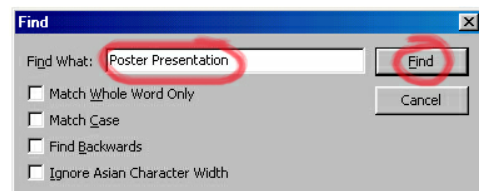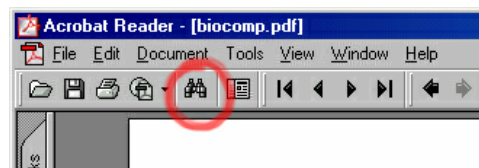# Helpful Information For Using Acrobat Reader®

SEARCHING PDF FILES

In order to search a pdf file:

1. Locate the "Find" icon 🔍 at the top of the Acrobat Reader Window (as shown to the right).

2. Single left click the icon.

3. When the "Find" box appears, you may enter up to 26 characters and left click the "Find" button (as shown to the right).

NAVIGATING PDF FILES

In order to navigate a pdf file:

1. Locate the "Navigation" icons at the top of the Acrobat Reader Window (as shown to the right).

2. The ▶ button moves forward one page.

3. The ◀ button moves back one page.

4. The ▶| button moves to the end of the document.

5. The |◀ button moves to the beginning of the document.

6. Note: You may also view and navigate using numbered thumbnail pages by clicking on the tab titled "Thumbnails" at the left of your Acrobat Reader window.
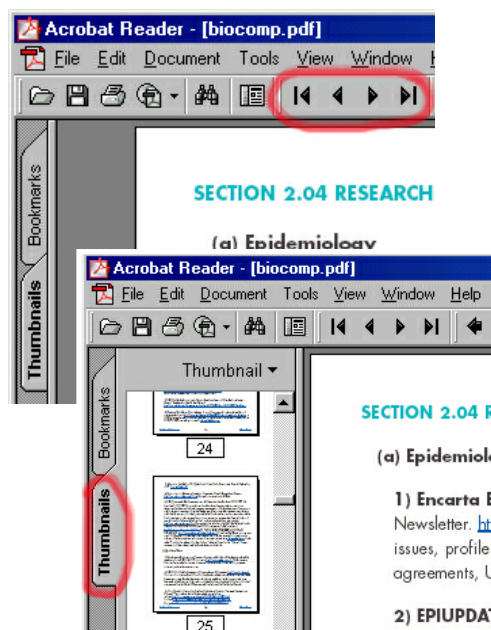
PRINTING A SINGLE PAGE FROM A PDF FILE

In order to navigate a pdf file:

1. Locate the "Page Indicator" section at the bottom left of the Acrobat Reader Window (as shown to the right). Make a note of the page number you are viewing.

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3. Left click this icon one time.

4. When the "Print" box appears (for your particular printer), follow the instructions for printing a single page.
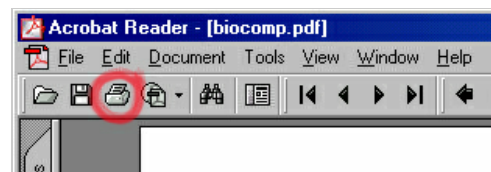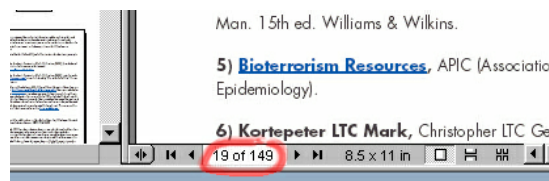
Basics Seminar
(Adult/Organizational Learning Principles; Basics Curriculum; Physician's Track)

Marcella Hollinger, MEd
Illinois State Medical Society, tel: 312/580-6442, mailto:hollinger@isms.org
Other: CME consulting

Robert Addleton, EdD
Medical Association of Georgia, tel: 440/881-5070, mailto:bob@mag.org

Murray Kopelow, MD
Accreditation Council for Continuing Medical Education, tel: 312/755-7401, mailto:mkopelow@accme.org

James Leist, EdD
Alliance Center for Learning and Change, tel: 704/394-6294, mailto:center@acme-assn.org

Michael Saxton, BS
CME Best Practices, tel: 908/537-7300, mailto:saxton@cmebestpractices.com

Charles Willis, MBA
American Medical Association, tel: 312/464/4677, mailto:charles_willis@ama-assn.org

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 intensive will target newcomers to CME from all provider types, who need a basic understanding.

Purpose: The seminar is designed to familiarize professionals new to CME with key issues. Each session is meant to be an overview of the concept, presented in a short period of time, with the understanding that participants can then decide if there are other sessions at the ACME annual meeting that would give them more in-depth information about these key issues.

Objectives: By the end of the seminar, participants should be able to: 1) differentiate between CME accreditation and credit systems; 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/trademarking materials, American with Disabilities Act, force majeure clauses and insurance can have on planning CME activities; 6)identify the CME competencies developed by the ACME and how they impact on their own professional competence, and 7) using a case study, discuss the application of these concepts on the planning of a CME activity, identify areas that could present problems and discuss potential solutions within small groups.

Methods: Individuals with expertise in the area identified in the objectives will provide short lectures on these areas. Participants will have an opportunity to apply information to analyzing and discussing pertinent issues in a CME case study.

Key Points: Learn key issues in CME; make decision about other sessions to attend at the annual meeting.

Expected Outcomes: Individuals new to CME will be able to quickly identify key issues, and more adeptly select other sessions at the Alliance annual meeting that can assist them in their CME positions.

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

Potential Participant's Self-Assessment Question: What issues identified in this seminar are critical to my ability to develop CME activities?

Building Bridges of Shared Knowledge
(Self-Assessment & Life-Long Learning; Basics Curriculum; Physician's Track)

Winnie Brown, MPA
Truman Medical Centers, tel: 816/404-0972, mailto:Winnie.Brown@TMCMED.org

Kandi Hatmaker
The Reading Hospital and Medical Center, tel: 610/988-8548, mailto:HatmakerK@readinghospital.org

Relevance: The hospital provider section represents the largest provider section of the Alliance and members 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, years of experience or educational background. 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: This provider section will be of interest to CME providers from hospital settings, at all levels of experience, i.e., beginners as well as advanced CME professionals.

Purpose: Sharing knowledge and discussions surrounding topics of mutual interest will help to bridge the educational gaps of individuals at all levels of experience participating in the hospital provider section.

Objectives: Through active participation in the hospital provider section, CME professionals 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.

Methods: Section leaders will facilitate discussions on topics of mutual interest to section members. A panel of peers and experts will be convened to discuss specific questions of attendees.

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 offers opportunities for increased efficiency, productivity, and knowledge through networking, providing access to resources and references, and serves as a conduit for sharing best practices and problem solving. The program is informal and participation from all attendees is essential as providers learn from each other.

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 maintain 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: Casebeer, L., Centor, R., Kristofco. Communities of practice are informal, self-selected groups of individuals with shared expertise and a passion for a similar enterprise. Members may meet face to face frequently or periodically or may be connected electronically by e-mail or other means, but the group only continues as long as there is interest in maintaining it. "Learning in Large and Small Groups." *The Continuing Professional Development of Physicians: From Research to Practice.* Ed. Davis, David A., Barnes, Barbara E., and Fox, Robert D. Chicago, IL: AMAPress, 2003. 169-190.

Potential Participant's Self-Assessment Question: Do you want to know how other CME professionals are interpreting and implementing accreditation and industry regulations in their work settings?

Building Bridges: Practical Tips and Tools for Enhancing Practice
(Partnering; Basics Curriculum; Physician's Track)

Sandra Weaver, MS
Distance Learning Network, tel: 814/466-7808, mailto:sandyw@dlnetwork.com

Jane Mihelic, MA
MedCases, Inc., tel: 215/789-2522, mailto:jmihelic@medcases.com

Lawrence Sherman
Jobson Education Group, tel: 973/954-9285, mailto:lsherman@jobson.com
Other Support: Employed by the same parent company that owns Interactive Media Solutions

Michael Lemon, MBA
Postgraduate Institute for Medicine, tel: 720/895-5329, mailto:mlemon@pimed.com
Other Support: Employed by the same parent company that owns Interactive Media Solutions

Audience response technology to be provided by Interactive Media Solutions

Relevance: Medical education and communication companies, like all CME providers, face an array of challenging situations on a daily basis. The environment in which we practice is facing significant changes. MECCA CME providers must be diligent with regard to making the right decisions and pursue solutions that address the uniqueness of their environment as they follow the ACCME Essentials. MECCA CME providers must also be adaptive and creative in their approaches to collaboration and partnerships.

Target Audience: All

Purpose: This session will provide practical tips and tools to CME providers in medical education and communication companies that will help them enhance their practice performance.

Objectives: Upon conclusion of the presentation, participants should be able to describe and discuss the changing environment of the CME industry, ways in which MECCA CME providers at varying levels of practice can collaborate more effectively, and implement practical tips and tools for challenging situations,

Methods: A moderated panel discussion; audience participation through ARS, question and answer session in a town hall forum.

Key Points: There are many situations that arise for MECCA CME providers where guidelines are less than clear or up to various interpretations. It is important to be prepared for these situations and understand what constitutes best practices in this environment. Exchange among participants will add to the participants "tool" set.

Expected Outcomes: Participants will be better prepared to identify solutions to the day-to-day challenges they face and enhance their practice performance through the sharing of ideas, tips and tools from their colleagues.

Reference: Schaeffer, M.H. Commercial Support and the Quandry of Continuing Medical Education. The Journal of Continuing Education in the Health Professions, Volume 20, Issue 2.

Potential Participant's Self-Assessment Question: How do I best function in the current regulatory environment and my work setting?

Medical Specialty Societies: Carving the Niche for Specialty Societies in CME
(Self-Assessment and Life-Long Learning; Basics Curriculum; Physician's Track)

Betty Rohr
Radiological Society of North America (RSNA), tel: 630/571-7878, mailto:brohr@rsna.org

Erin Schwarz
Society of American Gastrointestinal Endoscopic Surgeons (SAGES), tel: 310/437-0544, mailto:erin@sages.org

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

Target Audience: This session will be of interest to CME professionals at all experience levels (i.e. beginners as well as advanced practitioners) in specialty societies.

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

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

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

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

Potential Participant's Self-Assessment Question: Do you understand the role and value of the specialty society in MOC and recertification?

Criteria for Quality: Implications from Major Explanations of Learning and Change for Improving the Quality of CPD for Health Professionals
(Adult/Organizational Learning Principles; Basics Curriculum; Physician's Track)

Maureen Doyle-Scharff, BA
Johnson & Johnson, tel: 215/325-2298, mailto:mdoyle9@scaus.jnj.com
Other Support: Employee, Johnson & Johnson

Robert Fox, EdD
University of Oklahoma, tel: 405/329-1291, mailto:rfox@cox.net

Relevance: Drawing from recent literature on adult learning, planned change and Continuing Professional Development (CPD), this session will focus on the transformation of explanations into the criteria for effective practices

Purpose: The provider section meeting will facilitate interaction with members of industry who will begin to understand and address industry's role in advancing the *quality* of CPD.

Objectives: At the conclusion of this breakout, participants should be able to
• Identify and describe three important explanations of learning and change.
• State seven criteria for evaluating and improving the quality of CPD strategies.
• Describe and apply new methods for improving outcomes of CPD.

Methods: Incorporating large and small group methods, this interactive session will ask participants (learners) to identify personal criteria for quality, and to adjust these criteria as new information and explanations of behavioral change are discussed. Material will be organized around cases (modeled on "Loosely structured clinical case" of problem based learning) Audience response technology will be used to demonstrate interactive techniques integrating peer interaction as well as the more traditional feedback to speakers. The final portion of the session will focus on applications to case studies.

Key Points:
• Change is understood to some degree but bridges to practice are few and sometimes poorly constructed.
• Industry can accomplish its goals more effectively and efficiently if it bases its actions on substantial knowledge of behavior change.
• Motivation can be enhanced.
• Criteria based on knowledge is the common ground for dialogue around program improvement and the betterment of health care.
• Collegiality is only possible with common ground.

Expected Outcomes:
• This session should contribute to better decisions as the role of industry in supporting effective CPD.
• Common and shared principles should also improve communication among PACME members and help articulate a higher level of contribution and collegiality with other actors in the CPD enterprise.
• The session should lead to clearer representations of the reasons for shaping strategies for change around learner need, the learning process and the assessment of change.

Reference: Davis, et al. The Continuing Professional Development of Physicians, 2003, AMA Press.

Health Care Education Associations: A Diverse Association of Providers with Unique Challenges
(Educational Interventions; Basics Curriculum; Physician's Track)

Mark Evans, PhD
American Medical Association (AMA), tel: 312/464-5990, mailto:mark_evans@ama-assn.org

Relevance: Health care education associations represent a diverse group of CME providers who face unique challenges in developing education programs and evaluating the outcomes of those programs. As with all accredited CME providers, each organization in this section is being affected by changes in the environment of commercial support and continued emphasis on determining program effectiveness in changing physician behavior and with improving the quality of medical care. Members of this section can benefit from a discussion of the different approaches to CME taken by national medical associations, foundations, and other members of this section.

Target Audience: This session will be of interest to CME professionals at all experience levels (i.e., beginners as well as advanced practitioners) in different health care education associations.

Purpose: The purpose of this educational activity is to provide an information session and forum for exchange of information to assist CME providers in developing programs that improve development and delivery of education programs.

Objectives: The overall objective of the provider section meeting is to provide information on a number of CME subjects that impact education program development, including funding, technology, and outcome measures. The program will include updates from provider organizations such as the AMA and AOA, as well as an update from the ACCME. As with all sections, this program will emphasize exchange of information and "best practices."

Key Points: Because of the diversity of interests among CME providers in this group, the program for this session will emphasize common issues encountered by all member providers. The session will include both informal presentations and interactive opportunities with other members. This is session is an excellent opportunity to interact with peers from different education settings and to explore new approaches to solving difficult CME issues.

Expected Outcomes: Health care education association providers will be able to return to their organizations with new information, practical insight, and new contacts/resources to improve the quality of their CME programs.

Potential Participant's Self-Assessment Question: Does this provider section provide you with the type of information that is useful in improving the quality and effectiveness of your CME programs?

Medical School Provider Section Meeting
(Administrative/Management; Basics Curriculum; Physician's Track)

Arnold Meyer, EdD
Temple University School of Medicine, tel: 215/707-4787, mailto:ameyer@temple.edu

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).

Potential Participant's Self-Assessment Question: Do you have a need to learn about current issues relating to medical school CME practice and meet and exchange ideas with colleagues from the medical school setting?

Systems-Based Practice and Practice Based Learning and Improvement Competencies:
Incorporating Quality and Clinical Effectiveness into CME
(Systems Thinking; Basics Curriculum; Physician's Track)

Linda Famiglio, MD
Geisinger Health System, tel: 570/271-6114, mailto:lfamiglio@geisinger.edu

Tracey Wolfe, MHA
Geisinger Health System, tel: 570/271-6114, mailto:twwolfe@geisinger.edu

Karen McKinley, MBA
Geisinger Health System, tel: 570/271-5048, mailto:kmckinley@geisinger.edu

Relevance: Health systems incorporate significant quality and clinical effectiveness efforts into their overall clinical strategy. CME can partner with professionals in these areas to structure effective educational activities with measurable outcomes.

Target Audience: This Provider Section meeting will be of interest to physician and administrative leaders, educators and managers who are responsible for or interested in health system based CME.

Purpose: This provider section will
1. Discuss clinical effectiveness, system-based practice and the unique educational opportunities and needs of health systems
2. Identify colleagues with similar interests and/or backgrounds and develop ongoing communication networks

Objectives: At the conclusion of section meeting, participants should be able to identify partners in quality and performance in their own environment and outline common goals.

Methods: Examples will be shared of activities and partnerships by members of the provider section.

Key Points:
1. Quality and clinical effectiveness efforts require a system commitment to practice measurement and improvement
2. The strategies and metrics used in these areas can be used for needs assessment, methods and outcome data.

Expected Outcomes: Participants will define the opportunities for partnering with their own quality and clinical effectiveness staff in their environment.

Potential Participant's Self-Assessment Question: Are you responsible for health system based CME?

State Medical Societies Accreditation of Intrastate Sponsors
(Administrative/Management; Basics Curriculum; Physician's Track)

Robert Addleton, EdD
Medical Association of Georgia, tel: 404/881-5070, mailto:bob@mag.org

Sandy Hughes
Medical Association of Georgia, tel: 404/881-5071, mailto:shughes@mag.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.

Target Audience: This meeting will be of interest to staff of state medical societies and to physicians involved in the state system of accreditation. Beginners as well as advanced practitioners will benefit from this meeting.

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.

Methods: Presenters will moderate a group discussion based on current trends in CME practice, questions submitted prior to the presentation, and questions from the audience.

Key Points: Potential 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.

Potential Participant's Self-Assessment Question: How can we improve our state medical society system of accreditation to more fully meet the needs of providers?

Federal Health Care Educators
(Adult/Organizational Learning Principles; Basics Curriculum; Physician's Track)

Lynn Ward, EdD
VA Employee Education System, tel: 314/894-5740, mailto:Lynn.Ward@lrn.va.gov

Relevance: CME providers must continually address the needs created by changes in federal health care delivery, as well as in the CME world.

Target Audience: All Federal providers of Continuing Medical Education including educators from Veterans Affairs, Department of Defense, PHS, NIH, Bureau of Prisons. While we focus on those who develop education for healthcare providers in US federal settings, we invite those who share interests in CME from government communities around the world.

Purpose: The meeting provides an opportunity for federal educators to discuss common issues, goals and challenges that effect CME and examine areas for common/joint ventures to strengthen professional education in government settings.

Objectives: Participants will 1) Review and discuss the latest changes, issues and needs in employee education, 2) Discuss opportunities to share and leverage resources, products and activities that have already been developed, and 3) Discuss partnering among government agencies to reduce or eliminate redundancies with regard to educational activities and products, by joint development or sharing of educational activities.

Methods: Presenters will moderate a question and answer session with participants regarding best practices.

Key Points: Federal CME providers experience common challenges and issues. Partnering can dramatically increase individual efforts.

Expected Outcomes: Participants will begin to engage in discussions that address the objectives stated above.

Reference: None.

Potential Participant's Self-Assessment Question: Am I a federal provider of CME who can benefit from discussion with others in the federal sector?

Mentor/Mentee Program
(Self-Assessment and Life-Long Learning; Basics Curriculum; Physician's Track)

Terry Hatch, MD
Carle Foundation Hospital, tel: 217/383-4644, mailto:terry.hatch@carle.com
Other: Board Member, Alliance for Continuing Medical Education (ACME)

Marcella Hollinger, MEd
Illinois State Medical Society, tel: 312/580-6442, mailto:hollinger@isms.org
Other: CME consulting

Relevance: Newcomers to CME or the Alliance Annual Conference often feel overwhelmed, intimidated and even out of place. Experienced CME professionals have navigated both the CME world and Annual Conferences, gaining valuable skills. A structured format for bringing these two professionals together as Mentor and Mentee encourages a collaborative relationship in which the Mentor gives back to the profession and the Mentee gains knowledge and resources.

Target Audience: This session will be of interest to CME professionals of all provider types who are either: 1) newcomers to CME and/or the Alliance Annual Conference; or 2) experienced CME professionals willing to share expertise and resources.

Purpose: The intent of this session is to provide an opportunity for Mentor/Mentee matches to continue an ongoing dialogue (begun before the Annual Conference) or to begin this dialogue for those who register on-site for the Mentor/Mentee Program.

Objectives: At the conclusion of this session, Mentees should be able to competently and confidently attend the Alliance Annual Conference (navigate the meeting, select sessions to attend, identify networking opportunities, find resources, etc.) At the conclusion of this session, Mentors should be able to address the needs of Mentees, communicate knowledge and demonstrate skills effectively, and provide necessary resources and networking opportunities to best help Mentees within the context of the Alliance Annual Conference.

Methods: Annual Conference attendees will be able to register as either a Mentor or Mentee when pre-registering for the Annual Conference or on-site. Mentors and Mentees will be matched according to provider type and/or geographic location as much as possible. Those who pre-register before the Annual Conference will be sent contact information so they can communicate, make plans to meet, discuss goals and expectations and other issues before arriving. Those who register on-site will be matched at this session and given ample to meet and discuss objectives.

Key Points: 1) Successful mentoring requires a commitment of time from both the Mentor and Mentee both before and during the Annual Conference, communicating and doing some homework (self-assessment/identifying educational gaps, looking through the Advance Program for sessions and networking opportunities, gathering resources, etc.); and 2) communication of needs, goals, realistic expectations and responsibilities is essential.

Expected Outcomes: Mentees will be better able to select sessions that will assist in them in their CME positions; have information and resources, better overall view of the CME picture, more networking contacts. Mentors will develop their own skills as experienced CME professionals and participate in training the next generation of CME leaders.

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

Murray Kopelow, MD
Accreditation Council for CME, tel: 312/755-7401, mailto:mkopelow@accme.org

Kate Regnier, MBA
Accreditation Council for CME, tel: 312/755-7401, mailto:kregnier@accme.org

Dennis Lott, DEd
Accreditation Council for CME, tel: 312/755-7401, mailto:dlott@accme.org

Mary Martin Lowe, MA
Accreditation Council for CME, tel: 312/755-7401, mailto:mlowe@accme.org

Mary Kathryn Robertson, PhD
Accreditation Council for CME, tel: 312/755-7401, mailto:krobertson@accme.org

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 accreditation 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.

Objectives: At the end of this session, surveyors should be able to: (1) discuss how they will collect data on new, revised, or specific existing ACCME policies, and (2) integrate changes into their data collection practices to meet new expectations.

Methods: ACCME staff will share information with surveyors and provide a forum for addressing questions or concerns.

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 maintain their competence in their role of collecting data on providers' demonstration of compliance with ACCME policies. A forum for surveyors to discuss these issues with ACCME staff and their surveyor colleagues will help to assist them in meeting their responsibilities.

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

Potential Participant's Self-Assessment Question: Do you have a need to enhance your knowledge of collecting data on a provider's demonstration of compliance with ACCME Elements and policies?

P1, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Golden Gate Hall/B-2; 4' x 8'Horizontal Tack Board & Table for Handouts

Do Demographics Influence Choice of Continuing Professional Education Formats?
(Adult/Organizational Learning Principles; Basics Curriculum; Advanced Curriculum; Research Track; Physician's Track)

Bernard Marlow, MD
The College of Family Physicians of Canada, tel: 905/629-0900, ext. 304, mailto:bmarlow@cfpc.ca

Susan Rock, MEd
The College of Family Physicians of Canada, tel: 905/629-0900, ext. 332, mailto:srock@cfpc.ca

Allan Cuthbertson
The College of Family Physicians of Canada, tel: 905/629-0900, ext. 213, mailto:acuthbertson@cfpc.ca

Relevance: A priority of continuing health professionals is to increase the participation of their target audience by developing a diverse spectrum of educational activities. Can demographics be used to determine the format of the CME intervention that would produce the highest rate of participation?

Target Audience: This poster presentation will be of interest to CME professionals at all experience levels (beginners as well as advanced practitioners) in all provider groups.

Purpose: This poster presentation will focus on the identified participation patterns of continuing professional development/continuing medical education activities of Family Physicians as it relates to various demographic indicators: age, gender, school of graduation, year of graduation, membership status, certification status, Chapter location.

Objectives: At the conclusion of this presentation, participants will be able to identify educational formats that are congruent with target audience preference.

Methods: A presentation of a trend analysis using a data cube model (the analysis services of a membership database using a SQL server).

Key Points: Demographic factors influence learner's choice of CME format.

Expected Outcomes: CME providers will learn the importance of demographic factors in influencing choice of CME format.

References: 1: Booth B, Lawrance R. The learning preferences of rural and remote general practitioners. A quantitative analysis and its implications for the RACGP QA&CE program. Aust Fam Physician. 2000 Oct;29(10):994-9.
2: Goulet F, Gagnon RJ, Desrosiers G, Jacques A, Sindon A. Participation in CME activities. Can Fam Physician. 1998 Mar;44:541-8.
3: Harris JM Jr, Novalis-Marine C, Harris RB. Women physicians are early adopters of on-line continuing medical education. J Contin Educ Health Prof. 2003 Fall;23(4):221-8.

