Breakout
1:15 – 2:15 pm, Thursday
Fayette & Newton/2nd, Rounds/105

Developing a CME Course Director Workshop to Improve CME Course Director Competencies
(Strategic Leadership)

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Relevance: There is a need for greater in-depth understanding of the physician's role in developing CME activities. Although many physicians are involved as Course Directors of CME programs, their knowledge and skills are limited by lack of training in the CME process. This activity is aimed at developing a better understanding of how to develop a Course Director Workshop that will teach the steps involved in becoming an effective Course Director including knowledge of accreditation standards, soliciting educational grants, program design, marketing, budgeting, disclosure, and evaluation.

Target Audience: This breakout is designed for CME professionals interested in learning how to develop a CME Course Director Workshop that will enhance Course Director competencies.

Purpose: This session will describe the development of a workshop for Course Directors to identify, promote and build leadership skills necessary to guide the CME Course Director in developing CME courses.

Methods: The steps taken to develop the Mayo School of CME Course Director Workshop will be discussed. These steps include a needs assessment survey and analysis, program design to determine the curriculum to present online in addition to the classroom setting, development of the workshop in a web-based application, implementation, and evaluation of the workshop.

Objectives: At the conclusion of this session, participants should be able to determine how to develop a workshop that will provide increased knowledge and skills needed to improve the effectiveness of current and potential CME Course Directors.

Key Points: There are many changes impacting the CME environment such as increased regulations, industry concerns, marketing issues and financial challenges. It is important that CME Course directors develop the knowledge and leadership skills needed to comprehend the complexities of providing physician continuing medical education and be able to translate adult education theory into practice. Developing a formal CME Course Director Workshop will help CME Course Directors to understand and carry out the steps necessary to meet ACCME requirements and to lead an effective CME course.

Mayo is a recognized leader in the area of continuing medical education and is dedicated to promoting and facilitating excellence in CME to provide physicians enhanced competencies for quality patient care services and to improve healthcare outcomes.

Expected Outcomes: Participants will be able to develop and implement a CME Course Director Workshop within their institution to increase the knowledge and skills of a CME Course Director.

T23, Breakout
1:15 – 2:15 pm, Thursday
Paulding & Douglas/2nd; Rounds/105

Creating a Tool to Assess Competency: Developing Competency-Based Multiple Choice Test Questions
(Evaluation)

Sarina Grosswald, EdD

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Consultant: SJ Grosswald & Associates

Other: Surveyor, Accreditation Council for Continuing Medical Education (ACCME)
and Board Member, Alliance for Continuing Medical Education (ACME)

Relevance: “Competencies” has become the operable word in CME today. The Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) have approved six general competencies expected of physicians. CME professionals are called upon to assure that their offerings contribute to physicians’ maintenance of these competencies. How can CME professionals evaluate the degree to which physicians transfer knowledge into competence? What demonstrates that the physician knows how to use specific knowledge, skills, or attitudes?

Target Audience: This session is appropriate for all CME professionals working in all settings, and may be most useful to those at the intermediate level.

Purpose: The session will explore the principles behind the use of multiple choice questions for assessing competency, provide guidelines for proper item construction, and review common errors in construction.

Methods: Basic principles behind the use of multiple choice questions (MCQ) will be presented, with guidelines for proper item construction, and review of common errors in construction. Participants will have an opportunity to construct a multiple choice question, and ask questions.

Objectives: By the end of this session, participants should be able to: 1) associate levels of learning: “knowledge, competence, and performance” with test item development; 2) identify and correct common errors in item construction, and 3) apply the principles to write a correctly constructed multiple choice question to test a desired competency.

Key Points: Tests are recognized as a means of assessing the examinee’s ability to recall information. There is, however, a common misconception that multiple choice test questions cannot evaluate the ability to apply that information. A well-constructed multiple choice question requires learners to weigh, select, and apply what they know in order to answer the question, thus measuring competency.

Expected Outcomes: Participants will be able to apply the principles to improve the quality of test questions in order to assess competency.

References: Educational Testing Service. Multiple Choice Questions: A Close Look. ETS. Princeton, NJ, 1963.
Haladyna TM, Shindoll, RR. Item Shells: A Method for Writing Effective Multiple Choice Test Items. Evaluation & the Health Professions. 1989; 12:1:97-106.

T24, Breakout
1:15 – 2:15 pm, Thursday
Henry/2nd, Rounds/80

Research 101 for the CME Professional: What's a *p* value?

(Personal Skills; Research – Basics)

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Audience response technology provided by Interactive Media Solutions, Englewood, CO

Relevance: Continuing medical education (CME) is unique in the fact that great reliance frequently is placed on non-clinical experts to deliver highly technical information to advanced-degreed professional audiences. Because of the diverse backgrounds of CME staff, many individuals have no formal training in research design, including identification and interpretation of clinical literature, basic biostatistics, medical writing, and hypothesis testing. These skills are important not only for the development of good research, but also for the planning and implementation of studies that identify and promote best practices in CME. A team of experienced faculty will lead discussions regarding literature search, retrieval, and interpretation, in addition to basic research and publication skills.

Purpose: This session is designed to provide valuable information for those in CME who have not been exposed to basic research skills and publication methods, or who would like a refresher course in research and publication basics.

Objectives: At the conclusion of this breakout session, the successful learner will: 1) recognize relationships of the problem statement to methods, results, and implications for practice, and 2) recognize the value of experimental and other designs in CME research and peer-reviewed publications.

Key Points: In this activity, a team of experienced faculty will describe research fundamentals and publications basics. This information should be useful in the daily practice of CME.

Expected Outcomes: Participants will better interpret clinical and educational research, and will consider authoring original research in the field of CME.

Reference: Day RA. How to Write and Publish a Scientific Paper. Phoenix, Arizona: Oryx Press; 1994.

T25, Breakout
1:15 – 2:15 pm, Thursday
Clayton/2nd; Rounds/80

Using the Medium of Television as a Tool for Patient Information/Education: The VATV Experience
(Educational Activities Delivery; Physician's Track)

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Relevance: Patient education and communication are important areas in need of emphasis and innovation.

The Veterans Health Administration (VHA) piloted "VATV", a communication effort for patients and their families, using one of today's most powerful media: television. In a survey of 4500 veterans and of all 22 VHA VISN (Veterans Integrated Service Network) Directors, 84.5% of veterans surveyed and 100% of the VISN Directors said that VA could do a better job in informing patients about its services. Both VISN Directors and veterans rated television highest as a preferred way to get information. VA produced 3 pilot VATV programs. Each 60 minutes episode is fast moving, polished, and viewer friendly. It conveys solid information couched in a light hearted, entertaining package that grabs viewers' attention. Its format is that of a talk show, with a live studio audience of veterans and their families. Exit surveys and focus group discussions of over 900 viewers revealed that 93% found the program valuable and would like to see more of it produced. The data is being evaluated to determine if the program would be instituted as a regular communications feature, including streaming it on the Web.

Target Audience: This session is of interest to CME professionals at all experience levels, those working in medical education and communication companies, medical schools, medical specialty societies, patient health education, and veterans affairs.

Purpose: 1) To offer other organizations an opportunity to benchmark with VA towards initiating similar education projects on national or local scales, 2) possibly forge partnerships in harnessing the power of this medium for health education and communication, 3) make public domain VATV products available to other organizations for educational purposes, 4) discuss the limitations of this approach, and 5) discuss strategies for evaluation of the results so far.

Methods: Speaker will present excerpts of VATV, results of evaluations to date, as well as strategies for evaluation and development.

Objectives: At the conclusion of this session, participants should be able to 1) determine how a VATV-like project may be actualized and evaluated, and 2) formulate some ideas on whether/how to produce/partner in similar projects.

Key Points: Based on this session, CME and patient health education professionals need to explore more effective efforts and partnerships aimed at more fully utilizing and evaluating the medium of television or televised products such as VATV in patient education and communication efforts.

Expected Outcomes: Participants will begin a process of exploration based on the Key Points above.

Reference: Physicians play a pivotal role in communicating to patients how to drink responsibly (Editorial). National Association of Medical Communicators News 2002; Autumn Issue: 4-5.

T26, Breakout
1:15 – 2:15 pm, Thursday
Carter & Jackson/3rd; Rounds/100

Transfer of Physician Leadership Development to the Medical Setting
(Educational Activities Design)

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Consultant: Physician Empowerment

Relevance: The emerging focus on Physician leadership development has spawned a host of approaches. Some suggest the MBA route, others free standing seminars and still others a more integrated approach. Much is promised but very little information is presented about whether this training makes any impact on the way physician participants behave in the healthcare setting.

Purpose: This session will present a model for assessing the transfer of leadership development training to physician behavior in the medical setting. Results of a preliminary study will be presented. The accompanying literature review will give the session participant a state of the art overview of research into the transfer of non-clinical training of physicians into the “real world”.

Objectives: Participants will be able to:

1. Describe the various approaches to physician leadership development.
2. Explain why it is important to know whether leadership development training transfers to the healthcare setting.
3. Differentiate among the various types of healthcare settings where physicians lead.
4. Tell what aspects of training might be most likely to transfer to what type of setting.
5. State key findings in the literature.
6. Explain how to conduct research into this topic.

Key Points:

1. Tens of thousands of dollars and a huge number of work hours are spent on physician leadership development.
2. “Physician Leadership Development” is ill-defined and thus it is hard to measure the outcomes.
3. There are ways to assess impact of this training.
4. There is a literature that provides at least a starting point.

Expected Outcomes: Participants will have a better understanding of the issues involved in measuring the outcomes of this expensive and time consuming enterprise. They will learn about at least one model of outcome assessment and they will receive an overview of the supporting literature. This will allow them to be better judges of leadership development programs and, if they choose, begin to conduct their own transfer evaluations.

**T27, Mini-Plenary
2:45 – 3:45 pm, Thursday
Salon DE/2nd; Rounds/350**

ACCME Update: Current and Future Issues in Accreditation (Part 2)
(Accreditation)

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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.

Target Audience: This session is designed for CME professionals at all experience levels and in all organizational settings.

Purpose: This session will provide a forum for discussion of the status of the ACCME's system of accreditation. As a complement to the Mini-Plenary Update (Part One), this session will allow the opportunity for questions, answers, and debate on the issues presented in the earlier meeting.

Methods: ACCME staff will take questions and moderate discussions on existing, new and/or proposed policies.

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 and make plans for integrating any changes into their practice of complying with ACCME requirements.

Key Points: Knowledge of current trends and new developments in accreditation is important to all CME providers. CME professionals can benefit from discussions on current trends in accreditation, such as providers' level of compliance with ACCME's Essential Areas and Elements, because such discussions can serve as a needs assessment for individual providers. CME professionals 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, <http://www.accme.org>.



T28, Breakout
2:45 – 3:45 pm, Thursday
Salon C/2nd, Rounds/190

Designing Outcome-Based CME
(Educational Activities Design)

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Consultant: Principal CME Systems

Relevance: Educators need to meet the challenges of a more accountable CME system. To do so, CME topics must be firmly based on patient care issues and directly relevant to the physician's practice and core competencies. Educational activity design is at the heart of CME both relevant to identified needs and meaningful to the learner. Physicians are increasingly being held accountable for both the quality and cost of care and so too is State-level licensing increasingly tied to measuring physicians' professional development. As such it is incumbent upon CME professional to design and deliver CME activities with direct links to the patient care and physician performance. This innovative approach will address these issues and show how one specialty society used innovative activity design to revitalize its CME Program and accomplish the ACCME 'self-study' process.

Target Audience: This session will be of interest to CME professionals at all experience levels and working in any medical education setting.

Purpose: To provide a model for relevant and meaningful CME activity design including identification of the key elements that made for success.

Methods: New information will be presented that describes the step-by-step planning and design process used by a state specialty society to deliver innovative CME.

Objectives: At the conclusion of this session, participants should be able to 1) describe the key elements used to design a relevant (to patient care) and meaningful (to the physician) CME activity, 2) design an innovative CME activity, including a delivery methodology that is relevant to their target audience or work setting, and 3) use innovative CME design elements to improve their CME program and accomplish the ACCME 'self-study' process.

Key Points: Based on this session CME professionals will learn about: 1) designing relevant and meaningful CME, 2) CME that incorporates innovative design elements such as web-based needs assessment, sentinel evaluation and case-based outcome assessment, and 3) how innovative CME design can be used to; revitalize a CME program, accomplish self study, as well as focus on outcomes.

Expected Outcomes: Participants will begin the process of identifying and incorporating innovative CME design elements into their own CME setting.

Reference: Tan K M, Casebeer L. Needs assessment of learning outcome evaluation skills among continuing medical education providers. JCEHP 2002; 18:206-212.

T29, Breakout
2:45 – 3:45 pm, Thursday
Salon A/2nd, Rounds/150

How to Transform a Live Activity into an Enduring Material
(Educational Activities Design)

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Relevance: The widening availability of modern multimedia technology makes it feasible for live meetings and/or symposia, which are presented to a limited audience, to be transformed into enduring materials and distributed widely. CME professionals must learn how to create an educational plan that considers the needs of adult learners for different types of presentations.

Target Audience: This breakout session will be of interest to CME professionals at all experience levels and working in health care education associations, health systems, hospitals, medical education communication companies, and medical schools.

Purpose: This breakout session will describe a planning process and present examples of procedures that can be used to transform live activities into enduring materials.

Methods: Samples of checklists and planning procedures for incorporating several educational formats into the design process will be presented. Participants will then break up into small groups and use these planning procedures to design activities that are presented as live activities and enduring materials.

Objectives: At the conclusion of this breakout, participants will be able to plan activities that can be presented first as a live activity and then as an enduring material.

Key Points: The checklists and examples presented in this session will encourage CME professionals to consider a variety of educational formats when they plan CME activities. These materials will also help CME professionals who want to create institutional standards for producing enduring materials in a variety of formats.

Expected Outcomes: Participants will be able to plan educational activities that can be delivered in more than one format. They will also be able to design institutional procedures for transforming a live activity into an enduring material.

Reference: NL Bennett. Adult Learning: Uses in CME. In: AB Rosof and WC Felch, eds. Continuing Medical Education: a Primer, second edition. 1992:31-41.

T30, Breakout
2:45 – 3:45 pm, Thursday
Salon B/2nd; Rounds/95

Reflection in CME: Is it a Fad or a Sound Educational Principle?
(Educational Activities Design; CME 891 – Advanced Curriculum)

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Relevance: Reflective exercises (e.g. commitment to change statements), learning portfolios, journals and log books are increasingly being adopted in CME. They are used to help physicians answer questions like “How do I know that I know?”, “What is the evidence for what I know?”, “What else do I need to figure out in order to fully understand what ‘something’ is?”, “How will I use this information?”, and “What did I learn that I can use in practice?” Reflection in adult education has both a theoretical and a research base which should be considered when introducing reflective work in CME to ensure its effectiveness as a learning and teaching modality.

Target Audience: This session will be of interest to all CME professionals who design educational programs.

Purpose: The theoretical and research related to reflection will be explored as a stimulus for group examination of ways to increase the power of reflective learning in CME programs.

Methods: The breakout will consist of a short (10-15 minute) presentation about the theoretical and research base for reflection in adult and continuing medical education; participant information about how they have included reflection within CME programming; and a discussion about the advantages, disadvantages, and difficulties inherent in including reflection in program design.

Objectives: At the conclusion of this break-out, participants should be able to (1) understand the theoretical and research base for reflection in education, (2) articulate a rationale for including or not including reflection into course design, and (3) provide practical examples of how reflection can be included in course design.

Key Points: Reflection “is a basic mental process with either a purpose or an outcome or both, that is applied in situations in which material is ill structured or uncertain and where there is no obvious solution. Reflection seems to be related to thinking and learning (Moon, 1999, p 10).” The theoretical and research base emanates from the work of Dewey, Habermas, Kolb, Schon, and Fox. It is used to help learners make the linkages between experience, new knowledge and skills, and future directions. It is being used to enhance self-directed learning and self-assessment capacity.

Expected Outcomes: Participants will discuss ways to effectively include components of reflection in the design of CME interventions.

Reference: Moon J. Reflection in learning and professional development: theory and practice. London: Kogan and Page, 1999.

T31, Breakout
2:45 – 3:45 pm, Thursday
Rockdale & Forsythe/2nd, Rounds/145

Regularly Scheduled Conferences: Turning a Headache into an Opportunity
(Program Management)

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Relevance: ACCME now mandates that CME providers seeking accreditation or re-accreditation must verify that there is a system in place to monitor regularly scheduled conferences for compliance with the ACCME Elements and Policies, including the Standards for Commercial Support.

Target Audience: This breakout session will be of interest to CME professionals who would like to learn how to construct an effective monitoring system for their institution's regularly scheduled conferences.

Purpose: Accredited providers that produce regularly scheduled conferences must now construct and implement a monitoring system to comply with ACCME requirements. This is best accomplished by developing a clear understanding of what the requirements are, what implications they have, and what can therefore be done to successfully integrate a monitoring system into a provider's CME program. This session is intended to provide participants with clear explanations of the new requirements as well as what those requirements imply. In turn, this will lead to an understanding of what must be done in order to construct an effective and successful regularly scheduled conference monitoring system. A novel system, together with monitoring tools and processes, will be shared and reviewed with participants.

Objectives: At the conclusion of this session, participants will understand the implications of the new ACCME requirements regarding regularly scheduled conferences. By reviewing examples of how one institution monitors compliance for its regularly scheduled conferences, participants will be able to create and implement a compliance system for their own institution.

Key Points: ACCME requires that each activity and each series of regularly scheduled conferences is planned and presented with the purpose of being in compliance with its Elements and Policies. To be in compliance, providers must describe their monitoring system, demonstrate that the monitoring system has been implemented, explain and show that the monitoring system has facilitated improvements, and be able to store and retrieve information about learner participation.

Expected Outcomes: It is expected that participants will improve their knowledge base in regards to compliance for regularly scheduled conferences. They will implement what they have learned to develop a system for monitoring regularly scheduled conferences with respect to the new ACCME requirements.

T32, Breakout
2:45 – 3:45 pm, Thursday
Dekalb & Gwinnett/2nd; Rounds/145

Physician Core Competencies: Are You Prepared for the Challenges?
(Evaluation)

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Other: ACCME Site Surveyor, and member ACCME Accreditation Review Committee

Relevance: Major developments have taken place with respect to expectations for core competencies for physicians. Six General Competencies have been adopted by both ACGME (Accreditation Council for Graduate Medical Education) and the American Board of Medical Specialties (ABMS) with expectations for current implementation. There are challenges in teaching and assessing these competencies. This session will explore how CME providers can help their constituencies integrate and promote these competencies into practice.

Target Audience: This breakout session will be of interest to CME and other professionals at all experience levels who are involved in implementing the six General Competencies in specialty societies, specialty Boards, medical schools, hospitals, and academic medical centers.

Purpose: This breakout session will describe the six general competencies and their related skills subsets, and explore various evaluation methods and examples that can be applied to these competencies.

Methods: State-of-the art information will be reviewed and summarized and available updates and new developments will be presented.

Objectives: At the conclusion of this session, participants should be able to describe the six General Competencies and their related subsets skills, and apply and assess 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 General Competencies, there must be relevant, valid, and practical evaluation strategies for these competencies. Effective evaluation approaches are required to be developed to strengthen and validate demonstration and evidence of continuing competency attainment and maintenance.

Expected Outcomes: Teaching and assessment of General Competencies is in evolution. We do not yet have a good way to handle measurement of all competencies systematically. A variety of evaluation instruments will be explored that can be creatively and innovatively applied or adapted to each competency requirement, and which are specific and relevant to different specialties.

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

T33, Breakout
2:45 – 3:45 pm, Thursday
Fulton & Cobb/2nd; Rounds/125

Use of the Delphi Method to Respond to Challenging Issues in CME
(Strategic Leadership; CME 891 – Advanced Curriculum)

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Relevance: Possibly no single CME issue has generated greater debate recently than concerns voiced in the public sector regarding issues surrounding commercial support. Responding to these concerns, the Accreditation Council for Continuing Medical Education's (ACCME) proposed new Standards for Commercial Support (SCS). In an open process CME providers were offered an opportunity to comment on the draft SCS. To prepare the Alliance for Continuing Medical Education's (Alliance) organizational response to the proposed new SCS, a Task Force with broad CME representation was established and charged with preparing a report for review and approval by the Alliance Board. The Delphi method was used to facilitate the input of the Task Force members and to reach group consensus on the Alliance response to the proposed SCS.

Target Audience: This breakout session will be of interest to CME professionals, regardless of experience in CME or organizational setting.

Purpose: The purpose of this session is to describe the Web-based Delphi method, as illustrated by the Alliance Task Force responses to the proposed ACCME Standards for Commercial Support.

Methods: The Delphi method used will be demonstrated as a strategy for reaching group consensus.

Objectives: At the conclusion of the session, participants should be able to understand the Delphi method as a management strategy to identify and clarify key issues in CME and to reach group consensus.

Key Points: The Alliance Task Force engaged in an interactive group consensus process known as the Delphi method. The Task Force reached computed consensus on key issues and developed recommendations. The online Delphi exercise was conducted over two rounds. During Round I, Task Force members evaluated 51 items and generated 83 comments. During Round II, Task Force members again rated the same 51 items and assessed the comments for helpfulness. Consensus was achieved on 88% of the items and 75 comments were ranked as helpful. During a follow-up telephone conference, additional consensus on the recommendations that were submitted to the Alliance Board for action was generated.

Expected Outcomes: Participants will gain insight into a group decision-making process useful for identifying and clarifying key issues that may affect CME providers.

Reference: Linstone HA, Turoff M. The Delphi method: techniques and applications. Reading, Mass: Addison-Wesley Publishing Co, 1975. Electronic version of the original book ((2002, Murray Turoff and Harold Linstone) available at: <http://www.is.njit.edu/pubs/delphibook/index.html#toc>. Accessed March 14, 2003.

T34, Breakout
2:45 – 3:45 pm, Thursday
Fayette & Newton/2nd; Rounds/105

Application of Business Principles to Medical School CME Survival
(Program Management)

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Consultant: BioSage Group

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 revenues 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 physician audiences. 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.

Target Audience: This session is appropriate for those CME providers in academic settings who are concerned with their economic survival.

Purpose: This breakout will describe specific steps that can be taken to apply business principles to the CME Office that will increase revenue, decrease unnecessary expenses and help reach operational goals.

Methods: This session will use short interactive lectures, case studies, and group discussion.

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 reduce operational costs and how to meet or exceed budget projections.

Expected Outcomes: Participants will receive several ideas that could lead directly to decreased costs or new revenue sources for the CME Office and strategies for developing and maintaining important relationships.

Reference: Bennett, NL, Davis, DA, Easterling, WE, Friedman, P, Green, JS, Koeppen, BM, Mazmanian, PE and Waxman, HS. Continuing medical education: a new vision of the professional development of physicians. Acad Med 2000; 75:1167-1172.

T35, Breakout
2:45 – 3:45 pm, Thursday
Paulding & Douglas/2nd; Rounds/105

How Doctors Learn: An Introduction for CME/CPD Professionals
(Educational Activities Design; CME 101 – Basics Curriculum)

H. B. Slotnick, PhD

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Grant Research Support: Pharmacia Corporation, Purdue Pharma LP.

Consultant: Merck Frosst Canada Ltd., Merck US Human Health

Relevance: CME/CPD is a mechanism that physicians and others healthcare professionals use as part of their efforts to learn what they need both to address their problems and to remain in compliance with competency expectations others hold for them. Because CME/CPD activities are a part of the overall learning activities employed by healthcare professionals, it is critical that CME/CPD providers know both how physicians and others learn AND how CME/CPD activities fit into their overall learning efforts more generally. Thus the issues presented at this session will help those responsible for CME/CPD understand the impacts their efforts have on healthcare providers; more specifically, the issues presented will allow CME/CPD providers to understand the logic that goes into the design, implementation, and evaluation of educational activities—whether self-directed learning, learning in informal settings, or learning arising from formal instructional activities.

Target Audience: This breakout session will be of particular interest to those new to CME/CPD regardless of the settings within which they work.

Methods: Active, hands-on instructional activities will be used to introduce the topics and principles listed below.

Objectives: At the session's end, participants will be able to identify issues related to motivation for physician learning, the stages making up physicians' learning episodes, and principles guiding development of instructional activities. In addition, instructional and evaluation activities used in the session arise from the content of the presentation; this tactic ensures that learners will have experiences allowing them to better understand the concepts presented.

Key Points: Motivation can be understood in light of Maslow's hierarchy of needs, physician learning can be understood as episodic with learning episodes following a sequence of stages, instructional principles can be derived from the discipline of adult learning generally and physician learning specifically, and principles exist that are useful in guiding the development and delivery of instructional activities.

Expected Outcomes: Participants will have experienced instruction consistent with received theory; this means participants will receive experiences and knowledge sufficient to support their further learning in the domains defined.

References: H. B. Slotnick. How Doctors Learn: Physicians' Self-Directed Learning Episodes. *Academic Medicine*. 74(10):1106-1117, 1999.

H. B. Slotnick. How Doctors Know When to Stop Learning. *Medical Teacher*, 2000.

T36, Breakout
2:45 – 3:45 pm, Thursday
Henry/2nd, Rounds/80

Expanded Competency Areas for the CME Professional of the Future (Part 1)
(Personal Skills)

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Relevance: CME professionals are being asked, and expected, to provide a new direction for continuing medical education. There is a need for CME professionals to identify and understand the competencies to meet those demands and expectations. The difficulty is that CME is not clearly defined and therefore identifying competencies for CME professionals is very difficult. This is further complicated by the complex settings in which CME professional's work. What does this mean for CME? The culture of the CME profession will need to change in order to meet the evolving and expanded role and expectations. It clearly means that CME professionals will need expanded skills and competencies to better serve the medical profession and the public.

Target Audience: This breakout and the subsequent forum will be of interest to CME professionals in all experience levels.

Purpose: The purpose of the two sessions will be to build and expand on the existing Alliance competency areas for the future CME professional and discuss their specific relevance to and implications for the existing CME professionals at all levels and settings.

Methods: During the first breakout the session will be a lecture/discussion. In the forum the attendees will discuss the areas with representatives from different work settings and levels, and work in small groups to identify the relevance and implications for their learning and practice.

Objectives: At the conclusion of the breakout and forum, learners should be able to 1) list the competency areas, 2) describe the actual skills necessary to be competent in the area, and 3) discuss how they will adopt the expanded competencies and practice them in their setting.

Key Points: The future CME professional must be competent in 8 areas including Adult/Organizational Learning Principles, Educational Interventions, Performance Measurement, System Thinking, Partnering, Leadership, Administration/ Management and Self-Assessment and Lifelong Learning. These competency areas reflect a change in the culture of CME.

Expected Outcomes: The competency areas proposed for the future will be strengthened, accepted and applied as a result of the breakout presentation and the subsequent discussion.

References: Epstein RM and Hundert EM. Defining and Assessing Professional Competence. JAMA, 2002; 287(2): 226-235. Mazmanian PE and Davis DA. Continuing Medical Education and the Physician as a Leader. JAMA, 2002; 288(9): 1057-60.

T37, Breakout
2:45 – 3:45 pm, Thursday
Clayton/2nd; Rounds/80

Workplace Learning: Using the Tumor Board Experience to Enhance the Growth of Professional Competence
(Educational Activities Delivery; Physician's Track)

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Relevance: Educational goals for CME activities have advanced beyond the acquisition of CME credits to support the lifetime growth of practitioner competencies. Education in the workplace has been shown to enhance changes in practice. Over a period of time, as team member skills improve, a concomitant change in patient care outcome should occur.

Target Audience: This breakout will be of interest to all CME professionals providing educational opportunities in the health professional's workplace.

Purpose: This breakout will describe the development of a workplace educational experience for long-term development and evaluation of professional competence within a valued community of practice.

Methods: Using visual aids, perceptions from the viewpoint of the provider and the various learners will be presented.

Objectives: At the conclusion of the breakout, the participant should be able to integrate the teaching of professional competencies with current patient care information.

Key Points: CME is more than individual learning. Within a valued community of practice, the needs and objectives of the various participants can be evaluated and, over a prolonged period of interaction, outcomes of healthcare practice can be evaluated.

Expected Outcomes: At the conclusion of this breakout, participants will be able to create a workplace learning experience within a local community of practice.

Reference: Bennett NL, Davis DA, Easterling WE, et al. Continuing medical education: a new vision of the professional development of physicians. Acad Med 2000; 75:1167-1172.

T38, Mini Plenary
4:00 – 5:00 pm, Thursday
Salon DE/2nd; Rounds/350

**Hot Topics: The Non-Traditional Regulators and Regulations: The Office of the Inspector General (OIG)
and the Pharmaceutical Research and Manufacturers of America (PhRMA) Code**
(Program Management; Physician's Track)

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Relevance: The times are changing for CME Providers, commercial supporters, and medical professionals. Failure to be cognizant of the potential impact on continuing medical education by the Office of the Inspector General as well as the Office of the U.S. Attorney could have significant negative effects on both CME providers and participants of CME activities.

Target Audience: This hot topics session will be of interest to CME professionals at all levels of experience and from all provider types.

Purpose: To make the continuing medical education community more aware of potential effects of the issues addressed by the OIG Compliance document as it relates to continuing medical education and of the actions of various state and federal law enforcement agencies.

Methods: Representatives of the various provider groups and the legal profession will briefly discuss their understanding of the implications of the guidance. Since the guidance also makes reference to the PhRMA code, this will be addressed as well. The panel will encourage the audience to ask questions and participate in the discussion.

Objectives: Participants will have a better understanding of the elements of the Guidance as they relate to CME, the role of the Office of the US Attorney and the possible impact of both on CME.

Key Points: No longer is it enough that we remain cognizant of, and comply with, the policies and procedures established by the ACCME and other accrediting and certifying bodies as well as the AMA and the FDA. Now we must also become very much aware of the concerns expressed by the Office of the Inspector General (OIG), and the actions of the U.S. Attorney as they relate to medical education and educators. The OIG Guidance specifically notes educational grants as a significant "risk area". The U.S. Attorney as well as various states' attorneys general have been conducting investigations and have required CME providers to produce records relating to the receipt of grants and conduct of educational activities.

Expected Outcomes: Participants will become more aware and sensitive to the implications of the Guidance and the actions of the U.S. Attorney. They will become more knowledgeable so as to be better able to begin to formulate their own policies and procedures to address these issues.

Reference: Compliance Program Guidance for Pharmaceutical Manufacturers, Office of the Inspector General, April 2003; Code on Interactions with Healthcare Professionals, Pharmaceutical Research and Manufacturers of America (PhRMA), effective July 1, 2002.

T39, Breakout
4:00 – 5:00 pm, Thursday
Salon C/2nd, Rounds/190

Needs Assessments: The State of the Art
(Needs Assessment; CME 101 – Basics Curriculum)

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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 situation analysis, gap analysis, how needs link to educational content, linking outcomes measurements to identified needs, and triangulating multiple sources of 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 case study of exemplary use of needs assessments in designing an educational activity will be presented.

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.

T40, Breakout
4:00 – 5:00 pm, Thursday
Salon A/2nd, Rounds/150

Collaborative CME: A New Model for Education Design and Delivery
(Educational Activities Design)

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Diabetes educational activity funded by a grant from Aventis Pharmaceuticals.

Relevance: Competition in CME is intense. Multiple accredited providers with a myriad of educational activities, conferences, learning opportunities, and pharmaceutical detailing/marketing vie for less and less physician time with higher expectations of impact on changes in physician behavior and health outcomes. Yet traditional CME has been criticized as ineffective and co-opted by commercial interests. Innovative approaches are required, if CME is to be more relevant and have an impact. Medical schools, in collaboration, have an opportunity to develop/disseminate appropriate CME for today's needs.

Target Audience: This breakout will be of interest to CME professionals at all levels and working in medical education and communication companies, medical schools, medical specialty societies, or veterans affairs.

Purpose: To present a collaborative mechanism for developing and deploying CME activities to enhance educational impact and leverage commercial support.

Methods: Representatives from the Consortium for Academic Continuing Medical Education (CACME) will share the methods behind the development and tailoring of an educational activity on diabetes management.

Objectives: At the conclusion, participants should be able to: (1) describe the value of CME collaborative partnerships, (2) formulate ideas on collaboration, and (3) apply collaborative ideas in CME development and dissemination.

Key Points: The 3 themes CME professionals need to understand are: 1) innovative educational approaches are needed to produce sustained changes in physicians' practice behavior, 2) collaborative partnerships have potential for greater accomplishments, and 3) CME providers must develop mechanisms to foster lifelong learning.

Expected Outcomes: Participants will explore a collaborative methodology for the development of new CME activities.

Reference: Cohen, Jordan J. Transforming CME. Acad Med, Vol. 77, No. 10/October 2002.

T41, Breakout
4:00 – 5:00 pm, Thursday
Salon B/2nd; Rounds/95

A Model for Developing a Community of Practice: Compliance to Competence through an Integrated Education Program

(Educational Activities Delivery; CME 891 – Advanced Curriculum)

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Relevance: It is acknowledged that traditional CME activities, no matter how well planned, executed and attended, do not always change long-term physician behavior. Even when the proposed change, such as HIPAA compliance, is mandatory, we found that a number of physicians had difficulty converting the information from the activity into action. One can argue that change is difficult under the best of conditions and that the constraints of time, practice obligations and government agencies all impact how well a physician can undertake the steps to make the necessary changes. When we analyzed the reasons why physicians would/could not comply, we concluded that we could obtain better compliance if we could develop a continuing education delivery system to support their efforts and encourage the development of a community of practice.

Target Audience: This breakout session will be of interest to CME professionals of all experience levels and working in medical education, medical schools, medical specialty societies, or veteran affairs.

Purpose: The utilization of multiple education methods to develop an effective community of practice will be explored.

Methods: One model, which was developed to assist a medical society of 450 physicians to comply with HIPAA, will be presented. The steps including the decision to integrate a variety of education methods to achieve a community of practice will be discussed. We will share the assessment tools utilized to determine compliance and to further develop competence.

Objectives: At the conclusion of this breakout, the participants should be able to: 1) identify when a CME activity would be better delivered as an supported, integrated education initiative; 2) develop effective support tools that will assist physician compliance, and 3) develop assessment tools to measure compliance and competence.

Key Points: Based on this breakout, the essential aspects of developing a community of practice through an integrated education delivery system which will be appreciated include: 1) Physician education is not always best served in a traditional format; physician education must be self-directed, learner centered and supported; 2) the CME activity can not be assumed to end at the end of the session; 3) contingent on the CME activity being presented, support tools including ongoing learning groups, monthly updates and feedback should be considered, and 4) utilization of a user-friendly self-assessment tool can help measure compliance and competence.

Expected Outcomes: Participants will begin to assess their upcoming CME activities and determine which activities would be appropriate subject matter for the community of practice approach.

Reference: Parboosingh, J.T. Physician Communities of Practice: Where Learning and Practice are Inseparable. JCEHP; 22, 230-236.

T42, Breakout
4:00 – 5:00 pm, Thursday
Rockdale & Forsythe/2nd, Rounds/145

Intra-State Co-Sponsorship: The Spirit of Cooperation
(Program Management)

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Relevance: CME Professionals must find creative ways to reduce costs, increase attendance, and enhance revenue for CME activities without compromising their accreditation. In some states, intra-state co-sponsorship of CME activities provides an opportunity for CME providers to work together to advance the quality of care in their area or region. Co-sponsorship has not been addressed in recent years at the Alliance Meeting. Two hospitals in northwestern Pennsylvania have been co-sponsoring CME activities for several years. Their experience has resulted in the development of a practical process that can be applied to other accredited entities.

Target Audience: This breakout session will be of interest to CME professionals who are new to CME (beginner) or who have a basic understanding of CME (intermediate). It will provide useful information and insight to hospitals and health systems.

Purpose: To provide proven strategies for developing co-sponsored CME activities that allow accredited sponsors to offer quality educational activities in a competitive environment.

Methods: Representatives from two competing hospitals will share their experiences with the successful planning and implementation of co-sponsored CME activities. Sample forms will be shared along with practical ideas on how to overcome the barriers created by competing institutions.

Objectives: At the conclusion of this activity, the participant should be able to 1) evaluate the potential benefits and feasibility of intra-state co-sponsorship of CME activities, and 2) apply shared resources to obtain increase value of CME activities.

Key Points: Strong inter-personal skills, a fluent knowledge of CME accreditation requirements and an awareness of their own political or competitive climate will assist CME providers with the implementation of a co-sponsored CME activity. Rewards as well as pitfalls to this process will be shared for individuals to consider.

Expected Outcomes: Based on this session, CME professionals will have a better understanding of how to achieve co-sponsored activities. Attendees will receive practical tools to assist them with planning and implementing a co-sponsored activity.

Reference: No published references were found.

T43, Breakout
4:00 – 5:00 pm, Thursday
Dekalb & Gwinnett/2nd; Rounds/145

Improving Physician Practice through Web-based Learning
(Evaluation)

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Relevance: CME professionals face the challenge not only of providing high quality, practice-based, and readily accessible continuing medical education for multidisciplinary groups but also of measuring the impact clinically and documenting the changes in physicians' practice behavior.

Target Audience: This breakout session will be of interest to CME professionals at an intermediate or advanced level of experience in any provider group.

Purpose: This presentation will describe the successful implementation of complex clinical protocols that were developed to improve care to cardiovascular patients presenting emergently with an ST-Elevation Myocardial Infarction (STEMI). Physicians were trained in the new protocols through CardioVillage.com, a unique on-line educational program with an integrated Learning Management system (LMS). Following the education of all attending cardiologists and cardiology fellows, chart reviews showed a significant increase in the use of Percutaneous Coronary Intervention (PCI), the preferred intervention, and a very significant decrease in mean time for transfer from the Emergency Department to the Cardiac Catheterization Laboratory.

Methods: Lecture describing learning intervention designed to educate physicians on a new system and process for managing patients presenting with a specific diagnosis and the achievement of the goal of improving patient care outcomes. A discussion session will focus on application in other settings.

Objectives: At the conclusion of this breakout session, participants will be able to: 1) describe the benefits of a web-based learning exercise in educating diverse groups of clinicians; 2) demonstrate the components of the Learning Management System (LMS) that document educational outcomes and support multi-level educational evaluation; 3) identify how technology-based learning methods support the achievement and documentation of the physician competencies approved by the American Board of Medical Specialties (ABMS), and 4) discuss a framework for implementation in other settings.

Key Points: Web-based learning is accessible at times, enables interactivity, supports critical thinking, and meets the learning needs of diverse populations. Learning Management Systems (LMS) provide information regarding the individual learner achievement, as well as, aggregate data that supports in-depth, multilevel program evaluation, and consequently, leads to improvements in the learning program. This process is applicable within multiple environments.

Expected Outcomes: Participants will identify clinical practice issues in their institutions that could be improved and apply this process of web-based learning to change physician practice behaviors and improve patient outcomes.

Reference: Parboosingh J. Physician communities of practice: where learning and practice are inseparable. The Journal of Continuing Education in Health Professions 2002; 22: 230-236.

T44, Breakout
4:00 – 5:00 pm, Thursday
Fulton & Cobb/2nd; Rounds/125

Critically Reviewing the CME Literature: The Good, the Bad, and the Conflicted
(Personal Skills; Research – Basics)

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Relevance: The Continuing Medical Education literature has become larger and more complex in recent years. More sophisticated research designs, including qualitative designs, multivariate statistics, and multiple interventions are more common than ever before. It is more difficult to assess the quality of studies and to know how to reconcile studies with conflicting results. Before CME professionals can apply research results to their own organizations they need to have a better understanding of the generalizability of research results. CME professionals considering doing research also need to understand the shortcomings and gaps in published studies in order to better define their own study questions.

Target Audience: This session would be useful for program directors and others responsible for overall program development.

Purpose: This session is designed to help attendees identify critical aspects of published research and to identify the strengths and weaknesses of research designs, samples, and statistics. It will help attendees better utilize the results of published research in decisions they make about their own CME program.

Objectives: At the conclusion of this session, attendees will be able to: 1) assess the strengths and weaknesses of published research with regard to research design, sample, and basic statistics, 2) assess the applicability of study results to their own CME program, and 3) reconcile studies with conflicting results.

Key Points: Attendees will get a chance to do some “hands on” reviews of studies. They will also gain a better applied understanding of research design, instrumentation, and data analysis.

Expected Outcomes: Attendees should feel more comfortable about reading the research literature. Attendees will also learn to approach research in a more critical manner.

T45, Breakout
4:00 – 5:00 pm, Thursday
Fayette & Newton/2nd, Rounds/105

CME Performance Improvement: Making the Self Study Process Work for You
(Accreditation)

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Relevance: One of the responsibilities of ACCME and its accredited providers is to continually improve CME programs. The Self Study process is a snapshot in time that enables both ACCME and the provider to: (1) affirm the organization's commitment to CME, (2) comprehensively assess current practices, (3) identify areas for improvement, and (4) outline the future direction of the program. Adapting JCAHO's definition, CME performance improvement (PI) is examination of what is done and how well it is done to provide education. CME Programs have numerous, multi-faceted opportunities to conduct meaningful examination of these issues, and, in so doing, integrate the PI and Self Study Processes.

Target Audience: Decision makers in CME programs

Purpose: As CME programs move beyond strict compliance with the Self Study Process to more fully integrating PI into daily operations, new tools and methodologies must be developed. This talk will illustrate various PI strategies employed by two CME Programs. It will also discuss how to utilize multiple resources (within and external to the CME Program) to accomplish relevant, achievable PI.

Methods: Presenters will share the processes used at both a hospital and state medical society CME Program.

Objectives: At the conclusion of this breakout, participants should be able to: (1) define performance improvement and how it relates to CME, (2) identify 3 new tools and techniques to conduct and analyze performance improvement, and (3) discuss at least one new CME PI project to begin at their institution.

Key Points: The Institute for Healthcare Improvement (IHI) suggests 3 fundamental PI questions:

- (1) What are we trying to accomplish?
- (2) How will we know that a change is an improvement?
- (3) What changes can we make that will result in an improvement? By asking these questions on an ongoing basis, and tracking the results, the CME Program will be positioned to fulfill the requirements of the Self Study process *and* continuously improve the activities and services it offers.

Expected Outcomes: Participants will begin/expand the process of programmatic and organizational performance improvement.

Reference: IHI QUALITY IMPROVEMENT RESOURCES: A Model for Accelerating Improvement,
<http://www.ihi.org/resources/qi/index.asp>.

T46, Breakout
4:00 – 5:00 pm, Thursday
Paulding & Douglas/2nd; Rounds/105

Building an Online Foundation for Professional Development
(Educational Activities Design)

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Relevance: Physicians are facing new expectations to demonstrate their clinical competence. As a community of CME practitioners, we must continue to provide educational experiences and tools, which can enhance clinical practice. How can these needs best be met?

Purpose: This session is intended to stimulate participants to explore new systems of facilitating innovative and effective approaches to continuous professional development, practice improvement and maintenance of certification.

Objectives: At the conclusion of this session, participants will have familiarity with several models of a systems-based approach to facilitating professional development and understand the educational theory supporting new approaches.

Key Points: In response to an American Academy of Pediatrics' proposal to establish a "CME home" for its members, a personalized online system to assist pediatricians to direct, focus, and manage their lifelong learning, was launched in October 2000. *PediaLink*TM is designed to facilitate and record user progression through the stages of learning, from the identification of practice needs, to planning how to acquire the relevant competencies and, finally, introducing and evaluating changes in practice. Three categories of tools for linking learning to practice have been developed and will be discussed including PREP Self Assessment and eQIPP. Online CPD tools are present in several other systems-based models.

Expected Outcomes: Participants will be better prepared to consider the addition of system-based approaches to CPD that can enable users to learn from critical incidents in practice and to use knowledge tools and performance measurements to enhance the quality of care provided to patients.

Reference: The Future of Pediatric Education II. Organizing pediatric education to meet the needs of infants, children, adolescents, and young adults in the 21st century. *Pediatrics*. 2000;105 (suppl 1, part 2): 202-203. Continuous Professional Development: Raising the Bar for Pediatricians. *Pediatrics* 2002; 110: 152-156.

T47, Breakout
4:00 – 5:00 pm, Thursday
Clayton/2nd; Rounds/80

Evidence Base on Educational Interventions
(Strategic Leadership; CME 891 – Advanced Curriculum)

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Other: Chair, NAAMECC Research Committee

Relevance: In June 2002, a representative of NAAMECC attended an Institute of Medicine (IOM) Summit. An outcome of that meeting was a specific IOM goal stated as follows: “Develop the evidence base on educational interventions in the five skill areas (Patient-Centered Care, Interdisciplinary Teams, Evidence-based practice, Quality improvement, Informatics) that translate into improved patient outcomes and accomplish the overarching objective—to educate health professionals to deliver evidence-based, patient-centered care in interdisciplinary teams using quality improvement and informatics as the foundation.”

The Board of Directors of NAAMECC commissioned a thorough review of the literature of the evidence base on educational interventions in: Patient-Centered Care, Interdisciplinary Teams; Evidence-based practice; Quality improvement, and Informatics that translate into enhanced physician practice and/or improved patient outcomes. This session presents the results of the project and suggests competencies CME professionals must have to educate health professionals to deliver evidence-based, patient-centered care in interdisciplinary teams using quality improvement and informatics as the foundation.

Target Audience: This breakout session will be of interest to CME professionals at all levels of experience who work in all CME settings.

Purpose: This session presents the results of a review of literature and suggests competencies CME professionals must have to educate health professionals to deliver evidence-based, patient-centered care in interdisciplinary teams using quality improvement and informatics as the foundation.

Methods: The review of literature and proposed competencies for CME professional will be presented in an interactive lecture discussion session.

Objectives: At the conclusion of this session participants will be able to: 1) discuss the evidence base supporting educational interventions in: Patient-Centered Care, Interdisciplinary Teams; Evidence-based practice; Quality improvement, and Informatics that translate into enhanced physician practice and/or improved patient outcomes; and 2) identify competencies the CME professional and the CME system must demonstrate to educate health professionals to deliver evidence-based, patient-centered care in interdisciplinary teams using quality improvement and informatics as the foundation.

Key Points: The evidence base on educational interventions in: Patient-Centered Care, Interdisciplinary Teams; Evidence-based practice; Quality improvement, and Informatics that translate into enhanced physician practice and/or improved patient outcomes is disparate, but substantial. Performance expectations of CME professional and the CME system must change to be effective in educating health professionals to deliver evidence-based, patient-centered care in interdisciplinary teams using quality improvement and informatics as the foundation. These competencies can be defined and people and the CME system can develop proficiency in these skills areas.

Expected Outcomes: The individuals participating in this session will begin a process of self- reflection on their own skills and an examination of the capability of their CME organization to operate in an educational environment focused on developing physician competence in delivering evidence-based, patient-centered care in interdisciplinary teams using quality improvement and informatics as the foundation.

T48, Forum
4:00 – 5:00 pm, Thursday
Henry/2nd, Rounds/80

Expanded Competency Areas for the CME Professional of the Future (Part 2)
(Personal Skills)

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Relevance: CME professionals are being asked, and expected, to provide a new direction for continuing medical education. There is a need for CME professionals to identify and understand the competencies to meet those demands and expectations. The difficulty is that CME is not clearly defined and therefore identifying competencies for CME professionals is very difficult. This is further complicated by the complex settings in which CME professional's work. What does this mean for CME? The culture of the CME profession will need to change in order to meet the evolving and expanded role and expectations. It clearly means that CME professionals will need expanded skills and competencies to better serve the medical profession and the public.

Target Audience: This breakout and the subsequent forum will be of interest to CME professionals in all experience levels.

Purpose: The purpose of the two sessions will be to build and expand on the existing Alliance competency areas for the future CME professional and discuss their specific relevance to and implications for the existing CME professionals at all levels and settings.

Methods: During the first breakout the session will be a lecture/discussion. In the forum the attendees will discuss the areas with representatives from different work settings and levels, and work in small groups to identify the relevance and implications for their learning and practice.

Objectives: At the conclusion of the breakout and forum, learners should be able to 1) list the competency areas, 2) describe the actual skills necessary to be competent in the area, and 3) discuss how they will adopt the expanded competencies and practice them in their setting.

Key Points: The future CME professional must be competent in 8 areas including Adult/Organizational Learning Principles, Educational Interventions, Performance Measurement, System Thinking, Partnering, Leadership, Administration/ Management and Self-Assessment and Lifelong Learning. These competency areas reflect a change in the culture of CME.

Expected Outcomes: The competency areas proposed for the future will be strengthened, accepted and applied as a result of the breakout presentation and the subsequent discussion.

References: Epstein RM and Hundert EM. Defining and Assessing Professional Competence. JAMA, 2002; 287(2): 226-235. Mazmanian PE and Davis DA. Continuing Medical Education and the Physician as a Leader. JAMA, 2002; 288(9): 1057-60.

**F1, CME 891 – Advanced Seminar
8:30 am – 12:15 pm, Friday
Rockdale & Forsythe/2nd, Rounds/145**

The Role of CME Leadership in Advancing the Profession
(Strategic Leadership; CME 891 – Advanced Curriculum; Physician's Track)

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Relevance: Current leaders in CME have a responsibility to assist in advancing the profession. This effort may be accomplished by individuals, by informal groups of leaders or by professional organizations. In order to have maximum impact, these efforts need to be coordinated, in order to assure that the most important issues are being dealt with in a timely manner.

Target Audience: This session is targeted at senior CME leaders representing all types of CME providers who have a passion for the profession of CME and an interest in assisting in advancing its causes.

Purpose: The purpose of this session is to explore strategies for determining the most important issues that need to be studied by the profession and plans for how these issues might most effectively be addressed.

Methods: This session will be highly interactive and will include no formal presentations. Small group discussions and debates and large group priority setting will be used during this session.

Objectives: At the conclusion of this session, participants should be able to: identify the most important issues to be studied by the profession; rank order the priority of these issues; agree upon the most effective strategies for addressing each issue; set realistic expectations about outcomes and timelines.

Key Points: Based on some preliminary work accomplished by an Alliance Task Force, eight issues have been suggested: Effectiveness of CME; Industry and CME Funding; Maintenance of Competence and Link to Licensure, Certification, Credentialing and EBM; Role of CME Professional; Leadership Role and Vision for CME; ACCME and Accreditation of CME; Non-physician and Team Education; and Legal and Regulatory. Each of these has several sub-points that will be discussed before strategies and plans are made.

Expected Outcomes: Participants will be able to use the information gathered in this consensus format to guide their individual decision making around these key CME issues and will be able to better communicate to others about the priority needs of the profession.

Reference: Bennett, NL, Davis, DA, Easterling, WE, Friedman, P, Green, JS, Koeppen, BM, Mazmanian, PE and Waxman, HS. Continuing medical education: a new vision of the professional development of physicians. Acad Med 2000; 75:1167-1172.

F2, Intensive
8:30 am – 12:15 pm, Friday
Cherokee/2nd, Rounds/80

Basic Skills for Instructional Development
(Educational Activities Design)

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Relevance: Many CME practitioners find themselves in the position of administering the development of CME activities either because they have clinical expertise and an interest in teaching or because they bring expertise related to managing the logistics of educational programs. These professionals often find themselves in the position of developing instruction without any formal training to ground them in theory and current standards of practice.

Target Audience: This intensive session is designed to meet the educational needs of CME professionals whose background and expertise are outside the field of adult education.

Purpose: This session will focus on practical skill development related to the following: 1) instructional design, 2) objective setting and stating, and 3) development of test items.

Methods: Participants will be presented with a short summary of foundational theory related to each of the three areas of concentration and will have the opportunity to acquire and practice new skills in a workshop setting.

Objectives: At the conclusion of the session, participants will be able to do the following: 1) describe several instructional development models and choose models that make sense in particular settings; 2) write educational objectives in a consistent format that will be helpful to other program planners and learners; 3) develop test items that are fair and link the goals of instruction to desired cognitive outcomes; and 4) describe appropriate roles for testing in an adult education setting.

Key Points: Participants in this intensive session will receive a brief summary of foundational theory related to three important areas of practice (instructional design models, objective setting and stating, test item development); will have an opportunity to practice new skills; and will be pointed to resources that will support continued skill development beyond the session.

Expected Outcomes: Participants will develop practical skills that have a solid foundation in the theory and practice of adult education.

References: Caffarella RS. Planning Programs for Adult Learners: A Practical Guide for Educators Trainers and Staff Developers. San Francisco, California: Jossey-Bass; 1994.
Mager RF. Preparing Instructional Objectives: A Critical Tool in the Development of Effective Instruction. 3rd ed. Atlanta, Georgia: Center for Effective Performance, Inc.; 1997.
Westgaard O. Tests that Work: Designing and Delivering Fair and Practical Measurement Tools in the Workplace. San Francisco, California: Jossey-Bass Pfeiffer; 1999.

F3, Mini-Plenary
8:30 – 9:30 am, Friday
Salon DE/2nd; Rounds/350

National Controversies and Concerns about CME Funding: Dealing with an Uncertain Future
(Strategic Leadership)

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Relevance: Several national controversies and concerns are likely to affect the funding of CME in the future. National efforts to reduce health care costs are resulting in hospitals and academic health centers providing fewer resources for CME infrastructure. Efforts to reduce health care costs are lowering the income that physicians use to pay CME fees. The development of new drugs and absence of price controls in the U.S. have resulted in pharmaceutical companies providing unprecedented support for CME, with commercial funds now accounting for more than half of the CME revenue of nationally accredited CME providers. Medical leaders are raising concerns about this magnitude of commercial funding resulting in the commercialization of the entire system that provides CME. The Accreditation Council for CME, Department of Health and Human Services Office Inspector General, Pharmaceutical Research and Manufacturers of America, and other groups have developed or drafted policies to curb commercial influence. These policies are having mixed effects on commercial interest in supporting CME. More fundamentally, national efforts to reduce drug costs are also likely to reduce the indirect financial benefit that pharmaceutical companies receive by supporting independent CME activities. Simultaneous reductions in the funding of CME through health care organizations, physicians' incomes, and commercial support could severely affect the current system for CME and the providers of CME within it.

Target Audience: This mini-plenary will be of interest to CME professionals at all experience levels and all provider groups who are responsible for longer term strategic planning for an institutional program of CME activities.

Purpose: Describe forces that have affected recent funding for CME and that are like to affecting funding for CME in the near future.

Methods: A representative from academic CME and a representative formerly with the pharmaceutical industry will share their views of these forces.

Objectives: At the conclusion of this session, participants should be able to describe: (1) forces that have affected CME funding, (2) forces that should be monitored for their future effect on CME funding, and (3) national and local actions that will help assure financially viable CME programs in the future.

Key Points: CME providers must understand and act upon:

- (1) the difference between commercialism and professionalism and why commonly accepted practices in business can be unethical or even illegal in conjunction with CME.
- (2) the crisis in health care financing and effects of controlling costs in a health care system where CME resources are largely controlled by organizations other than CME providers and participants.
- (3) contributions they can make to improving health care through the continuing education of physicians that someone will be willing and able to fund.

Expected Outcomes: Participants will be better able to recognize, monitor, and act upon national trends that affect funding for CME.

F4, Breakout
8:30 – 9:30 am, Friday
Salon C/2nd, Rounds/190

99 Tips – Lessons Learned from Re-accreditation
(Program Management)

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Relevance: All accredited providers experience the re-accreditation process every two, four, or six years. Practical planning in advance of the re-accreditation cycle is beneficial to all providers as a means of enhancing providers' professional competencies.

Purpose: This breakout session will provide participants with lessons learned from two medical school CME offices that have recently been through the re-accreditation process. Both offices have received six-year re-accreditation cycles in the past.

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

- List practical tips for providers to complete the re-accreditation application
- Streamline the self-study process based on the re-accreditation criteria
- Incorporate themes of improving professional competence into the operation of a CME office.

Key Points: The environment in which accredited providers practice CME is very different but all providers will at one time go through re-accreditation. A focused planning strategy for the re-accreditation survey will reap benefits for effective professional management of the CME enterprise.

Expected Outcomes: Participants will have the opportunity to adapt ideas and practical strategies for successful re-accreditation for their own use. Templates of various planning and implementation documents will be made available.