Potential Participant's Self-Assessment Question: Are you interested in discovering if demographic indicators influence choices for continuing professional education formats?

P2, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Golden Gate Hall/B-2; 4'x 8'Horizontal Tack Board & Table for Handouts

Assessing Indiana's Continuing Medical Education Needs: Facts or Fallacies?
(Adult/Organizational Learning Principles; Basics Curriculum; Advanced Curriculum; Research Track; Physician's Track)

Hassan Danesh, PhD
Indiana University School of Medicine, tel: 317/274-0104, mailto:hdanesh@iupui.edu

Mary Weeks, MS
Indiana University School of Medicine, tel: 317/274-0104, mailto:mwweeks@iupui.edu

Nahid Shahnavaz, PhD
Indiana University School of Medicine, tel: 317/274-0104, mailto:nshahna@iupui.edu

Charles Clark Jr., MD
Indiana University School of Medicine, tel: 317/274-0104, mailto:chclark@iupui.edu

Relevance: CME providers have been challenged to demonstrate that CME makes a (positive) difference in physician practice. Among the core development principles of effective adult learning interventions is that learners must participate in program design and acknowledge their need for education in order to effect change in their behavior as a result of participating. It is thus critical that CME providers conduct research and information gathering directly from their learners as part of a comprehensive needs assessment strategy. This information positions CME providers to design more effective activities and increase the likelihood that physicians will attend, learn, and apply to practice what they learn.

Target Audience: CME professionals at all experience levels, particularly those in medical schools and/or hospitals.

Purpose: To present methods/results of a physician CME participants'survey and describe how results can be used in CME.

Methods: The Division of CME conducted a 19-item needs assessment survey of physician participants in fall 2003 CME conferences at the Indiana State Medical Association annual meeting to assess preferences for technology-based CME; identify formats physicians prefer in CME conferences; and evaluate whether CME activities produced by Indiana University School of Medicine's Division of CME generate change in physician practice.

Results: 503 completed surveys were returned. 73% of respondents were in urban or suburban practices, and primary care physicians represented 55% of the sample. More than 80% of respondents have computers at home and at work, 67% with high-speed Internet access. 75% use the Internet for clinical information support or reference materials. CD-ROM is most popular for clinical information/support and CME. Internet streaming video is less popular among older physicians and those who have been in practice 11 or more years. Friday or Saturday one-day conferences with 45-minute presentations are most favored. Most preferred topics are clinical guidelines (64%) and cost-effective diagnosis and treatment (52%). Lecture is the most popular conference format (70%), followed by case study (40%). Journals are the most popular non-conference CME format (57%). 98% of respondents report changing practice as a result of CME activities.

Conclusions: This study confirms through self-report that physicians do alter practice as a result of participating in IUCME activities. Delivery of CME through personal learning technologies is fast becoming a desirable format. Physicians continue to prefer clinical focus in CME activities. Continuous needs assessment by CME providers provides a valuable tool for overall program evaluation. CME providers must expand offerings in alternative, non-traditional learning formats in order to effectively meet the educational needs and preferences of today's physicians.

Expected Outcomes: CME professionals will leave this poster with examples of survey tools and examples of how results can be applied by educational consultants, meeting planners, and coordinators to improve CME activities.

Reference: Mazmanian PE, Davis DA. Continuing medical education and the physician as learner: guide to the evidence. *JAMA.* 2003;288:1057-1060.

Potential Participant's Self-Assessment Question: Do you know how to assess the learning needs of physicians in a way that generates information that can be used effectively by the members of your team?

P3, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Golden Gate Hall/B-2; 4' x 8'Horizontal Tack Board & Table for Handouts

Bridging the Gap in CME: Translating Theory into Practice
(Educational Interventions; Basics Curriculum; Advanced Curriculum; Research Track; Physician's Track)

Craig Campbell, MD
The Royal College of Physicians and Surgeons of Canada, tel: 613/730-6242, mailto:ccampbell@rcpsc.edu

David Armstrong, MD
McMaster University, tel: 905/521-2100, ext. 5255, mailto:armstro@mcmaster.ca

Tunde Gondocz, MSc
The Royal College of Physicians and Surgeons of Canada, tel: 613/730-6243, mailto:tgondocz@rcpsc.edu

Ted Cohen, MBA
The Royal College of Physicians and Surgeons of Canada, tel: 613/730-6237, mailto:tcohen@rcpsc.edu

Relevance: This collaborative research project is focused on the development of a PDApractice audit tool designed to provide feedback to the user on aspects of professional practice compared with their peers who have used the same tool.

In the Maintenance of Certification (MOC) program of the Royal College of Physicians and Surgeons, one section of the framework of CPD options is designated for personal practice review and appraisal. This section is designed to assist specialists to identify gaps in their performance in comparison to a benchmark standard and award 2 credits/hour towards the required 400 credits over a 5 year cycle. The awarding of double credits was in recognition that personalizing the learning need to one's practice influences that individuals desire to bridge the gap.

The PDA tool designed by ISIS digital media increased the awareness of practice gaps by answering pre-defined question sets developed through a steering committee of physicians that challenges the physicians'decision making process around each patient visit. The research question is whether Fellows generate more personal learning projects (PLPs) after using the PDA practice audit tool? And if the PLPs are stimulated by learning gaps identified by the practice audit? If practice audit increases the awareness of learning needs by physicians using the tool this should raise more relevant questions than by other PLP users. The introduction of the tool should blend section 5 and Section 4 (Structured Learning Projects) in a seamless manner.

Target Audience: This poster 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: This research project is a work in progress. The poster will describe and demonstrate the tools and system for a PDA tool for identification of knowledge and skills gaps. The poster describes how those gaps can become personal learning projects. The synergy between learning needs and personal educational planning as part of a continuing professional development is described in relation to both the provider of CPD and the learner.

Objectives: To share a research initiative that links a commercial partner with a national physician organization dedicated to the education of specialty physicians.

Methods: Poster

Key Points: The merits of structuring personal learning directly to practice audit tools in a proactive manner demonstrates in a practical way how feedback can be used to impact the learning of physicians. The feedback linked to personal learning projects identifies a new level of understanding that can facilitate the work of CPD practitioners.

Expected Outcome: The information from the session will be instrumental to those seeking ways to integrate audit tools and learning plans.

Reference: MAINPORT.org, ISIS PDA system

P4, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Golden Gate Hall/B-2; 4'x 8'Horizontal Tack Board & Table for Handouts

A Unique Computer Based Tool to help Determine Continuing Education Needs
(Educational Interventions; Basics Curriculum; Advanced Curriculum; Research Track; Physician's Track)

Lewis Tomalty, PhD
Queens University, tel: 613/533-2458, mailto:tomaltyl@post.queensu.ca

Patricia Payne
Queen's University, tel: 613/533-2540, mailto:pp9@post.queensu.ca

Relevance: All CME programs must be based on the educational needs of the targeted audience. However capturing this information is difficult particularly for long range strategic planning. Traditional methods of performing CME needs analyses such as mailed or electronic surveys tend to have very limited response rates and are expensive and time consuming to do. Focus groups are well-tested methods for obtaining more in depth information. They are, however expensive to organize and coordinate and the outcome is somewhat dependent on group dynamics and the skill of the facilitator. The model that we describe here is a computer-based program that complements the strengths of a focus group but through the anonymity of the process minimizes the issues related group dynamics. The model ensures that all participants are able to interact equally. An unexpected outcome of the model was the incredibly positive feedback from participants and the observation that the model could be used as a self-learning tool for those participating in the process.

Target Audience: This session would be of interest to all those involved in CME planning and delivery.

Purpose: This unique computer based tool can be used as a means of determining CME needs or it can help design a personal learning plan.

Objectives: After examining this model, participants will have an understanding of the value and benefit of unique methods of effectively determining CME needs.

Methods: Poster presentation with interaction

Key Points: This is a unique method of determining CME needs that is attractive to participants. The model can be adapted for use by distant participants and therefore overcome the logistical and cost implications of face-to-face focus groups.

Expected Outcomes: Participants will be able to develop their own computer based needs analysis tools.

Reference: Grant J. Learning Needs Assessment: Assessing the Need. British Medical Journal 2002, 324:156-59.
Shannon S. Needs Assessment for CME. The Lancet, 2003, 361:974.

Potential Participant's Self-Assessment Question: Is this novel method of determining CME needs one that I could incorporate into my setting?

P5, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Golden Gate Hall/B-2; 4' x 8'Horizontal Tack Board & Table for Handouts

Using the Handheld Devices for Continuing Medical Education: Preferences Among Healthcare Professionals
(Educational Interventions; Basics Curriculum; Advanced Curriculum; Research Track; Physician's Track)

May Chan, PharmD
Aventis Pharmaceuticals, Inc., tel: 908/243-2422, mailto:may.chan@aventis.com

Al Weigel, MEd
Aventis Pharmaceuticals, Inc., tel: 908/243-7621, mailto:al.weigel@aventis.com

Toni Tracy, BA
Aventis Pharmaceuticals, Inc., tel: 908/243-6965, mailto:toni.tracy@aventis.com

Relevance: Although there is still debate about the preference of vehicles (live meetings, print materials, electronic, web-based, CD-ROMs, etc.) in which manner healthcare practitioners (HCPs) obtain their CME/CE, there are evolving trends to introduce additional channels to deliver continuing education. Handheld devices are mostly known for scheduling appointments, drug/medical information retrieval, accessing e-mail, and transmitting orders. It is unknown however, if HCPs would find it useful or prefer obtaining their education, reviewing programs, taking post-tests, and redeeming educational credits on their handheld devices. In providing resources (a website and kiosk to retrieve/beam CME programs) to HCPs, we will be able to determine the preference and effectiveness of handheld devices as a viable/useful mode of obtaining CME

Target Audience: The information obtained from this study will be of interest to many that operate within the world of healthcare. CME professionals at all experience levels; HCPs who receive education, educational institutions, and sponsors of CME will deem this information useful. This includes healthcare education associations, medical education communication company alliances, medical schools, medical specialty societies, pharmaceutical alliances for CME, and state medical societies.

Purpose: This poster will provide more information on the little known subject of the handheld devices'usefulness (to the HCP) as a vehicle for continuing medical education.

Objectives: Upon reviewing this data, participants will be able to 1) consider new options in taking educational programs and receiving CME/CE credits, 2) understand the value of the handheld as a useful vehicle to deliver educational programs, and 3) contrast the value of handheld devices as a viable mode for obtaining CME versus traditional methods.

Methods: Downloadable handheld custom CME case-based programs based on diagnosis and treatment of deep vein thrombosis (DVT) will be available to HCPs via the Internet and mobile kiosk. A survey will accompany the CME post-test. The survey will obtain information such as CME delivery preference, reasons for handheld device preference, if the education was objective and fair-balanced, opinions on the quality and ease to take the education, and interest in future handheld-based educational programs.

Key Points: In order to discover the educational need, practitioner preference, efficacy of educational program, and determine appropriate audience reach, we need to invest and provide opportunities in all educational platforms and vehicles. Those in various working environments with differing accessibility to technology and need of educational programs will demonstrate the different levels of interest in this type of educational initiative. We will report our findings.

Expected Outcomes: As handheld devices and the Internet become more accessible to more HCPs, many will turn to the mobility and ease of handheld devices to receive education. We will be able to determine if reasons for using handheld devices applies also for CME/CE purposes.

Reference: Bertling CJ, Simpson DE, Hayes AM, et al. Personal digital assistants herald new approaches to teaching and evaluation in medical education. *WMJ*. 2003; 102(2): 46-50.

Potential Participant's Self-Assessment Question: After reviewing the current data in combination with the results of this data, is the handheld device a convenient, effective vehicle to deliver educational content to healthcare professionals?

P6, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Golden Gate Hall/B-2; 4'x 8'Horizontal Tack Board & Table for Handouts

Toward Improvement of Professional Competencies: Linking Physicians'and Patients'Needs
(Educational Interventions; Basics Curriculum; Advanced Curriculum; Research Track; Physician's Track)

Francine Borduas, MD
Laval University, tel: 418/656-5958, mailto:francineborduas@videotron.ca
Unrestricted Educational Grant: Pfizer Canada

Marie-France Deslauriers
Pfizer Canada, tel: 514/426-7567, mailto:marie-france.deslauriers@pfizer.com

Linda LeDuc, RN
Consultant in Alzheimer Care and Dementia Care, tel: 416/322-6441, mailto:linda.leduc@sympatico.ca
Unrestricted Grant: Pfizer Canada

Michel Rouleau, MD
Laval University, tel: 418/656-5958, mailto:rouleaum@globetrotter.net
Unrestricted Educational Grant: Pfizer Canada

Denis Drouin, MD
Laval University, tel: 418/656-5958, mailto:drouin@sympatico.ca
Unrestricted Educational Grant: Pfizer Canada

Relevance: Invalidating disease like Alzheimer are challenging for physicians, who deal with management and sensitive issues. Linking physicians and patients needs may improve decision sharing, competence, and informed people management.

Target Audience: This presentation will be of interest to CME professionals at all experience levels (i.e. beginners as well as advanced practitioners) in all providers groups.

Purpose: The aim of this presentation is to share our experience in linking the needs of physicians and patients with AD and present means to improve professional development.

Objectives: At the end of this presentation, participants will be able to describe and discuss 1) expectations expressed by people affected with AD and difficulties formulated by physicians in managing expectations of all stakeholders, and 2) discuss means to address informed people and physicians'needs.

Methods: Presenters will highlight mains issues from focus groups that were conducted with 1) family physicians and specialists to evaluate their learning needs related to dementia, and 2) with members of Alzheimer Society early stage support groups to determine their needs when interacting with health care professionals. Tools and programs to address needs from different stakeholders and to facilitate best practice sharing will be presented.

Key Points: Increasing physicians'awareness of their patients needs may give way to a reflection on the practice that could improve professionalism in the context of social imputatiliby. Linking patients and physicians needs is a valuable method in the development of practice-oriented programs to improve professional competencies and contributes to enhance the management of informed people.

Expected Outcomes: CME providers and Health Professionals involved in Professional Development will begin to engage in the discussion of how to link patients and physicians needs to improve decision sharing, professional competencies and management of informed people.

Reference: Angela Coulter, Vikki Entwistle, David Gilbert. Sharing decisions with patients: is the information good enough? BMJ, Volume 318, 30 January 1999: 318-322.

Potential Participant's Self-Assessment Question: Do you have a need to learn more about means to improve decision sharing between health professionals and informed people?

P7, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Golden Gate Hall/B-2; 4' x 8'Horizontal Tack Board & Table for Handouts

The Quebec Remedial Continuing Medical Education Process:
An Innovative Approach Providing Personalized Education to Physicians – 10 Years of Successful Work
(Educational Interventions; Basics Curriculum; Advanced Curriculum; Research Track; Physician's Track)

François Goulet, MD
Collège des médecins du Québec, tel: 514/933-4441, ext. 237, mailto:goulet.cmq@sympatico.ca.

Robert Gagnon, MSc
Collège des médecins du Québec, tel: 514/933-4441, ext. 240, mailto:rgagnon@cmq.org

André Jacques, MD
Collège des médecins du Québec, tel: 514/933-4441, ext. 322, mailto:jacques.cmq@cympatico.ca

Relevance: As part of their mission to protect the public, professional licensing authorities have the duty to ensure the professional competence and the quality of services of their members. Some physicians practice reviews showed that 1.5% of the physicians required a remedial education program.

In the Province of Quebec, the Collège des médecins du Québec (CMQ), in collaboration with medical schools, developed a process to identify physicians with shortcomings in their clinical performance, to determine their educational needs, to propose personalized remedial interventions and then to assess the impact of these CME interventions.

Target Audience: This poster will be of interest to CME professionals at all experience levels and for provider groups specially medical schools, medical specialty societies, state medical societies and hospitals.

Purpose: This poster presents an innovative approach in providing personalized education for physicians for the last 10 years.

Objectives: To present the process and the results of remedial educational interventions planned by the CMQ and the four medical schools for Quebec physicians.

Results: Between April 1992 and March 2002, 305 physicians (216 family physicians and 89 specialists) were referred to the CMQ, Practice Enhancement Division. The following difficulties were identified: therapeutic knowledge (36%), diagnostic knowledge (32%), record keeping (17%), technical skills (9%). A total of 319 physicians completed either a clinical training program (83%), a tutorial (12%) or a focused reading program (5%). A re-evaluation of all these physicians showed that only 3% had failed their educational interventions.

Key Points: The educational remedial process developed jointly by the CMQ and the medical schools in the Province of Quebec is original and efficient.

Expected Outcomes: This poster presents an innovative approach linking a medical licensing authority with medical schools. This approach could be adopted by other medical specialty societies, state medical societies and medical schools.

Reference: Dauphinee MD. Revalidation of doctors in Canada BMJ 199;390:1188-90.

Potential Participant's Self-Assessment Question: Do you need a valid and reliable process that will emphasize not only on the evaluation but also on improvement?

P8, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Golden Gate Hall/B-2; 4'x 8'Horizontal Tack Board & Table for Handouts

The Evolution of Distance Learning at the CME Department of the College of Physicians of Barcelona (1997-2003)
(Educational Interventions; Basics Curriculum; Advanced Curriculum; Research Track; Physician's Track)

Alex Ramos, MD
College of Physicians of Barcelona, tel: +34 935 678 858, mailto:aramos@comb.es

Raquel Dolado, BSc
College of Physicians of Barcelona, tel: +34 935 678 858, mailto:rdolado@comb.es

Joan Aliaga, EdD
College of Physicians of Barcelona, tel: +34 935 678 858, mailto:joanmarti.aliaga@uab.es

Magda Martínez, MD
College of Physicians of Barcelona, tel: +34 935 678 858, mailto:resp_prof@comb.es

Miquel Bruguera, MD
College of Physicians of Barcelona, tel: +34 935 678 858, mailto:ccfmc@comb.es

Relevance: The CME Department of the College of Physicians of Barcelona (CPB) has been continually adapting itself to the changes in the field of Continuing Medical Education (CME). Consequently, distance learning courses have been incorporated as one of the training methods. The aim is to provide access to CME to professionals who cannot attend in person due to time, travel, or personal constraints.

Target Audience: Of interest to any professional in the field of CME and Continuing Professional Development.

Purpose: To describe the evolution of distance learning at the CME Department of the CPB.

Objectives: To study the distance learning courses at the CME Department of the CPB and the profile of its participants.

Methods: To analyse the descriptive data regarding the distance learning courses and its participants, taken from the annual reports (from 1997 to 2003).

Key Points: During the period studied, the number of courses has grown from 2 in 1997 to 13 in 2003. In these six years, a total of 3611 participants have been involved. Most of the participants (866) were general practitioners and 65.98% of them lived in the geographical area of CPB. The percentage of men and women was 47.59% and 52.41% respectively, with a mean age of 38.78 years. A total of 20300 credits of CME were awarded to the participants (1967) who pass the evaluation.

Expected Outcomes: The distance CME has become as a relevant training method to increase the number of courses and participants. The demand for accredited CME should increase due to the recent Spanish law regarding the regulation of the health professions. This regulation will only countenance accredited learning courses.

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

Potential Participant's Self-Assessment Question: Are you interested in finding out about the range of distance learning courses offered by a Medical Association in the Barcelona (Spain) area?

P9, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Golden Gate Hall/B-2; 4'x 8'Horizontal Tack Board & Table for Handouts

Applying Theory to Practice: A Worldwide Physicians Needs Assessment
(Educational Interventions; Basics Curriculum; Advanced Curriculum; Research Track; Physician's Track)

Sean Hayes, PsyD
AXDEV Global, tel: 888/282-9338, mailto:hayess@axdevgroup.com

H.B. Slotnick, PhD
University of Wisconsin Madison Medical School, tel: 608/263-2860, mailto:hbslotnick@wisc.edu

Suzanne Murray
AXDEV Global, tel: 888/282-9338, mailto:murrays@axdevgroup.com

Kristen Raines, MD
Department of the Army, tel: 703/681-8036, mailto:Kristen.raines@us.army.mil

Relevance: The application of theory and the value of technology in conducting needs assessments must be tested in practice. Key medical experts constructed patient case scenarios across 10 areas of medical practice. Over 1800 physicians currently in active duty but deployed around the world were invited by email through a secure login access to an online site. Upon accessing the site, they selected the clinical cases of relevance to their specialty area, reviewed the scenarios, and responded to practice context questions based upon Slotnick's (1996) framework.

Target Audience: This research poster will be of interest to CME professionals at all experience levels in all provider groups who want to learn how to integrate theory and case context with technology to assess physician needs.

Purpose: This poster will describe a study that examined the needs of armed forces physicians in ten therapeutic areas.

Objectives: At the conclusion of reviewing this poster, participants will (1) appreciate the value of logic in the design of needs assessments, and (2) examine the practicality of using this approach in their own CME practice.

Methods: The poster will outline the purpose, design and results of the study. Poster authors will discuss the practical elements of the study design and deployment and the value of the results for development of future CME programs.

Key Points: The data analysis revealed significant needs among differing clinical specialists, and provided evidence regarding preferred formats, mediums, and means of learning for each clinical group. The results of this project served to inform the development of future research into armed force physician needs, and the development of context-specific educational intervention programs. The study also provided value and in-depth learning regarding the use of technology to assess physician needs, and provides recommendations how to tailor such a methodology.

Expected Outcomes: Participants will have the opportunity to examine the on-line study and determine the value for their own CME practice.

Reference: Slotnick, H.B., Mejicano, G., et al. The epidemiology of physician learning. Med Teacher 2002, 24(3): 308-316.

Potential Participant's Self-Assessment Question: Do you want to determine the benefits and limitations of using on-line technology to assess physician needs before undertaking such a study?

P10, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Golden Gate Hall/B-2; 4'x 8'Horizontal Tack Board & Table for Handouts

Information and Communication Technologies (ICTs) and Continuing Health Professional Education in Canada
(Educational Interventions; Basics Curriculum; Advanced Curriculum; Research Track; Physician's Track)

Fran Kirby, MEd
Memorial University of Newfoundland, tel: 709/777-6653, mailto:fkirby@mun.ca

Vernon Curran, PhD
Memorial University of Newfoundland, tel: 709/777-7542, mailto:vcurran@mun.ca

Lisa Fleet, MA
Memorial University of Newfoundland, tel: 709/777-4293, mailto:lfleet@mun.ca

Relevance: Lack of access to professional development is a common deterrent to practice in rural and remote areas. Distance learning technologies have an important role to play in addressing the professional isolation challenges experienced by rural and remote health care providers. Canadian continuing health professional education providers are therefore increasingly using distance learning technologies in the provision of continuing education.

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

Purpose: This poster summarizes the results of a national survey of continuing health professional education (CHPE) providers. The purpose of survey was twofold: (1) to identify the extent to which information and communication technologies (ICTs) are being used by Canadian CHPE providers in the delivery of continuing professional education; and (2) to identify the role of Canadian CHPE providers in addressing health professionals'continuing professional education needs concerning the adoption and usage of ICTs. Respondents included providers of continuing professional education in the fields of pharmacy, nursing, and medicine and included universities, colleges, industry, professional associations and societies, hospitals and health care authorities. There were 677 surveys returned. The information collected focussed on: level of ICT usage in continuing professional education delivery; target audiences; nature of distance learning development support; types of technologies used; strengths and resources to ICT usage; faculty support; and ICT continuing education.

Objectives: At the conclusion of the poster presentation, participants will be able to discuss 1) the use of distance technologies in the provision of continuing health professional education; 2) the advantages and disadvantages of using ICTs for continuing health professional education; and 3) the current state of continuing health professional education in Canada.

Methods: The poster will summarize the results of a national survey. Survey methodology and findings, conclusions and recommendations will be presented in detail.