Reference: Best practices in CME Accreditation, 2nd Edition, Alliance for CME 2002.

F5, Breakout
8:30 – 9:30 am, Friday
Salon B/2nd; Rounds/95

The Translational Approach to Enhancing CME Practice
(Educational Activities Design)

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Relevance: Results of more than 10,000 randomized clinical trials are published every year; the CME literature is also expanding and becoming more complex. Both health care professionals and CME professionals often have difficulty applying published data and theory to their day-to-day activities—also known as translating research to practice.

Target Audience: Intended for CME professionals in all provider sections with moderate experience. (Note: this session will build upon a previous one regarding translating the new Alliance competencies for CME professionals.)

Purpose: This interactive session will discuss the importance—both for educational design of CME activities and for enhancing overall CME program effectiveness—of translational approaches, demonstrate how CME activities and CME office functioning can be enhanced through translation, and provide opportunities for participants to practice translation.

Methods: The session will open with didactic presentations regarding the importance of translating research to practice (both for physicians and other clinicians and for CME professionals) and examples of CME activities aimed at helping physicians translate data to clinical care. Then small groups will review published data and determine ways to apply it in educational activities and their overall CME programs.

Objectives: After this session participants should be able to explain the importance of translating theory to practice, discuss examples of how translation can be applied to CME activities and their overall CME program, and identify strategies to incorporate translation in their own work settings.

Key Points: Practical application of research to practice is critically important for clinicians as well as CME professionals. Translational approaches can be incorporated into CME activities to make them more clinically relevant and immediately applicable for participants.

Expected Outcomes: Participants will be able to incorporate the translational approach into their CME activities to make them more clinically relevant and will be able to apply published data regarding physician learning in their work setting.

References: Saijo N. Translational study in cancer research. *Intern Med.* 2002;41:770-773. Overstreet KM. Effective medical education: shifting the paradigm to influence behavior change. *PharmaVOICE.* 2003 (April): 16-17.

Effective Activity Evaluation: Design and Methods (Part 1)
(Evaluation)

Jason King, PhD

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Relevance: Effective CME activity evaluation ties needs assessment data to objectives, objectives to measures, and measured data to analysis. As the ACCME continues to encourage excellence in evaluating CME activities, providers must become better acquainted with procedures and tools appropriate for conducting effective evaluation.

Target Audience: The session will be of interest to CME professionals at all levels of experience, particularly those actively engaged in evaluating CME activities.

Purpose: The purpose of this session is to explain and illustrate a general approach for evaluating CME activities, focusing on issues related to design and methods. Attendees are encouraged to attend a complementary presentation, *Effective Activity Evaluation, Part II: Analysis and Results*, that will describe how to analyze evaluation data, report results to stakeholders, and apply results in designing subsequent CME activities.

Methods: The presentation will describe a systematic approach to evaluating CME activities based on established principles of educational evaluation (e.g., Popham, 1993). The presentation will include a number of concrete examples to facilitate application to real-world CME scenarios and assumes no prior knowledge of statistics. Technical issues will be discussed using layperson's terms.

Objectives: After attending this session, participants should be better able to design and conduct effective evaluation, including skills such as (a) assessing needs of prospective attendees, (b) defining educational goals, (c) writing objectives tied to needs and goals, and (d) developing measures tied to objectives.

Key Points: Effective evaluation does not arise by accident; a systematic, well-designed plan is essential. Although there is no single "correct" way to conduct CME evaluation, but rather a number of useful approaches, a thorough understanding and application of educational research and design principles will provide structure and guidance in successfully evaluating any CME activity.

Expected Outcomes: After attending this session, participants should be able to apply the described principles, recommendations, and tools in developing and refining their own evaluation plans. Increasing the methodological competence of providers will result in enhanced evaluations of program effectiveness, and lead to greater improvements in the quality of continuing medical education.

Reference: Popham WJ. Educational Evaluation (3rd ed.). Boston: Allyn and Bacon, 1993.

F7, Breakout
8:30 – 9:30 am, Friday
Fulton & Cobb/2nd; Rounds/125

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

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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 translating successful implementation strategies into practice.

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

F8, Breakout
8:30 – 9:30 am, Friday
Fayette & Newton/2nd; Rounds/105

American Academy of Family Physicians (AAFP) CME: CME Accreditation Basics (Part 1)
(Accreditation; Physician's Track)

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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 session 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 breakout, 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 application procedures for group activities (including regularly scheduled conferences), enduring materials, and journal-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 Prescribed credit requires the input of an Active or Life member of the AAFP. AAFP CME accreditation is based on a system of reviewing the content of individual activities based on applications submitted to AAFP by CME providers.

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.

Reference: AAFP CME Accreditation Guidelines at <http://www.aafp.org/cmea/xml>.

F9, Breakout
8:30 – 9:30 am, Friday
Paulding & Douglas/2nd; Rounds/105

Managing Medical Errors: Is There a Role for CME?
(Educational Activities Design)

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Relevance: The last few years have seen an increasing awareness generated by the Institute of Medicine reports on medical errors and the need for revamped quality improvement system to help alleviate the concerns of the public. Included in this overall concern is the need to properly assess the extent and implication of a medical error when it occurs and the appropriate management of such error especially as it relates to the right of the patient and his family to be immediately informed. This session will explore the role of CME and CME professionals in a model designed to prepare clinical providers in the appropriate management of situations that arise when a medical error occurs.

Target Audience: CME professionals at all levels

Purpose: To highlight a model and appropriate steps to prepare clinical providers in how to approach and manage a situation where a medical error occurs.

Methods: This breakout will introduce a multi-step approach for working with clinical providers to prepare them for reacting appropriately to a medical error when it occurs, to understand and utilize available resources and to understand the regulatory environment in which they practice. Strategies to help such providers discuss the situation with patients and families will be identified and discussed.

Objectives: At the conclusion of this session, participants will be able to (1) understand the regulatory environment that impacts on medical errors when they occur (2) apply various strategies when informing patients and families of a medical error, and (3) be aware of available resources that would help them manage such a situation successfully.

Key Points: Medical errors can be potentially devastating to both patients, their families, and the medical care team when it occurs. Whether it is the result of a systems process or an individual mistake, the patient deserves to be informed upfront. This session hopes to provide some answers to appropriate and adequate management of such a situation to the benefit of the patient, the family and the healthcare team.

Expected Outcomes: Participants will learn techniques that would be helpful to them in applying such strategies for their own setting in the context of medical errors.

F10, Breakout
8:30 – 9:30 am, Friday
Henry/2nd, Rounds/80

British Columbia (BC) Whiplash Initiative: Using a Modified PRECEDE-PROCEED Model for Objective Setting
(Objectives Setting and Stating)

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Relevance: The case study describes an innovative approach to objective setting to enhance knowledge utilization. The Tyler Curriculum Model although useful in establishing knowledge content objectives provides insufficient guidance to help CME planners facilitate knowledge utilization. The use of a Modified PRECEDE-PROCEED Model provides planners with a more systematic approach to identifying behavioural and non-behavioural factors that can contribute to knowledge utilization. The involvement of multiple stakeholders in the objective setting process can lead to the creation of more relevant and meaningful objectives, improve evaluation measures and help determine what type(s) of intervention(s) are needed to facilitate behaviour change.

Target Audience: This session will be of interest to CME professionals at all levels of experience working in CME environments with an interest in exploring alternate planning models to enhance knowledge utilization and behaviour change.

Purpose: Describe another approach to setting objectives, enhance knowledge utilization, & strengthen program evaluation.

Methods: The BC Whiplash Initiative used a Modified PRECEDE-PROCEED Model as a planning framework. This session will describe who, what, when, how & why of using objective setting model.

Objectives: At the conclusion of this session participants will be able to: (1) describe conceptual linkages underlying the objective planning process (who, what, when, why), (2) define behavioral versus non-behavioural contextual objectives, (3) describe systematic steps to creating relevant and meaningful objectives; and (4) identify key elements of a multi-purpose CME evaluation tool.

Results: The Modified PRECEDE-PROCEED Model provided a systematic approach to creating meaningful and relevant behavioural and non-behavioral objectives to inform curriculum planning and program evaluation.

Key Points: (1) Identifying behavioural and non-behavioural contextual factors in the objective setting process enhanced knowledge uptake and utilization. (2) As an epidemiological community-based planning model, PRECEDE-PROCEED helps planners link CME programming offered to population and community-based health concerns (population-based objectives/community-based objectives). (3) As an organizational and behavioural theory planning model, the Modified PRECEDE-PROCEED Model provides CME planners with an opportunity to create evaluation measures that can inform future CME planning and build a stronger theoretical framework for CME research and practice.

Expected Outcomes: Participants will: (1) gain deeper conceptual understanding of need to consider knowledge uptake and knowledge utilization as separate constructs, (2) consider this alternate planning framework as a potential tool to facilitate theory-driven CME programming, and (3) possibly stimulate an interest in applying theory-driven programming for CME.

Reference: White, M.I., Towards an evidence-informed, theory-driven model for continuing medical education, Doctoral Thesis, University of British Columbia 2003.

F11, Breakout
8:30 – 9:30 am, Friday
Clayton/2nd; Rounds/80

Bridging Rheumatology to Primary Care Physicians: A Patient-Based Consultative Approach to Learning
(Educational Activities Delivery; CME 891 – Advanced Curriculum)

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Relevance: *Bridging Rheumatology to Primary Care* is a hands-on consultative problem-solving session that is designed to provide primary care physicians with an opportunity to learn how to best approach problems with patients presenting with rheumatological conditions. Patients provide the content for the program and physicians are encouraged to work in collaboration with their peers and a specialist in order to better understand how to diagnose and manage musculoskeletal disease. The literature on CME reports the need to increase the amount of contextual learning available for physicians. A key motivating factor in a health care professional's decision to attend a continuing education event is the perceived relevance to practice. Educators face a challenge in creating effective and timely programs that close the gap between theory and practice.

Target Audience: This session will be of relevance to CME professionals involved in the planning and implementation of CME activities.

Purpose: This program on Rheumatology presents an example of a method of teaching and learning that could easily be adapted to other CME issues or topics.

Methods: A brief description of the project will be provided followed by a demonstration and the opportunity to participate in a sample case. Participants will discuss application.

Objectives: Participants will be able to:

Describe the advantages of consultative problem solving and the use of actual patients in CME.

Describe a small group patient based approach to learning.

Discuss the advantages and disadvantages of this innovative design.

Key Points: This session has been developed to address a perceived learning gap in rheumatological practice and a need for CME methods that promote learning in context. It is a non-threatening technique for providing further training to family practitioners in questioning and investigative techniques that can easily be adapted to other areas of CME.

Expected Outcomes: Participants will determine how to adapt the model to other CME topics and issues of relevance to their educational practice.

Reference: Bennett NL, et al. Continuing medical education: a new vision of the professional development of physicians. *Academic Med* 75(12):1167-1172, 2000.

F12, Forum
8:30 – 9:30 am, Friday
Salon A/2nd, Rounds/150

Promotion of CME Activities: If You Build it, Will They Come?
(Personal Skills; CME 101 – Basics Curriculum)

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Other Support: Employee of the same organization that owns Interactive Media Solutions

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Audience response technology to be provided by Interactive Media Solutions, Englewood Colorado

Relevance: Continuing Medical Education (CME) activities are developed to meet the educational needs of a target audience. A great deal of time and effort are put into identifying these needs, and then into developing educational activities that meet these needs. But all of this work will go for naught unless the content reaches the intended target audience!

A panel of CME professionals will provide insight into this topic from three different perspectives: two from CME providers (medical school and medical education company) and one from a commercial supporter (pharmaceutical executive). Practical issues and real-world scenarios will be discussed, and audience response technology will be used to involve the session attendees in the discussion.

A portion of the discussion will focus on the use of various media (print, Internet, journal advertising) for promoting CME activities, and the perils and pitfalls of each. Techniques for reaching the largest segment of the target audience will also be discussed. The ultimate goal will be to identify best practices in this area.

Purpose: This session is designed to provide valuable information for CME professionals at all levels to increase their core competence in this specific area of CME.

Objectives: At the conclusion of this session, the participant will be able to 1) identify areas of concern in promoting CME activities; 2) demonstrate a greater competency in the regulations surrounding promoting CME activities; 3) list techniques for developing proper promotional processes in CME; and 4) compare different media as venues for CME promotion.

Key Points: In this activity, a team of recognized experts will use interactive methods to determine the level of comfort and understanding of the rules surrounding the promotion of CME activities, and methods for developing better practices in this area. This information should be useful in the everyday practice of CME.

Expected Outcomes: Participants will have a clearer understanding of the language of CME, and will be able to pass along this knowledge to their peers and colleagues.

Reference: Data on file, L Sherman.

F13, Mini-Plenary
10:00 – 11:00 am, Friday
Salon DE/2nd; Rounds/350

A 2004 Update to the American Medical Association (AMA) Physician Recognition Award Credit System
(Educational Activities Delivery; Physician's Track)

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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 (3.2) of the AMA PRA information booklet, highlighting and clarifying policies and issues that are important to providers. 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 mini-plenary session, participants should be more knowledgeable about AMA PRA category 1 credit system and the changes made to it in 2002-2003, and be able to describe these changes to their physicians, 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 3.2.

F14, Breakout
10:00 – 11:00 am, Friday
Salon C/2nd, Rounds/190

Disclosure – Who, What, When, Where & How
(Accreditation; CME 101 – Basics Curriculum)

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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 ACCME's Annual Report Data 2001 graphically summarized providers' level of compliance with each of the Essential Areas and Elements. The three elements with which providers were having the most difficulty were elements 3.2, 3.3A, and 3.3D. The data were from calendar year 2001 and represented the accreditation decisions of 205 providers. Compared with 4% of providers who were found to be noncompliant in element 3.2 and 6% noncompliant in 3.3D, 33% of providers were noncompliant with element 3.3A (Disclosure). 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. Early in 2003 the ACCME released a draft of proposed new Standards for Commercial Support; if new Standards are finalized during this year, the implications for element 3.3D (Disclosure) will also be discussed.

Target Audience: This breakout session will be of interest to CME professionals from all provider groups at all levels of experience.

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.

Methods: Two experienced CME professionals, both of whom have served on the ACCME's Accreditation Review Committee (ARC), will briefly present the basics of disclosure (5 minutes). The remainder of the session will be devoted to fielding questions from the audience.

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. Changes in disclosure requirements outlined in the new Standards for Commercial Support will be discussed if the new Standards are implemented prior to the Alliance meeting.

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), including any changes in interpretations resulting from the implementation of the new Standards for Commercial Support (if finalized prior to the Alliance meeting). 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 Annual Report Data 2001.

F15, Breakout
10:00 – 11:00 am, Friday
Salon A/2nd, Rounds/150

Effective Group Processes for Collecting Data on Physician Needs: Gaining CME Competence from Psychology
(Needs Assessment)

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Relevance: The disciplines of educational and clinical psychology provide validated approaches for CME professionals who work with groups. Collecting data from groups demands facilitators ensure they do not influence participating subjects while encouraging their contributions. There is a rich and subtle dynamic interplay between the group member and the group environment. The more spontaneous the interaction there is, the more rapid and authentic will be the development of the social microcosm. And that in turn increases the likelihood that the central issues of all the members will be evoked and addressed (Yalom, 1995). If the group is so conducted that the members can behave in an unguarded, unselfconscious manner, they will, most vividly, recreate and display their decision-making and practice challenges in the group.

Target Audience: This breakout session will be of interest to all individuals involved in education and research at all experience levels, who seek to broaden their understanding and skill in group facilitation.

Purpose: Best practices for collection of needs assessment data using group processes will be forwarded.

Methods: Participants will identify scenarios from their own work where data collection from groups is required or desired. Based on these scenarios, participants will examine the group dynamics that may impact the accuracy or ease of data collection. An inventory of group skills will be used to compare and examine participant skills. Participant self-reflection and assessment will provide the strategy for this examination. Workshop faculty are prepared to share group approaches employed in psychology that may expand the existing skills of education practitioners in continuing health education.

Objectives: The purpose of this session is to provide an interactive forum for participants to understand group dynamics impacting data collection.

Key Points: Based on this breakout, development of best CME practices will be forwarded for:

1. Group processes that have underutilized value in needs assessment.
2. Group dynamics that influence data collection.
3. Group facilitation skills that enhance the revelation of needs

Expected Outcomes: Participants will have an opportunity to examine their own group facilitation skills; develop verbal and non-verbal skills that are useful in small group settings and focus groups, identify best practices in collecting data from groups; and increase their confidence in collecting data from groups.

Reference: Yalom, I.D. The theory and practice of group psychotherapy. 4th Ed. New York, NY: Basic Books, 1995.

F16, Breakout
10:00 – 11:00 am, Friday
Salon B/2nd; Rounds/95

Searching the CME Literature
(Personal Skills; Research – Basics)

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Relevance: In the last decade the growth and use of the World Wide Web has grown exponentially. Combined with the amount of published materials available on an annual basis, this results in a daunting amount of information for an individual to sift through and determine what is of importance.

Purpose: This session is designed to focus on relevant online tools involving CME information including medical literature, education literature, online resources, and general web resources. Websites and online tools will be examined in order to dialogue within the group about effectiveness, saving time, and which offer the best resources.

Objectives: Participants will be able to 1) identify relevant and credible online CME-related tools; 2) identify tips and techniques for finding quality CME-related materials online; and 3) explore how these tools can be incorporated into their own work lives.

Key Points: With the multitude of resources and information available, the question “Am I looking in the right place?” is always prevalent. It is important to focus on the most reliable and relevant resources.

Expected Outcomes: This breakout will provide participants with an opportunity to consider various quality resources available online. Key points will be directed towards determining whether they are using the right tools for CME-related information.

Reference: Internet influences doctors’ clinical diagnosis, treatment, e-health survey indicates. *Medicine on the Net*. May 2002; 8(5):9. http://www.bcg.com/publications/files/Drs_E_Health_sept_plus_report.pdf.

F17, Breakout
10:00 – 11:00 am, Friday
Dekalb & Gwinnett/2nd; Rounds/145

Effective Activity Evaluation: Analysis and Results (Part 2)
(Evaluation)

Jason King, PhD

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Relevance: Effective CME activity evaluation ties needs assessment data to objectives, objectives to measures, and measured data to analysis. As the ACCME continues to encourage excellence in evaluating CME activities, providers must become better acquainted with procedures and tools appropriate for conducting effective evaluation.

Target Audience: The session will be of interest to CME professionals at all levels of experience, particularly those actively engaged in evaluating CME activities.

Purpose: The purpose of this session is to explain and illustrate how to analyze evaluation data, report results to stakeholders, and apply results in designing subsequent CME activities. Attendees are encouraged to attend a complementary presentation, *Effective Activity Evaluation, Part I: Design and Methods* that will describe how to establish a general evaluation approach, focusing on issues related to design and methods.

Methods: The presentation will describe a systematic approach to evaluating CME activities based on established principles of educational evaluation (e.g., Popham, 1993). The presentation will include a number of concrete examples to facilitate application to real-world CME scenarios and assumes no prior knowledge of statistics. Technical issues will be discussed using layperson's terms.

Objectives: After attending this session, participants should be better able to design and conduct effective evaluation, including skills such as (a) inputting and verifying the integrity of data, (b) developing tabular and graphical presentations of data, (c) selecting appropriate statistics to calculate and report, (d) presenting results to stakeholders, and (e) employing results in planning future activities.

Key Points: Effective evaluation does not arise by accident; a systematic, well-designed plan is essential. Although there is no single "correct" way to conduct CME evaluation but rather a number of useful approaches, a thorough understanding and application of educational research and design principles will provide structure and guidance in successfully evaluating any CME activity.

Expected Outcomes: After attending this session, participants should be able to apply the described principles, recommendations, and tools in developing and refining their own evaluation plans. Increasing the methodological competence of providers will result in enhanced evaluations of program effectiveness, and lead to greater improvements in the quality of continuing medical education.

Reference: Popham WJ. Educational Evaluation (3rd ed.). Boston: Allyn and Bacon, 1993.

F18, Breakout
10:00 – 11:00 am, Friday
Fulton & Cobb/2nd; Rounds/125

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

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 translating successful implementation strategies into practice.

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

F19, Breakout
10:00 – 11:00 am, Friday
Fayette & Newton/2nd, Rounds/105

American Academy of Family Physicians (AAFP) CME: Integrating Evidence-Based Medicine Principles into CME (Part 2)
(Educational Design; CME 891 – Advanced Curriculum)

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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, payors, and the public demanding evidence-based medicine, the next step is integration into CME.

Purpose: This session will describe evidence-based medicine concepts and how they can be integrated into CME. Participants will learn methods 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; use EBM databases for CME development; identify clinical topics that are appropriate for evidence-based CME; discuss pros and cons of evidence-based medicine; measure impact of evidence-based CME; review the new documentation requirements for AAFP evidence-based CME (EB CME).

Key Points: Evidence-based medicine is a key component of medical education, including CME, as well as practice.

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. The AAFP strongly believes its 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 Criteria for Clinical Content of CME, 2001.

F20, Breakout
10:00 – 11:00 am, Friday
Paulding & Douglas/2nd; Rounds/105

Business Planning for CME
(Strategic Leadership)

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Relevance: CME units are vulnerable operations whose mission and roles within an organization are often unclear. There are often unrealistic expectations on CME units to deliver profits within the overall organization. A good business plan can describe the unit, its activities, and fiscal realities. A thoughtful business plan provides a tool to reach short and long term goals.

Target Audience: This session will be of interest to all CME professionals who manage CME units.

Purpose: The importance of a business plan, its components, and examples will be explored.

Methods: The breakout will consist of a short presentation on the rationale for and the salient components of a business plan, followed by a discussion on participants' business plans and the utility of business plans to their units and organizations.

Objectives: At the conclusion of this breakout, participants should be able to 1) provide a rationale for preparing a business plan in CME, and 2) describe the components that make up a successful business plan.

Key Points: A business plan provides a guide that a CME unit will follow in meeting its goals and objectives. The key components of a business plan are the executive summary, a description of the CME unit's operations, the marketing plan, financial statements, and supporting documents. Complete and concise information for the key components of a business plan will guide a CME unit in reaching its goals.

Expected Outcomes: Participants will have a better knowledge of the importance of and key components of a business plan.

Reference: Pinson L. Anatomy of a Business Plan: a step by step guide to building a business and securing your company's future 5th edition. Chicago: Dearborn Trade Publishing, 2001.

F21, Breakout
10:00 – 11:00 am, Friday
Henry/2nd, Rounds/80

Investigating the Utility of the PRECEDE-PROCEED Model for Continuing Medical Education (CME)
(Educational Activities Design; CME 891 – Advanced Curriculum)

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Relevance: Current CME planning models fail to provide sufficient information/feedback on how to improve program planning, implementation and evaluation. The PRECEDE-PROCEED model has been suggested as an alternate model to facilitate knowledge utilization. Although the model has been used extensively in the health promotion community, planners and students have had difficulty translating factors identified in the diagnostic phases of the model into program theory.

Target Audience: This session will be of interest to CME professionals at all levels of experience working in CME environments with an interest in exploring alternate planning models and the utilization of theory in curriculum planning.

Purpose: To describe the utilization and modification of the PRECEDE-PROCEED Model for creating theory-driven, evidence-informed program planning, implementation and evaluation.

Methods: An analysis of a case study of a three-year province-wide, evidence-informed, multi-agency, comprehensive education program to enhance family and emergency physicians' knowledge and skills regarding the diagnosis and management of whiplash-associated disorders provided a basis to construct a descriptive summary of how each step of the PRECEDE-PROCEED Model was interpreted to inform the creation of an evidence-informed, theory-driven CME program.

Objectives: At the conclusion, participants will be able to: (1) identify PRECEDE-PROCEED Model's phases, (2) list predisposing, enabling and reinforcing factors, and (3) formulate concept map for developing program theory.

Results: The PRECEDE-PROCEED Model provided building blocks to help construct program theory to inform curriculum planning. Modification to the PRECEDE-PROCEED Model for CME purposes may provide planners with additional information on how to integrate research arising from CME, physician learning, adoption of innovation, knowledge uptake and knowledge utilization to enhance curriculum planning. The proposed modification also recognizes that programs-as-implemented may be different than programs-as-planned requiring planners to reassess program theory as constructed versus program theory in practice when interpreting their findings.

Key Points: (1) As an epidemiological planning model, PRECEDE-PROCEED helps planners link programming offered to population-based health concerns. (2) As a community-based planning model it is supportive of including many stakeholders concerned with the continuum of medical education and other stakeholders concerned with the health condition. (3) PRECEDE-PROCEED Model provides a systematic framework to collect useful data to create program theory and inform future planning. (4) The proposed modification to the PRECEDE-PROCEED Model may facilitate a better understanding of how program planners can use the model for CME purposes. (5) The creation and use of theory-driven CME programming is in its infancy further exploration of this model as a planning framework for CME is warranted.

Expected Outcomes: Participants will gain an appreciation of (1) some strengths and weaknesses of the Modified PRECEDE-PROCEED Model for CME planning, (2) as a potential tool to facilitate theory-driven CME programming, and (3) possibly stimulate an interest in considering theory-driven programming for CME.

Reference: White, M.I. Towards an evidence-informed, theory-driven model for continuing medical education. Doctoral Thesis, University of British Columbia 2003.

F22, Breakout
10:00 – 11:00 am, Friday
Clayton/2nd; Rounds/80

The Impact of Handheld Devices on Quality and Drug Prescribing: A Study of Traditional vs ePrescribers
(Health Care Delivery Systems)

Susan Brown Connelly, PharmD

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Relevance: According to industry researchers only about 6-11% of the country's 690,000 practicing physicians currently use electronic prescribing (ePrescribing). Understanding how this technology can change physician prescribing behavior will allow valuable insight into the future of the healthcare industry — and, in particular, how such technologies may further enhance or improve patient safety and the effective delivery of care. Medical and pharmacy claims data is being utilized in a multi-phase study designed to examine the potential impact of ePrescribing on formulary compliance, patient safety, and compliance with clinical guidelines. ePrescribers will be compared with traditional prescribers to assess the effects of this technology. Further analysis is planned to assess the impact of medical education at the point-of-care.

Target Audience: This breakout session will be of interest to CME professionals at all experience levels interested in providing education to physicians using handheld devices.

Purpose: This breakout will describe the methods used to study prescribing habits of traditional prescribers vs ePrescribers.

Methods: This research is designed to examine the impact of electronic messaging of clinical guidelines on patient safety, compliance and persistency rates; compare the utilization of various devices, while assessing the qualitative aspects of technology adoption and utilization. The first component of the studies will evaluate the effects of handheld prescription devices on formulary compliance and generic utilization.

Objectives: At the conclusion of this session, participants will be informed of the ongoing studies to identify the impact of medical education at the point-of-care on the prescribing habits of physicians.

Key Points: Developing and implementing an educational intervention is difficult. We will discuss the methods used to evaluate this process. The implications of this research will be discussed.

Expected Outcomes: Participants will be able to evaluate the usefulness of interventions at the point-of-care and the factors that weigh into this decision-making process.

Reference: Armstrong EP. Electronic prescribing and monitoring are needed to improve drug use. *Arch Intern Med* 2000; 160: 2713-2714.

F23, Mini-Plenary
11:15 am – 12:15 pm, Friday
Salon DE/2nd; Rounds/350

Hot Topics in CME: System Constraints to CME Progress – What Can We Do to Enhance Our Effectiveness?
(Program Management)

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Co-chair, National Task Force on CME Provider/Industry Collaboration**

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Other: Executive Director, Alliance for CME; Site-Surveyor and Workshop Faculty for ACCME

Other speakers will be added to address the topics that are hot in January.

Relevance: Rapid change in the world of CME, commercial support, and healthcare require a “just-in-time” session that addresses the most current issues.

Target Audience: This mini-plenary will be of interest to CME professionals at all experience levels who work in medical schools, hospitals, medical education and communication companies, medical specialty societies or government.

Purpose: This session is designed to provide information that is current, flexible, credible and useful. It will address the hot topics that disrupt CME as a system, impede progress and impact on the CME enterprise.

Objectives: At the conclusion of this mini-plenary, participants should be able to 1) identify the current critical CME issues; 2) recognize the constraints in the system that impede CME’s progress; and 3) know who can do what to remove them.

Key Points: 1) Identify hot topics in CME; 2) Recognize constraints that disrupt CME’s progress as a system; and 3) Dialogue to determine who can do what to remove constraints and address current issues.

Expected Outcomes: Participants will be aware of key CME issues and system constraints that disrupt CME progress, recognize the implications and recognize their role in addressing the issues and removing constraints.

F24, Breakout
11:15 am – 12:15 pm, Friday
Salon C/2nd; Rounds/190

CME Theatre: An Accreditation Site Survey, Interactive & Live!

(Accreditation; CME 891 – Advanced Curriculum)

THE REAL CME THEATRE PLAYERS:

Diana Durham, PhD

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Consultant: Surveyor and speaker, Accreditation Council for Continuing Medical Education (ACCME)

Stuart Gilman, MD

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Consultant: Surveyor and speaker, Accreditation Council for Continuing Medical Education (ACCME)

Stockholder: Merck

Other Support: Board Member, Alliance for Continuing Medical Education (ACME)

Elizabeth Paczolt, MD

Medical Society of New Jersey, tel: 609/735-2920, <mailto:drbeth@bellatlantic.net>

Consultant: Surveyor, Accreditation Council for Continuing Medical Education (ACCME)

Speaker's Bureau: Bristol-Meyers Squibb Medical Imaging, Inc.

Denise Lenore, BA

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Eliana Silva, MA

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Other: Executive Vice-President, Southern California Medical Education Council (SCMEC)

Audience response system and technical support provided by Audience Response Systems, Inc.

Relevance: This session offers active audience involvement, which can assist CME professionals in learning about CME site surveys. Who among us actually participated in a site survey before the real thing occurred at our provider organization? Many professionals new to CME and first-time attendees to the Alliance for CME Annual Conference may be facing a CME Site Survey in the coming weeks or months. Using an audience response system, the CME Theatre Players will have participants vote on solutions and strategies in the context of an accreditation site survey. Note: the content represents the personal opinions of the presenters and does not represent ACCME or any other organization's official positions.

Target Audience: Beginner, intermediate

Purpose: Participants have the chance for covert behavior rehearsal, by watching role-play and envisioning how they might act in the situation, and for more active participation by voting and discussing the site survey at intervals during the role-play.

Methods: This "CME Theatre" presents a contemporary, semi-impromptu role-play of a CME accreditation site survey, utilizing an audience response system to allow for audience participation at regular intervals.

Objectives: At the conclusion, participants should be able to: (1) formulate their own plans to use laughter/role-taking as educational tools, and (2) take home an interactive/theatrical education design to prepare team in their settings for survey.

Key Points: To survive/thrive in time leading up to/during survey, CME professionals can use drama/role-play as problem-solving/teaching tools, and can employ rehearsal as a viable strategy to prepare their entire team for the CME site survey.

Expected Outcomes: Participants will take strategies that can be modified to fit their individual and organizational styles.

Reference: Davis D, O'Brien M, Freemantle N, Wolf F, 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 (9): 867-874.

F25, Breakout
11:15 am – 12:15 pm, Friday
Salon A/2nd; Ronds/150

CME Integration: Improving CME Effectiveness in Modifying Physician Behavior
(Educational Activities Design)

Judy Over, MEd

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Relevance: Research results show that some CME activities have minimal effectiveness for improving physician behavior. Focusing on the integration of CME activities with physician attitudes, as well as other drivers of physician behavior, will produce increases in the competence of CME professionals and physicians alike.

Target Audience: This session will be of interest to CME professionals at all experience levels and all types of providers.

Purpose: This session is designed to describe two key areas of study: 1) what types of CME activities affect physician behavior most, and 2) ideas for integrating CME with other drivers of physician behavior, such as hospital policies, physician research, and pharmaceutical representative discussions. Attendees also will be encouraged to participate in an opportunity to discuss their “best practices” to share with others.

Methods: Existing studies, strategies and structures will be discussed, as well as dissemination of new information as collected through attendee idea/suggestion generation.

Objectives: At the conclusion of the session, participants will be able to 1) discuss and debate how CME activities affect physician behavior, and 2) analyze the merits of integrating CME activity with other drivers that affect physician behavior.

Key Points: The importance of integrating CME knowledge and skills into actual medical practice is often overlooked by CME organizations and sometimes not recognized at all, resulting in lower physician competence and failure to offer the most effective activities. Relevance of CME must be enhanced in order to ensure programs are well received.

Expected Outcomes: Networking and sharing CME integration ideas will assist all CME providers in becoming more competent in their knowledge and professionalism, therefore giving them the ability to understand the types of CME activities that will affect physician behavior.

References: Research reports and CME provider and physician interviews conducted by *MarketSpark*, (8/2002 to 5/2003). Best Practices in Accreditation, Alliance for Continuing Medical Education, May 2001.

F26, Breakout
11:15 am – 12:15 pm, Friday
Salon B/2nd; Rounds/95

Maintenance of Certification (MOC) is Coming: Are You Prepared?
(Strategic Leadership; Physician's Track)

Michael Fordis, MD

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Theresa Hartley

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Relevance: Public calls for accountability and improvement are affecting all areas of the healthcare enterprise, including those devoted to education. These pressures are leading to a review of medical education at all levels with an increased focus on measuring effectiveness. Both the Accreditation Council for Graduate Medical Education (ACGME), which accredits residency programs, and the American Board of Medical Specialties (ABMS), whose member boards certify individual physicians, have endorsed six general competencies to guide educational and evaluation efforts. Furthermore, the ABMS and its 24 member boards have embraced a new process for certification that emphasizes the importance of life-long learning for physicians – Maintenance of Certification (MOC). The MOC requirements call for ongoing evaluation of physicians in each of four elements: professional standing, lifelong learning and self-assessment, cognitive expertise, and satisfactory performance in practice. Although early in the implementation process, many boards have begun work with their respective specialty societies to address the educational and evaluation requirements of MOC. As individual medical specialty boards require their diplomats to address the MOC requirements in their professional development activities, CME providers will be challenged to understand their emerging roles, create learning activities consonant with MOC, and position themselves for the evolutionary changes that are underway.

Target Audience: This session will be of interest to CME professionals at all experience levels and in all provider groups.

Purpose: The purposes of this session are to: a) familiarize CME providers with the MOC requirements and the Core Competencies; b) explore their implications for physicians and for the CME enterprise, and c) suggest methods by which to prepare for their widespread implementation.

Methods: The session will consist of presentations summarizing existing information regarding the status of MOC at the national level, presenting new data regarding experiences and steps that can be taken at a local level, and active discussion with the audience of implications and barriers associated with this evolving process.

Objectives: At the conclusion, participants should be able to: 1) discuss the evolving forces impacting continuing professional development for physicians, and 2) describe approaches to guide CME programs in this changing environment.

Key Points: Presenters will discuss: 1) ABMS Maintenance of Certification (MOC) requirements; 2) ACGME Core Competencies; 3) effect of MOC requirements and Core Competencies on CME providers; 4) examples of steps CME providers can take to evaluate/position programs in light of requirements, and 5) lessons learned and barriers encountered.

Expected Outcomes: Participants will develop an understanding of how the MOC requirements and Core Competencies are creating fundamental changes in CME and how to prepare.

Reference: Council of Medical Specialty Societies. Repositioning for the future of continuing medical education (position paper, March 23, 2002). Accessed at <http://www.cmss.org> on March 14, 2003.

F27, Breakout
11:15 am – 12:15 pm, Friday
Dekalb & Gwinnett/2nd; Rounds/145

10 Tips for Creating Positive Partnerships with Industry
(Program Management)

Maureen Doyle Scharff, BA

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Other Support: Employee, Johnson & Johnson Pharmaceutical

Relevance: In this ever-changing healthcare arena we work in, it has become increasingly more difficult for providers, especially academic centers, to identify stakeholders of medical education in the pharmaceutical and device industries. Competition for a limited amount of dollars is on the rise, and CME departments around the country are finding themselves at a significant disadvantage when it comes to marketing capabilities and self-promotion.

Purpose: This breakout session is designed to offer insights into the structure of a pharmaceutical company, including where to find the decision-makers and financiers of CME, to help academic centers and their CME departments better prepare for working and partnering with industry in the 21st Century.

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

1. Identify ways to access viable partners within industry
2. Develop a strategy to create new business, including a SWOT analysis and marketing plan
3. Understand how to access resources that can assist in business development

Key Points: Understanding and knowing who your potential partners are, and who your competition is will be the key to successful business development in the CME departments of the future.

Expected Outcomes: This breakout session will help set the stage for a CME professional to begin the process of new business development, while creating positive partnerships with industry.

Reference: Standards for Commercial Support; ACCME.

F28, Breakout
11:15 am – 12:15 pm, Friday
Fulton & Cobb/2nd; Rounds/125

The AMA's International Initiatives
(Educational Activities Delivery)

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Tina Koral, MPH

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Relevance: As the AMA PRA credit system becomes increasingly globally recognized, physicians from around the world will look to ACCME and state medical society accredited providers to obtain quality continuing medical education. Providers need to be aware of the AMA's international initiatives in order to assess how their CME program fits into this global CME system.

Target Audience: Accredited providers and communications companies who work with accredited providers will benefit from participating in this session.

Purpose: This session will present participants with an overview of the international interest in shared standards for the designation of CME credit in the context of continuing professional development (CPD), and how the AMA is responding. The AMA's policy regarding the awarding of AMA PRA category 1 credit to non-US licensed physicians will be reviewed. The session will also outline the AMA's International Conference Recognition (ICR) program, which provides US physicians the opportunity to obtain AMA PRA category 1 credit at overseas educational events.

Objectives: At the conclusion of this breakout session, participants will understand the background and current advancement in the development of shared global standards for the designation of CME credit. Participants will be able to determine if the new policies for the awarding of AMA PRA category 1 credit for non-US licensed physicians are applicable to their CME program, and will learn how to incorporate these changes into their regular operations, if necessary.

Key Points: Agreement of the standards of quality grows among global authorities. Only by working with these authorities can the AMA maintain the relevancy of the AMA PRA credit system.

Expected Outcomes: An improvement in the quality of patient care in many nations will occur as the result of international physicians' participation in CME that meets a high global standard. As a result of the AMA's new policies, US providers will be able to attract a greater international audience for their CME programs, increasing their target market and enriching their activities with the addition of global perspectives.

Reference: The American Medical Association Physician's Recognition Award: Requirements for Accredited Providers (version 3.2).

F29, Breakout
11:15 am – 12:15 pm, Friday
Fayette & Newton/2nd; Rounds/105

Capturing and Extending My Meeting through Multiple Media
(Educational Activities Delivery)

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Lesley Aaron

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Other Support: Director, Pharmaceutical Services, Rockpointe Corporation

Relevance: If you are able to develop multimedia continuing medical education programs, your audiences can learn at their own pace – from home, office or car – no traveling necessary. No expensive air or hotel bills to incur; no loss of income or time away from their places of employment. Just the solid, detailed knowledge they need to earn required CME credits.

Target Audiences: All

Purpose: There are numerous affordable models for capturing and extending meetings through multiple media – from live, interactive satellite broadcasts, Webcasts, and Web Teleconferences to CD-ROM, video, audiocassette and even print. All of these can be archived, making your meeting both timely and enduring!

Methods: Speakers are selected based on their ability to present the most thorough and up-to-date information.

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

Key Points: Participants will become aware of current trends in CME delivery options, physician preferences for meeting location and multimedia, and use of these data for future planning. Discussion will occur regarding the Internet and its dramatic impact on traditional CME delivery media, including how to take advantage of multimedia techniques to improve pedagogy. Instruction on using the inherent advantages of interactive media to improve the learning experience, including the potential to customize delivery and track outcomes. Growth and usage trends in Internet use and its acceptance as a learning environment for health professionals will also be discussed.

Expected Outcomes: Audience members will become aware of the ease and convenience interactive media offer the CME manager, which in turn provides physicians with greater opportunities to earn and use CME credits.

Reference: Not applicable.

F30, Breakout
11:15 am – 12:15 pm, Friday
Paulding & Douglas/2nd; Rounds/105

Alliance Fellowship Research: From Learning Objectives to Lasting Change in Practice Patterns
(Evaluation)

Gil Golden, MD

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Other Support: Alliance/Merck Professional Development Fellowship

Amy Nielsen Smith

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Audience response technology provided by Interactive Media Solutions, Englewood, CO.

Relevance: After decades of formal continuing medical education (CME), sparse data exist that demonstrate traditional CME alters the thinking, behavior, or skills of physicians who attend CME courses. Considering that more than \$1 billion dollars is estimated to be spent annually on certified CME, it is important to question the effectiveness of current educational tactics, including needs assessment, activity design, media, evaluation of learning, and assessment of behavioral change. Most CME providers are beginning to measure level 1 and 2 outcomes, which help determine if learning occurred; however, higher level outcomes measurement aims to assess actual behavioral change, is much more difficult to measure, and provides more objective and useful information.

Purpose: This breakout is designed to demonstrate a model outcomes measurement study performed through a multi-organization partnership that has the ability to determine qualitative outcomes data directly related to CME participation. Note that no soft, qualitative data that we have come to accept as the industry standard will be discussed in this cutting edge session. This model may be a useful framework for other CME providers interested in conducting their own quantitative outcomes studies.

Objectives: At the conclusion of this breakout session, the participant will be able to: 1) design outcomes studies that provide meaningful, quantitative information about changes in clinical practice, and 2) form partnerships that may be required to customize the model presented for use by a variety of provider types and for various educational settings.

Key Points: In this activity, participants will be exposed to a variety of quantitative outcomes paradigms and methods to access various data sources through partnerships, etc. Data from a project performed with funding by an Alliance-Merck Professional Development Fellowship will be presented.

Expected Outcomes: Participants will learn the value of effective outcomes assessments, learn how to design more effective educational activities based on outcomes reporting, and gain a better idea of the range of outcomes data available to them.

Reference: Rosof AB, Felch WC. Continuing medical education: a primer. New York: Praeger; 1992.

F31, Breakout
11:15 am – 12:15 pm, Friday
Henry/2nd, Rounds/80

Meeting Planning 101

(Program Management; CME 101 – Basics Curriculum)

Diane Oetting, CAE

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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.

F32, Breakout
11:15 am – 12:15 pm, Friday
Clayton/2nd; Rounds/80

Medical Presentation Skills: High Impact Communication
(Personal Skills)

Cindy Casserly, MA

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Relevance: Research and medical data is often complex, difficult to understand, and a challenge to act upon. Turning complex data into meaningful and useful information requires attention to the communication process. Presentation skills strongly influence the acceptance and perceived value of the information. Understanding the communication process, as both an art and a science, enhances the CME community's knowledge and the quality of individual presentation skills. An effective speaker can positively affect the quality of healthcare decisions, enhance professional standing, and generate referrals.

Target Audience: This breakout session will be of interest to CME professionals at all experience levels.

Purpose: This interactive, multimedia learning session is designed to encourage healthcare professionals to assess, develop, and enhance their ability to deliver articulate, poised, and compelling presentations.

Objectives: At the conclusion of this session participants should be able to identify qualities that characterize outstanding speakers, organize a coherent, focused presentation, design and use visual aids effectively, interpret nonverbal audience feedback, and gracefully handle audience questions.

Key Points: This interactive session will enhance the participant's ability and confidence to deliver high quality presentations based on analyzing audience needs.

Expected Outcomes: CME professionals can enhance their current level of skill and expertise, while strengthening their confidence and ability to develop and deliver presentations that have high impact.

Reference: Medical Presentation Skills Workshop Curriculum 2000.

S1, Physician's Intensive
8:30 am – 12:15 pm, Saturday
Cherokee/2nd; Rounds/80

Professional Development for Physicians in CME
(Strategic Leadership; Physician's Track)

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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 Director's 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: Expert faculty/facilitators will help physicians to develop the knowledge and skills needed to function in the CME arena to lead an effective education program.

Methods: A three-hour session will be presented based on the small group focus session approach. Problem situations will be provided by the faculty/facilitators who will guide group discussion leading to consensus and presentation to the entire class.

Objectives: The faculty will assist the physician student to acquire the knowledge, skills and processes necessary to perform the complex functions required of a physician leader in the CME field.

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 support physicians who want to be more expert in the skills critical to CME.

S2, Intensive
8:30 am – 12:15 pm, Saturday
Clayton/2nd; Rounds/80

The Role of the Pharmaceutical Industry in Medical Education
(Personal Skills)

Karen Overstreet, EdD

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John Saunders, MBA

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Other Support: Employee, Wyeth Pharmaceuticals

Relevance: Although the pharmaceutical industry supports many CME activities in the US each year, it has been criticized for its role in and methods of supporting medical education. Many CME providers do not fully understand the drug development process, when and why the industry supports medical education, how the industry is regulated, and how to interact with representatives of the industry.

Target Audience: This session is intended for beginners across all provider sections.

Purpose: This session will explain how drugs are developed, identify the role of the pharmaceutical industry (and its various personnel) in medical education, and review the myriad regulations governing pharmaceutical support of CME.

Methods: This session will include short didactic presentations, case studies, and Q&A. Slides will be presented and handouts will be provided.

Objectives: At the conclusion of this session participants should be able to: 1) explain the drug development process and its relationship to CME, 2) compare and contrast industry-supported educational and promotional activities, 3) identify the various types of personnel within pharmaceutical companies and their roles with CME, 4) differentiate the various regulations of pharmaceutical support and their relevance for CME providers, and 5) identify ways to interact more effectively with industry.

Key Points: The pharmaceutical industry has an obligation to support the education of health care professionals regarding its products. CME activities are important ways to disseminate credible information about the proper use of new therapeutic agents in relation to other products. Numerous national guidelines govern the industry's support of CME activities to ensure fair balance and scientific rigor.

Expected Outcomes: Providers will be able to interact more effectively with representatives of the pharmaceutical industry because they will recognize their needs and understand their motivations and the regulations that govern their interactions.

References: PhRMA Code; OIG draft guidance; ACCME Standards for Commercial Support; FDA Guidance on Industry-Supported Scientific and Educational Activities.

S3, Breakout
8:30 – 9:30 am, Saturday
Salon C/2nd, Rounds/190

Are Regulations Detrimental to Continuing Medical Education?
(Accreditation)

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Consultant: President, Professional Resources Network (PRN)

Kevin O'Donovan, BA

Duke Office of Continuing Medical Education, tel: 919/668-2567, <mailto:odono002@mc.duke.edu>

Relevance: Many debates about regulations in CME remain on a superficial level. Those who want more regulation often are reacting to any bad publicity the profession receives. Those who want less simply do not like the extra work that additional regulation entails. What often is lacking is a more philosophical discussion about the nature and purposes of regulations and whether they enhance or impede the overall mission of CME.

Target Audience: This breakout session will be of interest to anyone in CME who wants to examine the role of regulation from a broader, more philosophical perspective.

Purpose: This session will examine the nature of regulation and its effects on CME. It is designed not to promulgate a single view, but to provide audience members with varying perspectives on this important topic. While theoretical in nature, this session will show that how we view regulations has an effect on our daily practice.

Methods: Two CME professionals will debate the nature of regulation within the discipline. In addition, audience members will be encouraged to contribute their own ideas and examples to the discussion.

Objectives: At the conclusion of this session, participants should be able to 1) recognize alternative views regarding the nature and purposes of regulation as it relates to CME, 2) describe the effect of regulation on their everyday practices, and 3) identify where they stand on the regulatory continuum.

Key Points: Since regulation is a constant topic within CME, those in the profession need to approach it in a reflective manner. Before contributing to regulatory debates, one should know where he/she stands philosophically in regards to the concept of regulation.

Expected Outcomes: Participants will have a deeper understanding of 1) the nature and purposes of regulation, 2) how regulation affects CME, and 3) where they stand on the continuum.

Reference: Accreditation Council for Continuing Medical Education. The ACCME's Essential Areas and Their Elements and Standards for Commercial Support of Continuing Medical Education. (<http://www.accme.org>).

S4, Breakout
8:30 – 9:30 am, Saturday
Salon A/2nd, Rounds/150

Taking Electronic CME Delivery to the Next Step
(Educational Activities Delivery)

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Relevance: Electronic CME delivery has proven to be an effective means of disseminating knowledge, but more must be done to facilitate measurement of the effectiveness of these programs, improve accountability and the feasibility of documentation, and most importantly, help physicians consistently apply the knowledge to their practice. Do electronic CME educational programs have any effect on clinical competence? What can we learn from past mistakes when designing new electronic activities? What technologies can help us get there?

Target Audience: This session will be of interest to CME professionals at all experience levels who are involved in the design, development or expansion of electronic CME delivery systems.

Purpose: Identify insufficiencies, design and technical gaps in current trends in electronic CME delivery systems and explore how these systems can be improved to address the additional responsibilities that future CME programs must be capable of addressing.

Methods: A brief introductory question /answer session will help establish a baseline for the attending group, and will help highlight specific concerns and issues of the attendees. Technical and design aspects from several (anonymous) case-studies will be used to demonstrate core issues, using plain-English and projected visual aids. Potential solutions will be proposed and reacted to by the group. Printed materials will be distributed, and post-breakout summary information collected and distributed to requesting attendees.

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

- 1) Understand the limitations of current approaches with regard to clinical application, effectiveness and accountability.
- 2) Understand surrounding concepts and issues as they relate to electronic delivery of CME.
- 3) Understand potential approaches and solutions to improving the current approaches.

Key Points: The majority of electronic CME delivery systems do little more than provide educational information, and although electronic technology can facilitate the delivery of this information, little or no “measurement of success” takes place, specifically with regard to the effectiveness of a program in improving practice behavior. What can be done with these systems to improve accountability, documentation and both improve and measure their in-practice effect? What effect might these changes have on cost, maintenance and privacy?

Expected Outcomes: Electronic CME delivery systems *can and must* be improved through the application of technology, sound instructional design and through the application of concurrent multiple strategies to address the upcoming challenges of creating a more innovative and accountable CME system.

References: Cantillon, Peter. (1999). *Does continuing medical education in general practice make a difference?* BMJ: British Medical Journal, 05/08/99, Vol. 318 Issue 7193, p1276, 4p.
Curran, Vernon C. (2000). *An Eclectic Model For Evaluating Web-Based Continuing Medical Education Courseware Systems.* Evaluation & the Health Professions, Sep 2000, Vol. 23 Issue 3, p319.
Zimitat, Craig. (2001). *Designing effective on-line continuing medical education.* Medical Teacher Journal, Mar 2001, Vol. 23 Issue 2, p117.

S5, Breakout
8:30 – 9:30 am, Saturday
Salon B/2nd; Rounds/95

Hot Spots in Today's Hotel Contracts: How to Handle Them
(Program Management)

Jodi Lee Beert, CMP

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Relevance: One of the key elements in securing a meeting facility is finalizing a written contract. Contracts vary with each venue. Knowing what provisions should be in a contract; how to negotiate to your benefit; and understanding the value your meeting brings to the facility, play important roles in creating a win-win scenario.

Target Audience: CME professionals who are responsible for negotiating and/or signing facility contracts

Purpose: This forum is designed to present a comprehensive listing of facility contract provisions, which cover the basics and promises to offer a pearl or two for the seasoned CME professional. In particular, we will share examples that assist in creating a contract, avoiding the miscommunication and pitfalls, which can create poor relations between facilities and meeting professionals.

Methods: Presenters will identify a variety of clauses or “hot spots” in facility contracts that you may want to avoid or include.

Objectives: At the conclusion of this session, participants should be able to recognize key components of a facility contract; discuss options for inclusion in the contract; and create a comfort level in revising facility contracts.

Key Points: Developing knowledge of key provisions within a facility contract is crucial to CME professionals. Knowing the basic framework of a contract and what is negotiable, and what is not, will aide participants in creating a win-win situation for both parties.

Expected Outcomes: Participants should be able to identify common components within a facility contract. Take home tools will be provided to offer references/resources that can be utilized following the session.

Reference: Foster, J.S., CHSE, Esq. Meeting & Facility Contracts, Professional Convention Management Association, 1995.

S6, Breakout
8:30 – 9:30 am, Saturday
Rockdale & Forsythe/2nd, Rounds/145

Increase Attendance by Analyzing Feedback
(Evaluation)

David Schlumper, MS

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Other Support: Employee, Serono Symposia International, Inc.

Grant Research Support: Serono, Inc._

Relevance: Continuing medical education (CME) providers are challenged to increase the number of people who attend and participate in their educational activities. A rigorous analysis can be developed and applied to all your CME activities to better understand how attendees felt about the activity and boost such attendance in the future. Understanding and applying the full scope of research methods is also essential to target the most appropriate audience for your programs.

Target Audience: This breakout session will be of interest to CME professionals with all experience levels and in all provider groups.

Purpose: This session will explore the methods available to the CME professional for conducting a data analysis of the educational activity. We will analyze what attendees tell us from program evaluations and more importantly, how to then make your activities more attractive and populated. We will also review case studies looking at the impact of an activity on a learner over time to discover what that says about the CME activity.

Methods: New information on a mathematical model to determine the key drivers of attendee satisfaction will be presented. Key variables such as learning objectives, faculty and enduring materials will be reviewed to identify what makes an attendee return to future educational activities.

Objectives: At the conclusion of this breakout, participants will be able to identify critical elements in the evaluation of an activity, conduct an analysis of evaluations and identify ways to increase attendee's satisfaction and attendance.

Key Points: Participants will work with real case examples to better understand what attendees are telling them about their educational activities and determine how to best improve them. There are many ways to evaluate a CME activity, including pre and post tests, participant willingness-to-change, clinical practice application, cost return and clinical effectiveness. This session will review these methods and the best types of scales, the importance of open-ended questions, and presenting an effective summary report.

Expected Outcomes: CME professionals will determine which evaluation methods best apply to their activities. They will learn the full range of measurement tools available to them and develop an analysis plan and conduct an analysis on actual activity evaluations.

Reference: Radosevich D, Kalambokidis Werni T, Cords J, Huber M, Pruitt M. A Practical Guidebook for Implementing, Analyzing and Reporting Outcomes Measurements. Stratis Health 1997.

S7, Breakout
8:30 – 9:30 am, Saturday
Dekalb & Gwinnett/2nd; Rounds/145

Coaching and Teambuilding Skills with a CME Twist
(Personal Skills)

Debra Gist, MPH

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Relevance: Managing a successful CME office requires teamwork.

Target Audience: This practical breakout session will be of interest to CME managers and administrators.

Purpose: This session is designed to provide a basic review of coaching and teambuilding skills for CME managers and administrators. This session will also provide an opportunity for discussion/dialogue relative to coaching and teambuilding skills in general.

Methods: Didactic presentations with question and answer sessions.

Objectives: At the conclusion of this session, participants should be able to: 1) identify and describe key characteristics of a highly functioning team; 2) review and discuss recruiting issues for a CME office, and 3) describe key components of a successful CME team.

Key Points: Coaching and teambuilding requires: 1) selecting the right people; 2) establishing performance goals and objectives; 3) motivating staff and providing feedback; 4) focus; 5) flexibility; and 6) creativity.

Expected Outcomes: It is hoped that CME managers and administrators will be motivated to build highly functioning CME teams.

References: Rees F. How to lead work teams: facilitation skills. San Francisco: Jossey-Bass Pfeiffer, 1991.

Katzenback JR, Smith DK. The wisdom of teams: creating the high-performance organization. New York, HarperCollins Publishers, Inc, 1993.

S8, Breakout
8:30 – 9:30 am, Saturday
Fulton & Cobb/2nd; Rounds/125

**Translating Professional Competency into Practice: Things CME/CPD Professionals Can Do to
Change Physicians' Behaviors**
(Strategic Leadership)

H. B. Slotnick, PhD

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Grant Research Support: Pharmacia Corporation, Purdue Pharma LP.

Consultant: Merck Frosst Canada Ltd., Merck US Human Health

Relevance: CME/CPD providers are often tasked with planning and delivering programs to help healthcare providers adopt theory and method bringing their practices more in line with practice guidelines, evidence-based recommendations, etc. Thus providers have more than a passing interest both in knowing what sorts of things have been shown to 'work' in such programs and in knowing why they work.

Target Audience: This session will be of interest to CME/CPD providers, non-profit and for-profit organizations that fund programs designed to change physicians' clinical behaviors, and educators interested in understanding better the relationship between instructional activities mounted and changes to both clinical practice and patient outcomes.