Key Points: Academic institutions are responsible for providing the majority of CHPE programming via distance learning technologies and external funding is necessary to support the high costs of development and delivery. Governments therefore have an important role to play in stimulating efforts in the development and delivery of technology-based CHPE. ICTs are particularly relevant to the enhancement of health care delivery in rural, remote, and northern regions of Canada. Rural communities, governments, health care organizations, and CHPE providers need more information to ensure that new and existing rural tele-health and distance learning projects are appropriate and effective for addressing the needs of rural health care providers.

Expected Outcomes: Physicians and CME professionals will increase their understanding of the use and application of ICTs in continuing health professional education.

Reference: Carrier MF, Harvey D. Current state of distance continuing medical education in North America. Journal of Continuing Education in the Health Professions 2001, 21:150-157.

Potential Participant's Self-Assessment Question: Do you need to learn more about the use of information and communication technologies (ICTs) – i.e. types of technologies, applicability, benefits - in continuing health professional education?

P11, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Golden Gate Hall/B-2; 4'x 8'Horizontal Tack Board & Table for Handouts

Bridging Core Competencies and Outcome Measurements Together
(Performance Measurement; Basics Curriculum; Advanced Curriculum; Research Track; Physician's Track)

Sarah Myren, BA
Mayo Clinic-Rochester, tel: 507/266-2292, mailto:myren.sarah@mayo.edu

Leslie Redinger, MEd
Mayo Clinic-Rochester, tel: 507/266-7572, mailto:redinger.leslie@mayo.edu

Melissa Fiscor, BS
Mayo Clinic-Jacksonville, tel: 904/953-0420, mailto:fiscor.melissa@mayo.edu

Patsy Barker, BA
Mayo Clinic-Scottsdale, tel: 480/301-8258, mailto:barker.patricia@mayo.edu

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.

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.

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.

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.

Potential Participant's Self-Assessment Question: How can core competencies and outcomes measurement come together?

P12, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Golden Gate Hall/B-2; 4' x 8'Horizontal Tack Board & Table for Handouts

"Breaking the Code of Silence": Measuring the Impact of CME as Part of a Larger Patient Safety Initiative
(Performance Measurement; Basics Curriculum; Advanced Curriculum; Research Track; Physician's Track)

Grace Iwahashi, MPH
The Queen's Medical Center, tel: 808/537-7595, mailto:giwahashi@queens.org

Della Lin, MD
The Queen's Medical Center, tel: 808/531-1116, mailto:delin@queens.org

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 the last three fiscal years 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.

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, evaluation and measurement of their program impacts.

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.

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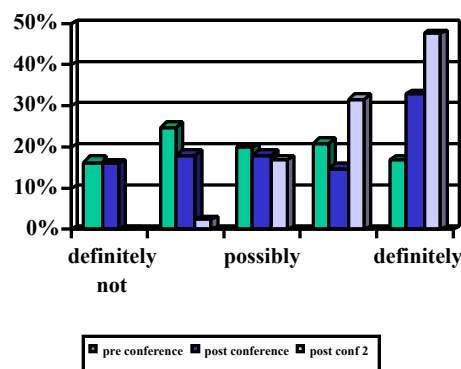
Post conference attendees indicate that they were *more likely* to SPEAK UP and tell a senior clinician that a diagnosis /treatment plan posed a patient safety risk.

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.

Potential Participant's Self-Assessment Question: How can CME initiatives be more effectively linked to broader organizational assessments and goals—and are there examples of working together to measure changes in these performance goals?

P13, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Golden Gate Hall/B-2; 4'x 8'Horizontal Tack Board & Table for Handouts

Assessing Short Course Outcomes from a Three Module Educational Program on Alzheimer's and Other Dementias
(Performance Measurement; Basics Curriculum; Advanced Curriculum; Research Track; Physician's Track)

Jocelyn Lockyer, PhD
University of Calgary, tel: 403/220-4248, mailto:lockyer@ucalgary.ca

Relevance: Assessing the outcome from short courses is desirable but complicated unless program planning involves clear measurable objectives on which to base outcomes along with a pre-course baseline knowledge. This poster demonstrates how pre and post course assessments along with reflective data (commitment to change) were used to assess the outcome of an educational program.

Target Audience: This poster will be of interest to CME professionals who would like a practical example of how the outcomes from short courses can be assessed.

Purpose: To demonstrate how one would assess outcomes from a short course using pre and post course information about knowledge, behaviors, comfort with management, and level of care provided. To demonstrate how commitment to change data collected at the end of a course and after a course can be used to assess course outcomes.

Methods: The poster will present an overview of the educational program, types of data collected, the analyses run, and conclusions reached to establish course outcomes.

Key Points: Pre and post course self-report data can be used to determine changes in knowledge scores, comfort with management, and level of involvement in care. Chart review data can be used to examine actual changes in practice. Commitment to change data along coupled with a follow-up strategy will allow an assessment of whether key messages delivered through educational programs were received and were able to be incorporated into practice.

Expected Outcomes: Participants will see an example of an outcome study that was done to establish outcomes from a 3 module 3-hour course.

Reference: Lockyer J, Ward R, Toews J, Fidler H, Churcher M, Outcomes-Based Courses: Using Pre and Post Course Measurements to Examine and Enhance Course Success, Journal of Executive Education 2003; 2(2): 31-38. (On-Line Journal http://www.journalofexecutiveeducation.com/Volume%202-2%20Fall%202003.html).

Potential Participant's Self-Assessment Question: What evidence do you require to demonstrate that your courses are having an impact on physician performance?

Note: The work related to this study was done by the following University of Calgary team members: Herta Fidler MSc, David Hogan MD FRCPC, Laurie Pereles MD CCFP, Christine Lebeuf MD CCFP, Bruce Wright MD CCFP, & Cory Gerritsen BSc.

P14, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Golden Gate Hall/B-2; 4' x 8'Horizontal Tack Board & Table for Handouts

Evaluation of the Effectiveness of an Online Bioterrorism Continuing Medical Education Course
(Performance Measurement; Basics Curriculum; Advanced Curriculum; Research Track; Physician's Track)

MaziarAbdolrasulnia, MPH
University of Alabama-Birmingham, tel: 205/934-2687, mailto:maziabdo@uab.edu

Thomas Terndrup, MD
University of Alabama-Birmingham, tel: 205/934-2616, mailto:tterndrup@uab.edu

Kathyrn Andolsek, MD
Duke University, tel: 919/668-3883, mailto:andol001@mc.duke.edu

Relevance: The events of September 11, 2001, and the anthrax outbreak have increased awareness of bioterrorist threats and have highlighted the need for bioterrorism preparedness of healthcare providers. Low knowledge and confidence survey scores among physicians and nurses on bioterrorism knowledge, awareness and preparedness have indicated the need for continuing education and staff development in bioterrorism preparedness programs. These programs have been aimed at healthcare providers in hospital emergency departments and ambulatory clinics since these might be the first to encounter illness related to a bioterrorist event. However, few evaluations have been conducted to determine the effectiveness of training for bioterrorism events and of providing easy access to public health and medical information.

Target Audience: This poster will be of interest to all CME professionals interested in evaluating online training sites.

Purpose: To evaluate the effectiveness of the Agency for Healthcare Research and Quality [AHRQ] bioterrorist preparedness training website in increasing physician recognition and management of illness that might result from a bioterrorist attack, and in increasing confidence in the ability to respond to a potential bioterrorist attack.

Objectives: Upon reviewing this poster, participants will be able to: 1) describe how case-based survey instruments can be used to assess physician knowledge, awareness, and confidence, and 2) examine the effectiveness of case-based survey instruments in evaluating online CME training courses.

Methods: A follow-up evaluation of participants in an online CME bioterrorism course was conducted, using a case-based survey instrument. Four confidence items assessed confidence in finding information needed to manage biologic, chemical, radiation and mental health related to terrorism. Three items were used to assess knowledge of reporting related to potential bioterrorist attacks. Additional items assessed training in bioterrorism and preferred methods for keeping up-to-date, as well as demographic characteristics were also examined. The instrument was administered to a sample of physician course participants and a control group of physicians who had participated in other online CME courses.

Key Points: A total of 194 physicians participated in the evaluation including 66 bioterrorism course participants. Course participants were significantly more likely to identify Bacillus anthracis in a case vignette format (93.5%) compared to controls (79%) (p=0.01). Controls were significantly more likely to misidentify the smallpox virus as Hanta virus than participant (p=.04). Controls were more likely to incorrectly identify viral exanthem as varicella compared to the participant group (p=.036). Bioterrorism course participant physicians were more confident than controls in being able to find information to guide the diagnosis of biological exposure (p<0.0001), chemical/toxic exposure (p=0.0002), radiological exposure (p=0.0014), and to address mental health issues (p=0.0720). Both groups preferred the Internet as a CE format.

Expected Outcomes: CME professionals will gain a better understanding of how web-based continuing medical education courses can increase knowledge, awareness, and confidence in information seeking that increases preparedness and may improve quality of care during a bioterrorist infection outbreak.

Reference: Beaton RD, Johnson LS. Instrument development and evaluation of domestic preparedness training for first responders. Prehospital Disaster Med. 2002; 17: 119-25.

Potential Participant's Self-Assessment Question: How effective are case-based surveys for evaluating online CME training sites?

P15, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Golden Gate Hall/B-2; 4'x 8'Horizontal Tack Board & Table for Handouts

Weaving the New into the Old Application of Technology in Established Programming
(Performance Measurement; Basics Curriculum; Advanced Curriculum; Research Track; Physician's Track)

Andrea Waller, MPH
Columbus Children's Hospital, tel: 614/722-4911, mailto:wallera@chi.osu.edu

Relevance: Morbidity and mortality conferences (M&Ms) are a common venue for Continuing Medical Education (CME) of many faculty at our institution. While this approach can be useful, there is evidence that traditional didactic methods of CME have a poor record of knowledge transfer into practice implementation. The incorporation of information and telecommunication technology (ITT) is a tool that assists physicians gain greater efficiency in the formidable task of information management.

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

Purpose: This poster presentation will focus on the utilization of technology to improve education aimed at enhancing the delivery of evidence-based care.

Objectives: After reviewing this poster, participants will be able to: 1) identify the personnel and technology components necessary to establish a setting conducive to a new learning environment; 2) describe and evaluate the feasibility of using online resources in combination with traditional peer review to bring about change; and 3) design a program to monitor the effectiveness of new learning methods.

Methods: Using pediatric surgery M&M as a pilot activity, a feasibility test of a pre-post comparison of a technology-oriented educational intervention in a professional development activity is underway. Traditional didactic educational methods (pre) will be compared with evidence-based decision making as the educational intervention (post). Data on information technology prerequisites, training, satisfaction and practice change are reported.

Key Points: The Institute of Medicine, among others, is calling for the incorporation of evidence-based practice and informatics in the education of the health professional. Information technology achieves the request and accommodates the swift expansion of information.

Expected Outcomes: Because technology is a vehicle for expedient knowledge transfer, participants will be able to identify activities within their institutions in which to partner with their IS departments and identify appropriate settings for application.

Reference: Barnes BE. Creating the practice-learning environment: using information technology to support a new model of continuing medical education. Acad Med. 1998 Mar;73(3):278-81.

Potential Participant's Self-Assessment Questions: Is your institution developing ITT infrastructure that could be imported into a current educational activity? And if so, is there an individual willing or interested in serving as a "champion" for the cause? What barriers to implementation might be present in your institution and how would you address these?

P16, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Golden Gate Hall/B-2; 4'x 8'Horizontal Tack Board & Table for Handouts

Qualitative Assessment of the CME Events'Learning Profile
(Performance Measurement; Basics Curriculum; Advanced Curriculum; Research Track; Physician's Track)

Helios Pardell, MD
Spanish Accreditation Council of CME (SACCME), tel: +34 91 431 7780, mailto:seaformec@cgcom.es

Arcadi Gual, MD
Catalan Council of CME (CCCME), tel: +34 93 218 3665, mailto:ccfmc@comb.es

Helena Segura, MEd
Catalan Council of CME (CCCME), tel: +34 93 218 3665, mailto:ccfmc@comb.es

Carmen Gómez Asorey, MD
Spanish Accreditation Council of CME (SACCME), tel: +34 91 431 7136, mailto:seaformec@cgcom.es

Relevance: The accreditation/certification process of the CME events is aimed to assure their quality. Traditionally, the output of that process is the CME credit, which is mainly based on the lenght of the event (learning hours).
Nevertheless, taking into consideration the diversity of the CME offer, the traditional CME credit does not accurately reflect the learning profile of the CME event. Consequently, the CME credit is useless as orientation tool of the physicians for selecting a CME event.

Purpose: To describe an innovative system of qualitative assessment of the learning profile of CME events, able to discriminate their potential impact on the improvement of knowledge, skills and/or attitudes of participants.

Objectives: To analyze:
• The main components of this qualitative assessment system
• The feasibility of that system in the real world
• The main results of the CME events'accreditation/certification process using that system

Key Points: Description of the:
• New qualitative assessment system of CME events
• Results of the utilization of that system in Spain

Expected Outcomes: The use of this new qualitative assessment system is able to better discriminate the learning profile of CME events. It could be tested in other contexts in order to facilitate the homologation of the current CME accreditation/certification systems in different countries.

References: Pardell H, Ramos A, Gual A. Internal evaluation of a CME activities accreditation committee. 25th Annual Conference of the ACME. New Orleans, LA. January 19-22, 2000.
Davis D, Moore D, Sinclair L et al Evaluating educational outcomes. An electronic workbook for CME providers. 2002. http://www.acme-assn.org/workbook/.

Potential Participant's Self-Assessment Question: Do you think that a new system of granting CME credits to the CME events could be interesting?

P17, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Golden Gate Hall/B-2; 4'x 8'Horizontal Tack Board & Table for Handouts

Building Bridges in the Community through Effective CME Collaboration
(Partnering; Basics Curriculum; Advanced Curriculum; Research Track; Physician's Track)

Henry Tulgan, MD
Berkshire Medical Center, tel: 413/447-2715, mailto:htulgan@bhs1.org

Gay Plungas, MPH
Berkshire Area Health Education Center (AHEC), tel: 413/447-2417, mailto:gplungas@berkshireahec.org

Gray Ellrodt, MD
Berkshire Medical Center, tel: 413/447-2849, mailto:gellrodt@bhs1.org

Relevance: For a quarter century, a strong relationship between Berkshire Medical Center (BMC), a major community teaching affiliate of the University of Massachusetts Medical School, and Berkshire Area Health Education Center (AHEC), a community-based nonprofit agency with a mission to provide continuing education to health professionals in rural and medically underserved areas, has fostered collaboration in medical education via support of undergraduate, graduate and continuing medical education. Over time, this collaboration has expanded its service area by including the major hospital systems and community health centers in the region, and it has evolved in scope to address local community health issues in Berkshire County, a large and semi-rural county in western Massachusetts. Collaborative activities that have become prominent sources of local CME include an annual Cancer Conference, biannual Risk Management programs, and the annual Berkshire Medical Conference, a four-day fully CME accredited summer conference that draws physicians throughout the Northeast and beyond. In addition, the collaboration has enabled other programs to address specific community needs. For example, as the demographics of Berkshire County change to reflect national trends, a growing population of non-English speaking individuals has resulted in the offering of medical interpreter training and translation programs. Similarly, the collaboration has addressed workforce development issues by increasing efforts to recruit students into health careers with an emphasis on reaching minority populations. The most recent joint venture between BMC and AHEC focuses on improving the health of the community through the "Healthier Berkshires" initiative. This program initially focused on mental health and the prevention of cardiovascular disease and diabetes. The second phase will expand upon the prior themes and also address obesity prevention and access to health care. The intent is to develop a comprehensive community-wide approach to disease prevention.

Target Audience: This poster session will be of interest to advanced CME professionals in all provider groups.

Purpose: This poster will describe an established CME collaboration between an academic institution and a community-based organization in rural western Massachusetts and its inherent potential for future joint ventures.

Objectives: Upon review of the poster session, participants will be able to 1) identify potential partners for effective CME collaborations, 2) discuss ways to enhance CME partnerships based on community assets and needs, and 3) use established CME networks in new and innovative ways to address specific public health issues.

Methods: An illustrative poster will describe the history of a successful CME community collaboration and identify innovative ways to use this established network.

Key Points: Community and academic partnerships are effective for successful CME activities and such partnerships can evolve over time to provide additional community benefits.

Expected Outcomes: Successful collaborations can enhance CME programs and evolve to address other issues. The optimistic goal of the "Healthier Berkshires" initiative to raise the health status of Berkshire County to the highest levels in the state by 2010 can serve as a model for community-based initiatives nationwide.

Reference: N/A

Potential Participant's Self-Assessment Question: Do you have a need to learn more about community-based CME collaborations and the potential for future innovations that can evolve from these partnerships?

P18, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Golden Gate Hall/B-2; 4' x 8'Horizontal Tack Board & Table for Handouts

Bridging Across Disciplines: Partnering for Successful Multidisciplinary Conferences
(Partnering; Basics Curriculum; Advanced Curriculum; Research Track; Physician's Track)

Bonnie Bixler, MEd
Penn State College of Medicine, tel: 717/531-4114, mailto:bbixler1@psu.edu

Relevance: CME offices are constantly under pressure to develop and implement educational activities that serve institutional goals (such as enhancing relationships with referring group practices or other hospitals) as well as our unit goals (such as quality education for in-house as well as outside health-care professionals while meeting financial benchmarks). One way to accomplish multiple goals is to partner and collaborate within institutional departments as well as with relevant outside non-profit and for-profit organizations. Among the value-added features are 1) commitment and buy-in that may translate into larger enrollments, 2) the ability to reach a broader, possibly multidisciplinary, target audience, 3) increase the pool of experts/presenters, and 4) enhance collaborative efforts beyond the scope of CME.

Target Audience: This poster session will be of interest to CME professionals at the beginner to intermediate experience levels in most provider groups.

Purpose: This presentation will focus on partnering with internal and external groups to reach mutual goals and provide successful interdisciplinary CME events.

Objectives: At the conclusion of the poster session, participants will be able to describe and discuss 1) strategies to promote collaboration between departments/divisions within the organization, and 2) strategies to promote collaboration between CME and groups from outside the organization.

Methods: Presenter will provide a 4x8 poster presentation and be available to answer questions from participants.

Key Points: CME departments can serve to establish unity and collaboration within internal departments/divisions and can play a major role in extending the organization's vision to the health-care community when establishing partnerships with external organizations.

Expected Outcomes: The collaborative efforts of PSU-CME and several internal and external organizations have successfully produced numerous multidisciplinary educational efforts. Others may "jump-start" their creative programming as a result of viewing this poster.

Reference: none

Potential Participant's Self-Assessment Question: Do you need to learn more strategies to foster partnerships that result in successful interdisciplinary educational activities?

P19, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Golden Gate Hall/B-2; 4'x 8'Horizontal Tack Board & Table for Handouts

Got Data? Integrating Evaluation and Needs Assessment Processes
(Administrative/Management; Basics Curriculum; Advanced Curriculum; Research Track; Physician's Track)

Sheila McCart, AOS
University of Rochester School of Medicine & Dentistry, tel: 585/275-4392, mailto:skmccart@cpe.rochester.edu

Vicki Perry
University of Rochester School of Medicine & Dentistry, tel: 716/275-4392, mailto:vickilp@cpe.rochester.edu

Laurie Clayton, MS
University of Rochester School of Medicine & Dentistry, tel: 716/275-4392, mailto:lclayton@cpe.rochester.edu

Relevance: ACCME Essential Area 2: Educational Planning & Evaluation, Element 2.1 states that the provider must use a planning process (es) that links identified educational needs with a desired result in its provision of all sponsored activities. Element 2.2 states the provider must use needs assessment data to plan CME activities. Identifying the educational needs of our physician community is an ongoing task for all CME offices. CME Offices have an abundance of needs assessment data literally at their fingertips as a result of activity evaluations. This poster presentation will demonstrate how we can more effectively utilize existing data in the needs assessment process.

Purpose: The purpose of this poster presentation is to 1.) Identify a data collection system through a variety of evaluation processes, 2.) Determine how data collection systems have assisted in identifying the educational needs of our physician community, and 3.) Describe improved uses for data collection.

Objectives: As a result of viewing this poster presentation, participants should be able to discuss various evaluation processes, data collection systems and identify new ways to use needs assessment data to plan future CME activities.

Methods: Presenters will discuss and visually present an integrated evaluation and needs assessment system with Alliance Conference Attendees.

Key Points: The ACCME has identified Three Essential Areas for the improvement and development of continuing medical education programs. As a result of the ACCME Self-Study process, the Office of Continuing Professional Education at the University of Rochester School of Medicine and Dentistry identified several areas of improvement including the enhancement of needs assessment processes for individual activities and the improvement of overall CME program evaluation system as a guide to measure and improve continuing medical education activities.

Expected Outcomes: CME providers will review new activity evaluation and data collection systems and assess their impact in developing future continuing medical education activities.

References: Knox, AB. Evaluation for Continuing Education: A Comprehensive Guide to Success. (Jossey-Bass, San Franscisco, 2002).
Grant, J. Learning Needs Assessment: Assessing the Need. *British Medical Journal* 2002; 324:156-159.

Potential Participant's Self-Assessment Question: How can continuing medical education offices fully integrate evaluation data into the educational needs assessment process?

P20, Poster Presentation
7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday
Golden Gate Hall/B-2; 4'x 8'Horizontal Tack Board & Table for Handouts

Critical Appraisal of Literature and its Relevance to Practice
(Self-Assessment and Life-Long Learning; Basics Curriculum; Advanced Curriculum; Research Track; Physician's Track)

Linda Casebeer, PhD
University of Alabama School of Medicine, tel: 205/934-2616, mailto:Casebeer@uab.edu

Lawrence Liberti, MS
Astrolabe Analytica, Inc., tel: 215/949-8932, mailto:LLiberti@astrolabeanalytica.com
Other Support: Employee of Astrolabe Analytica, Inc., the developer of the technology noted below

Rachael Shillman, BA
Outcomes, Inc., tel: 205/ 937-0062, mailto:Rachael.shillman@ceoutcomes.com

Relevance: Even though the options for how physicians receive CME information are rapidly expanding, reading journal articles remains a constant in physicians'routines. By conservative estimates, physicians spend 2-4 hours per week reviewing journals; however, little is known about how the physician learner critically assesses the clinical information presented and translates this information into practice. By identifying and categorizing the criteria physicians use to evaluate journal data, we gain a better understanding of the physician as a learner. These findings can be applied to enduring CME materials.

Target Audience: This poster will be of interest to all CME professionals interested in the physician learning process.

Purpose: To evaluate how physicians critically read clinical information presented in journals and translate it into practice.

Objectives: After viewing this poster, participants will be able to: 1) describe how physicians evaluate literature (e.g., most important factors in perceived quality of clinical trial data), 2) examine how clinical trial data influence physician therapeutic options selection, and 3) apply these factors to the assessment of CME enduring materials.

Methods: 260 physicians were randomly selected to participate in one of 3 online CME courses, examining the use of estrogen in the prevention and management of osteoporosis. All groups were asked to reflect on the process of critical appraisal of literature and its relevance to practice. Two of the groups were then asked to review 1 of 2 journal articles (*JAMA* and *Int J Clin Practice*) (presenting trial data of a therapy used in the prevention and management of osteoporosis in postmenopausal women), then rate the impact of this article for relevance, educational value, and applicability. Participants rated their overall opinion of the data, their ability to delineate the key messages, and the effect this article would have on their practice. Physician responses to both articles were compared to results obtained using a commercial literature evaluation service the Astrolabe Message Mapping System™ (AMMS). All 3 groups responded to case vignettes designed to assess the impact of the articles on their selection of treatment for osteoporosis.

Key Points: 69% reported spending 4 hours or less reading journal articles each week. Physicians read articles in a non-linear manner, skipping from abstract to discussion to background then methods. Perception impact factors – in order of importance to physicians (ranked highest to lowest): quality of information presented, how well key concepts are supported by data, quality of journal, and reputation of sponsoring academic institution. Readers of the JAMA article identified the same key messages as the AMMS and were significantly more likely to do so than readers of the other article. Readers rated the methodology/science of the JAMA article higher than the other journal, consistent with the AMMS. Commercial sponsorship was negatively associated with result credibility. More readers of the JAMAarticle (56% vs 39%) indicated that the article would cause them to reconsider or alter their practice regarding osteoporosis treatment.