Purpose: An international conference on changing physicians' behaviors was held in October, 2002, at the University of Wisconsin. Presentations at that conference by Richard Grol, Jeremy Grimshaw, John Parboosingh, Jeanette Ward, Andrew Kosseff, and H.B. Slotnick left all present with the feeling that there was much consensus on what happens and why it happens in well-designed programs of change (*well-designed* meaning that programs of change address the needs of individual healthcare providers as well as the needs of the medical and administrative environments within which the change is to occur). The presentation at this session will go beyond the Wisconsin conference in integrating all the conference's presentations with a focus on identifying (1) the characteristics shared by successful programs of change, and (2) the educational underpinning that predisposes toward success.

Methods: Heretofore unpublished conclusions based on the Wisconsin conference will be presented within an interactive instructional environment. The instructional methods were chosen because they emulate what needs to be done in mounting a program to change clinician behavior.

Objectives: By the session's end, participants will (1) be familiar with the consensus characteristics of programs that successfully change physician behavior, (2) be familiar with the educational theory explaining why the programs 'worked,' and (3) have experienced instruction consistent with both (1) and (2).

Key Points: Research on changing physician behavior coming from a variety of perspectives can be said to 'converge' producing the outline of a consistent approach to changing practice behaviors and so reducing morbidity and mortality.

Expected Outcomes: Participants will be sufficiently familiar with the work presented that they'll be able to do further learning in the area.

References: Journal of Continuing Education in the Health Professions, v22(4), Fall, 2002. Articles by: J.T. Parboosingh; Jeremy Grimshaw, et al.; Richard Grol; and H.B. Slotnick & M.B. Shershneva.

S9, Breakout
8:30 – 9:30 am, Saturday
Fayette & Newton/2nd; Rounds/105

Supporting Personal Learning through Communities of Practice: A Model to Facilitate the Collective Generation of Learning Needs among Medical and Surgical Specialists as Part of The Royal College of Physician Maintenance of Certification Program
(Needs Assessment)

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Relevance: Our model proposes that a shared community space combined with a tool that captures personal learning activities is an effective way to identify the learning needs of the individual. The opportunity to share individual learning items with a peer group offers the individual active learning partnerships. These communities support the individual learner by sharing best practices and other resources, honing the questions, bounding the solution-seeking process, and generating feedback on the learning plan. This model is part of the Support Program for the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada – geared at physicians practicing in various areas of specialty medicine.

Target Audience: This breakout session will be of interest to CME professionals at all experience levels and working in medical education and communication companies, medical schools, medical specialty societies, or veterans affairs.

Purpose: The breakout session will describe and demonstrate the tools and system for recording personal learning projects, detail the use of reflective learning as an individual and group activity, and describe the role of the community. The session facilitators will provide scenarios to enhance group discussion.

Objectives: At the conclusion of the breakout session, participants will be able to discuss and debate the merits of creating personal learning projects and the sharing of those items within a community. Participants will also experience the utility of the model as a way to enhance the learner's ability to learn.

Key Points: The merits of structuring personal learning as a means of sharing items within a community enhances: the understanding of reflection in learning, the utility of collective learning within a community, and the potential to improve the feedback loop between questions asking > solution finding > practice improvement.

Expected Outcomes: Through collaborative sharing, participants will gain insight into the use and/or value of communities for the individual learner. The feedback from the session will be instrumental to the presenters in the continual development of the College's Support Program.

Reference: MAINPORT.org; Moon J: Reflection in Learning and professional development. Kogan Page, London, 1999. Wenger E, McDermott R, Snyder W. Cultivating Communities of Practice: a guide to managing knowledge. Harvard Business School Press. Boston, Massachusetts, 2002.

**S10, Breakout
8:30 – 9:30 am, Saturday
Paulding & Douglas/2nd; Rounds/105**

**Computer Based Medical Management Model that Informs and Learns from Patients:
A Practice Based Learning and Improvement Model (Part 1)**
(Educational Activities Delivery; CME 891 – Advanced Curriculum)

Stephen Prather, MD

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Consultant: President, Health Care Catalyst Incorporated

Relevance: New computerized information capacity has changed the expectation for practice based learning and improvement (PBL&I). An informed patient now has the potential to gain computer assisted care management skills in partnership with the physician delivering care. CME efforts are moving from didactic lectures to dynamic interactive delivery models that create medical learning loops. Evidence Based Medicine and performance improvement delivery models are not enough to achieve effective PBL&I. Computer assisted patient partnerships utilizing decision support and real time feedback to the provider defines a new more accountable CME. The requirements to succeed as the new CME professional are demonstrated in this intensive course.

Target Audience: This intensive in-depth course will be of interest to advanced CME professionals and physicians attempting to implement PBL&I as a learning organization model in medical schools, medical professional societies, hospitals and clinics.

Purpose: The specific aspects of computerized medical learning loops as a model of accountable CME will be explored.

Methods: Examples of Evidence Based Medicine applied through computer assisted patient support are used to clarify accountable CME.

Objectives: At the conclusion of this intensive in-depth course participants should be able to: 1) determine how PBL&I methods will change the demands on the CME professional, and 2) explore strategies to facilitate the paradigm shift this model requires of physicians, other healthcare professionals, administration, Information Services, patients and families.

Key Points: Based on this intensive course the participants need to: 1) Understand EBM and Performance Improvement applications; 2) understand the structure required to support medical learning loops; 3) have a strategy to sustain and spread this innovation in CME, and 4) explore new roles for the CME professional and the skills required.

Expected Outcomes: Assess where they are in the phases of PBL&I that were presented in the course and begin a strategic plan for the future implementation of medical learning loops.

References: Prather S, Jones D. Physician Leadership: Influence on Practice Based Learning and Improvement.

Manning P. A Dream That Can Become a Reality.

Cervero R. Place Matters in Physician Practice and Learning.

Mills A, Rorty M, Werhane P. Stakeholder Expectation in Practice Based Medicine.

Ebell M, Shaughnessy A. Information Mastery: Integrating Continuing Education with the Information Needs of Clinicians. Bierema L. Systems Thinking: A New Lense for Old Problems.

Staker L. Clinical Practice Improvement: Teaching the Measurement of Outcomes and Clinical Performance. Journal of Continuing Education in the Health Professions – Special Edition on PBL&I to be published in June 2003.

S11, Breakout
8:30 – 9:30 am, Saturday
Henry/2nd, Rounds/80

Building and Leading Change in Your Organization
(Strategic Leadership)

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Consultant

Marc DesLauriers, PhD

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Relevance: Physicians continue to assume more direct leadership roles in their organizations and with that, more responsibility for the overall learning and growth of their department, or division, as it evolves. Their completion of medical school in no way guaranteed their skills as leaders or teachers. To be effective in these positions though, physician leaders need to have both.

Target Audience: This breakout session will be of interest to physicians, either who already hold leadership positions or those who anticipate moving in that direction, and other professionals who would like to strengthen their skills as leaders and teachers.

Purpose: To provide both a conceptual understanding and practical application of the skills necessary to both create an environment for successful learning to occur and, as a leader, how to facilitate those processes.

Methods: A combination of didactic and interactive methods will be used to convey and apply principles of leadership, learning and change.

Objectives: At the conclusion of this session, participants should be able to: 1) understand the key premises of effective leadership; 2) be aware of the factors necessary for facilitating learning in CME participants and staff members; 3) recognize the distinction between change and transition, and 4) identify methods for implementing effective change in your division or department.

Key Points: Based on this session, physician leaders and other professionals in leadership positions should: 1) understand the importance of creating an environment that promotes learning and change, and 2) recognize the leader's role in modeling and facilitating the self-directed learning necessary for adults to succeed.

Expected Outcomes: Participants will develop an approach for supporting learning and promoting change in their own place of work.

Reference: The Leader's New Work: Building Learning Organizations, Sloan Management Review Reprint Series, Fall 1990, Volume 32, Number 1.

S12, Forum
8:30 – 9:30 am, Saturday
Salon DE/2nd; Rounds/350

Commercial Support: Building Mutually Beneficial Relationships between CME Providers and Commercial Supporters
(Accreditation; CME 101 – Basics Curriculum)

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Lynn Marie Thomason, MLS

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Employee: Johnson & Johnson Pharmaceutical

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 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, Draft ACCME Standards of Commercial Support, PhRMA Guidelines, 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. EdM. "Commercial Support and the Quandary of Continuing Medical Education" JCEP, vol. 20, Number 2, Spring 2000 p. 120-126.

S13, Mini-Plenary
10:00 – 11:00 am, Saturday
Salon DE/2nd; Rounds/350

**Putting it all Together: Linking the Need to Present Effective CME with an Important Expected Result – ACCME
'Exemplary Compliance'
(Accreditation)**

Murray Kopelow, MD

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Relevance: Demands on the CME enterprise are pushing and pulling the accreditation system and accredited providers towards CME that can be shown to improve patient care. These demands call for CME that is free of commercial bias, that facilitates physician learning and that is designed to change the learner's knowledge, competence, or performance. Together, the accreditation system and accredited providers can be drivers of change to produce CME that meets these expectations.

Target Audience: This mini-plenary is designed for CME professionals at all experience levels and in all organizational settings who are interested in leading a CME program which ACCME will be able to reward with *Exemplary Compliance*.

Purpose: This session will provide a forum for discussion on how the ACCME accreditation system can serve as a facilitating force within the CME profession to respond to expectations from the organizations of medicine, the government, and the public as manifest in the ACCME *Exemplary Compliance* criteria.

Methods: ACCME staff will facilitate a discussion on how accreditation criteria for exemplary compliance have positioned the CME system and can position your program of CME to respond to many environmental expectations.

Objectives: At the end of this session, participants should be able to discuss how individual providers and the CME profession can position itself to meet expectations utilizing ACCME's Essential Areas and Elements.

Key Points: It is important for the profession of CME and its accreditation system to work together to meet the demands and expectations various parties have of continuing medical education. Accredited providers need to be aware of the environmental influences so that they can be perceived as a strategic asset in health care education. The ACCME accreditation requirements will be the focus of the presentation with a discussion on the criteria for Exemplary Compliance and how some programs have been able to achieve exemplary compliance.

Expected Outcomes: An outcome of this session is the understanding of the responsibilities the profession of CME and its accreditation system have to organizations of medicine, government, and the public. In addition, this session will enable providers and accreditors to develop strategies to respond to environmental demands through meeting the ACCME's requirements for *Exemplary Compliance*.

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



S14, Breakout
10:00 – 11:00 am, Saturday
Salon C/2nd, Rounds/190

Copyright and Fair Use: A Primer for the CME Professional
(Program Management; CME 101 – Basics Curriculum)

John Pent, MA

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Relevance: As CME professionals, we often make use of copyrighted material in our educational programs and produce copyrightable material ourselves. A basic familiarity with copyright law and the tenets of “fair-use” is essential to avoid violating the copyright of others and to make sure we are protecting ourselves. Many misconceptions exist about what copyright laws apply in the CME setting and CME professionals are potentially putting themselves and/or their organizations at risk by not having a clear understanding of the relevant law.

Target Audience: This session will be of interest to CME professionals at all levels, working in a variety of provider group settings.

Purpose: The purpose of this session will be to provide a simple understanding of copyright law as it relates to the CME professional. This will assist them in recognizing potential copyright issues and making informed decisions about questions of copyright they encounter in their everyday practice of CME.

Methods: A basic overview of copyright law, permissions, and “fair-use” will be discussed (including specific examples) and suggestions given on developing a policy on the use of copyrighted materials.

Objectives: At the conclusion of this session, participants should be able to: 1) have a basic understanding of the history and purpose of copyright law; 2) Understand how materials they produce or use are subject to copyright; 3) discuss the four criteria of the “fair-use” defense and apply this to specific situations; 4) know how to ask for permission to use copyrighted materials, and 5) formulate a basic policy on the use of copyrighted materials in their organizations.

Key Points: Based on this breakout, CME professionals will understand copyright law was established for specific reasons to protect various kinds of creative works. We must realize that providing an educational service doesn’t exempt us from adhering to copyright law. Copyright should be considered as another aspect by which to examine our CME programs and having a clearer understanding of the issues, the “fair-use” defense and how to ask for permission will assist in avoiding the pitfalls we may encounter.

Expected Outcomes: Participants will begin a review of their CME activities from the perspective of copyright and develop a policy to assist them in the future.

Reference: Kirsch J. Kirsch’s Handbook of Publishing Law. Los Angeles: Acrobat Books, 1995.

S15, Breakout
10:00 – 11:00 am, Saturday
Salon A/2nd, Rounds/150

Preparing Faculty to Teach and Assess the Accreditation Council for Graduate Medical Education (ACGME) General Competencies
(Educational Activities Design)

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Relevance: Medical schools and teaching hospitals are faced with ensuring that residents are deemed competent using the six general competencies adopted by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS). Although a single didactic presentation could be used to cover the subject matter initially, this type of teaching method is destined for failure because it is not geared to reach the true change agents in medical education—Residency Training Directors, Program Managers, Department Chairs and Faculty. These individuals have the greatest direct influence with residents and can be the most beneficial or devastating examples for an institution's program. The six general competencies also provide a framework for improving physician care to patients in academic medical centers and teaching hospitals. CME can help assure that all practicing physicians have updated instruction in the competencies.

Target Audience: This session will be of interest to CME professionals at all experience levels, particularly those with responsibilities at medical schools, academic medical centers and medical specialty societies.

Purpose: This breakout includes presentation of a longitudinal CME series design that will assist institutions in developing CME and Faculty Development activities using a multidisciplinary team approach to aid faculty in the implementation of the ACGME General Competencies. Under the direction of the Dean of the College of Medicine, a multidisciplinary team enhanced and developed new educational and Faculty Development programming. The changes were designed to familiarize residents and faculty with the ACGME General Competencies and the implications for residency training programs. Training areas were targeted in three specific activities: Resident Development Program, Clinical Education and Management Series for Faculty and the existing campus-wide Multidisciplinary Conference.

Methods: Presentations/discussions by each member of the team reflect different aspects of the medical education sphere and how their role was crucial to successful outcome.

Objectives: At the end of the session, participants should be able to: 1) discuss the key elements for a successful CME/Faculty Development Series implementing the ACGME General Competencies; 2) recognize the importance of faculty development and CME in implementing new standards; and 3) develop plans for instituting similar education plans at their own institutions.

Key Points: CME and faculty development are crucial to the successful implementation of new accreditation standards. This type of series models to future residents/medical students appropriate life-long learning behaviors encouraged by the AMA.

Expected Outcomes: Participants will have a model for assessing educational needs related to teaching and assessing ACGME Competencies.

Reference: Accreditation Council for Graduate Medical Education (ACGME), Chicago, IL. <http://www.acgme.org/Outcome>.

S16, Breakout
10:00 – 11:00 am, Saturday
Salon B/2nd; Rounds/95

Gender and CME: Female Specialists Perceptions of CME Practices
(Strategic Leadership)

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Relevance: The number of women entering medical schools and the specialties is steadily increasing. CME has tended to be designed on the premise that there are no gender differences in learning. Previous research with family physicians has revealed significant differences in the ways in which women approach and experience CME. This recently completed research asks the same questions of female specialists in order to determine whether similar perceptions exist amongst specialists.

Target Audience: This breakout will be of relevance to CME providers at all levels of experience.

Purpose: The purpose of this session is to discuss ways in which women approach learning and practical changes that can be made in order to reduce challenges many women perceive in attending CME.

Methods: This is a highly interactive session. Participants will be provided with data from both studies and asked to discuss efficacy. Participants will also brainstorm ways in which simple changes may be made to the practice of CME.

Objectives: Participants will examine the following questions:

- What are the similarities and differences in the ways in which female family physicians and specialists perceive CME?
- Do female specialists have specific learning preferences that need to be addressed by CME providers?
- If so, how can they be addressed?

Key Points: The growing population of female physicians can no longer be ignored. The challenges many women appear to experience in pursuing CME need to be addressed by the profession in order to facilitate greater learning opportunities.

Expected Outcomes: Participants will be able to apply the information discussed to their own CME practices.

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

S17, Breakout
10:00 – 11:00 am, Saturday
Rockdale & Forsythe/2nd, Rounds/145

Expanding Your CME Market to Include Physician Assistants (PAs)
(Program Management)

Greg Thomas, MPH

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Relevance: There are currently more than 51,000 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 4,500 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.

Target Audience: All CME providers

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.

Methods: Two representatives from the American Academy of Physician Assistants will present information about the PA professions and CME needs of this audience.

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; <http://www.aapa.org>.

S18, Breakout
10:00 – 11:00 am, Saturday
Dekalb & Gwinnett/2nd; Rounds/145

Commercial Bias vs. Personal Opinion: A Survey of Factors that Constitute Bias in CME Activities
(Educational Activities Delivery)

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Consultant

Other Support: Staff, Alliance for Continuing Medical Education

Relevance: The presence of commercial bias in CME activities continues to be a controversial subject. Due to the very nature of their profession, providers of CME have a definition of identifiable factors that are recognized as commercially-induced bias and the potential inappropriate effects of that bias on the participants' learning experience. To date, no large published studies have examined CME activity participants' definition of commercial bias and how they distinguish factors contributing to perceived commercial bias from personal opinion. While certain factors are clearly recognized as bias for or against a commercial product, e.g., inappropriate gifts to physicians and questionable interactions between physicians and industry, other factors may not be so obvious. This session is part of a nationwide study that seeks to identify and define obvious, as well as less obvious, factors that subtly convey commercial bias when used collectively in activities. The results of this study will be used to develop and formulate recommendations for CME providers for planning future CME activities that are educational encounters of high quality and scientific integrity.

Target Audience: All CME professionals at all levels of experience and working in medical and education communication companies, medical schools, medical specialty societies, or veteran's affairs.

Purpose: This session will seek to generate a set of recommendations that will assist CME providers in protecting the integrity of the educational interaction by decreasing or omitting factors that contribute to the participants' perception of commercial bias.

Methods: Interactive lecture incorporating results of an ongoing study.

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

- Identify specific factors that contribute to physicians' perception of commercial bias in a CME activity.
- Discuss the impact of a CME participant's experience, specialization, venue, and CME participation as factors that effect physicians' perception of commercial bias in CME activities.
- Incorporate insights from this session in the design of certified educational activities.

Key Points:

- While it is recognized that one of the benefits of participating in CME activities is the exposure to personal opinions of experts in the field, it is often difficult to separate personal opinion from commercial bias.
- CME professionals' definition and understanding of commercially-induced bias in CME activities may not be the same as those identified by participants of CME activities.
- New data on a relevant and contemporary issue that impacts the quality of CME will be presented.

Expected Outcomes: Additional factors to consider in designing and implementing CME activities will assist providers of CME to remove possibly unforeseen commercially-induced bias in the delivery of their educational activities.

Reference: Miser WF, Critical Appraisal of the Literature. *J Am Board Fam Pract*, 12(4):315-333, 1999.

S19, Breakout
10:00 – 11:00 am, Saturday
Fulton & Cobb/2nd; Rounds/125

Return on Investment (ROI) Basics
(Evaluation)

Robert Cullen, PhD

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Other: Board Member, Alliance for Continuing Medical Education (ACME)

Melissa Scherwinski, MS

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Relevance: ROI has become a critical issue for most organizations. This session will cover the basics for determining ROI and provide examples from studies conducted in Department of Veterans Affairs. It is relevant for any organization that needs to incorporate ROI into their evaluation approaches.

Target Audience: Intermediate; All

Purpose: The basics for determining ROI of CME will be presented including examples from actual studies.

Methods: ROI certified VA staff who have conducted ROI training and studies will present the basics for determining ROI and share examples from VA experiences.

Objectives: At the completion of this session, participants will know: 1) the ten basic components of the ROI process; 2) the five levels of evaluation required for ROI; 3) formulas for calculating ROI, and 4) methods for handling monetary and non-monetary benefits.

Key Points: The presentation will address the following key points: 1) Evaluation Planning including developing objectives of the training and developing an ROI evaluation plan that addresses all 5 levels of evaluation; 2) Data Collection including during the training and afterwards in the workplace; 3) Data Analysis including isolating the effects of the training, conversion of data to monetary values, and identifying non-monetary benefits, and 4) Determining ROI including capturing costs and calculating ROI.

Expected Outcomes: At the conclusion of the session, participants will have a thorough understanding of the ROI process and related education approaches.

Reference: How to Measure Training Results, Jack J. Phillips and Ron D. Stone. McGraw-Hill, New York, NY, 2002.

S20, Breakout
10:00 – 11:00 am, Saturday
Fayette & Newton/2nd; Rounds/105

**CME Consulting: Applying Competencies and Ethical Principles to the Practice of Helping
CME Organizations Improve**
(Personal Skills)

Joseph Green, PhD

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Consultant: President, Professional Resource Network, Inc.

James Melton, MHA

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Consultant: BioSage Group

Relevance: As CME Consultants attempt to assist CME Providers in improving their operations and activities, there is a moral imperative to apply ethical principles to this practice. Some of the required competencies (knowledge, skills and attitudes) that consultants need to be able to apply to their clients include: communication, teaching, adult learning, instructional design, ACCME Essentials Areas and Elements, assessment and evaluation, organizational learning, strategic planning, budgeting, finance and revenue generation. Ideally, these are the very skills needed by effective professionals in charge of CME operations. The consultant's ethical obligation is to pass along these skills to their clients.

Target Audience: This session is targeted at those who spend a significant amount of their professional lives assisting other CME organizations.

Purpose: This breakout will describe the specific competencies needed by the consultant in assisting CME organizations and how this knowledge and these skills can be applied in the client's setting to facilitate the growth and development of the organization.

Methods: Small group discussion and interactive case studies will be used.

Objectives: At the conclusion of this breakout, participants should be able to: assess their knowledge and skill level as it relates to the needed consultant competencies, develop a plan for enhancing their own knowledge and skill level where needed, and create strategies for passing along these skills to their clients.

Key Points: Some of the key points that will be made include: the importance of self-assessment, strategies for obtaining necessary knowledge and skills, resources available, mechanisms for training clients, and the importance of objective feedback from clients.

Expected Outcomes: Consultants need to be able to assist CME providers to develop their own internal capabilities. The first step in this process is to better understand their skills in these same competency areas.

Reference: Bennett, NL, Davis, DA, Easterling, WE, Friedman, P, Green, JS, Koeppen, BM, Mazmanian, PE and Waxman, HS. Continuing medical education: a new vision of the professional development of physicians. Acad Med 2000; 75:1167-1172.

S21, Breakout
10:00 – 11:00 am, Saturday
Paulding & Douglas/2nd; Rounds/105

**Computer Based Medical Management Model that Informs and Learns from Patients:
A Practice Based Learning and Improvement Model (Part 2)**
(Educational Activities Delivery; CME 891 – Advanced Curriculum)

Stephen Prather, MD

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Consultant: President, Health Care Catalyst Incorporated

Relevance: New computerized information capacity has changed the expectation for practice based learning and improvement (PBL&I). An informed patient now has the potential to gain computer assisted care management skills in partnership with the physician delivering care. CME efforts are moving from didactic lectures to dynamic interactive delivery models that create medical learning loops. Evidence Based Medicine and performance improvement delivery models are not enough to achieve effective PBL&I. Computer assisted patient partnerships utilizing decision support and real time feedback to the provider defines a new more accountable CME. The requirements to succeed as the new CME professional are demonstrated in this intensive course.

Target Audience: This intensive in-depth course will be of interest to advanced CME professionals and physicians attempting to implement PBL&I as a learning organization model in medical schools, medical professional societies, hospitals and clinics.

Purpose: The specific aspects of computerized medical learning loops as a model of accountable CME will be explored.

Methods: Examples of Evidence Based Medicine applied through computer assisted patient support are used to clarify accountable CME.

Objectives: At the conclusion of this intensive in-depth course participants should be able to: 1) determine how PBL&I methods will change the demands on the CME professional, and 2) explore strategies to facilitate the paradigm shift this model requires of physicians, other healthcare professionals, administration, Information Services, patients and families.

Key Points: Based on this intensive course the participants need to: 1) Understand EBM and Performance Improvement applications; 2) understand the structure required to support medical learning loops; 3) have a strategy to sustain and spread this innovation in CME, and 4) explore new roles for the CME professional and the skills required.

Expected Outcomes: Assess where they are in the phases of PBL&I that were presented in the course and begin a strategic plan for the future implementation of medical learning loops.

References: Prather S, Jones D. Physician Leadership: Influence on Practice Based Learning and Improvement.

Manning P. A Dream That Can Become a Reality.

Cervero R. Place Matters in Physician Practice and Learning.

Mills A, Rorty M, Werhane P. Stakeholder Expectation in Practice Based Medicine.

Ebell M, Shaughnessy A. Information Mastery: Integrating Continuing Education with the Information Needs of Clinicians. Bierema L. Systems Thinking: A New Lense for Old Problems.

Staker L. Clinical Practice Improvement: Teaching the Measurement of Outcomes and Clinical Performance. Journal of Continuing Education in the Health Professions – Special Edition on PBL&I to be published in June 2003.

S22, Breakout
10:00 – 11:00 am, Saturday
Henry/2nd, Rounds/80

**Building Social Capital for Knowledge Translation through Educational Opinion Leadership:
A Concept Clarification Workshop**
(Educational Activity Design; CME 891 – Advanced Curriculum)

David Ryan, PhD

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Consultant: Continuing Education and Knowledge Translation

Relevance: Educational opinion leaders (OL) are thought to be an important resource for practice improvement and knowledge translation in health care. OL research has been undertaken in several clinical contexts including cancer pain, chest pain, rheumatoid arthritis, acute myocardial infarction, pulmonary care, back pain, intra-partum care, dementia care and infection control. Despite the intuitive appeal of the OL idea, several recent research reviews find mixed effects, diverse definitions, inconsistent intervention designs, and little knowledge of what OL s actually do. To realize the benefits of the OL idea, we must sharpen our understanding of this incompletely specified educational concept.

Target Audience: CE providers and Knowledge Translation Researchers

Methods: Mini-lecture, small group discussion, brainstorming and interactive action learning

Objectives: Review the OL research, the strengths and limitations of diverse approaches to OL interventions, and strategize ways to develop and sustain this knowledge translation resource.

Key Points: Formal and informal influence, opinion leadership, social capital conservation, construct validation

Expected Outcomes: Participants will be able to 1) describe OL research base, 2) recognize diverse forms of OL, 3) prescribe OL interventions, and 4) plan ways to conserve the social capital of OLs.

Reference: Ryan, DP, Marlow B. & Fisher R. (2002) Educationally influential physicians: The need for construct validation. The Journal of Continuing Education in the Health Professions, 22, 160-169.

S23, Mini-Plenary
11:15 am – 12:15 pm, Saturday
Salon DE/2nd; Rounds/350

Intellectual Property: Online and in Digital Format
(Program Management)

Richard Krakowski, JD

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Relevance: College and university faculty and computer center staff increasingly find themselves called upon to interpret copyright law and other intellectual property (IP) law, especially as it relates to the Internet and World Wide Web. Educators' use of software, CD-ROMs, and other formats in multimedia development and classroom presentations also raises copyright questions. Effective policies for interpreting and implementing a uniform approach in incorporating intellectual property into digital media, is imperative in today's complex international IP environment. The rights of authors, as well as those of the designing CME institution must be protected to ensure the fair and legal use of all materials involved.

Target Audience: This mini-plenary will be of interest to CME professions at all experience levels in creating and hosting CME courses within education and communication companies, medical schools, and medical specialty societies.

Purpose: To inculcate the knowledge necessary for the Protection of intellectual property rights of authors and producers of CME courses.

Methods: Legal experts in the intellectual property field will present their guidelines, and current court opinions for the implementation of a well-developed intellectual property protection policy. Reference materials will be presented and made available.

Objectives: At the conclusion of the mini-plenary participants should be able to: 1) recognize their role in developing an IP program and policy, and 2) be able to maintain and protect the IP rights of their authors and organization.

Key Points: Based on this mini-plenary the central points that need to be embraced by CME professional include: 1) intellectual property rights protection is an integral part of the everyday practice in creating CME materials, and 2) recognition, knowledge and development of the resources necessary to implement an all inclusive IP program.

Expected Outcomes: Participants will begin an assessment of their intellectual property rights protection policies for their authors and organizations, and further implement a policy for compliance.

Reference: Craig Joyce, William Patry, Marshall Leaffer, Peter Jaszi. Copyright Law, Fourth Edition. 1999. Donald S. Chisum, Michael A. Jacobs, Understanding Intellectual Property Law, 1992.

S24, Breakout
11:15 am – 12:15 pm, Saturday
Salon C/2nd, Rounds/190

Integrating Outcomes Evaluation into Overall CME Program Evaluation
(Evaluation)

Susan Cobb, MSN

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Robert Kristofco, MSW

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Relevance: Outcomes are emphasized in health care, and they are becoming increasingly important in CME. ACCME requirements emphasize the need to evaluate not only individual activities for effectiveness but also to evaluate and make improvements to the overall CME program. Many CME providers are implementing outcomes evaluations in a variety of formats for their individual activities. The challenge is how to take outcomes evaluation to the next step to play an integral role in overall program evaluation and to begin to address physician competence.

Target Audience: This session is intended for CME professionals with an intermediate level of experience in all settings; some experience or familiarity with outcomes evaluation is desirable.

Purpose: This breakout session is designed to highlight the experiences of two different types of CME provider settings in implementing outcomes evaluation for individual activities and overall program evaluation. Goals and challenges for this process in each setting will be addressed.

Methods: Representatives from a medical education company and an academic setting will discuss how their organizations perform outcomes evaluation, steps they are taking to integrate outcomes evaluation into overall evaluation of their CME programs, and how outcomes evaluations can relate to physician competence.

Objectives: At the conclusion of this breakout session, participants should be able to 1) describe the role of outcomes evaluation in overall CME program evaluation, 2) identify ways to incorporate outcomes evaluation into overall CME program evaluation, and 3) consider how outcomes evaluation relates to physician competence.

Key Points: Outcomes evaluation can be a very important means of evaluating individual CME activities and can also be useful in overall program evaluation. CME providers need to have a goal of meaningful outcomes evaluation and also address the challenges of incorporating outcomes evaluation into overall program evaluation.

Expected Outcomes: Participants will come away from this session with ideas for how to improve outcomes evaluation in their setting and begin to incorporate outcomes evaluations into overall CME program evaluation. A greater understanding of the potential role of outcomes evaluation in the measurement of improvements of physician practice and competence will also be gained.

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

S25, Breakout
11:15 am – 12:15 pm, Saturday
Salon A/2nd, Rounds/150

Developing Case-Based Interactive Internet CME Programs: A Practical Approach
(Educational Activities Design)

Monica Nicosia, PhD

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Relevance: One of the principal goals of CME should be to assist clinicians in maintaining their professional competence. Key aspects of professional competence include acquisition of medical knowledge and the ability to judiciously apply this knowledge in clinical practice. Case-based education has become a well regarded modality for acquiring and expanding medical knowledge. In addition, studies have shown that more and more physicians are looking at the Internet for their continuing education needs. Interactive asynchronous Web-based programs provide an excellent opportunity to develop professional competence-oriented CME programs that address the need to acquire knowledge and see how it could be applied to clinical practice.

Target Audience: This session is intended for CME professionals at all experience levels from all provider groups.

Purpose: The purpose of this session is to explore issues related to planning, developing, and implementing this type of program.

Methods: We will briefly summarize current literature available on the subject and point out some examples of this type of CME program currently available in the Web. We will then focus on a step-by-step discussion of the planning, design, technical, content development, and implementation issues as illustrated by our ongoing experiences. The session will conclude with a discussion of current challenges related to possible solutions. Audience participation is expected both in terms of asking questions, offering suggestions, and sharing experiences.

Objectives: At the conclusion of this breakout session, participants should be able to 1) identify some technological issues related to developing case-based interactive Internet CME programs, 2) summarize critical steps in producing these types of programs, 3) list key skills needed in a successful program development team, and 4) describe ways to incorporate interactivity in an online CME program.

Key Points: The development of better tools for producing online learning programs and the growth in physician interest in the Web offer great opportunities for the CME community. Case-based interactive online CME programs are a good platform for helping clinicians maintain some of their professional competencies as related to their clinical practice. Careful planning and a team with a wide variety of skills are necessary to develop these types of programs. Key steps that must be considered include: content development, story-boarding, user interface design, testing, trouble-shooting, maintenance, support, and participant recruitment.

Expected Outcomes: Participants will come away from this session with ideas on how to develop their own interactive CME programs. They will also gain an understanding of some of the challenges that they might encounter.

Reference: Harris JM, Salasche SJ, Harris RB. Can Internet-based continuing medical education improve physicians' skin cancer knowledge and skills? J Gen Intern Med 2001; 16(1):50-56.

S26, Breakout
11:15 am – 12:15 pm, Saturday
Salon B/2nd; Rounds/95

Multidisciplinary Education: How to Provide Certified Multidisciplinary Activities
(Accreditation)

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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 and ACPE accreditations as examples. 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.

Summary: Being accredited by multiple health profession continuing education bodies and providing multiply-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 each 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.

Reference: None

S27, Breakout
11:15 am – 12:15 pm, Saturday
Rockdale & Forsythe/2nd, Rounds/145

Using a Game Format as a Teaching Strategy in CME: Does it Work?
(Educational Activities Design)

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St. Joseph's Health Centre, tel: 519/824-6000, ext 4505, <mailto:md@fmcpanache.org>

Bernard Marlow, MD

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Relevance: Gaming has been used as a teaching strategy for centuries. It has been shown to be applicable and beneficial to both children and adult learners. However, very few reports identify gaming as a teaching strategy in CME. It is well known that games can incorporate concepts and principles of adult learning and meet a variety of educational objectives. They can also involve repetition, reinforcement, association and use of multiple senses. Unlike many other tools, they can bring fun and enjoyment in the learning experience. Therefore, games could significantly contribute to the development of a wider repertoire of teaching methods in CME.

Target Audience: This breakout will be of interest to CME professionals at all experience levels and working in medical education.

Purpose: The purpose of this session is to:

- Demonstrate how educational games can promote learning and at the same time provide enjoyment
- Encourage participants to be more creative in their CME programs

Methods: The authors will provide a brief review of the current literature on gaming, as a teaching strategy. Didactic lecture will be followed by a game and debriefing/discussion period.

Objectives: By attending this session, participants should be able to:

- Explain how and why games can improve learning
- List advantages and disadvantages of the use of games
- Develop and implement a game that works

Key Points: Presenting educational material in a dynamic, innovative manner is a constant challenge for medical educators. Educational games, when following the principles and concepts of adult learning, can be effective teaching strategies for a variety of learners. The educational process becomes fun for both the learner and the educator, allows greater interaction and participation, which results in increased attendance at programs and satisfied participants. This session demonstrates how games can easily be implemented in everyday learning activities. The only limit is our own creativity and imagination.

Expected Outcomes: It is expected that participants will share experiences and ideas about educational games that could be incorporated in their teaching activities. It is also expected that participants will leave this session with enough information and practical tips to be able to develop and implement their own educational games. The use of games, as an aid to teaching, will result in more stimulating and appealing CME programs.

References: Handfield-Jones R, Nasmith L, Steinert Y, Lawn N. Creativity in medical education: the use of innovative techniques in clinical teaching. *Med Teach* 1993; 15(1):3-10.

Howard MG, Collins HL, DiCarlo SE. "Survivor" torches "Who wants to be a physician?" in the educational games ratings war. *Adv Physiol Educ* 2002; 26:30-36.

S28, Breakout
11:15 am – 12:15 pm, Saturday
Dekalb & Gwinnett/2nd; Rounds/145

Electronic Learner Response System: Translating Professional Competence into Practice
(Educational Activities Delivery)

Steven Levy, MD

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Audience response system provided by Option Technologies

Relevance: Previously, continuing medical education has measured physician competence in terms of credit hours obtained. It is time to progress to the next step. Tomorrow's CME will provide physicians with the knowledge, skills and resources to direct their own education. Learner 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 increase attentiveness and retention. Electronic polling facilitates interaction and self learning by engaging the learner and providing instantaneous feedback. Learner participation is increased creating an environment where professional competence can be measured and improved contemporaneously.

Target Audience: This breakout will be of interest to CME professionals at all levels of experience. It will provide valuable insights for Hospitals, Medical Schools, Medical specialty societies and State medical societies.

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. The presenter will discuss some of the challenges of incorporating such technology into self directed CME activities.

Methods: Each participant will be provided an electronic keypad at the beginning of the seminar. Audience participation in a 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.

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. 2. Formulate ways to use these systems in their own continuing medical education environment to improve physician competence.

Key Points: Interpersonal skills and communication is one of its six general competencies endorsed by the ACGME. An electronic polling system can be used to measure changes in communication style among participants. Electronic polling facilitates self learning by engaging the learner, increasing participation and creating an environment where professional competence can be measured and improved contemporaneously.

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 obtained 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.

S29, Breakout
11:15 am – 12:15 pm, Saturday
Fulton & Cobb/2nd; Rounds/125

Practical Tips for Planning a CME Activity in Europe
(Program Management)

Patrick Sweeney, MD

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Relevance: Specialty societies, medical schools, and other large-volume providers occasionally plan CME activities in European venues. There are major pros and cons to planning such activities, including site selection, air and ground transportation arrangements, hotel contracts (different from U.S. contracts), local arrangements, endorsements of local societies, cost of travel, and time away from practices. In addition, the reluctance of some physicians or their family members to travel abroad has caused CME planners to reconsider the advisability of a foreign meeting site. Almost all of the problems associated with planning a conference in the U.S. are magnified by the distance and language barriers encountered in planning a meeting out of country. Finally, the European system of continuing education for physicians is heavily supported by the pharmaceutical industry, and the ACCME guidelines, particularly those addressing commercial support, are not understood.

Target Audience: This breakout session will be of value to CME professionals and meeting planners who may be considering planning a CME activity in a foreign venue.

Purpose: This breakout will review the advantages and disadvantages of planning a CME activity in a foreign venue.

Methods: Using a real specialty society's CME activity which took place in Italy, participants will be exposed to the numerous planned and unforeseen problems which the program chairman encountered, as well as suggestions for dealing with them.

Objectives: At the conclusion of this breakout, participants should be able to: (1) analyze the pros and cons of planning and conducting a CME activity in a foreign site; (2) recognize the importance of local involvement, and (3) apply for AMA PRA category 1 credit for an international activity.

Key Points: U.S.-based CME providers occasionally plan and conduct activities in foreign sites. Aside from the obvious deterrents — i.e. cost and travel distance — there are many other issues to be considered.

Expected Outcomes: Providers and meeting planners interested in planning a foreign CME activity will have a better understanding of the potential problems they may encounter.

Reference: AMA PRA Category 1 Credit for International Activity (web site: <http://www.ama-assn.org/go/intlpracredit>); Internal Revenue Travel Expense Guidelines (web site: http://www.irs.gov/prod/forms_pubs/pubs/p4630102.htm).

S30, Breakout
11:15 am – 12:15 pm, Saturday
Fayette & Newton/2nd; Rounds/105

Reestablishing a Medical School CME Office as a Non Profit Foundation: Lessons Learned in the First Year
(Program Management)

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Grant Research Support: Abbott Laboratories, AstraZeneca, Aventis Pharmaceuticals, Glaxo SmithKline, Janssen Pharmaceutica, Pharmacia Corporation, and Schering Oncology Biotech

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Grant Research Support: Abbott Laboratories, AstraZeneca, Aventis Pharmaceuticals, Glaxo SmithKline, Janssen Pharmaceutica, Pharmacia Corporation, and Schering Oncology Biotech

Relevance: The fiscal management of a CME Office is a challenge for many accredited providers. This can present an even greater challenge if the accredited organization is not able to provide a stable source of partial or full funding for CME. State based purchasing and payment systems often provide hurdles for a CME operation. This presentation and discussion will review how our medical school has moved from a state based funding system to an accounting/banking system split between the state and the medical school's private practice corporation to now a 501c3 foundation.

Purpose: To share our medical school's pathway to the establishment of a 501c3 foundation for the fiscal operation of our CME office and to share the lessons learned in the first year of operation of our USD Foundation for Continuing Medical Education.

Objectives: At the conclusion of this session, participants should be able to 1) review the conditions which led the USD School of Medicine Office of CME to reorganize fiscally as a 501c3 foundation; 2) chronicle the steps taken to create the USD Foundation for Continuing Medical Education, and 3) share our experiences over the first year of operation of this foundation.

Key Points: 1) A 501c3 foundation may be a valuable way to reorganize an accredited CME provider's fiscal operation; 2) A key to the adoption of fiscal change is the support for change from top-level administration/management; 3) How does a CME office operating a 501c3 foundation differ from other accredited CME providers' fiscal operations?; 4) Well-crafted organizational documents and the support of a strategically selected foundation board are keys to the building of the early stability of our foundation; 5) The source of employment for foundation/CME office employees is an early need; 6) The establishment of an accredited provider's CME operation as a 501c3 allows a mechanism for:

- Long term fiscal stability
- Growth to support public education in health related topics
- Support for the School of Medicine's faculty development needs
- Support of statewide educational needs identified by the state medical association
- Support of social/healthcare needs within the community or state
- The Dean of the School of Medicine to access discretionary funds for medical school needs beyond CME.

Expected Outcomes: Participants will recognize the potential advantages and pitfalls for creating a 501c3 foundation as the fiscal structure for a medical school CME operation based upon the results realized in the first year of operation of the USD Foundation for CME.

Reference: A search on the Medline and Health Star databases using the terms non-profit organization, continuing medical education and medical school yielded no references related directly to the topic of this session.

S31, Breakout
11:15 am – 12:15 pm, Saturday
Paulding & Douglas/2nd; Rounds/105

Practice-based Learning and Improvement: What Is It, and How Do We Facilitate It?
(Strategic Leadership; CME 891 – Advanced Curriculum)

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Other Support: Staff, Alliance for Continuing Medical Education

Relevance: There is a public and professional mandate that physicians apply best practices and professionalism in caring for their patients. To meet the demands, physicians are challenged to deliver leadership within the healthcare system and to assure the effective, efficient and error free provision of healthcare. Accomplishing this requires that the physician and the healthcare team continuously engage in learning and improvement in the place where care is provided. This is the essence of practice-based learning and improvement (PBLI). The ACGME, ABMS and AAMC have selected PBLI as one of the six competencies areas in physicians must demonstrate competence. The implications for continuing medical education are significant. CME must be more closely linked to physician learning at the point of care.

Target Audience: Advanced

Purpose: To define Practice-Based Learning and Improvement and identify the competencies that CME providers need to assist physicians with this competency.

Methods: Interactive lecture and discussion

Objectives: At the conclusion of this session the participants should be able to 1) Define Practice Based Learning and Improvement, 2) describe six key issues relevant to practice-based learning and improvement, 3) describe competencies CME provider must to have to contribute to PBLI, and 4) identify one practice that they will apply when they return to their work setting.

Key Points: CME providers must acquire new competencies to assist physicians in becoming effective in practice-based learning initiatives. Those competencies include self-assessment, performance measurement and the use of technology to support PBLI. Learning facilitation, rather than meeting planning will become the mode of CME practice.

Expected Outcomes: Participants will understand practice-based learning and improvement and be able to return to their practice and apply new skills in selected environments in their CME setting.

Reference: Practice-based Learning and Improvement (PBLI). Journal of Continuing Education in the Health Professions (Supplement) July, 2003.

S32, Breakout
11:15 am – 12:15 pm, Saturday
Henry/2nd, Rounds/80

So You Want to Write Better Objectives!
(Objectives Setting and Stating; CME 101 – Basics Curriculum)

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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 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.

S33, Intensive
1:30 – 5:00 pm, Saturday
Cherokee/2nd; Rounds/80

Volunteering to Lead a New Generation in CME
(Strategic Leadership)

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Consultant**

Relevance: CME must change to contribute to the future of medicine and healthcare. Professional associations, like the Alliance, must provide the leadership and support for the needed changes. That requires an association with excellent volunteer leadership talent and the ability to cultivate new leaders for the profession. There are expectations of a volunteer leader in an association, which often are not articulated. Thus, it is imperative that a professional association outline those expectations and provide appropriate leadership training that cultivates leadership and facilitates the effectiveness of the association and consequently the advancement of the profession.

Target Audience: Association leaders

Purpose: To shape and support the leadership of the profession through the development of future leaders in the Alliance.

Methods: Interactive lectures and discussions with some role playing to develop key skills for the future leader.

Objectives: At the conclusion of this intensive session, the participants should be able to: 1) describe the role, responsibilities and expectations of a volunteer leader in a professional association, 2) explain and be able to apply key skills, like meeting management, use of staff, successful implementation of decisions, mentoring, etc. in a professional association leadership role, and 3) develop a plan for self development of the skills necessary to lead your colleagues and the association.

Key Points: Leadership and management are critical to advance the professional association and the CME profession. Management skills, including interpersonal communication, motivation, negotiation, networking and partnering, are essential for a successful leader in a professional association. In addition, a successful volunteer leader contributes to the organization's mission and cultivates future involvement and leaders through mentoring.

Expected Outcomes: Participants will have a vision of their role and responsibilities as future leaders in their professional association. They will participate in an Alliance list serve for future leaders in CME to discuss at least six cases or key issues during 2004 that relate to leadership development, especially within the Alliance. Participants will have improved skill to provide effective leadership that will benefit the association, the profession, their work setting and themselves.

Reference: Collins J. Level 5 Leadership: The Triumph of Humility and Fierce Resolve. Harvard Business Review 2001; 79(1):67-76.

S34, Mini-Plenary
1:30 – 2:30 pm, Saturday
Salon DE/2nd; Rounds/350

Hot Topics: Overview of the Health Professions Education: A Bridge to Crossing the Quality Chasm (Part 1)
(Program Management; Physician's Track)

Ann Greiner, MCP

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Marcia Jackson, PhD

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Relevance: The landmark IOM report *Crossing the Quality Chasm* articulated an urgent need to transform the health care system to enhance quality, making the case that reform around the margins is inadequate to address system woes. The report also addressed the need to prepare better health professionals to practice in a reformed system and called for a national summit to develop next steps for health professions education. This Summit was subsequently held by the IOM in June 2002. The ideas from that summit as well as recommendations developed by an IOM committee are captured in *Health Professions Education: A Bridge to Quality*, a report that focuses on integrating a core set of competencies into the spectrum of health professions education. This competency focus dovetails with the efforts of the Accreditation Council for Graduate Medical Education (ACGME), the American Board of Medical Specialties (ABMS), the Council on Accreditation of Pharmacy Education (CAPE) and other organizations seeking to transform health professions education. Educators involved in continuing education need to consider further how to integrate and assess competencies in their respective disciplines, and how to work across disciplines in the process.

Target Audience: This presentation will be of interest to continuing education professionals at all experience levels and those working in education and communication companies, health professions schools, specialty societies and boards, or veterans affairs.

Purpose: Provide overview of the IOM report *Health Professions Education: A Bridge to Quality* to stimulate the continuing education community to move to a competency-based approach to education.

Methods: Representative of the IOM will discuss relevant IOM reports and efforts.

Objectives: At the conclusion of this presentation, participants should be able to 1) understand how education fits into the array of efforts by the IOM and others to enhance quality of care, and 2) consider the implications of the above mentioned report for the field, their own organization, and their particular job.

Key Points: Based on this presentation, the themes that continuing education professionals need to embrace include: 1) change must occur to enhance quality and better prepare clinicians for current and anticipated practice environments; 2) educational innovations should be shared and cultivated across disciplines and the educational spectrum; 3) much work lies ahead in further defining and assessing competencies, which is critical for enhancing accountability in health professions education.

Expected Outcomes: Participants will begin to assess how their educational approach and the approach of their organization dovetails with the major themes outlined in the presentation.

Reference: Greiner, A, Knebel, E, editors. *Health Professions Education: A Bridge to Quality*. Institute of Medicine 2003.

S35, Breakout
1:30 – 2:30 pm, Saturday
Salon C/2nd, Rounds/190

Constructing a Good Questionnaire: Tricks of the Trade
(Personal Skills; CME 101 – Basics Curriculum; Research – Basics)

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Relevance: Constructing short surveys and questionnaires is a common responsibility for continuing medical education providers. Needs assessments, evaluations, and other data collection instruments are integral to CME programming everywhere. The information that results from these instruments help guide programming and provide valuable feedback to both planners and participants. Question wording, response sets, length of questionnaire, and other design issues can dramatically impact response rates and the ability to interpret and use data from a survey. Basic survey construction, therefore, becomes an important skill for CME professionals.

Target Audience: The target audience for this mini plenary is anyone who constructs survey instruments (eg., needs assessment, evaluations). The session will also be valuable for anyone who works closely with data from survey instruments.

Purpose: The purpose of this mini plenary is to provide attendees with an overview of the principles of survey construction. It will address different ways to ask questions, response rates, survey layout, and interpreting data.

Objectives: At the conclusion of this session, attendees will be able to: 1) write survey questions that are valid and reliable, 2) avoid pitfalls of confusing or unnecessary survey items, and 3) critique survey instruments and appropriately interpret survey data.

Key Points: Attendees will be given the opportunity to construct short survey instruments and critique instruments developed by others.

Expected Outcomes: Attendees should feel more confident as they develop survey instruments to meet their needs.

S36, Breakout
1:30 – 2:30 pm, Saturday
Salon A/2nd, Rounds/150

CME Website: From “Under Construction” to “Paperless Office”
(Education Activities Delivery)

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Relevance: Developing and maintaining a website has become an important tool for many forward-thinking CME institutions. Not only are physicians looking to the Internet more often for CME activities, but a well planned website can have a tremendous impact on administrative duties as well. In the Fall of 2000, the Jefferson Medical College Office of Continuing Medical Education website (<http://jeffline.tju.edu/jeffcme>) consisted of a white page with the words “Under Construction” the only content. Over the past three years the JMC-CME website has advanced to the point that it essentially functions as a “paperless office”. Everything from course registrations to program certificates to CME applications can now be completed online.

Purpose: The intent of this session is to provide participants with a guideline for the development of a CME website. Both educational and administrative content will be discussed.

Methods: The JMC-CME website will be used as a case study to explore issues of website creation, maintenance and future planning.

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

1. Describe the steps necessary to implement various types of educational activities on a website.
2. Explain how a website is a vital aspect in the development of a “paperless office”.
3. Recognize the essential figures in the creation of a CME website.

Key Points: A website is important to a CME institution because it can:

1. Allow for interactive activities not available via traditional CME venues.
2. Reduce administrative workload by supplying a calendar of events, brochures, online registration, etc.
3. Provide a clearinghouse for forms, applications and certificates.
4. Provide an appropriate, flexible medium for anything from a simple case study to a large learning community.

Expected Outcomes: Participants will begin the planning stages for their own CME website.

Reference: Casebeer LL, Bennett NL, Kristofco RE, Carillo DA, Burst N, Centor RM. Physician Internet medical information seeking and on-line Continuing Education use patterns. JCHEP 2002; 22:33-42.

S37, Breakout
1:30 – 2:30 pm, Saturday
Salon B/2nd; Rounds/95

Designing Practice Based Learning and Improvement Activities for CME Credit (Part 1)
(Educational Activities Design; CME 891 – Advanced Curriculum)

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Relevance: Since the Accreditation for Graduate Medical Education (ACGME) competencies have been redesigned and now include practice-based learning and improvement and systems based practice, physicians and residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their patient care practices. They must also demonstrate an awareness of and responsiveness to the larger context and system of healthcare, the importance of multidisciplinary health care teams, and the ability to effectively call on system resources to provide care that is of optimal value. In order for CME professionals to support the needs of these physicians as they enter the practice environment, it is important for them to develop competencies in designing practice-based educational activities.

Target Audience: This session will be of interest to CME professionals at the intermediate to advanced level who desire to work with residents and other practicing physicians in primary care settings to develop their competencies in practice based learning and improvement.

Purpose: To provide the background for the development of skills in the area of clinical performance improvement through review of literature and case discussion as applied to various clinical scenarios such as asthma, tobacco cessation, diabetes, heart failure, ADHD, and hypertension.

Methods: 1) This session will include a brief review of current literature and 2) the specific methodology for the development of modules for smoking cessation, asthma, hypertension, heart failure, and ADHD using actual cases.

Objectives: Participants in this session should be able to: 1) identify and analyze barriers to change and improvement in the practice environment, 2) and discuss the steps involved in the creation of tools and resources for process improvement.

Key Points: CME professionals must constantly seek new avenues for the development of outcomes based educational interventions. This session will review models that have been effective in the practice environment and assist CME practitioners in making their activities more relevant to current communities of practice.

Expected Outcomes: Participants will acquire the knowledge and skills to discuss and further explore current literature and experience in the competency of practice based learning and improvement.

References: Tu, K, and Davis, D. Can we alter physician behavior by educational methods? Lessons learned from studies of the management and follow-up of hypertension. JCEHP 2002; 22: 11-22.

Sanders, KM, and Satyvavolu, A. Improving blood pressure control in diabetes: Limitations of a clinical reminder in influencing physician behavior. JCEHP 2002; 22: 23-32.

S38, Breakout
1:30 – 2:30 pm, Saturday
Rockdale & Forsythe/2nd, Rounds/145

Identifying Issues in Gender-Integrated Practices: A Potential Role for CME
(Educational Activities Design)

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Relevance: In order to translate the latest medical information into clinical practice, it is essential to identify effective venues that will be accessed by healthcare professionals. In light of the fact that the average number of reported category 1 credit hours has steadily decreased over the last several years, it is imperative to design CME activities that are tailored to a variety of audiences. Numerous needs assessment data have addressed differences in learning styles and principles. However, to date, no large studies have targeted gender differences as a factor to be considered when designing CME activities. Women physicians comprise a substantial and growing proportion of U.S. health care providers. In 1994, women comprised an estimated 19.4% of the U.S. physician population and this percentage is projected to increase to 29.4% by the year 2010. Is there any correlation between the increase in women physicians and the overall decrease in reported category 1 credits? Do current needs assessment practices need to address possible differences in educational needs between male and female physicians?

Target Audience: This session will be of interest to all CME professionals at all levels of experience and working in medical and education communication companies, medical schools, medical specialty societies, or veteran's affairs.

Purpose: This session will seek to identify and understand the personal and practice characteristics of women physicians in order to more effectively design CME activities for this target audience.

Methods: A variety of methods will be incorporated:

Prior to the forum, issues related to continuing education female physicians face in a predominately male practice environment are identified through literature searches and results gathered from an independent survey developed and distributed to both male and female physicians. The design of the forum will include a didactic presentation of identified issues, and a Point/Counterpoint panel discussion incorporating both male and female physicians. Participants will then be broken down into small groups for the purpose of designing a CME activity to address 1 of the identified issues.

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

- Describe the differences in educational needs of male and female physicians
- Discuss characteristics of CME activities that are more commonly chosen by women physicians
- Design a CME activity that is targeted to a predominately female audience

Key Points: The average number of reported category 1 credits have steadily decreased over the last six years. The percentage of women physicians is increasing. Do existing CME activities adequately address women's educational needs?

Expected Outcomes: Three months after the activity, a questionnaire will be sent to attendees asking:

- Have they communicated with physicians about the issues identified in the workshop?
- Has the attendee proposed or designed a CME activity based on the issues identified in the workshop?
- If yes to either or both of the above, what were the results?

A report will be prepared 6 to 9 months after the workshop of the data gathered from attendees on the above outcomes and distributed to attendees and other interested CME professionals.

Reference: Frank E, Baldwin G, Langleib A. 2000. "Continuing medical education habits of U.S. women physicians." Journal of the American Medical Women's Association. Vol. 55, pgs. 27-28.

S39, Breakout
1:30 – 2:30 pm, Saturday
Dekalb & Gwinnett/2nd; Rounds/145

Getting More Value Out of Self-Directed Learning Resources: Addressing Barriers to Use
(Educational Activities Delivery)

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Relevance: It is frequently presumed that self-directed learning resources, such as CD-ROMs, DVDs, Internet-based programs, videotapes, and print media, provide efficient means to deliver CME to a broad audience. Getting the most value out of self-directed learning resources requires a keen understanding of the specific needs of learners, the spectrum of learner behaviors and preferences, and barriers and limitations inherent to each type of resource. Whether a CME provider intends to develop, market, or disseminate self-directed learning resources, it is essential to comprehend the diversity of learner needs, preferences, and actual learning practices. Creating a methodical approach to implementation based on this understanding can dramatically enhance resource use and CME outcomes.