Expected Outcomes: The CME professional will gain a better understanding of how physicians read and process information, and how the presentation of trial information can influence the potential for changes in practice.

References: Saint S et al: Journal reading habits of internists. J Gen Intern Med 2000;15:881-4. MacAuley D et al. Randomised controlled trial of the READER method of critical appraisal in general practice. BMJ 1998;316:1134-7.

Potential Participant's Self-Assessment Question: Do you know what factors are most important to physicians when reading a journal article and what criteria physicians use to evaluate information that they are presented with?

Building Bridges to Enhance Performance in the Practice Setting
(Partnering; Basics Curriculum; Advanced Curriculum; Physician's Track)

Marcia Jackson, PhD
American College of Cardiology Foundation, tel: 301/897-5400, ext. 380, mailto:mjackson@acc.org

Stephen Miller, MD
American Board of Medical Specialties, tel: 847/491-9091, mailto:smiller@abms.org

Terry Hatch, MD
Carle Foundation Hospital, tel: 217/383-4644, mailto:terry.hatch@carle.com

Relevance: Continuing Medical Education (CME) professionals are successfully translating the newly embraced CME core competencies into their CME practice venues and for the positions they serve.

The character of CME is increasingly more defined as the American Board of Medical Specialties (ABMS) defines Maintenance of Certification (MOC). The CME professional's competency base must be adequate to facilitate physician learner's attainment of two critical MOC requirements: evaluation of performance in practice and self-assessment and life-long learning. Performance of the CME professional will be enhanced and strengthened by "building bridges" of new pathways and creating partnerships with all stakeholders in their environments.

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

Purpose: This plenary session builds on the foundation of CME competency translation towards a model of collective competence. Major issues of the past CME year (2004) will be reviewed. Enhanced CME professional performance will be linked to enhanced CME and enhanced physician performance based upon physician core competencies and MOC defined by the ABMS. Direction will be provided for attendees to explore proven pathways of partnership among fellow CME professionals, physician learners and other stakeholders.

Objectives: At the conclusion of this session, participants should be able to 1) identify the major issues and trends of 2004, 2) relate these trends to their own CME core competencies, 3) describe the newly adopted ABMS physician core competencies, 4) relate MOC to physician core competencies, 5) describe how established pathways of partnerships among stakeholders will facilitate performance at the highest levels of competence for both CME professionals and physicians, and 6) pursue/establish attendees own partnerships for enhanced performance.

Methods: Interactive lecture

Key Points: Emerging CME must be characterized on measurable, evidence-based results, enhanced physician performance, and improved patient care outcomes. This new CME is most broadly defined and guided by the ABMS through the MOC program. The CME professional plays a central role in this emerging CME and must establish partnerships with and among all stakeholders.

Expected Outcomes: Participants will identify two or three pathways of partnerships with stakeholders at this annual conference and implement these partnerships in their CME practice setting. Participants will seek to become in competent in facilitating physician learner attainment of MOC.

Reference: Maintenance of Certification (MOC), http://www.abms.org/moc.asp.

How 'CME'Helps Translate Knowledge into Practice: Framework and Highlights from CME Congress 2004
(Leadership; Research Track; Physician's Track)

Van Harrison, PhD
University of Michigan, tel: 734/763-1401, mailto:rvh@umich.edu

Dave Davis, MD
University of Toronto, tel: 416/978-3703, mailto:dave.davis@utoronto.ca

Relevance: CME is an important component in the set of complex processes that translate medical knowledge into physicians' practices. In May 2004, 18 organizations (including the Alliance) sponsored or co-sponsored a quadrennial CME Congress. The Congress brought together a wide range of individuals involved in CME at a 'summit'meeting to share ideas on practices and give direction to the future. The overall theme of the Congress was how knowledge translation involves the linking of information, education, and implementation within the health care and regulatory environments. The opening session introduced a conceptual framework for these processes and the concluding session highlighted important trends.

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 a conceptual framework for the major processes involved in translating information into physicians'practices, highlight important trends, contrast "old" and "new" concepts of CME, and identify likely problems and opportunities in the near future for CME and related activities designed to improve physicians'practices.

Methods: The Chair of CME Congress 2004 and the Chair of the Scientific Program Committee for the Congress will summarize the introductory and concluding presentations they made at the Congress, then discuss implications with the audience.

Objectives: At the conclusion of this session, participants should be able to describe: (1) a conceptual framework for changing physicians'practices that links information, education, and implementation; (2) forces that are affecting these processes; (3) and concerns and opportunities that CME providers are likely to have in the near future.

Key Points: CME providers must understand:
1. the complex process of translating knowledge into practice, their personal roles in the overall process, and how their personal roles relate to the activities of others involved in the process.
2. the term "continuing medical education" is often unclear; using terms with more specific meanings helps clarify discussion of specific processes and activities.
3. an overarching trend is the increasing conflict between limits on society's resources and new knowledge that increases the potential to provide more care, and how this trend is affecting all of the processes associated with knowledge translation.
4. specific problems and opportunities associated with efforts to change physicians'practices through (a) the provision of information, (b) formal CME activities, (c) implementation efforts in health care settings, and (d) regulation.

Expected Outcomes: Participants will be better able to recognize, monitor, and act upon national trends that affect the provision of CME as part of a larger set of processes to improve physicians'practices.

Potential Participant's Self-Assessment Question: Do you need a broad conceptual framework to understand your role and trends in the interrelated processes that together result in translating knowledge into physicians'practices?

The Use of Gap Analysis in Educational Communication Planning
(Performance Measurement)

Al Weigel, MEd
Aventis Pharmaceuticals, Inc., tel: 908/243-7621, mailto:Al.Weigel@aventis.com

Linda Casebeer, PhD
University of Alabama School of Medicine, tel: 205/934-2616, mailto:Casebeer@uab.edu

Lawrence Liberti, MS
Astrolabe Analytica, Inc., tel: 215/949-8932, mailto:LLiberti@astrolabeanalytica.com
Other Support: Employee of Astrolabe Analytica, Inc., the developer of the technology noted below

Relevance: Providing clinicians with balanced educational communications is a goal of the pharmaceutical industry. To understand whether clinicians lack an understanding of a particular topic or therapeutic area, baseline knowledge is required. An assessment of the scientific literature and other enduring educational materials likely to be read by clinicians can form the basis for modeling the impact of the quality of information to which they are exposed. Using a statistical model (the Astrolabe Message Mapping System™) in the area of anticoagulant therapy, we have investigated the role of scientific literature in conducting a gap analysis to define the information landscape which influences therapy decisions. These findings are used to establish a plan for the development of CME and non-CME related enduring scientific materials. The impact of these educational programs on the information landscape is assessed graphically and statistically. Novel analytical tools such as this can help providers of educational programs design, map, and monitor the educational impact of their materials.

Target Audience: This breakout session will be of interest to CME professionals at all experience levels (i.e., for beginners as well as advanced practitioners). This will be especially helpful to all provider groups, especially those involved in conducting needs assessments and identifying new educational opportunities and topics (i.e., medical schools, Pharmaceutical Alliance for CME, hospitals) that are not well understood by target audiences.

Purpose: To explain algorithms that can assist in developing gap analyses and assessing the knowledge landscape within a therapeutic area, and to demonstrate practical application of these processes in defining/monitoring educational needs.

Objectives: Upon completing this breakout session, participants will be able to describe/discuss 1) a method to assess the impact of scientific information on an audience's knowledge base, 2) ways to use message mapping to conduct gap-analyses to identify poorly understood concepts in a therapeutic area and to use these findings to develop CME programs, 3) ways to monitor in real-time effects of enduring scientific educational materials on the knowledge landscape for a therapeutic area.

Methods: The presenters will use a panel discussion format in which information related to the three objectives will be presented. Panelists will be asked to respond to questions posed via audience participation. Results will be derived from real-time data derived from an assessment of current literature in the field of anticoagulant therapy.

Key Points: The creation of innovative CME programs that meet specific educational needs can be enhanced by conducting gap-analyses that identify weaknesses in the knowledge base. Message mapping and its related algorithms offers a tool to identify needs, develop programs, and to monitor their impact.

Expected Outcomes: CME providers will begin to participate in discussions of novel techniques to assess the knowledge landscape. Participants will explore the relationship between the qualitative and quantitative impact of enduring scientific materials of the knowledge landscape of clinicians.

References: West S, et al. Systems to rate the strength of scientific evidence. AHRQ Publication No. 02-E016. April 2002. (http://www.ahrq.gov); Saint S, et al. Journal reading habits of internists. J Gen Intern Med. 2000;15:881-4.

Potential Participant's Self-Assessment Question: What role can a systematic assessment of the quality and quantity of content of enduring materials have on filling gaps in the knowledge landscape in a specific therapeutic area?

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

George Mejicano, MD
University of Wisconsin Medical School, tel: 608/263-4591, mailto:mejicano@wisc.edu

Steven Passin
Steve Passin & Associates, LLC, tel: 610/325-3611, mailto:passin@passinassociates.com
Consultant: President, Steve Passin & Associates, LLC

Beth Mullikin, BA
University of Wisconsin Medical School, tel: 608/262-5077, mailto:eamullikin@wisc.edu

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.

Potential Participant's Self-Assessment Question: Do you offer regularly scheduled conferences (e.g., grand rounds) and need to understand ACCME's new policy on RSC's, and how to demonstrate your system of managing RSC's?

Meeting the Outcome Measurement Challenge
(Performance Measurement)

Ann Neumann, PhD
College of American Pathologists, tel: 847/323-4040, mailto:aneuman@cap.org

Rebecca Fulcer, PhD
College of American Pathologists, tel: 847/323-4040, mailto:rfulcer@cap.org

Relevance: The CME professional is faced with the challenge of demonstrating that "educational activities are evaluated consistently for effectiveness in meeting identified educational needs." While participant satisfaction is one indicator of effectiveness, an increased focus on outcomes means that CME providers need to develop practical strategies for assessing the impact of their education on a broader array of outcomes, such as enhanced knowledge/skill, application to practice, and improved patient health. For CME providers who work with dispersed audiences, such as Medical Specialty Societies, the process of implementing outcomes measurement is complicated by lack of access to performance indicators (e.g., patient charts.) However, an ability to show the results associated with participation in CME can be invaluable for justifying continued investment in education, as well as ensuring that future curriculum development focuses on high-impact programs.

Target Audience: This breakout session is intended for CME professionals at all experience levels who have an interest in evaluation of education effectiveness.

Purpose: Using a "real life" outcome evaluation, this session will illustrate important components, potential pitfalls and tips for designing and implementing successful CME impact studies.

Objectives: At the conclusion of this breakout session, participants will be able to: 1) Describe key steps for designing an effective outcome study; 2) Identify potential issues and barriers; 3) Identify appropriate strategies for the measurement of outcomes in their own setting.

Methods: Combination of short lectures and small group activities.

Key Points: Outcome evaluation success factors include: 1) explicit consideration of expected outcomes at the individual, team and organizational levels; 2) obtaining buy-in from key stakeholders regarding evaluation design and plans for using the results; 3) careful consideration of advantages and disadvantages of various data collection options; 4) in identifying the scope of effort, weighing the value of the outcomes study results against the costs of implementation; and 5) using the results as needs assessment input and for decisions regarding curriculum design.

Expected Outcomes: CME providers will increase their understanding of outcomes measurement and identify applications for their own setting.

Reference: Evaluating educational outcomes: an electronic workbook for continuing medical education providers. http://www.acme-assn.org.

Potential Participant's Self-Assessment Question: Do I need to learn more about outcome evaluation in order to enhance the CME services I provide?

Point of Care Learning: The Ultimate in Meeting CME Need
(Educational Interventions)

Nancy Davis, PhD
American Academy of Family Physicians, tel: 913/906-6000, ext. 6510, mailto:ndavis@aafp.org
Other: President of The Society forAcademic CME

Floyd Pennington, PhD
University of Florida, tel: 352/265-8081, mailto:fpenning@ufl.edu
Consultant: President of CTLAssociates, Inc.

Bob Addleton, EdD
Medical Association of Georgia, tel: 404/881-5070, mailto:bob@mag.org

David Price, MD
Colorado Permanente Medical Group, tel: 303/636-3190, mailto:david.price@kp.org

Relevance: CME is becoming more evidence-based, practice-based and relevant to individual practice. The AMA and AAFP are both conducting pilot projects to evaluate assigning Category 1 and Prescribed credit to point of care learning activities. The University of Florida, Medical Association of Georgia, International Institute for Continuing Medical Education and Colorado Permanente are participating in these pilots.

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

Purpose: This session will introduce participants to various web-based just-in-time clinical decision support tools and describe their use as educational tools for effective point of care learning. While specific products will be described as they are used in the pilot projects, all point of care clinical decision support tools currently available will be cited with no bias in favor or against any particular product.

Objectives: At the conclusion of the session, participants will be able to: 1) describe the use of web-based clinical decision support tools in clinical practice; 2) identify appropriate use of such tools for point of care learning; and 3) develop point of care learning activities for their physician learners.

Methods: Presenters will define the process of point of care learning for CME credit and describe specific pilot projects used to develop the process. Following the presentations, the session will include open discussion with the audience.

Key Points: Point of care learning is a new concept to most CME providers and many physicians. While point of care clinical decision support tools are used in many physician practices, most are not used for CME credit.

Expected Outcomes: CME providers will be able to discuss point of care learning and implement it into their CME program as an effective modality.

References: Practice Based Learning and Improvement, Journal of Continuing Education in the Health Professions; Volume 23, Supplement 1, Spring 2003.
Point of Care Learning. Medical Meetings, Jan 1, 2003, Edited by Sue Pelletier.
Leung, GM, et al. Randomised controlled trial of clinical decision support tools to improve learning of evidence based medicine in medical students. BMJ 2003: 327.

Potential Participant's Self-Assessment Question: Do you have the skills and tools to support effective point of care learning for your physician learners?

Beyond CME: Building Bridges to Better Compliance
(Adult/Organizational Learning Principles; Advanced Curriculum)

Tanya Roberts, BA
AdvancMed, tel: 859/543-4117, mailto:troberts@advancmed.org

Sally Jagelman, BA
AdvancMed, tel: 859/543-4117, mailto:sjagelman@advancmed.org

Relevance: Not only is the current CME provider office populated by a diverse range of experienced professionals, but also educational partners, faculty, advisors, and commercial support education representatives who posses varied and experience in CME and regulatory guidelines. Experienced CME professional must take the lead in identifying the knowledge base of all stakeholders involved in CME planning. Secondly, the skills and areas for improvement that arise from this process aid in developing mechanisms for education and dialogue. Through continuous self-assessment, CME providers may foster continued learning and professional development among all stakeholders of activity planning.

Target Audience: This breakout session will be of interest to CME professionals with intermediate to advanced experience in all provider groups (presenters have academic and medical education company backgrounds).

Purpose: This presentation will provide CME professionals with the resources to create a CME and regulatory compliance self-assessment and improvement mechanism.

Objectives: At the conclusion of this breakout you will be able to 1) identify strengths and areas for improvement in CME and regulatory compliance among your stakeholders, 2) assemble tools for organizational self-assessment and improvement, 3) create a continuum of learning for your stakeholders, and 4) foster open dialogue about CME and regulatory issues among stakeholders.

Methods: Presenters will use a brief didactic presentation followed by audience interaction.

Key Points: So that all stakeholders are more knowledgeable (ie effective) regarding CME and regulatory compliance, we must foster education and dialogue among stakeholders.

Expected Outcomes: CME providers will establish education, training, and communication mechanisms to enhance compliance and dialogue between stakeholders.

CME Theatre 2005: Using CME to Create a Culture of Patient Safety
(Systems Thinking)

THE CME THEATRE PLAYERS:
Diana Durham, PhD
Audio Digest Foundation, tel: 818/240-7500, ext. 241, mailto:ddurham@audio-digest.org
Stuart Gilman, MD
Veterans Affairs Employee Education System, tel: 562/826-8000, ext. 3974, mailto:stuart.gilman@lrn.va.gov
Stockholder: Merck
Barbara Huffman, MEd
Carle Foundation Hospital, tel: 217/383-4647, mailto:barbara.huffman@carle.com
Denise Lenore, MBA
Kaiser Permanente-Los Angeles, tel: 323/783-4519, mailto:Denise.X.Lenore@kp.org
Elizabeth Paczolt, MD
Medical Society of New Jersey, tel: 609/735-2920, mailto:drbeth@verizon.net
Speaker's Bureau: Bristol-Meyers Squibb Medical Imaging, Inc.
Eliana Campbell, MA
Kaiser Permanente Medical Center-South Bay, tel: 310/517-2786, mailto:ESCampbell@kp.org
Barbra White, MHA
Mary Free Bed Hospital, tel: 616/242-0429, mailto:bwhite@mfbrc.com
Suzanne Ziemnik, MEd
American Academy of Pediatrics, tel: 847/434-7382, mailto:sziemnik@aap.org

Relevance: Using an audience response system, the Real CME Theatre Players will have participants vote on case solutions and strategies for using CME to enhance organizational learning. This session demonstrates how to use CME to create a culture of non-punitive near miss and error reporting, to enable organizational learning from preventable incidents.

Target Audience: Beginner, intermediate

Purpose: Through example, promote the use of CME to develop organizational learning environments.

Objectives: At the conclusion of this session, participants should be able to: (1) formulate their own plans for creating a proactive approach to system problems and potential patient care incidents using CME design, and (2) take home an interactive and theatrical education design that they can adapt/adopt to their own settings to prepare team members for making CME planning a tool for problem-solving.

Methods: This "CME Theatre" presents a contemporary semi-impromptu role-play of using the CME committee to develop an educational activity based on near miss situations that occurred or preventable errors that led to negative outcomes for a patient. Role play by the theatre group will demonstrate how a CME committee can take case situations, system reports and patient incidents to develop a learning opportunity through CME. In addition the audience will be asked to participate throughout the play by audience response voting and additional discussion of the situation and possible solutions.

Key Points: (1) To model how CME can assist an organization in creating a non-punitive learning environment that also demonstrates the value of CME to the organization. (2) To model the use of role-play and interactive audience participation to enhance CME activity design.

Expected Outcomes: Participants will take with them strategies that can be modified to fit their individual and organizational styles.

References: Berwick, Donald M. MD. Quality Comes Home. *Annals of Internal Medicine*, 1996; 125(10):839-843.
Eisenberg, John M. MD. Continuing Education Meets the Learning Organization: The Challenge of a Systems Approach to Patient Safety. *Journal of Continuing Education in the Health Professions*, 20:197-207.

Criteria for Collaboration: Selection of Educational Partners
(Partnering)

Karen Overstreet, EdD
Nexus Communications, Inc., tel: 267/655-5970, mailto:karen.overstreet@nexuscominc.com
Other: ACCME surveyor; past President of NAAMECC; Alliance for CME Board of Directors

Jacqueline Parochka, EdD
Excellence in Continuing Education, Ltd., tel: 847/680-6419, mailto:JacquelineParochka@msn.com
Other: Past President of NAAMECC; past member, Alliance for CME Board of Directors

Relevance: All CME stakeholders play an important role in creating an environment conducive to promoting credible, valid scientific and educational innovation. To accomplish this goal, stakeholders need to collaborate with knowledgeable partners who are savvy to the evolving regulatory world.

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

Purpose: This session will describe recent guidelines developed by the North American Association of Medical Education and Communication Companies (NAAMECC) in conjunction with representatives of the pharmaceutical industry and related consultants. The guidelines were reviewed by members of other stakeholder groups (eg, medical schools, specialty societies, hospitals). These criteria pertain to grantors who want to partner with providers, as well as providers seeking supporters.

Objectives: At the conclusion of this session, participants should be able to 1) describe recent voluntary guidelines regarding selection of educational partners, 2) compare criteria that supporters can use to select providers with those that providers can use to select grantors, and 3) apply the selection criteria in their own offices.

Methods: After a brief discussion of the importance of selecting qualified partners, presenters will describe a recent initiative to develop selection criteria. Participants (small groups) will then be asked to review and comment on the guidelines and to reflect on how they can use the guidelines in their own offices.

Key Points: Selection of educational partners is becoming more critical with the evolving regulation of CME. Partnering is one of the professional competencies of the Alliance for CME. Providers (as well as supporters) need to critically evaluate the qualifications of potential partners.

Expected Outcomes: Participants will be able to apply criteria regarding partner selection in their own work settings.

Reference: Overstreet KM. Into the storm: navigating the turbulent waters of CME. *View on Medical Education* (supplement to *PharmaVoice*). October 2003; page 42.

Potential Participant's Self-Assessment Question: What criteria for selecting educational partners do I currently use? What additional criteria should be included?

Commercial Support: Regulations, Ethics, and Relationships
Can Providers and Commercial Supporters Find A Balance?
(Partnering)

Jann Balmer, PhD
University of Virginia School of Medicine, tel: 434/924-5950, mailto:jtb9s@virginia.edu
Other: ACCME Monitoring Committee and ACCME surveyor

Lynn Marie Thomason, MLS
University of South Dakota School of Medicine, tel: 605/357-1480, mailto:lthomaso@usd.edu

Maureen Doyle-Scharff, BA
Johnson & Johnson, tel: 215/325-2298, mailto:MDoyle9@scaus.jnj.com

Relevance: The regulatory changes in the field of healthcare have affected all the stakeholders in the CME arena. The Office of Inspector General (OIG) Guidance, the PhRMAcode, the AdvaMed Code of Ethics, as well as the efforts by the ACCME to revise the ACCME Standards of Commercial Support have resulted in monumental changes in processes, relationships, patterns of behavior and potential risks for everyone involved in funding and executing CME. These new frameworks, when combined with the endorsement of the ACGME Competencies for Graduate Medical Education as the basis for Maintenance of Certification for practicing physicians creates an environment where CME professionals need to be knowledgeable, articulate and thoughtful about their role in providing "lifelong" education for practicing physicians. These new parameters along with the exponential increases in new information and societal expectation for safe and effective patient care mandate that every stakeholder in CME to seek educational strategies that help to expedite positive changes in physician practice and healthcare delivery.

Target Audience: All

Purpose: This forum is specifically designed to provide CME professionals with an opportunity to voice their concerns, seek information about effective strategies from their colleagues and build alliances/relationships within the CME community. Though identification of relevant questions and thoughtful dialogue, the commercial supporter and the CME provider can foster a positive relationship 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 regulatory documents to their impact, and effects on the work of CME and the ability to meet the needs of physician and healthcare professionals.
2. Identify barriers to the effective implementation of accredited CME activities.
3. Identify strategies that can be implemented to build mutually beneficial CME/industry relationships.

Key Points: The key points for this forum are:
1. What regulations and processes are mandated in industry? What are their needs and expectations when funding accredited CME activities?
2. What regulations and processes do CME providers need to produce effective CME that is compliant with not only the ACCME but other regulatory bodies as well?
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:
1. ideas and tools that help them focus on the regulatory, competitive and societal expectations that influence the delivery of quality CME,
2. start to develop frameworks that address the barriers, issues and desired outcomes for CME, and
3. 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.

ACCME orACME and Other CME IQ Questions: A Primer for the First-Timer (or Seasoned Pro!)
(Self-Assessment and Life-Long Learning; Basics Curriculum)

Lawrence Sherman (moderator)
Jobson Education Group, tel: 973/954-9285, mailto:lsherman@jobson.com
Other Support: Employed by the same organization that owns Interactive Media Solutions

Gil Golden, MD
Guilford Pharmaceuticals, Inc., tel: 410/631-6300, mailto:goldeng@guilfordpharm.com

Michael Lemon, MBA
Postgraduate Institute for Medicine, tel: 720/895-5329, mailto:mlemon@pimed.com
Other Support: Employed by 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. There are existing programs such as the *CME: The Basics* program from the Alliance, and the *Understanding ACCME Accreditation* run by the ACCME, but the majority of CME professionals either do not attend or participate in these programs, or perhaps need a refresher from time to time. A presentation during the Alliance's 29th Annual Conference provided a forum for measurement of CME knowledge using case-based scenarios that highlighted what the presenters found to be most confusing in CME. The responses to the questions provoked stimulating discussions that were reported to be beneficial to all participants, regardless of their tenure in the CME profession. Many attendees also commented on the lack of basic information and the need to "learn on the job" and hoped that attendance at the conference would help them to better understand the do's and don'ts of CME. During the session, there were many mistakes that the participants made, including: 1) referring to the Alliance as the ACCME conference; 2) using *accredit* when *certify* was more appropriate; and 3) using 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.

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

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

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

Methods: The moderator and panel will utilize case studies and provocative questions to solicit answers and comments from the attendees. Panelists will comment on the responses given by the attendees. Audience participation will be critical.

Key Points: A team of experts will use interactive methods to determine the CME IQ level of the attendees and provide a 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.

Potential Participant's Self-Assessment Question: What are the key issues in CME that I find the most confusing or most difficult to find the correct answers to?

The Situation of CME Centers in Iran in 2001
(Administrative/Management)

Farhad Samiei, MD
Ministry of Health and Medical Education, tel: 0098218951703-5, mailto:samieifarhad@yahoo.com

Siamak Shariat Torbaghan, MD
Ministry of Health and Medical Education, tel: 0098218951703-5, mailto:siamak_shariat@yahoo.com

Azam Aslani, MS
Ministry of Health and Medical Education, tel: 0098218951703-5, mailto:azamaslani44@yahoo.com

Relevance: This is a descriptive study of situation of CME centers in Iran. It provides information on the status of personnel equipment, potentials and finances which would useful for further in depth assessment of these centers. This experience would be useful for CME professionals.

Target Audience: This geographical group meeting session will be of interest to CME professionals at all experience levels in all provider groups.

Purpose: This presentation determines the situation of CME centers in Iran in 2001.

Objectives: At the conclusion of the Geographical group meeting participants will be able to describe: 1) governmental and nongovernmental organizations of CME in Iran, and 2) human resources and financial affairs in CME centers.

Methods: We analyzed information mainly obtained from compiled results of questionnaires sent to both governmental and nongovernmental organizations, as well as documents of Department of CME in Ministry and data from audits and personal observations.

Results: In 2001, there were 90 active centers in the field of CME, including governmental organizations: Medical Universities, Department of CME, Medical Council of I.R.I and legal Medicine Organization; and nongovernmental organizations: scientific Specialty Associations, Research Institutes. A total number of 1839 were implemented, including seminars, congresses, composed program, workshops, conferences and short-term professional courses. 93% of these programs are implemented by governmental organizations and 7% implemented by nongovernmental organizations. Mean number of personnel in CME offices of medical universities was 3.7, including secretary for CME specialists (1.7+/-1.1) and administrative personnel (1.4+/-1.60). Mean number of personnel in scientific Specialty Associations was 5.3. 27% of CME offices had special locations for programs, while others used university auditoriums.

Expected Outcomes: Active CME centers are mainly governmental. In addition most CME offices are in shortage of human resources, equipment and facilities, as they are not independent in absorbing their needs. CME offices sometimes are evaluated by participants on items out of their control, such as location of program.

Reference: Torgen David, Raftery James. Measuring outcomes in economics evaluation. BMJ 1999, 318(22 May):1413-1413

Frances Maitland Memorial Lecture
(Self-Assessment & Life-Long Learning)

George Oetting, EdD
Retired, Alliance Emeritus Member
Other Support: Frances M. Maitland Memorial Award

Relevance: Frances M. Maitland has been referred to as the First Lady of CME. She was assistant executive secretary of the Council of Medical Specialty Societies in the 1970s, assistant and then acting executive secretary of ACCME, and the first full-time executive director of the Alliance for CME. This lecture is the Alliance's memorial tribute to Frances M. Maitland.

One reason the Alliance chose to honor Frances through this lecture is that she was CME's best known mentor and embodied the essence of mentoring. Frances passed along knowledge and skills to others, and helped others problem-solve, as well as influenced others to be knowledgeable, confident and caring enough to be mentors as well.

Mentoring can be traced back in mythology and literature to at least the time of the Trojan Wars. It also is a tradition in CME, as either a formal or informal process. Mentoring is about caring and helping someone succeed. It may go beyond the workplace to involve an integration of one's personal life with professional life. Mentoring has been proven to work, as evidenced by the many CME professionals who have been mentored by someone like Frances Maitland who took the time to mentor.

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

Purpose: To foster and facilitate the role of mentoring in CME and thereby honor Frances Maitland. Offer suggestions on qualities, attitudes and advice for fostering both formal and informal mentoring relationships.

Objectives: At the conclusion of this session, attendees will understand the relevance of mentoring for CME professionals at every level.

Methods: The Frances M. Maitland Memorial Lecture was established in 2000 as a way to honor Frances and continue her legacy. For the first five years the lecture was given during the luncheon at the CME Basics Seminar for CME newcomers. Due to expressed interest by other Annual Conference participants, it is now being given at a time when everyone can attend and benefit from this important lecture.

Key Points: In the time that ideas and experiences are exchanged, the tradition of the mentoring process is continuously renewed.

Expected Outcomes: Interested attendees would get involved in a mentoring experience (e.g., the Alliance's Mentor/Mentee Program, contact mailto:dfisher@acme-assn.org)

Reference: "…It takes courage to train someone to be better; …" Mowbray, G. Comments from the Chair. *The Newsletter of the Johns Hopkins University Women's Form*, Winter 1996.

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

Lawrence Sherman (moderator)
Jobson Education Group, tel: 973/954-9285, mailto:lsherman@jobson.com
Other Support: Employed by the same organization that owns Interactive Media Solutions

Jon Ukropec, PhD
Wyeth Pharmaceuticals, tel: 484/865-5021, mailto:ukropej@wyeth.com

Leonard Jokubaitis, MD
Janssen Pharmaceuticals, tel: 609/730-3475, mailto:ljokubai@janus.jnj.com

Rick Lamb
Aventis Pharmaceuticals, tel: 908/243-6055, mailto:rf.lamb@aventis.com

Anne Young, MBA
Merck & Company, Inc., tel: 267/305-3010, mailto:anne_young@merck.com

Marsha Stanton, MS
Purdue Pharma, tel: 203/588-8093, mailto:marsha.stanton@pharma.com

Michael Lemon, MBA
Postgraduate Institute for Medicine, tel: 720/895-5329, mailto:mlemon@pimed.com
Other Support: Employed by the same organization that owns Interactive Media Solutions

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. Thus, CME providers must 1) understand current guidelines, 2) realize how commercial supports operate within those guidelines, and 3) develop/implement CME activities that are in compliance with the guidelines and lead to better patient care.

Target Audience: This intensive is for all CME professionals that interact with or serve as commercial supporters.

Purpose: This intensive is designed to provide valuable information about the pleasures, pain, perils, and pitfalls of interactions between CME professionals and commercial supporters.

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

Methods: A moderator will use audience response technology to 1) lead a panel through a series of questions on the roles of commercial supporters and CME providers (as viewed by commercial supporters), and 2) engage participants in a discussion.

Key Points: The pleasures, pain, perils, and pitfalls of interactions between CME professionals and commercial supporters will be identified. In addition, ways for improving those interactions will be discussed.

Expected Outcomes: Participants should 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.

Potential Participant's Self-Assessment Question: How can you foster more appropriate and relevant interactions between CME providers and commercial supporters?

Hot Topics in CME
(Administrative/Management; Basics Curriculum; Physician's Track)

Bruce Bellande, PhD
Alliance for Continuing Medical Education, tel: 205/824-1355, mailto:bbellande@acme-assn.org
Other: Executive Director, Alliance for CME; Site-Surveyor and Workshop Faculty forACCME

Tamar Hosansky
Medical Meetings Magazine, tel: 978/466-6358, mailto:tamarhosansky@rcn.com
Other: Editor, Medical Meetings Magazine

Marcia Jackson, PhD
American College of Cardiology Foundation, tel: 301/897-5400, ext. 380, mailto:mjackson@acc.org

Relevance: Rapid change in the world of CME and healthcare require a "just-in-time" session that addresses the most current issues. Today more than anytime in its history CME is under greater public and regulatory scrutiny which has caused the news media to release articles questioning the effectiveness of CME, relationships with commercial supports and commercial bias and control of educational content and faculty.

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 timely and relevant information regarding public and media relations tailored to the needs and interest of CME professionals as well as tips on how to communicate effectively with the news media and to prepare and present truthful findings and retort bias and misleading media reports and commentary. The development of effective messages that the media will likely use in their publications will also be presented.

Objectives: At the conclusion of this mini-plenary, participants should be able to 1) comprehend the reason that CME has become a subject for news media reports; 2) prepare accurate information for media distribution; 3) engage in positive conversations with the media in order to correct and insure accurate and unbiased reports; 4) craft consistent and compelling messages that will be of interest to media and the public and ensure broad distribution; and 5) empower CME professional to be effective advocates for CME professionals and the profession.

Methods: Panel presentation and discussion.

Key Points: 1) Effective communication techniques 2) Dealing with the media in effective, timely and positive ways; 3) Strategies to be an effective communicator and advocate for CME; 4) Do's and don'ts in dealing with the media and public relations.

Expected Outcomes: Participants will be aware of and empowered to not only comprehend the need to deal effectively with the media but also equipped with the knowledge and skills to be effective communicators and advocates for CME.

References: Alliances Advancement and Advocacy Policies and Procedures.

Strategic Partnerships: More than a Sum of Its Parts!
(Partnering)

George Mejicano, MD
University of Wisconsin Medical School, tel: 608/263-4591, mailto:mejicano@wisc.edu

Ann Bailey
University of Wisconsin Medical School, tel: 608/240-2140, mailto:arbailey@wisc.edu

Dixie Blankenship
CME Enterprise (a division of Deborah Wood & Associates), tel: 317/208-4285, mailto:dixie_blankenship@dwainc.com

Relevance: Because they have diverse stakeholders, continuing medical education providers face an ever-increasing array of challenges. These challenges may include, but are not limited to: expanding their CME market share in an era of increased regulation, improving access to a more diverse participant pool through the use of technology and distance education, and performing outcome measures in order to demonstrate the impact of their CME activities. Since most organizations lack the resources to accomplish all of these goals on their own, many CME units have formed strategic partnerships with external organizations. These relationships allow each organization to optimize their strengths while they enhance each other's resource utilization. Importantly, these partnerships often involve organizations that are very different in terms of culture and mission (eg, an academic medical center and a medical communication company). Therefore, these CME relationships vary tremendously with regards to complexity, duration, shared responsibility, and financial arrangements. By describing how our two organizations work together, participants can reflect on the risks and benefits of such relationships. In turn, they will be in a better position to determine whether such a working partnership is in their own best interest.

Target Audience: This session is intended for all continuing medical education professionals who have an interest in external relationships with other organizations. This breakout session will be of interest to CME professionals at all experience levels in all provider groups.

Purpose: This presentation will focus on exploring the benefits and risks of forming partnership relationships with external organizations.

Objectives: At the conclusion of this session, participants will be able to: (1) judge whether their current partnerships are adding value to their own CME mission, (2) determine their own interest in building new relationships with external organizations, and (3) decide whether any existing partner relationships should be expanded or curtailed.

Methods: The presenters will first describe the history, growth, and nature of their relationship. Following this introduction, the presenters will explore the pros and cons of working with each other on continuing medical education projects. Audience participation will be encouraged.

Key Points: In order to meet the demands of various stakeholders, CME providers must consider the relationships they have with external organizations. Since very few CME units have the time, resources, or personnel to accomplish all that they would like to do, forming partnerships allows them to expand services and reach a larger and more diverse group of participants.

Expected Outcomes: After reflecting on their organization's mission and strategic priorities, CME professionals attending this breakout session will consider the nature of their current partnerships and consider projects that might be accomplished with the help of an external partnership.

Potential Participant's Self-Assessment Question: Can you accomplish all the tasks that you and your stakeholders desire? Are you interested in exploring the nature of strategic partnerships with external CME organizations in order to accomplish your goals?

Incorporating Competency Training and Evaluation into the Lifetime Learning Experience
of Community Practitioners
(Educational Interventions)

Sheldon Putterman, MD
The Beam Institute, tel: 212/600-3195, mailto:sputterman@cmp.com

Marsha Peruo, MFA
The Beam Institute, tel: 212/600-3193, mailto:mperuo@cmp.com

Relevance: Parallel to the evolutionary changes to the current eight competencies for CME professionals, undergraduate and graduate medical education providers have undertaken a reassessment of the competencies that physicians should know, or be able to do, in terms of knowledge, skills, and attitudes. The challenge for CME providers is to introduce these issues into the lifetime learning programs of licensed practitioners who would not benefit from the curricula changes in medical education.

Target Audience: This breakout session will be of interest to CME professionals at an intermediate level.

Purpose: This presentation will focus on the gap between the currently perceived CME needs of practitioners, and the broadening education horizon emanating from the changes in undergraduate and graduate medical curricula.

Objectives: At the conclusion of the breakout participants will be able to describe and discuss three of the emerging competencies for practitioners: 1) interpersonal and communication skills; 2) professionalism; and 3) system based practice.

Methods: Following the discussion of some of the barriers to incorporating these competences into traditional CME activities, participants will be asked to create learning experiences to enhance the three competencies.

Key Points: In order for CME activities to be seen as relevant for the established community practitioner, these competencies must be incorporated in standard CME programs.

Expected Outcomes: CME providers will make the lifetime learning goals of practitioners more relevant to the communities that they serve.

Reference: Ludmerer, K. *Time to Heal* 1999, Oxford University Press, New York, NY

Potential Participant's Self-Assessment Question: Do you have to know more about the newly identified competencies for physicians and how they can be introduced into the current CME agenda?

CME Office: Enhancing Efficiency & Effectiveness in a Decentralized System
(Administrative/Management)

Karen Heiser, PhD
Columbus Children's Hospital, Inc., tel: 614/722-4901, mailto:kheiser@chi.osu.edu

David Dawdy, MD
Columbus Children's Hospital, Inc., tel: 614/722-4901, mailto:wddawdy@aol.com

Relevance: The economic pressures of today's healthcare environment demand that CME Office's work smarter, not just harder. Most programs rely in some part upon other departments submitting information to facilitate compliance with the Essentials and Standards. However, CME documentation is often not a top priority. Often the CME Office "wastes" countless hours in obtaining the information required for accreditation. This "non-productive" time drains resources which could more effectively be used to develop new programs and services. The long-term viability of a CME program rests upon its ability to exert a leadership role within the organization. To do so, CME leaders must demonstrate value to the organization and manage its resources effectively.

Target Audience: Decision makers and coordinators in CME programs

Purpose: This presentation will focus on enhancing the efficiency and effectiveness of operating a CME program while maintaining high levels of customer satisfaction, controlling costs, and continuously demonstrating value to the organization.

Objectives: At the conclusion of this breakout, participants should be able to: (1) identify partners who are critical to CME performance, (2) describe barriers which inhibit these partners from maintaining the performance expectations required for CME accreditation, and (3) discuss strategies to overcome these barriers.

Methods: Presenters will share the processes used at a large, academic hospital-based CME Program.

Key Points: Effective teams have clear objectives, metrics, effective communication, defined scope of authority, an open culture, and recognition programs to celebrate successes.

Expected Outcomes: Participants will identify policies, performance expectations, and tracking tools to assist them in monitoring the administrative performance of their CME program.

Reference: "Why Some Teams Succeed (and So Many Don't)." Harvard Management Update, January, 2000, pgs. 5-7.

Potential Participant's Self-Assessment Question: Is your CME Office functioning at maximum efficiency, effectiveness, and productivity as viewed by your customers and organization leaders?

Commitment to Change: A Simple Approach with Broad Implications
(Performance Measurement)

Andrea Waller, MPH
Columbus Children's Hospital, tel: 614/722-4911, mailto:wallera@chi.osu.edu

Patricia Jay, MBA
Columbus Children's Hospital, tel: 614/722-4911, mailto:jayp@chi.osu.edu

Relevance: CME Providers are increasingly confronted with the need to move from traditional education activities to changing physician behavior. At the same time, physician certification and accreditation will require performance improvement activities at the individual level. Commitment to Change (CTC) statements associated with education activities are predicitive of physician behavior and a simple first step to achieve these goals.

Target Audience: This presentation will be of interest to professionals at the beginner and intermediate levels of experience and may be most useful to hospital providers who offer CME courses to their faculty and referring physicians.

Purpose: This simple approach promotes personal accountability in a non-threatening, self-monitored approach.

Objectives: At the conclusion of this presentation, participants will be able to assess educational settings more conducive to change management.

Methods: Commitment to Change statements, as a marker of behaviorial intentions by physicians, are now being included in evaluations and post-course assessments for some courses focused on changing practice behavior. We examine physician attitudes towards their use, success rate in administration and collection, responses in the CTC statements and preliminary evidence on practice before and after the implementation the these statements for one group of physicians.

Key Points: Just as CME providers must employ different educational settings to meet the diverse needs of their audience, physician behavior change strategies and accountability efforts will require multiple initiatives. However, CTC statements are an inexpensive component that may work for some clinicians poised to change their practice.

Expected Outcomes: Physicians are being asked to change and to participate in the management of their own change. Exposure to and completion of CTC statements serves a dual purpose: First to document change itself; and second to establish change-management readiness. The incorporation of CTC statements in all activity venues may show activity types more conducive to change. The consistent application of CTC statements further underscores the institution's commitment to education as a change agent.

Reference: Wakefield, J. et al. Commitment to change statements can predict actual change in practice. Journal of Continuing Education in the Health Professions 2003 Spring;23(2):81-93.

Potential Participant's Self-Assessment Question: How receptive are your physicians to change – be it practice change or management of their own knowledge gaps?

The Science of CME Planning: How Will Incorporating What we Know about CME Research Impact on Course Outcomes?
(Educational Interventions; Advanced Curriculum)

Jocelyn Lockyer, PhD
University of Calgary, tel: 403/220-4248, mailto:lockyer@ucalgary.ca

Relevance: Short courses have been criticized for their inability to produce change and improvement in patient care. Frequently, course designers fail to take into account what we know about the potential of needs assessment, outcomes based objectives, active learning strategies, reflection, and enabling and reinforcing approaches to impact on physician and patient outcomes. Participants will examine the key conclusions from the CME research literature and theory base, consider the robustness of these conclusions, and develop a set of tips that might be used to enhance planning committee work.

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

Purpose: To examine the CME research and theory base and develop a set of 'tips'which can be used for program planning designed to facilitate improvement in physician performance.

Objectives: At the conclusion of this break-out participants will have a list of tips that they can use with their planning committees to develop and implement courses that have the potential to change physician practices.

Methods: The facilitator will identify the key conclusions from the literature and theory base, invite participant feedback on the robustness of this information from both a research and practical perspective, and with participants'help develop a list of tips for 'best practices'in short course planning.

Key Points: There is a rich theory and research base to guide CME planning which is under utilized. Theory developed by Schon and Moon (reflection); Fox, Mazmanian & Putnam (change and the role of formal and informal learning on practice); Mann (cognitive vs. social and environmental theories about learning); and Slotnick (developmental theories) provide some of the base for thinking about program planning. Research by Davis (CME effectiveness), Mazmanian (commitment to change), Grol & Grisham (clinical practice guideline adoption); Lockyer (outcome measurement); Slotnick (physician change); Fox, Mazmanian & Putnam (how physicians change); and Manning (utilization of information sources) confirms the relevance of this theory base for use by CME practitioners.

Expected Outcomes: Participants will have a list of tips they can present to and use in CME planning that is based on a synthesis of relevant CME research and theory.

Reference: Moon J, Short courses & workshops: Improving the impact of learning, training, & professional development. London: Kogan and Page, 1999.

Potential Participant's Self-Assessment Question: What is a realistic (i.e., measurable) goal that can be achieved from a well designed CME course?

**Assessing Organizational Learning Needs: Bridging Your Performance Gaps as a CME Office
in Health Care Environments**
(Self-Assessment and Life-Long Learning)

Joseph Green, PhD
Professional Resource Network, Inc., tel: 919/929-9953, mailto:prn.jgreen@mindspring.com
Consultant: President, Professional Resource Network, Inc.

James Leist, EdD
Alliance Center for Learning and Change, tel: 704/394-6294, mailto:center@acme-assn.org

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 now learn about how to assess 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.

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.

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

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)

Potential Participant's Self-Assessment Question: Do you know all the sources of organizational needs in your environment, how to access them and how to turn them into relevant learning experiences for your physicians?

How to Get Started in Educational Outcomes Measurement (Part 1)
(Performance Measurement)

Harold Magazine, PhD
Veritas Institute for Medical Education, Inc., tel: 201/727-1115, ext. 242, mailto:harold.magazine@veritasime.com

Derek Dietze, MA
Veritas Institute for Medical Education, Inc., tel: 201/978-6405, mailto:derek.dietze@veritasime.com

Jeff Frimpter
Veritas Institute for Medical Education, Inc., tel: 201/727-1115, ext. 233, mailto:jeff.frimpter@veritasime.com

Relevance: Many CME professionals are experiencing greater pressure to measure the educational outcomes of the CME activities they provide, but are faced with resource, financial, and skill/knowledge barriers that prevent implementation. This pressure has been intensified by: 1) the increased funding of education since release of the new PhRMA guidelines and subsequent increased internal accountability of the commercial supporters to demonstrate the educational impact of the CME activities they support and; 2) the requirement by the ACCME that CME providers must be exemplary in the review and improvement of their CME activities to receive Accreditation with Commendation. The educational outcomes measurement process is a cycle that evaluates activity effectiveness and identifies future educational needs. Such quantifiable measures of CME participants'awareness, perceptions, and attitudes toward relevant clinical evidence and practices provide information regarding the achievement of specific educational needs and gaps that must be addressed in future activities.

Target Audience: This intensive session will be of interest to CME professionals at all experience levels (i.e., beginners as well as advanced practitioners) in all provider groups.

Purpose: This educational activity is designed to increase participants'awareness of the key elements of successful educational outcomes measurement, help them develop a specific plan for implementing educational outcomes measurement, and provide suggestions on how to create an active needs assessment-fulfillment loop by incorporating educational outcomes data into the needs assessment and planning processes for future educational activities and initiatives.

Objectives: At the conclusion of the breakout, participants will be better able to: 1) Define educational outcomes and the levels of educational outcomes measurement/data; 2) Establish practical educational outcomes measurement research objectives and questions; 3) Describe effective and practical educational outcomes measurement tools and methodologies; 4) Implement educational outcomes measurement to measure their CME activities; and 5) Incorporate educational outcomes data into the needs assessment and planning processes for future CME activities/initiatives.

Methods: The presenters will guide participants through an interactive presentation/discussion that will give them the chance to develop their own research questions and formulate a plan to implement their own educational outcomes measurement. The presentation/discussion will be facilitated from the perspective of a CME provider and CME professionals who have advanced their educational outcomes measurement during the last three years through experimentation/ improvement.

Key Points: The levels of educational outcomes measurement/data will be defined. Resources required for the design and implementation of educational outcomes research and techniques for establishing solid research questions/objectives will be delineated. Practical outcomes measurement tools and methodologies and pointers on incorporating educational outcomes data into the needs assessment and planning processes will be presented.

Expected Outcomes: Participants will begin or advance their experimentation with, and implementation of, educational outcomes measurement tools and methodologies, and incorporate outcomes data into the CME planning process.

Reference: Davis D, Barnes B, Fox R, eds. The continuing professional development of physicians: from research to practice. Chicago, IL: AMA Press, 2003.

Potential Participant's Self-Assessment Question: What are the basics of educational outcomes measurement and where do I begin?