Target Audience: This breakout will be of interest to CME professionals at all experience levels and working with all types of providers, especially those where self-directed learning resources are used for the delivery of CME programs.

Purpose: To demonstrate a model for assessing appropriate and effective uses of self-directed learning resources.

Methods: This breakout will present results of internal research regarding actual learner behavior affecting the use of self-directed learning resources in a medical group of more than 5,000 physicians. It will demonstrate how this type of assessment data can be applied to improve delivery and increase use of CME learning resources. The session will provide participants templates they can use to assess CME delivery needs of diverse clinician groups and create practical implementation strategies.

Objectives: At the conclusion of this breakout, participants will be able to 1) assess more effectively factors affecting the use of self-directed learning resources, and 2) design a strategy for increased use of self-directed learning resources and improved CME outcomes.

Key Points: The use of self-directed learning by physicians is dependent upon a range of factors including their type of practice, educational needs, professional tenure, gender, how and where they like to learn, willingness and ability to use appropriate technology, awareness of learning resources, and availability and convenience of other types of CME. There may be a significant difference between self-reported learner preferences and actual learning behavior. Self-directed learning resources that are made available without considering these behavioral factors will encounter many obstacles to use. Defining the needs for self-directed learning and aligning these with appropriate resources can result in increased use, better education, improved outcomes, and more effective application of development resources.

Expected Outcomes: Participants will be able to apply a logical process to assess the appropriateness of various self-directed learning resources for their target CME audience and improve their strategy for educational delivery.

Reference: Casebeer L, Bennett N, Kristofco R, Carillo A, Centor R. Physician Internet medical information seeking and on-line continuing education use patterns. J Contin Educ Health Prof 2002 Winter; 22(1):33-42.

S40, Breakout
1:30 – 2:30 pm, Saturday
Fulton & Cobb/2nd; Rounds/125

So You Want to do Streaming on the Internet: Moving from *Streamed Content* to Educational Activity
(Educational Activities Design)

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Relevance: Using the Internet to stream video and audio content using technologies such as Real Media and QuickTime can be an effective way of disseminating information, engaging on-line learners, and demonstrating skills. These technologies may also be incorporated into multifaceted interventions aimed at changing physician behavior. However, using them effectively requires more than simply placing the content on a server and inviting an audience to access it. There are a number of critical issues that must be addressed to transform this resource into what may legitimately be called a planned educational activity.

Target Audience: This session will be of interest to CME professionals at all levels of experience with responsibility for planning educational activities. It will be of value to medical educators in a wide variety of settings, including medical schools, teaching hospitals, communications companies, and medical specialty societies.

Purpose: To acquaint participants with the challenges and obstacles associated with delivering streamed content over the Internet and provide them with an example of how these challenges are being managed at the University of Wisconsin-Madison (in the form of a policies and procedures manual).

Objectives: At the conclusion of this session, participants will be able to 1) identify key issues involved in planning and implementing an educational activity incorporating streaming technology, and 2) articulate possible approaches to dealing with those issues in their own setting.

Key Points: There are several steps required to transform a streamed video presentation into a for-credit continuing medical education activity. These include developing a rationale for the use of audio and video technology; standards; speaker guidelines; copyright, patient confidentiality, and privacy policies; managing the video production process; meeting Accreditation Council for Continuing Medical Education essentials and guidelines; creating user support systems; and evaluating the activity.

Expected Outcomes: Participants will be able to develop a streaming activity policy and procedure manual to suit their own situation, based on the sample manual provided during the session.

Reference: Garrison G. Video streaming into the mainstream. *Journal of Audiovisual Media in Medicine* 2001; 24:174-178.

S41, Breakout
1:30 – 2:30 pm, Saturday
Fayette & Newton/2nd; Rounds/105

Using Formative Evaluation Techniques to Improve Retention of Practice Guidelines
(Evaluation)

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Audience response system provided by RSi Communications

Relevance: Practice guidelines and protocols developed by experts in various fields present a challenge to educators. CME professionals are eager to learn of others' success stories about methods of increasing retention of these guidelines among practicing physicians, and of documenting knowledge gained. This session will focus on innovative techniques for using audience response systems to document learning transparently during CME activities that feature practice guidelines. At the 2003 Alliance conference, participants' evaluation comments show that attendees would like see the 2004 conference address "handling too much paperwork" and "understanding and using more technology-based learning." Formative evaluation can benefit future program design, needs assessment, and adherence to practice guidelines and other relevant directives, and can reduce paperwork in documenting participant evaluations. CME providers and corporate grantors alike need to ensure that lecturers are giving appropriate, fair, balanced presentations and need a method of checking audience retention of vital information as it is being delivered from the podium.

Target Audience: This breakout session will be of interest to all CME professionals who produce live programs, especially third-party meeting planners, commercial supporters, and persons who have regulatory or credentialing responsibility for material presented in CME/CE activities.

Purpose: To demonstrate innovative feedback strategies and communications techniques that can improve the quality of CME offerings and document participation and learning.

Methods: A series of mini-presentations demonstrating CME programs that have used interactive technologies to enhance educational content while documenting participation for purposes of program improvement and/or confirmation of adherence to practice guidelines, rules and regulations. An audience response system will be available for all attendees, providing a continuous "hands-on" application of interactive feedback techniques and encouraging participants to evaluate the presentations as they unfold.

Objectives: At the conclusion of this breakout session, participants should be able to: 1) design programs that transparently integrate content retention and learning measurements into educational program design; 2) expand the use of continuous feedback technology and its role in educational delivery systems in their workplaces; and 3) apply innovative techniques to simplify and verify required processes such as needs assessments and evaluations.

Key Points: Methods of dealing with accountability issues relating to the retention of practice guidelines. Techniques for documenting adherence to ACCME and AMA guidelines. Tips for CME providers and commercial supporters of live programs who may be called upon to account for behavior of speakers that is out of bounds.

Expected Outcomes: Participants will acknowledge the value of collecting data formatively, during the course of educational offerings, and will consider continuous feedback as a facilitator in the delivery of exemplary CME activities.

Reference: Copeland H, Hewson M, Stoller J, Longworth D. Making the Continuing Medical Education Lecture Effective. J Con Educ Health Prof, Vol 18, pp 227-34.

S42, Breakout
1:30 – 2:30 pm, Saturday
Paulding & Douglas/2nd; Rounds/105

The Weakest Link Transforms the Specialist's Traditional Role of Teacher to Learner
(Educational Activities Design)

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Other: Invested time and financial assistance to the project.

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Other: Invested time and financial assistance to the project.

Relevance: There is a need to transform the traditional roles of physicians from teachers to learners, particularly among specialists. Through this tool we hope to offer insights which will breathe new life into “tried and tested” continuing education programs. We also hope that forcing physicians out of their comfort zone will improve their learning and their openness to it, translating their professional competence into practice.

Purpose: Through an interactive discussion group this session is designed to share the impact of a carefully planned CME by taking the participants through the process of building the intervention from needs assessment to implementation to evaluation. Participants will appreciate how this program incited captured the imagination of participants they themselves will be participants. We hope to not only share the innovation, but also collect valuable feedback and suggestions for improvement.

Objectives: This session will share how the traditional teaching role of the specialist can be transformed into that of a learner. Academia and industry partnered to develop a challenging and innovative accredited CHE program that left participants wanting more. This breakout session will share insights as to how specific instructional design methods can create a learning environment that is stimulating and challenging even on subject matter that seems “old hat” to most.

Key Points: We have developed a highly interactive, CME which has stimulated specialists on topics they thought couldn't be exciting because they felt they knew everything there was to know. This program was initially developed as an educational tool for GPs and was so well received that academia and industry decided to measure its impact on the specialist audience at a national specialty society conference. It is the first of its' kind in Canada and has evoked passion and emotion among participants. Before the content was developed a needs assessment was conducted with a large group of specialists (n=100) revealing surprising discrepancies in their comfort level when treating rheumatic disease. As a learning tool, it seems to have met and quite possibly has surpassed specialists' expectations. Why is this tool working? What does it offer that traditional CME does not? What are the implications to future instructional design models? Where do we go from here?

Expected Outcomes: This session presentation is designed to share and discuss with CHE leaders, an example of a high quality, innovative accredited CME and how this can transform a group of skeptical physicians who are typically “the teachers” into active, enthusiastic and impassioned learners. Through the session we hope to offer participants some ideas for developing CME programs that will lead to the translation of physicians' professional competence into practice.

S43, Breakout
1:30 – 2:30 pm, Saturday
Henry/2nd, Rounds/80

Partnerships and Collaborations: A Fellowship Research Project
(Strategic Leadership)

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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 assisting physicians to improve their patient care.

Target Audience: This session is appropriate for all levels of CME professionals who are involved in creating partnerships and collaborations for their organization.

Purpose: This breakout will describe the results of a research project conducted as part of the Alliance for CME-Merck Fellowship for Professional Development.

Methods: The presenter will show data collected from structured interviews and a survey of selected accredited and unaccredited CME providers. The survey was conducted in January and February 2003.

Objectives: As a result of attending this session, participants will be able to describe a survey that demonstrates relationships among the various components of the CME enterprise. Participants will be able to evaluate their current partnerships and funding sources in light of examples of similar CME delivery systems. Participants will acknowledge limitations of the present study, and directions for future research.

Key Points: The changing CME environment may require that CME professionals develop new and different relationships to successfully provide CME activities in the future. Understanding the partnerships and collaborations which currently exist in their industry segment and potential partner segments will broaden their knowledge.

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 pp96-108.

S44, Breakout
1:30 – 2:30 pm, Saturday
Clayton/2nd; Rounds/80

Understanding Osteopathic CME
(Accreditation)

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Speakers Bureau: Wyeth, Berlex, 3M, Ortho-McNeill, Lilly

Consultant: Wyeth, Berlex, Ortho-McNeill

Morton Morris, DO

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Relevance: Presently there are over 40,000 Doctors of Osteopathic Medicine (DOs) practicing in the U.S., representing 6% of all physicians. The American Osteopathic Association maintains separate and distinct requirements for Continuing Medical Education. CME professionals need to understand osteopathic medicine and these CME requirements to provide appropriate CME activities for this audience.

Target Audience: CME providers, commercial supporters and medical communication companies

Purpose: To provide the audience with an overview of osteopathic medicine and osteopathic CME.

Methods: Didactic presentation followed by question and answer session.

Objectives: At the end of the session, learners will:

1. Understand the history and present status of osteopathic medicine
2. Know the regulations governing osteopathic CME
3. Be able to design and implement CME events for osteopathic physicians

Key Points: Osteopathic physicians have unique requirements for CME.

Expected Outcomes: CME professionals will be able to design CME activities that are appropriate for osteopathic physicians.

Reference: <http://www.aoa-net.org/CME/cme.htm>.

S45, Mini-Plenary
2:45 – 3:45 pm, Saturday
Salon DE/2nd; Rounds/350

Hot Topics: Reaction Panel to the Health Professions Education: A Bridge to Crossing the Quality Chasm (Part 2)
(Program Management)

Marcia Jackson, PhD (Moderator)

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Ann Greiner, MCP (Panelist)

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Relevance: As a result of the publication and distribution of “Health Professions Education: A Bridge to Quality”, and the ten recommendations included therein, a challenge and charge to action have been made to health professionals and clinicians. The vision of the report states “all health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics.” The planning, development, delivery and outcomes of health professionals’ education will change to achieve this vision. The change will occur first in the continuing education of practicing clinicians, followed by graduate and undergraduate programs.

Target Audience: This presentation will be of interest to continuing education professionals at all experience levels and those working in education and communication companies, health professions schools, specialty societies and boards, or Veterans Affairs.

Purpose: This interactive session will engage a panel of interdisciplinary health professions educators and the audience to debate the evidence, feasibility, practicality and cost/benefit of implementing the report recommendations.

Methods: A moderator and panel of experts representing the IOM, medicine (MD and DO), nursing, pharmacy and dentistry will react to the recommendations of the report.

Objectives: At the conclusion of this session, participants should be able to: 1) comprehend the recommendations of the report as they relate to continuing education in the health professions; 2) define key issues related to the evidence, feasibility, practicality and cost/benefits of implementing the report recommendations; 3) articulate the issues and concerns of health professions educators as they apply to changing clinical education; 4) identify the challenges and opportunities presented by the report, and 5) analyze the impact and implications of implementing the recommendations of the report.

Key Points: Participants attending this session will acquire a better understanding of the themes that continuing education professions need to consider as a result of the IOM report. The practical implications of this report for health professions educations will be emphasized.

Expected Outcomes: The audience will have a more thorough understanding of the IOM report and the practical implications of its recommendations.

Reference: Greiner, A, Knebel, E, editors. Health Professions Education: A Bridge to Quality. Institute of Medicine 2003.

S46, Breakout
2:45 – 3:45 pm, Saturday
Salon C/2nd, Rounds/190

Intellectual Property: Compliance with the Digital Millennium Copyright Act of 2000
(Program Management; CME 101 – Basics Curriculum)

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Relevance: The 1998 enactment of the Digital Millennium Copyright Act (DMCA) represents the most comprehensive reform of United States copyright law in a generation. The DMCA seeks to update U.S. copyright law for the digital age for ratification of the World Intellectual Property Organization (WIPO) treaties. Key among the topics included in the DMCA are provisions concerning the circumvention of copyright protection systems, fair use in a digital environment, and online service provider (OSP) liability (including details on safe harbors, damages, and “notice and takedown” practices). The DMCA has far reaching implications involving both civil and criminal penalties for both the author of the materials created, and the university/company that hosts them. These penalties can range from individual fines and imprisonment for each offense, up to and including, the loss of non-profit status for an offending university. CME providers must know all of the intricacies of the DMCA in order to remain in compliance with its extensive regulations and safe-harbor provisions.

Target Audience: This session will be of interest to CME professions at all experience levels in creating and hosting CME courses within education and communication companies, medical schools, and medical specialty societies.

Purpose: Strict compliance to the DMCA and detailed guidance for the adherence to its regulations will be developed.

Methods: Legal experts in the intellectual property field will present their guidelines, and current court opinions for compliance with the DMCA.

Objectives: At the conclusion of the mini-plenary participants should be able to: 1) recognize their role in complying with the DMCA, 2) have the guidelines for compliance with the DMCA, and 3) be able to maintain their organization within the safe-harbor provisions of the DMCA.

Key Points: Based on this session the central points that need to be embraced by CME professional include: 1) the DMCA is an integral part of the everyday practice in creating CME materials, 2) recognition, knowledge and resources necessary to implement the DMCA are mandatory to remain in compliance, and 3) implementation of programs within the respective organizations to maintain the safe-harbor provisions of the DMCA.

Expected Outcomes: Participants will begin an assessment of their DMCA compliance needs, and implement a policy for compliance.

Reference: Richard J. Krakowski. Personal Jurisdiction in Virginia Over The Internet: An Overview. 2000. Samuelson Law, Technology & Public Policy Clinic, Deirdre Mulligan, Nicky Ozer, and Nicolai Nielsen, Unintended Consequences: Four Years Under the DMCA, Electronic Frontier Foundation. 2002.

S47, Breakout
2:45 – 3:45 pm, Saturday
Salon A/2nd, Rounds/150

Revisiting Small Group Teaching
(Educational Activities Design)

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Relevance: Smaller activities held by and for clinical divisions (“divisional rounds”) can appear to be more of a nuisance to CME Offices being asked to do more with less – high administrative time for relatively small “return on investment” with respect to CME credit and participation. Yet these activities contain many of the characteristics that define effective adult education. Participants have accumulated a great deal of experience that is a rich resource for learning. The teaching is organized so that the learning is within the learners’ control. By alternating activity facilitation amongst each other, the teacher is not the transmitter of knowledge, but the facilitator of learning. These activities also often meet the criteria of the ACGME competency, “practice-based learning and improvement,” when learning is used to improve treatment practices. A method to decrease administrative time while enhancing educational content will be presented.

Target Audience: This breakout session will be of interest to CME coordinators at all experience levels and working in medical schools and hospital medical education offices.

Purpose: This session presents a pragmatic approach to meeting and exceeding the requirements for ACCME Essential Area 2 – Educational Planning and Evaluation, Elements 1 – 4, by defining global program needs from which activity objectives are linked, and a two-phase approach to evaluation: immediate and longer-range.

Objectives: At the conclusion of this session, participants should be able to identify characteristics of the adult learner; attribute those characteristics to aspects of clinical “rounds” activities making them credible educational activities; augment the current approach of planning and evaluation so that adult learning principles can be taken advantage of, and demonstrate effective “return-on-investment” from this type of activity.

Key Points: A new use for a familiar tool. By empowering the division requesting the credit, aspects of documentation can be decentralized and streamlined. By employing new evaluation methods, a staple of education can be repositioned to bring value to ongoing professional development.

Expected Outcomes: This session will describe a process to assist professionals in the CME office to delegate aspects of program documentation while enhancing overall direction of the activity, resulting in stronger partnerships with activity planners and ensuring compliance with Essentials and Standards.

References: Kaufman, D.M. ABC of learning and teaching in medicine; applying educational theory in practice. BMJ, Vol 326, 25 January 2003.

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

S48, Breakout
2:45 – 3:45 pm, Saturday
Salon B/2nd; Rounds/95

Delivery of CME in the Practice Environment (Part 2)
(Educational Activities Delivery; CME 891 – Advanced Curriculum)

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Relevance: Since the Accreditation for Graduate Medical Education (ACGME) competencies have been redesigned and now include practice-based learning and improvement and systems based practice, physicians and residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their patient care practices. They must also demonstrate an awareness of and responsiveness to the larger context and system of healthcare, the importance of multidisciplinary health care teams, and the ability to effectively call on system resources to provide care that is of optimal value. In order to support the needs of these physicians as they enter the practice environment, it is important for CME professionals to develop competencies in designing practice-based educational activities.

Target Audience: CME professionals who wish to be involved in the design of new practice oriented activities that incorporate the competency of practice-based learning and improvement. Participants should have an interest the design and delivery of non-traditional CME activities aimed at improvement of health care outcomes.

Purpose: To design and deliver specific interventions that will result in improvement of parameters of patient care outcomes and to certify them for continuing education credit for healthcare teams.

Methods: Through small working groups, participants will review and discuss personal experiences as well as case studies provided by the presenters.

Objectives: Participants in this session should be able to 1) design specific tools and interventions leading to improvement in outcomes, 2) discuss changing the concept of CME in their CME practice environment, and 3) list methods for funding and educating their CME audience about new directions.

Key Points: CME professionals must be able to lead the change in the design and delivery of more effective educational interventions in the practice environment in order to facilitate the life long use of the core competencies of the ACGME into medical practice. They must develop skills to lead physicians and other health care professionals in increasing their expectations of the meaning and effectiveness of CME through activities that actually result in an improvement.

Expected Outcomes: Participants should be able to return to their CME practice and assist physicians in the development of at least one comprehensive activity that results in a measurable improvement in the medical practice environment.

References: Tu, K, and Davis, D. Can we alter physician behavior by educational methods? Lessons learned from studies of the management and follow-up of hypertension. JCEHP 2002; 22: 11-22.

Sanders, KM, and Satyvavolu, A. Improving blood pressure control in diabetes: Limitations of a clinical reminder in influencing physician behavior. JCEHP 2002; 22: 23-32.

S49, Breakout
2:45 – 3:45 pm, Saturday
Rockdale & Forsythe/2nd, Rounds/145

Strengthening Planner Competence: Consultative Approaches and Tools to Support CME Effectiveness
(Educational Activities Design)

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Relevance: As expectations continue to increase for high quality, outcomes-oriented CME, CME professionals often face the challenge of influencing the quality of program needs assessment and outcomes measurement without always controlling the specific planning activities themselves. Widespread quality improvement in CME can occur with focused educational consultation to planners and the availability of user-friendly planning tools. A new approach to planner consultation and tools will improve the quality of CME program planning, the effectiveness of the educational intervention, and the professional satisfaction of everyone involved.

Target Audience: CME professionals at all levels

Purpose: To highlight the usefulness of key 1:1 consultation approaches and planning tools to strengthen the effectiveness of CME planners and their programs.

Methods: This breakout will introduce a practical, conversation-based approach for working with planners to increase the effectiveness of their CME programs. Specific outcomes-driven planning tools and templates will be shared. Participant challenges in influencing CME quality without always having direct control will be discussed and a variety of strategies to strengthen CME quality will be identified.

Objectives: At the conclusion of this session, participants will be able to 1) practice a 1:1 consulting approach to help planners strengthen needs assessment and outcomes measurement in their programs, and 2) apply specific planning tools in the areas of needs assessment, objective development, and outcomes measurement to the participant's particular CME planning challenge.

Key Points: Planners want to implement high quality CME programs but they sometimes lack the experience or the specific competence to keep pace with the increasing demands of CME program planning. Several key conversational approaches and specific planning tools can be used to assist a planner in planning for effective needs assessment and outcomes measurement. Approaches can be adapted to meet the challenges of 1-hour, 1-day, or multi-day programs.

Expected Outcomes: Participants will be able to apply a consultative model and tools to a particular CME challenge in their educational environment.

Reference: Evaluating educational outcomes: an electronic workbook for continuing medical education providers.
<http://www.acme-assn.org>.

S50, Breakout
2:45 – 3:45 pm, Saturday
Dekalb & Gwinnett/2nd; Rounds/145

Differentiating between “Knowing” and “Doing”: Using the Personal Practice Assessment (PPA) to Improve Physician Performance and Patient Care
(Educational Activities Design)

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Relevance: Research has shown that continuing medical education (CME) activities are more likely to improve clinical practice and patient care when they provide an opportunity for participants to compare their current practice patterns to evidence-based standards for practice. The personal practice assessment (PPA) is a powerful, structured learning project that can assist physicians in this comparison and, thereby, help them identify gaps between “what they *think* they are doing,” “what they are *actually* doing,” and “what they *should* be doing” according to current practice recommendations.

Target Audience: This session will be of interest to all CME provider groups at any level of experience who would like to learn more about PPAs (practice audits).

Purpose: This breakout session is designed to illustrate the development and implementation of PPAs.

Methods: Using a variety of educational formats (interactive presentations, small-group activities, and large-group discussions), participants will have the opportunity to evaluate a PPA, complete a PPA chart audit, compare their individual audit results to aggregate results, provide feedback on audit results, and develop an action plan to formulate change based on these results.

Objectives: After participating in this session, participants will be able to:

- Define a PPA;
- Describe the role of PPAs in the continuing professional development (CPD) of physicians and other CME professionals;
- List the steps to conducting a successful PPA, and
- Implement a PPA in their current practice/occupation.

Key Points: PPAs move learners from merely participating in an educational event to a higher order of CPD by allowing them to:

- Discover areas of potential improvement;
- Monitor their compliance to evidence-based recommendations, and
- Focus on areas that will enhance patient management.

Expected Outcomes: Participants will use a PPA to evaluate their current practice/occupation and will develop a plan for improvement based on their PPA results.

References: Davis DA. Evidence to practice: Using audit and feedback. The Cochrane Review Library *JCEHP* 2001;21:123-125. Houlden RL, Yen D. The practice audit: addressing the difference between knowing and doing. *Annals RCPSC* 2000;33:270-272.

S51, Breakout
2:45 – 3:45 pm, Saturday
Fulton & Cobb/2nd; Rounds/125

Creating Win-Win Joint Sponsor Relationships
(Program Management)

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Relevance: As academic CME offices continue to see their budgets slashed, their ability to work successfully and profitably with joint sponsors can become essential to their viability.

Target Audience: This breakout session will be of interest to CME professionals in academic medical centers, as well as to firms that frequently partner with accredited CME providers.

Purpose: This session is designed to review and discuss the “best practices” of working with joint sponsors. Joint sponsors can include medical communication companies, regional specialty societies, and local medical groups.

Methods: Representatives from an academic CME office will share their experiences and lessons learned from joint sponsor relationships.

Objectives: At the conclusion of this session, participants should be able to: 1) identify and describe the key components of a successful joint sponsor relationship, 2) discuss common challenges in working with joint sponsors, and 3) delineate strategies to assure an optimal joint sponsor relationship.

Key Points: Working with joint sponsors requires 1) written agreements, 2) task lists, 3) communication skills, 4) money flow management and accountability, and 5) flexibility.

Expected Outcomes: Participants will begin to assess how to begin, maintain, or improve their relationships with joint sponsors.

Reference: Bailey A, Passin S. Practical Tips on Successful Joint Sponsorships. Almanac 2000; 22: 1-4.

S52, Breakout
2:45 – 3:45 pm, Saturday
Fayette & Newton/2nd; Rounds/105

Perils and Pitfalls of Medical Advisory Boards in the Independent Sector
(Program Management)

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Relevance: Most independent accredited medical education companies wrestle with the necessity and utility of a medical or multi-disciplinary advisory board. Larger companies commonly have medical directors, (MD, PharmD, PhD) on staff who fulfill the functions of an advisory board. Questions of value and credibility to the CME program, board composition, roles and responsibilities, liability, etc. plague providers. There are economic issues in terms of convening the board and the frequency of meetings, kinds of compensation, etc.

Target Audience: This breakout session will have relevance to CME professionals predominantly in the independent sector who are in the process of initiating an advisory board or re-evaluating an existing board.

Purpose: Provide a forum for CME professionals confronted by the issues of advisory boards.

Methods: The results of a survey of independent accredited providers on the circumstances, e.g. recruitment, contract, compensation, roles and responsibilities, etc. of the advisory board will be shared and discussed.

Objectives: At the conclusion of this activity, participants will be able to execute a variety of informed decisions regarding their advisory board.

Expected Outcomes: Participants will receive relevant, practical and useful information and opinions to guide them in the recruitment and use of an advisory board.

S53, Breakout
2:45 – 3:45 pm, Saturday
Henry/2nd, Rounds/80

Professional Burnout: CME's Role in Physician Renewal
(Personal Skills; CME 891 – Advanced Curriculum; Physician's Track)

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Relevance: The environment in which the physician works has continued to change dramatically over the past several years. Health care reforms have meant that today's physicians 1) practice in an environment over which they have little control, 2) have frequent interactions with non-medical personnel (i.e., administrators, managed care representatives, insurance brokers, etc.) about medical decisions, and 3) are expected to do more in less time with fewer resources. The net result for many physicians has been a lack of satisfaction with their existence. Increasing burnout, a situation where high environmental demand meets low personal control, among physicians then is not surprising, given this scenario. Burnout evidences itself initially as subtle forms of depression and anxiety, sometimes withdrawal, but can intensify into disruptions with coworkers, a variety of addictions and frequently, errors in patient care. What was once an environment that physicians controlled and directed has now become a complex web of diverse and competing interests. With the recent approval of both ACGME's and ABMS's competency areas, the demands on the physicians' time will continue to increase. What can be done? CME professionals are in a position to respond to this situation in their work by educating physicians about the early signs of problems and providing options for getting help. In the same way that providing educational programs for physicians to develop improved knowledge and skills in specialty content areas in order to improve their competency and ultimately patient care, recognizing the need for courses in physician mental health can accomplish exactly the same thing in the areas of professionalism, interpersonal skills and patient care.

Target Audience: This session will be of interest to both experienced CME professionals from all provider groups and physicians who practice in a variety of work settings.

Purpose: The purpose of this session is to describe the burnout problem that exists to some extent in the physician population and then to identify approaches for how CME professionals can assist in educating them about solutions.

Methods: The first half of the session will be a didactic presentation describing the situation, recognizing signs, the prevalence, etc. The second half will be an interactive discussion of how to design a CME program to educate physicians about this problem.

Objectives: At the conclusion of the session, learners will be able to: 1) understand the extent of the problem of burnout in physicians, 2) recognize the early signs of physician burnout, 3) be aware of the impact of physician burnout on themselves, their staff and patient care, and 4) design an educational program for physicians that addresses this issue.