Action Learning: A Method for Organizational Problem Solving and Learning
(Adult/Organizational Learning Principles)

Eric Peterson, EdM
Bimark Center for Medical Education (BCME), tel: 201/457-8900, ext. 14, mailto:epeterson@bimarkinc.com

Relevance: Organizations have an ongoing need to solve organizational problems, develop staff, and promote an atmosphere of organizational learning. Action Learning was developed by Revans (1982) as a way of addressing these needs simultaneously. Others have developed this concept considerably over the course of the past 20 years. Action Learning involves delegating an organizational problem to a cross section of staff, providing them with constraints of time, personnel, and budget, and allowing them to address the issue with the aid of a facilitator. Action Learning may be suitable for addressing a range of issues that are encountered in the CME context. CME professionals may choose to use Action Learning to address process issues in the CME office, or may choose to act as facilitators in applying this technique to solve other institutional issues such as those related to the delivery of patient care. Because learning is an explicit goal of the Action Learning approach, CME professionals may wish to incorporate structured CME activities into the overall Action Learning process as it unfolds.

Target Audience: This breakout session is designed for CME professionals who are responsible for managing and developing staff, and/or have a role in developing a learning environment in their organizations.

Objectives: At the conclusion of this session, the participant will be able to do the following: 1) describe the elements of Action Learning; 2) compare and contrast Action Learning with similar concepts such as the problem-based taskforce, and 3) describe situations when an Action Learning approach may or may not be appropriate.

Methods: The session will include a brief lecture, interactive case studies, and discussion.

Key Points: Organizations continually face problems that they must address, but often fail to recognize the opportunity that these problems present for both individual and organizational learning and development.

Expected Outcomes: Participants will be able to use an Action Learning approach to address organizational issues, develop staff, and foster a learning environment within their organizations.

References: Dotlich D, and Noel J. Action learning: how the world's top companies are recreating their leaders and themselves. San Francisco, CA: Jossey-Bass Pfeiffer, 1998.
Revans R. The origins and growth of action learning. Bromley, UK: Chartwell-Bratt, 1982.
Rothwell WJ. The action learning guidebook: a real-time strategy for problem solving, training design, and employee development. San Francisco, CA: Jossey-Bass Pfieffer, 1999.

Potential Participant's Self-Assessment Question: Do you need to increase your awareness of organizational development practices that improve individual and organizational performance?

Best Practices to Building Bridges: The Department of Defense (DoD) Uniformed Service University (USUHS) in Alliance with the National Quality Management Program
(Partnering)

Elizabeth Tordella, MS
Uniformed Services University of the Health Sciences (USUHS), tel: 301/295-0962, mailto:etordella@usuhs.mil
Other: Educational Project Manager for the activity series described below

Marion Glass, PhD
National Quality Management Program, tel: 703/310-0041, mailto:marion.glass@lmco.com
Other: Curriculum Development Coordinator for the National Quality Management Program

Relevance: Continuing medical education (CME) providers are challenged to offer activities based on systematic multi-sourced learning assessments and that are creatively planned to link physicians' learning to their practice resulting in improved patient health care outcomes. Uniformed Services University of the Health Sciences (USUHS), the Department of Defense (DoD) medical school is charged to present up-to-date, best practice CME for physicians worldwide. As a leader in the nation's health care quality initiative, the DoD created the National Quality Management Program (NQMP). The NQMP tri-service (Army, Navy, and Air Force) Scientific Advisory Panel of headquarters medical scientists prioritizes clinical topics for special study. NQMP conducts scientific inquiry at over 60 Military Treatment Facilities (MTF). These findings are evaluated against nationally recognized standards of care such as HEDIS measures and Healthy People 2010 benchmarks to identify performance gaps. The USUHS Office of Continuing Education for Health Professionals partnered with NQMP to produce a multifaceted Internet based educational series bridging the identified performance gaps. Educational interventions are available to over 30,000 clinical providers located around the globe with the goal of enhancing practice and improving patient outcomes. Evaluation of the series is achieved through participant surveys immediately following the activity completion and via a select participant three-month follow-up practice implementation survey. Finally, NQMP conducts selected chart audit studies to determine actual impact on patient health care outcomes. These results are incorporated in follow-up educational activities and are included in the overall USUHS CME program quality improvement initiative.

Target Audience: CME providers interested in achieving exemplary compliance for ACCME Essential Area 2.

Purpose: This presentation will showcase a synergistic approach through a comprehensive CME instructional system design for enhanced physician knowledge and practice with resulting outcome measurement.

Objectives: At the conclusion of this breakout session, participants will be to identify the value of and strategies for educational planning and evaluation process improvement through partnership.

Methods: This breakout session will discuss an innovative and comprehensive approach linking education needs with planning, implementation, and evidence based outcome evaluation.

Key Points: The partnership between USUHS and NQMP exemplifies the benefits of merging resources to: 1. generate a scientifically sound, multi-source needs assessment, 2. incorporate a planning process that ties educational needs with desired outcome, 3. develop a globally available educational activity via the Internet, and 4. implement a complex evaluation processes that links DoD physicians'practice with nationally recognized benchmarks that lead to improved patient outcomes and CME program effectiveness.

Expected Outcomes: Participants will review strategies for developing powerful and comprehensive collaborations that bridge physician continuing education needs with interventions geared toward practice amendments, patient health care outcomes, and overall CME program effectiveness.

Reference: Mazmanian PE 2000 Intentionality, systems thinking, and collaboration: lessons from leadership from Congress. *Journal of Continuing Education in the Health Professions, 20(4): 195-96.*

Potential Participant Self-Assessment Question: Are you interested in building bridges that enhance CME program effectiveness?

ACCME Update: Current and Future Issues in Accreditation (Part 1)
(Administrative/Management; Basics Curriculum; Physician's Track)

Murray Kopelow, MD
Accreditation Council for CME, tel: 312/755-7401, mailto:mkopelow@accme.org

Kate Regnier, MBA
Accreditation Council for CME, tel: 312/755-7401, mailto:kregnier@accme.org

Mary Martin Lowe, MA
Accreditation Council for CME, tel: 312/755-7401, mailto:mlowe@accme.org

Dennis Lott, DEd
Accreditation Council for CME, tel: 312/755-7401, mailto:dlott@accme.org

Mary Kathryn Robertson, PhD
Accreditation Council for CME, tel: 312/755-7401, mailto:krobertson@accme.org

Relevance: The ACCME's system of accreditation directly impacts all accredited providers of CME. Accreditation is a component of the Administration and Management competency area for CME professionals and provides a framework for building bridges to enhance performance in 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 the implementation of new policies. In addition, the session is designed to offer information on environmental trends impacting accreditation and CME.

Objectives: At the end of this session, participants should be able to: (1) discuss recent issues and developments with ACCME's system of accreditation; (2) describe environmental trends that are impacting accreditation and CME.

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

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 new ACCME policies because such discussions can help providers prepare for demonstrating compliance with the policies.

Expected Outcomes: ACCME accredited providers are required to meet the expectations outlined in the Essential Areas, Elements and Policies. Keeping abreast of accreditation issues will help all providers in their practice of demonstrating compliance with ACCME requirements.

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

Potential Participant's Self-Assessment Question: Do you need to enhance your knowledge of the status of the ACCME's accreditation system and environmental trends that are impacting it?

Avoiding the File Drawer: How Can You Actually Use That Evaluation Data?
(Performance Measurement)

Rebecca Fulcer, PhD
College of American Pathologists, tel: 800/323-4040, mailto:rfulcer@cap.org

Ann Neumann, PhD
College of American Pathologists, tel: 800/323-4040, mailto:aneuman@cap.org

Elizabeth Gillette, MSEd
College of American Pathologists, tel: 800/323-4040, mailto:egillet@cap.org

Relevance: Evaluation of educational interventions is critical for ensuring activities are appropriate and effective. Moreover, evaluation is included as a critical component of the ACCME essentials. However, what to do with evaluation data or how it should be used once collected may not always be clear. Without careful planning, CME professionals may miss critical opportunities to maximize the effectiveness of educational interventions and increase the impact of their programs. Developing an increased understanding of the role of evaluation and the various ways in which evaluation data can be used will help CME professionals more closely tie their evaluation data to the implementation and planning processes surrounding educational interventions.

Target Audience: This breakout session will be of use to CME professionals at all experience levels, particularly those who are interested in getting more out of the data they collect.

Purpose: This breakout session will focus on helping participants more closely link outputs from their evaluation processes with the design, development and delivery processes of their educational interventions.

Objectives: At the conclusion of the breakout, participants will be able to:
• Discuss data management, analysis and reporting strategies that support the consistent use of evaluation data
• Discuss potential issues and barriers to successful evaluation
• Identify key steps for planning an evaluation that results in more meaningful and useful data
• Identify appropriate strategies for using evaluation data already being collected

Methods: An interactive session in which a combination of short lectures/presentation and small group activity will be used. Presenters include evaluation staff and instructional designers so that participants can better understand the role of evaluation from the perspective of CME professionals who have various responsibilities regarding education activities. Audience participation will be encouraged.

Key Points: Evaluation data can be a powerful tool if used in a systematic way to support decision-making throughout the educational design and development process. Conducting a successful evaluation begins by planning for evaluation with the end in mind and including the right people in the planning process. By ensuring that the right data is collected and that analysis and reporting strategies are identified upfront, CME professionals can maximize the utility of their evaluation data.

Expected Outcomes: Participants will increase their understanding of the evaluation process and its links to the planning and implementation of educational interventions. Participants will be better prepared to utilize the evaluation data to help support decision-making within their CME programs.

Reference: Scheirer, M. A. (2000). Getting more "bang" for your performance measures "buck". *American Journal of Evaluation, 21(2),* 139 – 149.

Potential Participant's Self-Assessment Question: Do you need to get more from your CME evaluation data?

Planning CME for Results
(Educational Interventions)

Don Moore, PhD
Vanderbilt University School of Medicine, tel: 615/322-4030, mailto:don.moore@vanderbilt.edu

Angela Stone, MPH
Vanderbilt University School of Medicine, tel: 615/322-4030, mailto:angela.stone@vanderbilt.edu

Relevance: CME planners are increasingly asked to "plan CME for results". Traditional methods of planning CME may not be appropriate for "planning for results".

Target Audience: CME planners

Purpose: Review approaches for planning CME based on recent findings in the learning and instructional sciences.

Objectives: After completing the session, participants should be able to:
1. Summarize key concepts in the learning and instructional sciences that apply to planning CME
2. Outline an approach that combines needs assessment and evaluation
3. Outline an approach to designing learning activities focused on the practice setting

Methods: Lectures and small groups will be used. The challenge cycle, an experiential problem-solving method developed by Bransford, et. al. will be used to permit participants to be come engaged in learning new approaches to designing CME activities.

Key Points:
1. Alternatives to current emphasis on information dissemination in CME may not be effective in all situations.
2. Experiential approaches to learning may produce "deeper" learning and lead to performance improvement.

Expected Outcomes: CME planners will increase the number of options for planning CME for results.

Reference: Bransford JD, Brown AL, Cocking RR. How People Learn: Brain, Mind, Experience, and School. National Research Council. Washington DC: National Academy Press, 1999.

Potential Participant's Self-Assessment Question: Is my current approach to designing CME effective? What can I do differently to improve how I design learning activities for physicians?

Joint Sponsors: Partners in Education
(Partnering)

Barbara Fuchs, MSA
The FCG Institute for Continuing Education, tel: 215/412-4532, mailto:bfuchs@fcgint.com
Other: Member, Conference Planning Committee

Richard Vanderpool
CME Outfitters, tel: 301/214-8972, mailto:rvanderpool@cmeoutfitters.com

Relevance: All professionals involved in joint sponsorship are concerned about the quality of the organizations with whom they partner. While capabilities and budgetary concerns play a role in the selection in any collaboration, there are many more aspects to consider that will result in a successful partnership. The foundation of a successful partnership begins with basic team building skills such as mutual respect and striving for a win/win relationship. To maintain an on-going relationship takes communication, clear articulation of responsibilities and a sense of humor.

Target Audience: This breakout session will be provide a foundation for CME professionals interested in establishing or maintaining excellent joint sponsor partnerships, regardless of practice setting in all provider groups. (Intermediate)

Purpose: This presentation will focus on a comprehensive approach to successful partnering with joint sponsors.

Objectives: At the conclusion of the breakout, participants will be able to: 1) determine readiness of their organization to Joint Sponsor; 2) assess current status of relationships with Joint Sponsors; 3) identify methods to enhance rapport with Joint Sponsors, and 4) utilize strategies described in this activity to effect successful Joint Sponsor collaboration.

Methods: Information will be presented, initially, in a didactic format. Case study examples (the good, the bad, the ugly) will be shared with participant interaction. The participants will be encouraged to share experiences throughout the presentation.

Key Points: Providers and Educational Partners need to establish appropriate delegation of responsibilities in the development and execution of CME activities. The partners must strive for mutual respect and continued rapport to enhance the quality of the collaboration that will result in high quality CME offerings.

Expected Outcomes: The CME professional will develop strategies to engage and maintain quality relationships with educational partners and will increase the quality of the CME activities mutually provided by the organizations.

Reference: ACCME Accreditation Policies*, Section 13, Joint Sponsorship*
http://www.accme.org/incoming/139_Policy_13_Joint_Sponsorship_04252003.pdf

Potential Participant's Self-Assessment Question: Is there true collaborators between my organization and my educational partners?

Walking the Talk: Assessing Partner Needs in Providing CME
(Partnering)

Dilip Patel
Merck Frosst Canada Ltd., tel: 514/428-3140, mailto:dilip_montreal_patel@merck.com

Bonnie McEachern, MEd
AXDEV Group Inc., tel: 450/465-2011, mailto:mceachernb@axdevgroup.com

Jeff Sidel, BSc
Merck Frosst Canada Ltd., tel: 514/428-2681, mailto:jeff_sidel@merck.com

Relevance: Partnership requires understanding respective needs, mandates and goals. Partners in CME experience dynamic forces from both internal and external regulatory bodies as well as trends in education, health, and industry. The evidence supporting needs assessments in the development of quality CME programs is applicable to the development of partnerships in HE. Partnerships will be healthier and more productive when formed with clear understanding of needs.

Conducting a needs assessment as part of the start-up of a partnership is widely supported by research. A needs assessment increases the likelihood that programs will be successful in meeting the learners and health care providers' needs, helps the partners gain a real and common understanding of the intended beneficiaries and of their needs, is an effective vehicle in building consensus around the needs, creates a richer and fuller appreciation of the problem among the stakeholders, increases likelihood that expectations will be shared, helps the partners develop a consensus on the project needs, definition of the problem, and guides discussion of best solutions.

Target Audience: This breakout session will be of interest to CME/CHE professionals and health providers at all levels in all providers groups.

Purpose: The presentation will focus on understanding the needs of HE stakeholders who partner in the provision of CME and CPD.

Objectives: At the conclusion of the breakout, participants will have increased sensitivity and understanding of the needs and issues facing partners in CME.

Methods: Presenters will highlight a needs assessment of HE partners conducted in 2003 and 2004. In an interactive session, participants will examine partner needs and in small groups identify options to overcoming challenges and gaps in collaboration on HE development.

Key Points: Needs assessments are conducted by organizations to determine the nature of problems affecting them and to seek ways that the problems can be overcome. Needs assessments involve examining the challenges and opportunities for stakeholders across functions and roles.

Expected Outcomes: CME/CHE providers from all provider groups will discuss the value of understanding CME stakeholder needs. Participants will discuss the implications of the needs assessment and explore ways to collaborate on program development based on the findings.

Reference: Altschuld, J. W., and B. R. Witkin. From needs assessment to action: Transforming Needs into solution strategies. Thousand Oaks, Sage 2000.

Potential Participant's Self-Assessment Question: Do you currently or intend to work in collaboration with another agency, professional group, or provider in the development of CME programs, and want to ensure the process is productive and valuable to all stakeholders?

Point of Care Continuing Medical Education Technology Supporting Physician Learning
(Educational Interventions; Advanced Curriculum)

Floyd Pennington, PhD
University of Florida, tel: 352/265-8081, mailto:fpenning@ufl.edu
Consultant: President, CTLAssociates, Inc.
Other: Advisory Board, InfoPoems, Inc.

Robert Addleton, EdD
Medical Association of Georgia, tel 404/881-5070, mailto:bob@mag.org

Relevance: Rapid and convenient access to valid and relevant information on a portable device can improve the practice of evidence based medicine and clinical decision making as well as increase physicians confidence in clinical decision making. Learning at the point of care is the ultimate in CME. There are practice-based, evidence-based tools that physicians can use to get practice recommendations they can apply to the patient right in their offices and earn CME credit.

Target Audience: Advanced

Purpose: To present results of a national pilot project utilizing handheld technology to support physician clinical decision making and learning at the point of care that qualifies for CME credit.

Objectives: At the conclusion of this session the participants should be able to 1) define Point of Care CME; 2) identify key characteristics of physicians as learners that facilitate point of care learning; 3) describe key characteristics of effective point of care learning activities; 4) describe how to offer CME credit for point of care learning activities; and, 5) identify one practice that they will apply when they return to their work setting.

Methods: Interactive lecture and discussion.

Key Points: Learning at the point of care happens. Documentation of point of care learning activities can be gathered and CME credit awarded. Point of care learning is consistent with best practices in adult learning. Resources are available to support point if care learning activities that are practice-based, evidence-based, and provide physicians with practice recommendations they can apply to the patient right in their offices.

Expected Outcomes: Participants will understand essential elements of point of care CME, and be able to return to their practice and develop point of care learning activities in selected environments in their CME setting.

References: Practice-based Learning and Improvement (PBLI). Journal of Continuing Education in the Health Professions (Supplement) July, 2003.
Point of Care Learning. Medical Meetings, Jan 1, 2004. Edited by Sue Pelletier.
Learning in Practice. Leung GM, et al. BMJ. Volume 327. November 8, 2003.

Potential Participant's Self-Assessment Question: Can your CME operation support the effort required to offer point of care learning activities and award CME credit to physicians engaging in these activities?

Impact of New Technologies and Hands-On Training for the CME of Laparoscopic Surgeons
(Adult/Organizational Learning Principles)

Didier Mutter, MD
European Institute of TeleSurgery, tel: +33 0 3 88 11 90 00, mailto:didier.mutter@ircad.u-strasbg.fr

Hervé Maisonneuve, MD
Paris 7 University, tel: +33 0 6 85 59 26 73, mailto:hervemaison@wanadoo.fr

Jacques Marescaux, MD
European Institute of TeleSurgery, tel: +33 0 3 88 11 90 00, mailto:jacques.marescaux@ircad.u-strasbg.fr

Relevance: Acquisition of new skills and learning of new procedures in laparoscopy is a challenge for surgeons. It requires acquisition of the cognitive aspect of a surgical procedure by observing experts and hands-on practice. Surgeons must acquire the dexterity linked to the new approach of surgery represented by laparoscopy. It needs dedicated equipment to view and discuss live surgery, and an animal laboratory to train on live tissues. Our experience, based on 10 years of Continuing Education, shows that live broadcast of surgical procedures is more powerful than pre-recorded videos, and that hands-on practice on live animals is more efficient than experimental surgery on computer-based simulators or cadavers. After the course, the best discussed procedures are posted on the website: it permits revision of the topics.

Target Audience: This breakout session will be of interest to professionals who face the difficulties of teaching new procedures to surgeons and demonstrating benefits of new technologies and devices. It will present the technological requirements needed to achieve successful interactive surgical education.

Purpose: The interest of this session is to provide examples of learning and training laparoscopic surgery at a school receiving nearly 3000 surgeons from 73 countries per year (2003 numbers). The session will explain by example how to enhance performance of surgeons from different countries, languages and cultures.

Objectives: After the breakout session, participants should be able to:
• describe the minimum technical requirements necessary for training surgeons with interactive methods,
• list the benefits of utilizing live surgery sessions to enhance benefits of companionship, experimental lab with tele-training, and reminders through internet, and
• discuss successful examples of CME programs for surgeons.

Methods: Presenters will explain how training is organized with examples of:
• interactive discussion between a large group of surgeons (up to 100) with an operating team during live surgery, with the usage of electronic votes to get the feed-back of participants,
• tele-training in an experimental laboratory with 17 animals on tables, allowing the concurrent training of 34 surgeons,
• internet-based education programs based on multimedia sequences including animated pictures and videos,
• using the best videos of a course that is put on the internet within 15 days after the end of the course,
• tele-mentoring can complete the training on an individual basis for advanced procedures,
• daily evaluation of presenters, experts and trainees, and
• relationships with industrial partners.

Key Points: Surgeon's satisfaction is increased with the use of live broadcast surgical procedures with a panel discussion, and by experimental training. Programs are adapted to the participants' levels (basic & advanced courses). Technical preparations and meeting minimal technical requirements are critical in successfully running the courses.

Expected Outcomes: Participants will understand the benefits of incorporating new technologies in the continuing education of laparoscopic surgeons, the interest to assess the surgical performance during the sessions in the experimental operating room, and the benefits of intercultural exchanges during the courses.

Reference: Presentations of courses and techniques on the EITS websites, http://www.eits.org, and http://www.websurg.com.

How to Get Started in Educational Outcomes Measurement (Part 2)
(Performance Measurement)

Harold Magazine, PhD
Veritas Institute for Medical Education, Inc., tel: 201/727-1115, ext. 242, mailto:harold.magazine@veritasime.com

Derek Dietze, MA
Veritas Institute for Medical Education, Inc., tel: 201/978-6405, mailto:derek.dietze@veritasime.com

Jeff Frimpter
Veritas Institute for Medical Education, Inc., tel: 201/727-1115, ext. 233, mailto:jeff.frimpter@veritasime.com

Relevance: Many CME professionals are experiencing greater pressure to measure the educational outcomes of the CME activities they provide, but are faced with resource, financial, and skill/knowledge barriers that prevent implementation. This pressure has been intensified by: 1) the increased funding of education since release of the new PhRMA guidelines and subsequent increased internal accountability of the commercial supporters to demonstrate the educational impact of the CME activities they support and; 2) the requirement by the ACCME that CME providers must be exemplary in the review and improvement of their CME activities to receive Accreditation with Commendation. The educational outcomes measurement process is a cycle that evaluates activity effectiveness and identifies future educational needs. Such quantifiable measures of CME participants' awareness, perceptions, and attitudes toward relevant clinical evidence and practices provide information regarding the achievement of specific educational needs and gaps that must be addressed in future activities.

Target Audience: This intensive session will be of interest to CME professionals at all experience levels (i.e., beginners as well as advanced practitioners) in all provider groups.

Purpose: This educational activity is designed to increase participants' awareness of the key elements of successful educational outcomes measurement, help them develop a specific plan for implementing educational outcomes measurement, and provide suggestions on how to create an active needs assessment-fulfillment loop by incorporating educational outcomes data into the needs assessment and planning processes for future educational activities and initiatives.

Objectives: At the conclusion of the breakout, participants will be better able to: 1) Define educational outcomes and the levels of educational outcomes measurement/data; 2) Establish practical educational outcomes measurement research objectives and questions; 3) Describe effective and practical educational outcomes measurement tools and methodologies; 4) Implement educational outcomes measurement to measure their CME activities; and 5) Incorporate educational outcomes data into the needs assessment and planning processes for future CME activities/initiatives.

Methods: The presenters will guide participants through an interactive presentation/discussion that will give them the chance to develop their own research questions and formulate a plan to implement their own educational outcomes measurement. The presentation/discussion will be facilitated from the perspective of a CME provider and CME professionals who have advanced their educational outcomes measurement during the last three years through experimentation/ improvement.

Key Points: The levels of educational outcomes measurement/data will be defined. Resources required for the design and implementation of educational outcomes research and techniques for establishing solid research questions/objectives will be delineated. Practical outcomes measurement tools and methodologies and pointers on incorporating educational outcomes data into the needs assessment and planning processes will be presented.

Expected Outcomes: Participants will begin or advance their experimentation with, and implementation of, educational outcomes measurement tools and methodologies, and incorporate outcomes data into the CME planning process.

Reference: Davis D, Barnes B, Fox R, eds. The continuing professional development of physicians: from research to practice. Chicago, IL: AMAPress, 2003.

Potential Participant's Self-Assessment Question: What are the basics of educational outcomes measurement and where do I begin?

An Introduction to Systems Thinking
(Systems Thinking)

Eric Peterson, EdM
Bimark Center for Medical Education (BCME), tel: 201/457-8900, ext. 14, mailto:epeterson@bimarkinc.com

Alex Romero, PhD
Bimark Center for Medical Education (BCME), tel: 201/457-8900, ext. 11, mailto:aromero@bimarkinc.com

Relevance: Traditional ways of thinking about organizations—and therefore traditional methods for intervening in these organizations—are largely based on methods derived from classical Newtonian physics. These methods hold that phenomena are best understood by reducing them to their smallest component parts, which are assumed to have a linear relationship with the whole. It was thought that through such reduction, one could satisfactorily explain the behavior of the whole. This paradigm led to the application of a "machine" metaphor to organizations. Though successful in classical physics, the Newtonian reductionism paradigm proved unsatisfactory in explaining biological phenomena such as metabolism, and ironically met its most spectacular failure in the field of physics, where it proved deficient at explaining the nature and behavior of subatomic wave/particle phenomena. The attempt to solve these problems in science has yielded a shift in emphasis from "parts" to "wholes" that have complex relationships among their constituent parts and environment. As organizational theorists attempt to reconcile the complexities of modern organizational life, many have embraced developments in the fields of science and mathematics with a resulting shift in metaphor from "machine" to "complex adaptive system," and a corresponding shift to methods that emphasize a "systematic," as opposed to "reductionist" approaches to assessment, intervention, and organizational learning.

Target Audience: This breakout session is designed for CME leaders interested in learning new ways of thinking about and intervening in the organizations where they have CME responsibilities.

Purpose: This session will present a range of related concepts from the fields of science and mathematics, and will relate them to organizational theory and practice.

Objectives: At the conclusion of this breakout session, the participants will be able to compare and contrast a systems theory approach with the traditional reductionist approach, describe the prevailing metaphors of each, and discuss methods for applying several key concepts from the systems approach to their organizational setting.

Methods: One presenter will introduce a concept from science or mathematics, and the second will relate the concept to organizational theory and its implications for the practice of CME.

Key Points: Educators and other organizational developers often employ metaphors as they examine organizational problems and decide how best to intervene. This breakout will challenge the participants to expand the range of metaphors they employ.

Expected Outcomes: Participants will leave this introductory session having been challenged to think about their organizations in new ways, and will be stimulated to explore these concepts further on their own.

References: Capra F. The web of life: a new scientific understanding of living systems. New York, NY: Anchor, 1997.
Senge PM. The fifth discipline: the art and practice of the learning organization. New York, NY: Doubleday, 1990.
Wheatley MJ. Leadership and the new science: discovering order in a chaotic world. San Francisco, CA: Berrett-Koehler, 1999.

Potential Participant's Self-Assessment Question: Do you have a need to learn more about how organizational theorists are approaching the complexities of today's organizations?

International Association for Continuing Education and Training (IACET): Becoming an Authorized Provider
of the Continuing Education Unit (CEU)
(Administrative/Management)

Jacqueline Parochka, EdD
Excellence in Continuing Education, Ltd., tel: 847/680-6419, mailto:JacquelineParochka@msn.com
Other: Past President of IACET and NAAMECC; past member, Alliance for CME Board of Directors

Phillip Kokemueller, MS
American Academy of Otolaryngology-Head and Neck Surgery Fdn, tel: 703/519-1574, mailto:pkokemueller@entnet.org
Other: Former Commissioner, IACETAuthorized Provider Commission

Relevance: The Institute of Medicine studies suggest that clinicians and health professions education is offered in separately housed professional schools. A lack of appreciation of the actual or potential contributions of each is reinforced by such settings. In order to build on the IOM study of developing interdisciplinary teams, continuing education professionals need to offer programming that awards educational units acceptable to many health professionals. The IACET model of certifying organizations as Authorized Providers offers the administrator a helpful route to achieve this goal.

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

Purpose: This interactive session will introduce the IACETAuthorized Provider process and compare the application components to both the ACCME and ACPE accreditation process.

Objectives: At the conclusion of this session, participants should be able to 1) describe the utility of the IACET CEU, 2) identify the components of the Authorized Provider application process, and 3) compare the process to other familiar accreditation processes.

Methods: After a review of the Authorized Provider process, and a description of the application components, the process will be compared to more familiar accreditation processes. After this introduction, participants will have an opportunity to discuss the process in groups. Interactivity and Q&A, will be encouraged.

Key Points: Awarding credit to continuing education participants is an important end result of attendance. IOM suggests that health professionals deliver care in teams. In order to facilitate the production of interdisciplinary courses, administrators need a system of awarding credit to a variety of health professionals. The IACET process of becoming an Authorized Provider and awarding the IACET CEU as a result can facilitate the conduction of interdisciplinary offerings.

Expected Outcomes: Participants will be introduced to IACET Authorized Provider process and the IACET CEU.

Reference: IACET *Criteria and Guidelines for Quality Continuing Education and Training;* The *Quality Chasm* report (Institute of Medicine, 2001:83)

Potential Participant's Self-Assessment Question: Are you familiar with the International Association of Continuing Education and Training (IACET) criteria for awarding the continuing education unit?

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

Murray Kopelow, MD
Accreditation Council for CME, tel: 312/755-7401, mailto:mkopelow@accme.org

Kate Regnier, MBA
Accreditation Council for CME, tel: 312/755-7401, mailto:kregnier@accme.org

Mary Martin Lowe, MA
Accreditation Council for CME, tel: 312/755-7401, mailto:mlowe@accme.org

Dennis Lott, DEd
Accreditation Council for CME, tel: 312/755-7401, mailto:dlott@accme.org

Mary Kathryn Robertson, PhD
Accreditation Council for CME, tel: 312/755-7401, mailto:krobertson@accme.org

Relevance: The ACCME's system of accreditation directly impacts all accredited providers of CME. Accreditation is a component of the Administration and Management competency area for CME professionals and provides a framework for building bridges to enhance performance in 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 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.

Objectives: At the end of this session, participants should be able to discuss recent issues and developments with ACCME's system of accreditation and make plans for integrating any changes into their practice of complying with ACCME requirements.

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

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 new ACCME policies because such discussions can help providers prepare for demonstrating compliance with the policies.

Expected Outcomes: ACCME accredited providers are required to meet the expectations outlined in the Essential Areas, Elements and Policies. Keeping abreast of accreditation issues will help all providers in their practice of demonstrating compliance with ACCME requirements.

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

Potential Participant's Self-Assessment Question: Do you have a need to discuss accreditation issues with ACCME staff and CME colleagues?

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

James Melton, MHA
BioSage Group, LLC, tel: 919/303-2309, mailto:jmelton@biosagegroup.com
Consultant: Principal, BioSage Group

Joseph Green, PhD
Professional Resource Network, Inc., tel: 919/929-9953, mailto:prn.jgreen@mindspring.com
Consultant: President, Professional Resource Network, Inc.

Relevance: As financial and operational challenges continue for CME Offices in School of Medicine, management skills are essential to their survival and success. In surveying 30 of these offices during the 2004 ACME Annual Meeting, we identified the most prominent challenges on the minds of Medical School CME Offices, namely various regulatory changes and how to determine prices and value for CME services. Also collected were self assessments of their capabilities to apply general business techniques to their operations. As the challenges to these enterprises continue to change and intensify, these capabilities become more important. Results in the areas of managing a business and in finding new opportunities highlight a need to develop better business plans and improve financial management skills while also incorporating better customer input and doing better at leveraging existing activities into new ones. CME Offices equipped with the knowledge and tools used to run successful businesses protect themselves and their important mission.

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 issues specifically raised by a sample of CME Offices that will increase revenue, decrease unnecessary expenses and help reach operational goals.

Objectives: At the conclusion of this breakout participants should be able to: list several new sources of possible revenue for the CME Office; describe possible strategic partners; and, delineate specific strategies that will enhance the budget and operations of the CME Office.

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

Key Points: Several ideas will be discussed including how to identify business needs and issues, how to use business tools to better ensure their success, how to initiate and maintain critical strategic relationships, and how to manage operational costs and generate new revenues.

Expected Outcomes: Participants will receive several ideas for methods that can be used to set prices, decrease costs or generate new revenue sources for the CME Office, including strategies for developing and maintaining important relationships and expand current activities into new ones.

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.

Potential Participant's Self-Assessment Question: Do you adequately understand how each of your activities affects your financial performance in terms of cost, revenue and repeat business?

Grand Rounds in an Academic Setting – Are They Grand?
(Educational Interventions)

Lynn Marie Thomason, MLS
University of South Dakota School of Medicine, tel: 605/357-1480, mailto:lthomaso@usd.edu

Anna Truax
University of South Dakota School of Medicine, tel: 605/357-1480, mailto:atruax@usd.edu

Rita Shewmake
University of South Dakota School of Medicine, tel: 605/357-1480, mailto:rpshewma@usd.edu

Audience response technology to be provided by University of SD School of Medicine

Relevance: Levels of commitment from faculty and changes in commercial support procedures have impacted the delivery of grand rounds. Some institutions can no longer "afford" to offer them. Participants have become accustomed to lectures as opposed to case-based conferences. CME professionals need to evaluate "Grand Rounds" from many aspects to determine relevancy, outcomes and financial requirements.

Target Audience: All CME faculty and staff in academic and health system (residency program) environments

Purpose: This presentation will focus on encouraging academic centers to define a mission for "Grand Rounds" and to determine ways to accomplish that mission.

Objectives: At the conclusion of this session, participants will be able to 1) list questions to be answered in the evaluation of Grand Rounds; 2) discuss how to determine the value of Grand Rounds; and 3) develop tools to analyze the financial aspects of Grand Rounds.

Methods: Presenters will quickly survey the group regarding Grand Rounds practices via an audience response system. Following a presentation, participants will break into small groups to complete and discuss a worksheet.

Key Points: Academic CME staff must assess whether Grand Rounds are effective. What changes could be made to enhance Grand Rounds to meet the mission of the sponsor?

Expected Outcomes: Academic providers will have the opportunity to re-examine the Grand Rounds concept and individual programs. Participants will be equipped with practical tools to implement an evaluation and be challenged to make changes to increase the effectiveness of Grand Rounds at their centers.

Reference: Herbert, Randy S., MD, MPH and Wright, Scott M., MD. "Re-examining the Value of Medical Grand Rounds." Academic Medicine, vol. 78, Number 12, December 2003 p. 1248-1252.

Potential Participant's Self-Assessment Question: Are my Grand Rounds grand?

Continuing Medical Education, Quality Improvement, and Transfer of Practice
(Systems Thinking)

David Price, MD
Colorado Permanente Medical Group, tel: 303/636-3190, mailto:david.price@kp.org

Relevance: Health care providers and systems are being asked to measure and improve the quality of care delivered to populations of patients. Additionally, the American Board of Medical Specialties (ABMS) requires physicians to demonstrate competence in systems-based practice and practice-based learning and improvement as part of maintenance of specialty board certification. These changing paradigms provide opportunities for continuing medical education (CME) to become more aligned with health system goals and help prepare clinicians to practice in this new environment.

Target Audience: This breakout session will be of interest to CME professionals at all experience levels (i.e., beginners as well as advanced practitioners) who provide education in health systems, hospitals, insurance companies, and/or physician provider groups.

Purpose: This session will highlight and illustrate how principles of organizational change and diffusion of successful practices can be applied in the planning and implementation of CME programs.

Objectives: At the conclusion of the breakout, participants will be able to:
1. Describe key principals from at least 3 different models of organizational change and diffusion of successful practices.
2. Relate these key principals to the processes used in developing, implementing, and evaluating CME programs.

Methods: A brief overview of several different models of organizational change and diffusion of innovation (including work by Berwick, Rogers, Plsek, and others) will be presented. While these models will be discussed, this session is designed to be practical rather than an in-depth discussion of theory. The presenter will then highlight the commonalities between these models and CME planning, implementation, and evaluation. This session will be highly interactive, therefore attendees will be allowed time to apply these learnings to current CME planning efforts in their settings. Examples from participants will be used to "demonstrate" (and allow the group to brainstorm on) how these principles might be applied.

Key Points: Organizational change and quality improvement principals have much in common with continuing medical education planning processes. CME planners can integrate these principles into CME planning and implementation to help align and leverage education with other organizational initiatives.

Expected Outcomes: Within 3 months, attendees at this session will utilize at least two principals of organizational change/diffusion of successful practices in planning CME programs.

Reference: Rogers EM. Diffusion of Innovations, Fourth Edition. New York: Free Press, 1995.

Potential Participant's Self-Assessment Question: Do you need to learn about potential methods of aligning your CME work with strategic or leadership-defined initiatives in your organization?

Lessons from the Cockpit: Measuring Behavior Change in Interdisciplinary Medical Teams
(Performance Measurement)

Laurie Clayton, MS
University of Rochester School of Medicine and Dentistry, tel: 585/275-4392, mailto:lclayton@cpe.rochester.edu

Harry Sax, MD
University of Rochester School of Medicine, tel: 585/275-0606, mailto:harry_sax@urmc.rochester.edu
Consultant: FlightSafety International

Sheila McCart, AOS
University of Rochester School of Medicine and Dentistry, tel: 585/275-4392, mailto:skmccart@cpe.rochester.edu

Relevance: Measuring physician behavior change as a result of participation in continuing medical education remains a challenge for providers. This research study is designed to measure physician and medical professional's behavioral changes and determine if a reduction in patient safety errors has occurred as a result of participating in *Lessons from the Cockpit: What Aviation Can Teach Medicine about Team Building and Patient Safety*. Under the direction of Dr. Harry Sax, Professor of Surgery at the University of Rochester Medical Center and Patrick Browne, CRM Division Director for Flight Safety International, the Office of Continuing Professional Education has implemented three interactive courses designed to recognize the process by which medical errors occur, identify methods to reduce them and develop effective communication skills among professionals working as members of interdisciplinary medical teams.

Target Audience: This breakout session will be of interest to providers interested in measuring physician and medical professional's behavior changes as a result of their participation in a continuing medical education activity.

Purpose: The purpose of this breakout session is to: 1.) Outline research methods designed to assess behavior change;
2.) Briefly review *Lessons from the Cockpit* course curricula and present an overview and analysis of research design, and
3.) Identify effective educational approaches linked to improved professional performance and behavior change.

Objectives: As a result of participating in this breakout session, participants should be able to: 1.) Recognize benefits and limitations of research methods utilized to measure behavior change; 2.) List significant findings of this study, and
3.) Select appropriate educational approaches designed to facilitate behavioral change in continuing medical education activities.

Methods: An explanatory mixed-methods research design will be conducted in three phases to analyze quantitative and qualitative data. Initial course survey data from three separate cohorts will be analyzed to assess anticipated participant behavior changes and construct a follow-up survey. Secondary survey data will be collected from each cohort approximately three months, six months, and one year post intervention to evaluate the implementation of behavioral changes. Interviews will be conducted to ascertain behavioral pattern changes and triangulate research findings.

Key Points: Evaluating evidence of behavior change resulting from educational interventions will assist CME providers in designing and implementing and measuring the effectiveness of continuing medical education activities.

Expected Outcomes: CME providers will identify research methods and educational approaches designed to evaluate behavior change and enhance professional performance.

Reference: Groh, R. Changing Physicians'Competence and Performance: Finding the Balance between the Individual and the Organization. *Journal of Continuing Education in the Health Professions* 22, no.4 (2002): 244-251.

Potential Participant's Self-Assessment Question: What research methods are most effective in measuring physician behavior change as a result of their participation in a continuing medical education activity?

New Games People Play: How to Successfully Collaborate with Other CME Providers
(Partnering)

Martha Silling, PhD
Northeastern Ohio Universities College of Medicine, tel: 330/325-6574, mailto:msilling@neoucom.edu

Dawn Durivage, BBA
Medical College of Ohio, tel: 419/383-4237, mailto:ddurivage@mco.edu

Lori Gourley, MBA
Northeastern Ohio Universities College of Medicine, tel: 330/325-6579, mailto:lgourley@neoucom.edu

Mary Starbuck, BA
Summa Health System, tel: 330/375-3234, mailto:starbucm@summa-health.org

Wayne Bruce, PhD
University of North Dakota School of Medicine, tel: 701/777-2636, mailto:wbruce@medicine.nodak.edu

Relevance: In times of dwindling human and financial resources, CME providers have opportunities to effectively collaborate with other CME providers by sharing information, resources, ideas, and financial risk.

Target Audience: This break out session will be of interest to all levels of CME professionals and especially those in hospitals, health systems, and medical schools.

Purpose: In an era when physicians have less time to devote to CME, costs are rising, and commercial support is declining, there is a tendency for CME providers to become competitive with one another. Collaboration offers a more positive alternative with benefits for all parties involved.

Objectives: By the end of this breakout session, participants will be able to a) describe innovative regional models for collaboration involving hospitals and medical schools, b) evaluate opportunities for providers to collaborate in a state-wide model, and c) develop a plan to successfully partner with another provider on a national CME activity.

Methods: This presentation will describe three unique approaches to collaboration. Time will be allotted at the end of the presentation for participants to share their own experiences with collaboration for the benefit of everyone in attendance.

Key Points: This session will describe a successful CME Coordinator's Network, a state-wide CME Director's Workgroup, and national activities developed jointly by ACCME-accredited providers. The focus will be on "how tos" as well as "lessons learned".

Expected Outcomes: CME providers will be able to develop a plan for collaboration with one or more other CME providers based on the models provided.

References: Mazur,M. Wishes for strategic collaboration. Accessed at http://www.refresher.com/!hmazur3.html on March 9, 2004. Mohasseb, S. Titanic wave of collaborative competition: Are you fit to survive? Accessed at http://www.refresher.com/!titanicwave.html on March 9, 2004.

Potential Participant's Self-Assessment Question: If you are frustrated by a shortage of funds, staff and/or ideas for CME, can you benefit from learning about ways other CME providers have collaborated for the mutual benefit of their institutions?

Finding Credible Materials: Searching the Continuing Medical Education Literature
(Educational Interventions; Research Track)

Laure Perrier, MEd
University of Toronto, tel: 416/946-7641, mailto:l.perrier@utoronto.ca

Dave Davis, MD
University of Toronto, tel: 416/978-2970, mailto:dave.davis@utoronto.ca

Relevance: Medline$^®$ adds over half a million publications to their database annually, Google((an Internet search engine) indicates that over 4 billion web pages are searched with every query submitted, and at the same time, patients are arriving in waiting rooms armed with data they have collected from various sites on the World Wide Web. Credibility is a key issue and materials must be reliable in order to be selected and used. However, the larger question is how to identify the best online resources in the first place.

Target Audience: This breakout session will be of interest to CME professionals at all experience levels, including educators, program planners, researchers, and practitioners.

Purpose: This session will focus on highlighting databases in medical & education literature, online resources, and general Web resources. Websites and online tools of interest to CME professionals will be exhibited in order for the group to examine their utility and effectiveness. Literature databases will be demonstrated along with quick tips & tricks for more successful use.

Objectives: Participants will be able to 1) identify CME-related literature databases; 2) utilize strategies for more effective searching in literature databases; 3) familiarize themselves with credible online CME-related sources; and 4) examine the utility of these resources for them as individuals.

Methods: Participants will be led through a demonstration of database literature searches on relevant CME-related topics. Other online tools and resources will be shown and their key features will be highlighted.

Key Points: Time and effort need to be maximized given the overwhelming amount of information available. It is necessary to identify and focus on the most reliable and relevant resources.

Expected Outcomes: Participants will have an understanding of how to use literature databases more efficiently. They will also have the opportunity to decide how to use suggested online tools and resources in their own practices.

References:
- Internet influences doctors'clinical diagnosis, treatment, e-health survey indicates. *Medicine on the Net*. May 2002; 8(5):9.
- Davenport TH, Glaser J. Just-in-time delivery comes to knowledge management. *Harv Bus Rev*. 2002;80(7):107-11,126.

Potential Participant's Self-Assessment Question: Do you need to learn more about effectively searching literature databases in order to produce relevant results? Do you need to learn more about identifying useful online resources related to CME?

Are Malcolm Knowles and "Adult Learning Principles" Still Relevant?
(Adult/Organizational Learning Principles; Basics Curriculum)

Don Moore, PhD
Vanderbilt University School of Medicine, tel: 615/322-4030, mailto:don.moore@vanderbilt.edu

Angela Stone, MPH
Vanderbilt University School of Medicine, tel: 615/322-4030, mailto:angela.stone@vanderbilt.edu

Relevance: Malcolm Knowles and the "adult learning principles" that have been associated with his name have been the foundation of approaches to planning CME. Other, more recent learning theories may bring into the question the need for a separate body of "adult learning principles".

Target Audience: CME planners and researchers

Purpose: Compare "adult learning principles" with more recent learning theories.

Objectives: After completing the sessions, participants should be able to:
1. Summarize key elements of "adult learning principles"
2. Explain key elements of more recent learning theories
3. Discuss relevance to planning CME activities

Methods: Combination of lecture and small group work.

Key Points: 1. More recent learning theories highlight differences between teacher-centered and learner centered approaches.
2. More recent learning theories more accurately reflect how physicians learn.

Expected Outcomes: CME planners may consider different options for planning CME for results.

Reference: Bransford JD, Brown AL, Cocking RR. How People Learn: Brain, Mind, Experience, and School. National Research Council. Washington DC: National Academy Press, 1999.

Potential Participant's Self-Assessment Question: What is my current understanding of how physicians learn? How does it impact the way I plan CME activities? What do newer learning theories say about how physicians learn? What implications are there for the way I plan CME?

CardioVillage: Improving Learning Retention Using Web-Based Technology
(Performance Measurement; Advanced Curriculum)

Jane Fruchtnicht, MSN
University of Virginia, tel: 434/924-5318, mailto:jfruchtnicht@virginia.edu

Debra McMahon, PhD
CardioConcepts, Inc., tel: 434/244-5060, mailto:dmcmahon@cardioconcepts.com
Other: CardioConcepts developed the CardioVillage platform, a proprietary learning management system.

Ralph Buckley, MD
Cardiology Associates of Mobile, tel: 251/607-9797, mailto:rbuckley@cardioconcepts.com
Other: Co-owner of CardioConcepts, Inc.

Lawrence Gimple, MD
University of Virginia Health System, tel: 434/924-9591, mailto:lwg9q@virginia.edu
Other: Co-owner of CardioConcepts, Inc.

William Brady Jr., MD
University of Virginia Health System, tel: 434/924-8485, mailto:wb4z@virginia.edu

Relevance: This presentation will demonstrate how the use of online learning technology can support the achievement of ACGME guidelines in the presentation and evaluation of a structured learning program for third year medical students; in addition, the concept of learning retention will be evaluated.

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

Purpose: This presentation will describe the implementation of a web-based learning program to teach third year medical students rotating through various distant hospitals to recognize 25 classic ECG patterns. These students will be "enrolled" in the online course. Following a pre-test, students will complete the learning exercises; all will have online access to the course instructor to answer any questions regarding their ECG course. A post test will be given to all who complete the course. At 3 months, a sub-set will have a self-assessment exercise to reinforce their learning. At 6 months, all course participants will be given another post-test. For all students, scores from the 6-month post test will be compared with the results of the post test taken immediately after the completion of the course. In addition, the 6-month post test scores of the group given the reinforcement exercise will be compared with the group not given the reinforcement exercise, to test for significant differences in learning retention between the two groups.

Objectives: At the conclusion of this breakout, participants will be able to 1) describe the benefits of a web-based learning exercise in delivering a structured curriculum, 2) discuss the components of the Learning Management System (LMS) that document educational outcomes, 3) discuss the impact on learning retention, and 4) discuss applications in other settings.

Methods: Lecture describing the evaluation of learning following the completion of the course and the retention of learning at 6 months in two groups, one with a reinforcement exercise at 3 months.

Key Points: Web-based learning and a Learning Management Systems (LMS) provide the structure for measuring learner achievement and for implementing strategies for enhanced retention of learning.

Expected Outcomes: Participants will identify strategies to deliver/evaluate web-based learning and improve retention.

Reference: Leist JC, Green JS. Congress 2000: a continuing medical education summit with implications for the future. Journal of Continuing Education in the Health Professions 2000, 20(4): 247-251.