Key Points: Self-assessment as a competency area goes beyond determining the level of proficiency in medical skill areas. It must also consider emotional competence. The interaction of environmental factors and individual personalities can have a significant effect on physician performance. Over time, if not corrected, this progression can yield detrimental outcomes to all parties involved including the physician, staff, and patient. Educational programs can assist physicians and CME professionals in understanding the scope of the problem and recognizing early signs.

Expected Outcomes: Participants will have a basic understanding of physician burnout and leave better prepared to design a CME offering that will assist physicians in the area of recognizing and responding to professional burnout.

Reference: Physician Burnout: Examining the Spirit, Physician's Weekly, January 13, 2003, Vol.XX, No. 2.

S54, Breakout
2:45 – 3:45 pm, Saturday
Clayton/2nd; Rounds/80

**Completion of a Self Study and Site Survey to Meet New American Nurses Credentialing Center's (ANCC)
Accreditation Requirements**
(Accreditation)

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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. VA EES was one of the first applicants to decide to use the new approach when reapplying for ANCC accreditation, at the time an applicant could chose to use either the old ANCC criteria or the new.

Purpose: This breakout will describe what the Department of Veterans Affairs Employee Education System (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 to apply the VA EES self study experience to their educational organization when seeking ANCC accreditation.

Key Points: ANCC recently changed their accreditation criteria and 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, changes in 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,
<http://www.nursingworld.org/ancc/accred.htm>.

S55, Forum
2:45 – 3:45 pm, Saturday
Paulding & Douglas/2nd; Rounds/105

**Ten Ways State & Regional Organizations (SRO's) Maintain and Enhance Competence
of CME Professionals (Part 1)**
(Strategic Leadership)

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Relevance: Just as the Alliance for CME operates nationally/internationally to enhance professional competence and improve the quality of CME, so do State & Regional Organizations (SRO's) operate locally in cities, states and regions. There are hundreds of SRO members in 12+ SRO's in the United States and Canada. While varying in size, organization and mission, all SRO's engage in activities intended to improve the understanding, skills, and effectiveness of CME constituents via education, networking and representation. Because many SRO members cannot participate in national associations and conferences, these local "alliances" provide a chance to learn about issues and participate in initiatives affecting the larger CME community. They are represented on the Alliance for CME's SRO Committee.

Target Audience: This session will be of interest to CME professionals at all experience levels and in all provider groups.

Purpose: The purpose of this session is to present and discuss the ways in which SRO's maintain and enhance the competence of CME professionals and thereby improve the quality and effectiveness of CME programs.

Methods: The session will consist of presentations by a panel of SRO members and include active audience discussion.

Objectives: At the conclusion of this session, participants should be able to: 1) describe the role and function of SRO's; 2) discuss how SRO's help maintain and enhance the competence of CME professionals; 3) identify achievements of CME professionals and their programs as a result of SRO activities; and 4) discuss methods to increase SRO effectiveness.

Key Points: SRO's maintain and enhance professional competence by: 1) informing, educating and mentoring the local CME community; 2) supporting state medical society CME initiatives; 3) facilitating networking; 4) acknowledging outstanding accomplishments; 5) promoting opportunities for career advancement; 6) addressing CME issues of local interest, including identifying educational activities and formats which meet the learning needs and styles of local physicians; 7) fostering development of collaborative educational and research projects; 8) encouraging member participation and leadership; 9) representing state and regional interests nationally; and 10) actualizing national priorities locally.

Expected Outcomes: Participants will develop an understanding of the unique role and value of SRO's, including how they enhance professional competence and improve the quality of CME programs. Participants will be enabled to seek more information about forming or participating in SRO's in their cities, states and regions.

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; 75:1167-1172.

S56, Breakout
4:00 – 5:00 pm, Saturday
Salon DE/2nd; Rounds/350

CME Program Improvement: What Does It Mean and How Do I Do It?

(Program Management; CME 101 – Basics Curriculum)

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Consultant: Steve Passin & Associates, LLC.

Relevance: ACCME mandates that CME providers seeking accreditation or re-accreditation must evaluate the effectiveness of their overall CME program and make improvements to the program (Element 2.5). For exemplary compliance, the provider must demonstrate that innovative and creative mechanisms are in place to measure the effectiveness of the program with evidence of improvements being made on a regular basis.

Target Audience: This breakout session will be of interest to CME professionals who are interested in overall CME program improvement, regardless of individual experience or organizational structure.

Purpose: Accredited providers clearly understand that individual CME activities must undergo formal evaluation. In contrast, many providers do not seem to grasp the critical importance and relevance of overall CME program evaluation. Reasons for this include: 1) the day-to-day focus of CME professionals on their own individual projects and activities, as opposed to the “bigger picture” related to organizational goals and strategic plans, 2) the idea that CME program improvement only occurs periodically because it is typically linked with re-accreditation, 3) the perception that only organizational leaders are responsible for overall CME program improvement, and 4) the general fear of organizational change. Nevertheless, CME program evaluation is vital to improving organizational focus and efficiency. The best way to overcome these challenges is to embrace the idea of continuous quality improvement (CQI). Similarly, the best way to implement CQI is to put into place systematic methods that allow individuals to point out deficiencies, implement creative ideas, and foster improvement at every level of an organization. In time, putting these systematic methods in place will promote and document regular improvement in the overall CME program.

Methods: The instructors will describe numerous evaluation methods that may be utilized to measure the effectiveness of an overall CME program. Evaluation standards that help providers decide which type of program evaluation to implement in their organization will be discussed. Lastly, practical and specific examples of successful overall CME program evaluation will be shared with participants.

Objectives: At the conclusion of this session, participants will understand the difference between CME activity evaluation and overall CME program evaluation. More importantly, breakout participants will determine which evaluation methods are best suited to monitor and improve their overall CME programs.

Key Points: CME providers must utilize systematic methods in order to measure the effectiveness of the overall CME program. For exemplary compliance, providers must make and document improvements to the overall CME program on a regular basis. The ability to collect and interpret overall CME program evaluation data is a critical skill and universal need that applies to all members of the CME community.

Expected Outcomes: Participants will enhance their understanding of CME program improvement. It is expected that each participant will implement what she/he has learned in the breakout session to improve her/his overall CME program.

S57, Breakout
4:00 – 5:00 pm, Saturday
Salon C/2nd, Rounds/190

How to Design, Develop and Produce a Multimedia Educational Tool
(Educational Activities Design)

Scott Cooper, MD

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Other: Developed CD-Rom “Introduction to Abdominal Ultrasound”

Relevance: New instructional technologies can be very useful, efficient and cost-effective formats for providing skills training to physicians and other health care professionals.

Target Audience: This breakout will be targeted to intermediate and advanced individuals in all provider types.

Purpose: This breakout is designed to present a first-hand look at the positive and negative lessons learned when becoming skilled at multimedia design. It also will address the advantages of using technology, such as a CD-ROM, to develop training materials to make physicians proficient in skills such as using ultrasound equipment and reading ultrasound sonograms.

Methods: A physician, who taught himself multimedia programming, will use the interactive CD-ROM he developed for teaching physicians how to read abdominal ultrasounds to demonstrate the key lessons he learned about multimedia programming and its applicability as a self-instructional teaching tool or as a power point-type supplement to an interactive teaching session.

Objectives: By the end of this session, participants will be able to: 1) identify the key issues for and resources that aid in learning and troubleshooting multimedia programming; 2) relate how learning the basics of multimedia programming can help CME professionals participate more expertly in the creation of interactive teaching tools when working with a developer; 3) describe criteria for selecting certain types of medical skills that lend themselves to interactive multimedia learning, and 4) assess the use of interactive multimedia for creating an CD-ROM to teach physicians how to use and read ultrasound sonograms.

Key Points: Operating on the premise that you “can’t diagnosis what you don’t know”, Dr. Cooper will share his learning experiences as a self-taught “programmer”, his assessment of the advantages of learning multimedia programming and the applicability of this skill in designing truly interactive teaching media in general and for ultrasound in particular.

Expected Outcomes: Individual will talk about advantages of learning multimedia programming, the need for ensuring that the learner is involved in the design, the flexibility of multimedia training tools, and will demonstrate how learning even the basics of multimedia programming can help CME professionals to assess when the technology is most appropriate and to help design a superior teaching tool.

References: Scalea,T, Rodriquez, A, Chiu, A, et al. Focused Assessment with Sonography for Trauma (FAST). J Trauma. 1999;46:466-472.

Salen, P ,O’Connor, R, Passarello, B, et al. Fast Education: A Comparison of Teaching Models for Trauma Sonography. J Emergency Medicine. 2001;20:421-425.

Cooper, S. Introduction to Abdominal Ultrasound. 2002. <http://www.EHP.cc>.

Weinman, Lynda. Learning Photoshop 6, Learning Ultradev 4, Learning Flash 5.

MacHale, Robert. IIS 5.0 Internet Information Services, Active Server Pages.

S58, Breakout
4:00 – 5:00 pm, Saturday
Salon A/2nd, Rounds/150

CME/CPD Toolbox for Developing Non-Linear Learning Projects
(Educational Activities Design)

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Relevance: Assisting physicians in translating professional competence into practice implies that CME and CPD professionals will need tools for optimizing non-linear learning environments related to solving patient problems. Such environments (CD-ROMs and on the Internet) make it easier than ever to design personal learning projects and so CME/CPD professionals need to be able to model information-gathering techniques for their constituents. A major consideration here is that where designing learning projects is conventionally considered a linear activity (create objectives first, plan instruction next, put together evaluation mechanisms last), this is rarely the case in practice. In point of fact, both teachers and self-directed learners bounce back and forth among these tasks in deciding what to learn, how to learn it, and how to answer evaluative questions (e.g., has the learner learned enough?). Evaluation comments submitted by participants in the 2003 conference specifically mentioned innovative formats and technology-based learning as pressing problems they would like addressed at the 2004 conference.

Target Audience: CME and CPD professionals who assist physicians in designing personal learning projects. All provider groups; all levels.

Purpose: This interactive session will describe ways to optimize the learner's time while gathering information about a clinical problem and documenting it as a personal learning project.

Methods: A hands-on exercise will demonstrate the principle of how to navigate a maze of online sources of medical content and determine when enough information has been gathered. All of this, of course, will be done in a non-linear manner with participants in small groups writing plans and revising them as they go along.

Objectives: After attending this session, participants should be able to:

- model a process for assisting physicians in designing personal learning projects
- identify the tools physicians can use in gathering and documenting information related to a clinical problem
- use non-linear methods to track down solutions to a clinical problem

Key Points: Tools for designing personal learning projects, including drilling down into content sources, applying criteria for judging content credibility, deciding when enough information has been gathered, and submitting projects for CME/CPD credit.

Expected Outcomes: The expected outcomes of this breakout are that participants will be better informed about how physicians can design personal learning projects related to clinical problems, and will be able to advise physicians about how to document this process in fulfillment of credit requirements. As a result, more physicians will submit personal learning projects for credit, while concentrating on solving problems in patient care.

Reference: Royal College of Physicians and Surgeons of Canada (RCPSC). Guidelines for Accredited Providers of CPD Activities. On line at <http://rcpsc.medical.org/english/maintenance/providers/index.php3>. Retrieved March 13, 2003.

S59, Breakout
4:00 – 5:00 pm, Saturday
Salon B/2nd; Rounds/95

Minding Our Ps&Qs: Content Validation
(Educational Activities Design)

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Relevance: In July 2002, the ACCME issued the “Validation of the Clinical Content of CME: The ACCME Expectations of Providers and of the Accreditation Process” statement. This three-part statement is a representation of physicians’ recommendations regarding professional development, continuing medical education, and patient care. Each provider is required to ensure that all CME activities are supported by evidence that is accepted within the profession of medicine, that the evidence comes from a scientifically valid source, and that the activity meets the requirements set by the ACCME. Providers are asked to develop and implement systems to assure compliance with this policy.

Target Audience: This breakout will be of interest to CME professionals who have an in-depth understanding of the “Validation of the Clinical Content of CME” statement and are interested in learning about how one provider exceeds the current requirements.

Purpose: This breakout will demonstrate a currently operating system for content validation and explore other options for achieving this goal.

Objectives: At the conclusion of this breakout, participants should be able to: 1) define the concept of content validation; 2) describe a viable system for ensuring validity and scientific integrity in the clinical content of certified CME activities; and 3) identify alternate options for use in developing their own systems.

Key Points: To remain an accredited CME provider, professionals must integrate a content validation system to ensure the integrity and compliance of all CME activities.

Expected Outcome: Participants will gain new information on how to expand and build upon the current content validation guidelines.

Reference: Validation of Clinical Content of CME: The ACCME Expectations of Providers and of the Accreditation Process. July 2002. Available at <http://www.accme.org>. Accessed March 3, 2003.

S60, Breakout
4:00 – 5:00 pm, Saturday
Dekalb & Gwinnett/2nd; Rounds/145

How Healthy is Your CME E-Learning Team?
(Educational Activities Delivery)

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Relevance: The typical CME e-learning team is interdisciplinary, often requiring coordinated input for the development and implementation of e-learning efforts from project managers, instructional designers, medical experts, graphic artists, writers, video and audio production specialists, programmers, and quality and customer support specialists. The successful integration of professionals with such a wide range of skills, knowledge, and talent into a cohesive well-functioning unit can be challenging. How well does your CME e-learning team work together? Do you have the right management and communication strategies in place to make the team effective? Is the team identity intact and healthy, or are separate groups often working at odds or against common goals?

Target Audience: This session will be of interest to CME professionals who are involved in the design, development or implementation of electronic CME delivery systems.

Purpose: Identify both human and technology-based elements of a successful e-learning team and outline strategies for the efficient coordination of all resources in the design, development, and implementation of e-learning CME efforts. Emphasis will be placed on collaborations involving team members residing in a number of distant physical locations.

Methods: An anonymous case-based approach will be used for outlining successful strategies in building e-learning teams. Examples of various work plans and strategies as well as technology-based systems for intra-team communication, content submission and review, and quality control will be presented as well as tips for keeping development timelines on track. This session will offer unique audience participation “problem-solving” exercises designed to model the points being presented.

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

- 4) Identify the human and technology-based elements of successful e-learning teams.
- 5) Understand the strategies for efficient coordination of e-learning teams with members based in a variety of distant physical locations.
- 6) Develop potential solutions to a set of common problems arising in team-based e-learning projects.

Key Points: While there may be no single team structure to use when assembling a successful e-learning development team, there are always specific roles that must be addressed for efficient team performance on any e-learning project. E-learning teams need people with technical expertise, subject matter knowledge, and interpersonal skills who are willing to work together, but who respect each other’s roles and expertise. Keys to successful team collaboration often involve the development and/or use of several technology-based tools for efficient communication, methods of rapidly exchanging and reviewing content as a group, as well as occasional “face-to-face” team meetings.

Expected Outcomes: Developing and implementing high quality, marketable e-learning CME programs can only be accomplished through ensuring that the right team structure and management strategies are place, and that they are used on a consistent basis. In addition to a set of solid management strategies, specific technology-based tools should be integrated into any e-learning project effort to maximize the effectiveness of the team collaboration.

References: Ivancevich, JM, Duening, T and Konopaske, R. (2002). How to Manage the E-learning Development Team. Learning Circuits, July, 2002 issue. Online at: <http://www.learningcircuits.com/2002/jul2002/ivancevich.html>.
Kruse, K. (2002). The e-learning Project Team: Roles and Responsibilities. Available at http://www.e-learningguru.com/articles/art1_4.htm.

S61, Breakout
4:00 – 5:00 pm, Saturday
Fulton & Cobb/2nd; Rounds/125

Bridging the Gap in CME: Translating Theory into Practice
(Educational Activities Design)

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Relevance: CME offices are populated by professionals with varying degrees of education, experience and interests. Much of the “visionary” work, that guides the profession and its published research, is done by academicians, researchers and other advanced practitioners in the field. However, the front line work involved in implementing and planning CME activities is often done by meeting planners, administrative assistants, and program coordinators who may be primarily focused on the logistics of the activity. The possibility for a significant “disconnect” between these groups may threaten the ultimate outcome of the CME activity. If the profession of CME hopes to bridge gaps in physician knowledge, we must first examine our own limitations and our own gaps. By decreasing discrepancies in practice and reducing distance between CME professionals at varying levels of education and experience, we can begin to assimilate sound theory into successful practice.

Target Audience: This breakout session will be of interest to CME professionals at all experience levels and will benefit beginners as well as advanced practitioners.

Purpose: This presentation will focus on bridging the gap between CME providers at varying levels of education and experience to enhance educational delivery.

Methods: Presenters will moderate a panel discussion in which panelists will be asked to respond to a series of questions regarding the process of translating CME theory into practice. Audience participation will be encouraged.

Objectives: At the conclusion of the breakout, participants will be able to describe and discuss 1) the value of continued research and “visionary” work in CME, 2) necessity of making research finding more palatable for meeting planners and program coordinators, and 3) ways in which CME providers at varying levels of practice can collaborate more effectively.

Key Points: In order to create successful CME activities, we must examine discrepancies in our own offices and practices of CME. Identifying gaps in knowledge, attitudes and behaviors among CME professionals at all levels is essential in getting theory into practice.

Expected Outcomes: CME providers will begin to engage in discussions of how to bridge the gaps in our own practices. Participants will explore ways to reduce the distance between the CME “visionaries” and those practitioners on the front lines.

Reference: Fox, R.D. Using theory and research to shape the practice of continuing professional development. Journal of Continuing Education in the Health Professions, 2000, Fall; 20(4): 238-246.

S62, Breakout
4:00 – 5:00 pm, Saturday
Fayette & Newton/2nd; Rounds/105

Learning at the Desktop? The Realities of Work Practice

(Evaluation; CME 891 – Advanced Curriculum)

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Relevance: The appeal of learning delivered through the computer to one's desktop is powerful, both for organization leaders and end users. In an era of scarce resources, it promises the savings of travel costs, the decrease of staff time away from work, and convenience at one's fingertips. Is its appeal justified? Who is using it? Do the realities of the learner's work practice facilitate such learning? Designers of continuing education need to understand the experiences of end users with computer-based learning, and the realities of work practice, if they hope to optimize the role of computer technology in delivering continuing education.

Target Audience: This breakout session will be of interest to CME professionals at all experience levels and working in health care education associations, health systems, and hospitals.

Purpose: A qualitative evaluation approach, based on concepts of action research and the social nature of learning, was employed, using observations and interviews with 60 staff in 3 VA medical centers. This approach was followed by a widespread survey approach with learners and their supervisors in 5 VA medical centers. The survey addressed levels of evaluation from satisfaction through business impact. A description of these approaches and resultant findings will be presented.

Methods: A presentation and informal discussion will be used to share the approaches, findings, and recommendations from this multi-method evaluation of computer-delivered education.

Objectives: At the conclusion of this breakout session, participants should be able to 1) question the assumptions underlying the promises of computer-delivered learning; 2) appreciate how work practice affects the milieu for learning, and 3) formulate some ideas for optimizing the role of computers in delivering learning.

Key Points: The combination of qualitative and quantitative approaches enriches the evaluation data and offers greater potential for making meaningful improvements. In terms of study findings, few staff avail themselves of computer-delivered course offerings; those who do typically use them for mandatory requirements. The realities of work practice preclude their using this technology for learning and their preferred learning and training modalities are much more interactive and collaborative than the computer allows.

Expected Outcomes: Participants will re-visit their approaches to, and use of, computer-based learning, in order to improve its use.

Reference: Forman, D. Reinventing the Training Business. Performance Improvement, January 2003; 42:40-44.

S63, Breakout
4:00 – 5:00 pm, Saturday
Henry/2nd, Rounds/80

**Physician Perceptions on the Influence of Industry Supported CME on their Clinical Practice:
A Study of Physicians at Four State Psychiatric Hospitals**
(Program Management; Physician's Track)

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Relevance: State funded inpatient psychiatric facilities across the US are being closed or downsized as part of a national trend toward providing psychiatric care in a community setting. State funding to support Continuing Medical Education (CME) within these facilities is often an easy target for elimination. These facilities are increasingly dependent upon Pharmaceutical company funds as the main support for financing their CME programs.

Target Audience: This session will be of interest to CME professionals at all levels of professional development who work in state funded facilities that are experiencing similar challenges in funding of CME programs for their physicians.

Purpose: The goal of this session is to report the findings of a survey completed by the physicians at four state psychiatric hospitals in North Carolina. This survey evaluated physician's perceptions of the relationships between Pharmaceutical support of CME and their clinical practice. We will review the results of these surveys and discuss the perceived impact of pharmaceutical company support and clinical practice.

Methods: Findings from the surveys of physicians from four (4) state psychiatric hospitals in North Carolina will be reviewed. The findings regarding their perceptions of the influence of pharmaceutical company CME on their practice patterns will be discussed.

Objectives: Following completion of this mini-plenary session participants should be able to:

1. Describe physician perceptions regarding the influence of pharmaceutical support/sponsoring of CME activities on their clinical practice.
2. Describe physician perceptions regarding the impact of pharmaceutical support/sponsoring of CME activities on the objectivity of information presented.
3. Determine the prevalence of physicians attending pharmaceutical support/sponsoring of CME activities and the influence of pharmaceutical company financial support on their decisions regarding what CME activities they will attend.

Key Points: Understanding physician attitudes regarding the influence of pharmaceutical support for CME activities allows for better determining the role that we should assign to the pharmaceutical industry in provision of CME activities.

Expected Outcomes: Participants will have a better understanding of the relationship between physician attitudes regarding the influence of pharmaceutical financial support of CME programs on their clinical practice and actual research findings on this topic.

References: Wazanna, A. Physicians and the Pharmaceutical Industry: Is a Gift Ever Just a Gift? JAMA, 2000; 283,(3):373-380.
Relman AS: Separating Continuing Medical Education from Pharmaceutical Marketing. JAMA. 2001; 285:2009-2012.
Yarnall,SR: Encounters Between Physicians and Pharmaceutical Sales Representatives. American Journal of Medicine. 2000;431-432.

S64, Breakout
4:00 – 5:00 pm, Saturday
Clayton/2nd; Rounds/80

Is Live e-CME a Viable Alternative to Influence Behavior in Physician's Clinical Practice?
(Evaluation)

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Funding support for this e-CME program provided by Merck Frosst/Schering Pharmaceuticals

Relevance: The revised Code on Interactions with Healthcare Professionals from Pharmaceutical Research and Manufacturers of America (PhRMA) stipulates the following.

“Financial support should not be offered for the costs of travel, lodging, or other personal expenses of non-faculty healthcare professionals attending CME or other third-party scientific or educational conferences or professional meetings, either directly to the individuals attending the conferences or indirectly to the conference sponsors. Similarly, funding should not be offered to compensate for the time spent by healthcare professionals attending the conference or meeting.”

The ever-increasing demands placed upon physicians and medical investigators can make it difficult to schedule a face-to-face meeting and attend CME events. As well, travel has become more expensive and time consuming due to recent world developments. Although e-CME eliminates the travel constraints and allows healthcare providers to learn from the comfort of their home, how effective is this new media in **Translating Professional Competence into Practice?**

Target Audience: This interactive small group session will interest all-experience-level CME professionals involved in program development, who are interested in making use of e-CME but uncertain on how to implement effective programs.

Purpose: Comparing outcomes from various technologies, evaluate how effective an e-CME program is in improving physician knowledge and patient care in the lipid management area.

Methods: The educational intervention was a series of 40 distance-learning e-CME conferences. Each program used a small interactive workshop format, incorporating case studies and vignettes facilitated by experts and delivered to a total of 150 specialists and 250 general practitioners. The outcomes measured the increased knowledge on lipid management / new treatment options and the behavioral change in physician's clinical practice.

Objectives: At the conclusion of this session, through a case-study approach, participants will gain knowledge on how to implement an effective e-CME program from needs assessment, speaker training to content development.

Key Points: 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 face-to-face 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. With the use of the Internet and phone-based meeting tools, one can hold scientific committee meetings or CME meetings in real-time and online without the expense and wasted time business travel usually entails.

Expected Outcomes: Program outcomes show evidence that interactive e-CME sessions using synchronous technology allowed group interaction and provided physicians the opportunity to practice skills that effected change in their clinical practice.

Reference: E Learning: Building Learning Communities in Cyberspace Jossey-Bass Publishers, 2002.

S65, Forum
4:00 – 5:00 pm, Saturday
Rockdale & Forsythe/2nd, Rounds/145

Gaining Confidence through Competence: Developing Personal Skills as a CME Leader to Take Home
(Personal Skills)

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Consultant: Surveyor and speaker, Accreditation Council for Continuing Medical Education (ACCME)

Relevance: To be successful, CME professionals must be credible leaders within their own organization. Those persons who are new to CME may feel overwhelmed, intimidated, and may even feel out of place. Self-confidence as a leader can develop once there is a perception of professional competence. Having the tools and skills to manage the CME enterprise can contribute to professional competence.

Target Audience: Beginner, intermediate

Purpose: The rationale and practical implementation strategies will be discussed for:

1. Essential Area 3.1 (Building Unlikely Allies, Including Internal Stakeholders: Pharmacy, Purchasing, Educating Your Physicians, Administration and Colleagues about CME)
2. Essential Area 3.2 (Developing systems to manage finances, office operations and meeting planning, Refining your To-Do List)
3. Essential Area 3.3 (Dealing with commercial support, disclosure, and conflicts of interest)

Methods: Case scenarios will be used to illustrate key learning points and strategies.

Objectives: At the conclusion of this forum, participants should be able to: (1) take home 6 to 12 strategies which the CME professional can implement, and (2) recognize Tyler's and Knowles contributions to the theory underlying educational design.

Key Points: (1) To be a competent leader, CME professionals need to develop personal relationships within and outside of the organization. (2) CME professionals must have knowledge and skills, tools and techniques, which are based on well-known principles. (3) To be credible, CME professionals must be able to explain CME regulatory requirements and operational tasks to the stakeholders and must be able to translate these items into a context that is meaningful to those stakeholders.

Expected Outcomes: Participants will be able to take home models and strategies that can be molded and applied to fit their individual style and the culture of their own CME organization.

Reference: Aherne M, Lamble W, Davis P. Continuing medical education, needs assessment, and program development: theoretical constructs. J Cont Educ Health Prof 200; 21:6-16.

S66, Forum
4:00 – 5:00 pm, Saturday
Paulding & Douglas/2nd; Rounds/105

**Ten Ways State & Regional Organizations (SRO's) Maintain and Enhance Competence
of CME Professionals (Part 2)**
(Strategic Leadership)

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Relevance: Just as the Alliance for CME operates nationally and internationally to enhance professional competence and improve the quality of CME, so do State & Regional Organizations (SRO's) operate locally in cities, states and regions. There are hundreds of SRO members in 12+ SRO's in the United States and Canada. While varying in size, organization, and mission, all SRO's engage in activities intended to improve the understanding, skills, and effectiveness of CME constituents via education, networking and representation. Because many SRO members cannot participate in national associations and conferences, these local "alliances" provide a chance to learn about issues and participate in initiatives affecting the larger CME community. They are represented on the Alliance for CME's SRO Committee.

Target Audience: This session will be of interest to CME professionals at all experience levels and in all provider groups.

Purpose: The purpose of this session is to present and discuss the ways in which SRO's maintain and enhance the competence of CME professionals and thereby improve the quality and effectiveness of CME programs.

Methods: The session will consist of presentations by a panel of SRO members and include active audience discussion.

Objectives: At the conclusion of this session, participants should be able to: 1) describe the role and function of SRO's; 2) discuss how SRO's help maintain and enhance the competence of CME professionals; 3) identify achievements of CME professionals and their programs as a result of SRO activities; and 4) discuss methods to increase SRO effectiveness.

Key Points: SRO's maintain and enhance professional competence by: 1) informing, educating and mentoring the local CME community; 2) supporting state medical society CME initiatives; 3) facilitating networking; 4) acknowledging outstanding accomplishments; 5) promoting opportunities for career advancement; 6) addressing CME issues of local interest, including identifying educational activities and formats which meet the learning needs and styles of local physicians; 7) fostering development of collaborative educational and research projects; 8) encouraging member participation and leadership; 9) representing state and regional interests nationally; and 10) actualizing national priorities locally.

Expected Outcomes: Participants will develop an understanding of the unique role and value of SRO's, including how they enhance professional competence and improve the quality of CME programs. Participants will be enabled to seek more information about forming or participating in SRO's in their cities, states and regions.

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; 75:1167-1172.