Potential Participant's Self-Assessment Question: Do you need to know how to deliver, monitor and reinforce online learning effectively to achieve improved learning outcomes and retention of learning?

Physicians in CME
(Leadership; Physician's Track)

Harry Gallis, MD
Carolinas HealthCare System, tel: 704/697-6516, mailto:harry.gallis@carolinashealthcare.org
Other: President-Elect, Alliance for CME

Howard Dworkin, MD
William Beaumont Hospital, tel: 248/898-4128, mailto:hdworkin@beaumont.edu

Relevance: Physicians in CME, or for that matter in many educational settings, frequently arrive at their positions with little or no formal training or experience in educational or leadership skills. As an organization of CME professionals, the Alliance for CME is constantly aware of the challenges that physicians face in attempting to either lead or advise their organizations with regard to the development of meaningful, useful, and effective forms of continuing medical education. With the challenges to incorporate various physician core competencies into all levels of medical education, leadership skills and knowledge with regard to effective change processes become even more critical in CME leadership. This session will offer the opportunity for physicians and other leaders in CME to discuss their concerns and play a role in the development of future activities focusing on leadership in CME, specifically aimed at the development of more effective physician leaders.

Target Audience: This forum will be of interest to physicians and other CME professionals at the intermediate or advanced level and all provider types.

Purpose: The purpose of this forum is to identify and focus on critical issues facing the recruitment and development of physician leadership in the areas of CME, physician self-assessment and quality improvement, and to serve as a needs assessment vehicle for future activity planning.

Objectives: At the conclusion of this forum, the learner should be able to: 1) list them most important challenges to recruitment and training of physicians in CME; 2) describe areas of educational content most important to the profession, and 3) identify mechanisms to broaden the impact of Alliance programming to the medical profession.

Methods: Through an interactive lecture/discussion format, the faculty and participants will discuss current issues in CME leadership and assist Alliance leadership in the development of future effective activities for physicians in CME and other areas of medical education. A survey will also have been sent to selected members of the Alliance to generate data and issues for discussion.

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: Audience and faculty with define key areas where opportunity exists for the Alliance to improve programming for physicians and identify mechanisms to increase physician participation in CME leadership.

Reference: Institute of Medicine Report on Health Professions Education, 2003.

F1, Intensive - Advanced Seminar
8:30 am – 12:15 pm, Friday
Main Session – Pacific Suite C/4th Floor; Theatre/45
Breakout Session – Pacific Suite D/4th Floor; Conference/14
Breakout Session – Pacific Suite E/4th Floor; Conference/20
Breakout Session – Pacific Suite F/4th Floor; Conference/20

Applying Theory and Research to the Practice of Continuing Professional Development
(Educational interventions; Advanced Curriculum; Research Track)

Robert Fox, EdD
University of Oklahoma, tel: 405/325-2769, mailto:rfox@ou.edu

Barbara Barnes, MD
UPMC Health System, tel: 412/647-8212, mailto:barnesbe@msx.upmc.edu

David Davis, MD
University of Toronto, tel: 416/978-3703, mailto:dave.davis@utoronto.ca

Each presenter edited a product (see reference below) of the AMA which will be used heavily in the session.
The presenters do not receive any royalties.

Relevance: The session links theory and research to the practice of CPD professionals, including "tools" to facilitate the implementation of seminar learnings.

Target Audience: Those who are in leadership positions in CPD or are experienced in the design of education, quality assurance, research or policy related to CPD

Purpose: This advanced seminar will address needs of CPD professionals to translate theory, research and knowledge of learning and change into useful and reliable methods, tools, techniques and practices.

Objectives: After participating in this session, learners will be able to: Identify areas of research and theory that may be transformed into better CPD assessment and planned change strategies. Describe necessary practice tools for a practitioner of CPD. Explain the role of theory and knowledge in transforming CPD practices. Apply research and theory to an educational problem.

Methods: The session will begin with an overview of the nature of theory and its uses in applied fields. This will be followed by the introduction to a case taken from "The Continuing Professional Development of Physicians". Participants will choose one of three breakouts sessions. Each breakout session will use case studies to address the major ideas underlying "deciding what to do", "deciding how to do it" and "deciding if it succeeded" The seminar facilitator will relate theory to each question. Discussion will be focused on relating theory to practice, "tools" to facilitate this process, and the process for using these tools in practice. Participants will report back in a general session. The seminar facilitator(s) will integrate issues and findings from the breakout sessions.

Key Points: CME literature can impact CME practice. Translating theory and research to practice is a multistage process. CPD must center on patient problems and clinical challenges.

Expected Outcomes: Participants will be able to generate strategies for applying specific models and theories to their work in assessing the need for and facilitation of change. Participants will be able to change their practices of CPD so that research becomes the basis for tools and actions related to problems in CPD.

Reference: Davis, D., Barnes, B. and Fox, R. The Continuing Professional Development of Physicians. 2003, AMA press, Chicago.

Potential Participant's Self-Assessment Question: How do I apply these ideas and findings related to learning and change to my work in CPD?

The Value of Games for Learner Instruction
(Educational Interventions)

Beverly Wood, MD
University of Southern California, tel: 323/442-2377, mailto:bwood@usc.edu

Dixie Fisher, PhD
University of Southern California, tel: 323/442-1600, mailto:dfisher@usc.edu

Erin Shaw, MSc
University of Southern California, tel: 310/448-9196, mailto:shaw@isi.edu

Relevance: Educational interventions are most effective when the learners are able to apply their knowledge, skills, and behaviors in a variety of situations. The ability to attain knowledge, retain it, and apply it widely and flexibly is the goal of continuing medical education. Introducing situations in which the learner interacts with knowledge and uses it in practical applications is an effective goal of teaching. By introducing a variety of games for learning situations and discussing their application to learning, the participants will recognize games as an effective and practical learning tool.

Target Audience: The intensive will be of interest to all levels of CME professionals who are involved in designing educational experiences and for teaching in them or training others to teach.

Purpose: The presentation will demonstrate and teach the use of games as a highly motivating and interactive instructional method. Games are effective as a serious learning method when selected to accomplish a specific goal. As well as motivating learning, they introduce friendly competition, and accomplish integration and application of content, promote creative thinking, and provide interesting quizzes. Played individually, in collaborative groups, or with a large audience, games introduce a dimension of interactive learning into teaching and training sessions. This presentation will introduce games for a variety of teaching purposes to develop cognitive, analytic, and motor skills. Audience participation is an essential part of this presentation, to demonstrate types of games and their specific applications to learning.

Objectives: At the completion of this session, participants will be able to:
• Demonstrate applications of games in learning
• Promote content integration and application through games
• Develop customized, interactive games for learning
• Relate principles governing choices of interactive learning games

Methods: Learners will become familiar with applications of games as an instructional technique for learning, content integration and review, decision making, and skills training. During this workshop, a variety of games will be demonstrated with audience participation followed by discussion of their purpose and effectiveness.

Key Points: Games are useful in providing an interactive approach to learning. Games are highly motivating for learners
Games are planned for specific applications during a learning experience.

Expected Outcomes: Participants will introduce a novel and effective interactive learning methodology to instructional programs.

References: Sugar, S. Games that Teach. (1998) Jossey-Bass, San Francisco.
Prensky, M. Digital Game-Based Learning. (2001) McGraw-Hill. New York.

Potential Participant's Self-Assessment Question: In instructional planning are you searching for teaching methods that are highly interactive and motivating for participants?

So You Want to Write Better Objectives!
(Adult/Organizational Learning Principles; Basics Curriculum)

George Mejicano, MD
University of Wisconsin Medical School, tel: 608/263-4591, mailto:mejicano@wisc.edu

Steve Passin
Steve Passin & Associates, LLC, tel: 610/325-3611, mailto:passin@passinassociates.com

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

Target Audience: All

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.

Potential Participant's Self-Assessment Question: Do you need to know details of how to write learning objectives that are measurable and written in terms of physician performance or patient health outcomes?

CME Outcomes Measurement: A Case Example
(Performance Measurement)

Lawrence Sherman
Jobson Education Group, tel: 973/954-9285, mailto:lsherman@jobson.com

Linda Casebeer, PhD
University of Alabama School of Medicine-Birmingham, tel: 205/934-2616, mailto:casebeer@uab.edu

Anna Carillo, MA
University of Alabama School of Medicine-Birmingham, tel: 205/934-2105, mailto:acarillo@uab.edu

Relevance: Live symposia are often criticized as ineffective in influencing physician performance. There are several factors however that can enhance large and small group learning to increase the chances for physician performance improvement. Case-based learning and interactive sessions can be highly effective in facilitating changes in physician practice patterns and improved patient health outcomes. Enhancing performance in practice can be facilitated by using appropriate methods and by designing effective measurement strategies to assess the impact of these interventions.

Target Audience: All CME professionals interested in program design, measurement and continuous educational improvement

Purpose: 1) Examine the importance of using active learning strategies in live CME. 2) Emphasize the importance of measurement of practice pattern change. 3) Discuss the results of an outcomes evaluation of a two hour case-based seminar on *Managing Infections in the Immunocompromised Patient* that targeted infectious disease specialists.

Objectives: 1) Provide CME professionals with a measurement case example. 2) Demonstrate how outcomes data can be used to improve CME programming, identify physician performance change, and make improvements in patient outcomes.

Methods: Presenters will use the case example to engage the audience in an interactive discussion about outcomes measurement. Study results will be described in detail.

Key Points: Effectively measuring outcomes of CME programming yields important data including:
- **Physician adherence to clinical practice guidelines** – participants (67%) were significantly more likely than non-participants (39%) to choose the treatment recommended by current clinical practice guidelines (p=.001).
- **Appropriate choice of therapy** – Participants were significantly more likely to choose appropriate emipiric therapy for febrile neutropenia (p=.04).
- **Physician confidence** – Non-participants were less likely to be confident (33%) in managing febrile neutropenia in children than participants (52%), p=.04.

Expected Outcomes: The learner will examine the linkage between program design and outcome measurement and the opportunities that measurement offers to examine the impact of CME on practice. Learn what data are available through measurement and how to use the data to improve CME programming.

Reference: Casebeer L, Centor RM, Kristofco RE, Learning in Large and Small Groups in *The Continuing Professional Development of Physicians Davis D, Barnes BE, Fox R American Medical Association 2003 169-190*

Potential Participant's Self-Assessment Question: Does my organization employ evidence based methods in live meeting design and how do I tie design and measurement together to gain insights about the outcomes from our CME programming?

Bridging the Gap: Developing a Process of Continuous Improvement for RSC's
(Self-Assessment and Life-Long Learning)

Hillary Andrei, BA
Henry Ford Health System, tel: 313/916-8209, mailto:handrei1@hfhs.org

Barbara Joyce, PhD
Henry Ford Health System, tel: 313/916-8209, mailto:bjoyce1@hfhs.org

Peter Coggan, MD
Henry Ford Health System, tel: 313/916-8209, mailto:pcoggan1@hfhs.org

Relevance: With the implementation of Policy 2003-A-08, the ACCME has modified the method for evaluating compliance for Regularly Scheduled Conferences (RSC's). This policy has shifted the monitoring of compliance to an internal review process that is driven toward continuous improvement by actual performance data. If we are to develop a program that demonstrates continuous improvement, the process must be built upon a sound educational framework of analysis, design, development, implementation, and evaluation (ADDIE).

Target Audience: CME professionals at all levels of expertise who are interested in implementing an RSC review process focused on continuous improvement and program accomplishments.

Purpose: This session will focus on integrating educational models and tools into the development of a continuous improvement program for RSC review.

Objectives: At the conclusion of this breakout, participants will be able to: (1) identify several tools for the evaluation of their RSC's, (2) utilize a matrix to inventory compliance with the Essential Areas & Elements, (3) develop an action plan for the use of several of the tools presented, and (4) evaluate the outcomes of their action plan.

Methods: Presenters will review the basic education model ADDIE and offer preliminary data on their experiences with this process. Participants will receive practical tools to assist them in applying ADDIE to their own RSC review process. Participants will develop an action plan.

Key Points: (1) Educational principles provide a framework and are critical to the development of a continuous improvement process. (2) The RSC review process is a formative evaluation tool requiring feedback and revision. (3) Evaluating actual performance data is integral to continuous improvement process.

Expected Outcomes: Participants will develop action plans for improving their RSC review process through a systematic approach focused on continuous improvement and program accomplishments. CME Providers will be able to use real performance data to position their RSC activities as agents for change.

Reference: Documentation. http://www.accme.org/incoming/152_policy_08_Documentation_10032003.pdf. Retrieved on February 27, 2004.

Potential Participant's Self-Assessment Question: Do you have a need to develop a continuous improvement program for the internal review of RSC's?

Serving Two Masters: Bridging the Gap between Accreditation Guidelines and Collaborator Expectations
(Administrative/Management)

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

Relevance: As guidelines become more stringent, CME professionals often find themselves balancing between conflicting expectations and objectives of faculty, internal staff & departments, or commercial supporters and the ACCME essential areas. In today's complex environment, it's no longer good enough to know how to navigate the accreditation guidelines. Inherent in our jobs is educating others on how to develop quality CME and why activities must follow specific parameters. This often means policing our commercial supporters, faculty, and other internal staff & departments while also serving as a service provider.

Target Audience: This breakout session will be of interest to beginner and intermediate CME professionals in all provider groups.

Purpose: This presentation will focus on working with collaborators (such as faculty, internal staff & departments, and commercial supporters) with different expectations or objectives to develop quality CME that meets and exceeds ACCME essential areas and standards for commercial support.

Objectives: At the conclusion of the breakout, participants will be able to describe and discuss (1) how expectations & objectives can differ between collaborators on the same CME activity, (2) ways in which CME professionals find themselves caught between conflicting expectations & objectives, and (3) how CME professionals can work to effectively bridge the gap between differing expectations & objectives to produce quality CME.

Methods: Presenter will discuss the inherent structures for developing CME, to include the different collaborators and their roles and responsibilities. Focus will be on identifying where objectives differ among collaborators and how to effectively manage them to a successful outcome. Audience participation is requested.

Key Points: For us to be successful we must learn how to work with our CME collaborators in a manner that provides them with quality service while also meeting the standards for CME accreditation.

Expected Outcomes: CME professionals will enhance professional performance by understanding how, when, and where they may encounter conflicting expectations or objectives and be able to employ strategies to effectively bridge those gaps and produce quality CME activities.

Reference: (internal policies and procedures)

Potential Participant's Self-Assessment Questions: Do you feel that you've simply become the CME police and are unable to provide quality customer service to those around you while also meeting ACCME requirements? What are some useful tools to manage differing expectations of different parties involved in CME activities? How can I address the inherent conflict of being a service provider and quality control expert?

Joint Sponsorship: Building Effective Partnerships
(Partnering)

Marisa Putnam, BA
Institute for Continuing Healthcare Education, tel: 215/446-8088, mailto:mputnam@voxmedica.com

Beth Brillinger, BS
Institute for Continuing Healthcare Education, tel: 215/446-8088, mailto:bbrillinger@voxmedica.com

Nicola Sirdevan, MPA
National Lipid Association, tel: 904/998/0854, mailto:nsirdevan@lipid.org

Chris Seymour, MBA
National Lipid Association, tel: 904/998/0854, mailto:cseymour@lipid.org

Relevance: According to the 2002 ACCME annual report, 20% of all continuing medical education (CME) activities are jointly sponsored. This number may rise as educational trends such as an increase in the number of enduring materials delivered by both traditional and technologically advanced delivery methods, the need to reach specialized audiences, and the constraints of reduced budgets. Both accredited and non-accredited providers can work together to create a mutually satisfying educational partnership and ultimately, to produce quality CME initiatives.

Target Audience: This breakout session will be of interest to CME professionals of all experience levels, working in all types of CME settings, as well as any organizations that frequently partner with CME-accredited providers.

Purpose: In this session we will review and discuss "best practices" for working in a joint sponsor relationship. Representatives of accredited and non-accredited providers who, have maintained a 4-year ongoing joint sponsorship relationship, will present views on creating a process for collaboration and share personal experiences and lessons learned.

Objectives: At the conclusion of this breakout, participants should be able to: 1) identify components of a successful joint sponsorship relationship; 2) discuss benefits and challenges associated with jointly sponsoring activities; 3) apply tools to create and build successful partnerships; and 4) construct a plan that allows for effect collaboration on CME-certified activities.

Methods: Presentation and discussion will be used to address principles of effective joint sponsor partnerships.

Key Points: This breakout will focus on communication as the key to building effective and mutually satisfying joint sponsorship relationships. Implementing policies and procedures to ensure accreditation compliance and high-quality educational activities will also be discussed.

Expected Outcomes: Participants will expand their knowledge and gain access to tools for building and maintaining effective joint sponsor relationships that satisfy the needs of both accredited and non-accredited providers.

References: Bailey AR, Passin SM. Practical Tips on Successful Joint Sponsorship. *Almanac*. 2000;22(10):1-4.
Erickson D. Make CME, Not War. *Medical Meetings*. 2002;29(2):39-46.
http://www.accme.org/incoming/156_2002_Annual_Report_Data.pdf accessed on 3/2/04.

Potential Participant's Self-Assessment Question: With limited resources available, does your CME office have systems in place for positive relationships and effective joint sponsorships to sufficiently meet the needs of physicians?

Communicative Competence in the Planning of CME Activities: Bridges between CME Professionals and Physicians
(Self-Assessment and Life Long Learning)

Sandra Pinkerton, PhD
Texas Health Research Institute, tel: 972/981-3752, mailto:sandrapinkerton@texashealth.org

Marilyn Peterson, MA
Texas Health Research Institute, tel: 214/345-5380, mailto:marilynpeterson@texashealth.org

Audience response technology to be provided by Option Technologies

Relevance: Our belief is that communicative competence is critical in the planning of CME activities. Physicians live in the world of medical content. CME professionals live in the world of meeting planning, CME documentation and adult education theory. Communicative competence is the bridge between those two worlds. Our goal has been to provide CME professionals who are planning CME activities communicative strategies that honor medical content while meeting the ACCME elements and standards for high quality, unbiased CME.

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 staff and physician chairs/faculty in the planning of CME activities.

Purpose: In this session, participants will explore the underlying knowledge, language and skills that CME professionals need when eliciting information about the medical content of a CME activity. Participants will explore foreground and background communication strategies that honor the medical content of the course chairs and faculty and give CME professionals greater engagement in that content.

Objectives: At the conclusion of this breakout session, participants should be able to (1) construct a communicative frame using foreground and background communication strategies to elicit relevant medical content that meets identified course needs, and (2) employ the communicative frame to take the medical content received and collaboratively develop objectives and relevant educational outcomes questions.

Key Points: (1) Information elicitation is recognized as a learned personal skill across a number of disciplines where critical planning is called for. (2) In order to successfully plan educational activities, CME professionals must go beyond competent meeting planning and basic maintenance of CME documentation. They should include evidence-based medicine and disparities of care as part of educational activity development. (3) CME professionals should know how to work with the medical content they have elicited to help collaboratively develop objectives and educational outcomes measures. (4) CME professionals need to incorporate communicative competence as one the competencies relevant to their professional growth.

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

Reference: Pinkerton S, and M Peterson. Enhancing CME Planning: Improved Team Communications, ACME Annual Meeting Presentation, Atlanta, GA, Jan, 2004.

Potential Participant's Self-Assessment Question: In relation to planning CME activities with physician course chairs and faculty, do you have a need to know how to bridge between the medical content of the activity and the meeting planning and CME documentation that you usually address?

Content Validation – Beginning Steps to Facilitate the Process
(Educational Interventions)

Lisa Johnson, MHS
The Endocrine Society, tel: 301/941-0202, mailto:ljohnson@endo-society.org

Robert Bartel, MS
The Endocrine Society, tel: 301/951-2606, mailto:rbartel@endo-society.org

Relevance: The current climate for CME is demanding validity of content in CME educational interventions. Though this standard is not new, CME providers must now hone their skills in regard to performing initial review and validation of content. This assessment is of particular importance for commercially-supported programs. Assurance of content validity is the backbone of CME educational interventions, allowing the physician learner to confidently apply the principles and information presented into his/her practice.

Target Audience: This breakout session will be of interest to CME professionals, beginner and intermediate levels, in all provider groups.

Purpose: This session will focus on enhancing initial content review and validation skills with a goal of facilitating the work of education committees in achieving CME program goals.

Objectives: At the conclusion of this breakout session, participants will be able to apply basic strategies for content validation which include a) beginning literature evaluation, including levels of evidence, b) recognizing different types of study design, c) ensuring accuracy in data reporting, and d) ensuring balance and objectivity of program content.

Methods: Presenters will provide an overview of current principles that can be utilized to perform an initial review of content for a CME activity. This presentation will be followed by presentation and discussion of a series of examples that demonstrate application of the principles identified. Audience participation will be encouraged.

Key Points: In order to facilitate the content validation process of educational committees and ensure that activities meet the CME program goals, CME providers must develop and implement strategies to perform initial content review. It is crucial that we, as CME providers, are able to assist our committee members in this important aspect of continuing medical education.

Expected Outcomes: CME providers will develop skills that are directly applicable to practice. These skills for beginning content review will support and enhance existing committee efforts to assure content validation and verify principles of evidence-based medicine.

Reference: Validation of Clinical Content of CME - The ACCME Expectations of Providers and of the Accreditation Process; July 2002. Content Validation Value Statements from the ACCME. http://www.accme.org/whatsnew/sec_new_nw1_230.asp. Accessed 3/11/04.

Potential Participant's Self-Assessment Question: Do you have a need to enhance your skills regarding initial content review and validation?

Online Continuing Medical Education (CME): An Evaluation of Learning and Partnership Opportunities
(Performance Measurement)

Fran Kirby, MEd
Memorial University of Newfoundland, tel: 709/777-6653, mailto:fkirby@mun.ca

Lisa Fleet, MA
Memorial University of Newfoundland, tel: 709/777-4293, mailto:lfleet@mun.ca

Relevance: Maintaining competency in clinical practice can be challenging for many family physicians, especially those who practice in rural and remote areas. Web-based CME programs can help physicians identify learning opportunities, find the best resources for learning, and apply learning to practice. This strengthens their practice skills and personal wellness, reduces isolation from colleagues, and improves retention. The Office of Professional Development, Faculty of Medicine, Memorial University of Newfoundland leads a pan-Canadian Consortium of nine university medical schools in The Electronic Rural Medicine Strategy (TERMS), a national professional development strategy for enhancing the retention of rural and remote family physicians. Partnerships with government, physicians, and private industry were also established to secure financial and technical resources. The main component of this initiative, MDcme.ca, provides physicians with access to online medical information resources and accredited Web-based CME courses.

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

Purpose: The design and preliminary findings of an ongoing evaluation research study, supported by the Atlantic Canada Opportunities Agency, Atlantic Innovation Fund, will be presented. This study is examining the effectiveness of the Web-based CME courses offered via MDcme.ca with the goal of identifying means for enhancing the quality of learning that is facilitated in online CME learning environments. Another goal is to examine the effect of consortium partnerships on relationships between CME offices of Canadian universities. The factors necessary to provide effective online (CME) will be discussed. In addition, the successes and challenges of academic, government and industry partnerships will be explored.

Objectives: Participants will be able to 1) describe the research and evaluation framework required to provide effective online CME; 2) discuss the successes and challenges of partnerships; and 3) collaborate with colleagues.

Methods: Presenters will first disseminate information on MDcme.ca; its research, evaluation, and administrative framework. Participants will be encouraged to participate first, in small group discussions, then in the larger group. In small groups, participants will be asked to discuss what they feel are the necessary administrative and evaluative components for effective Web-based CME. They will be able to reflect on the presentation and share some of their own experiences. Participants will then share their discussion with the large group.

Key Points: This research study explores how e-learning environments can be utilized to develop and sustain professional practice in various disciplines and for different types of learners. This pan-Canadian Consortium have demonstrated that a collaborative effort among university-based CME offices is viable for developing an effective distributed learning strategy such as TERMS. Their continued commitment to combine the resources of each medical school and region in Canada will advance the TERMS initiative towards its ultimate goal – to become a national bilingual Web portal that will become the main provider of online, accredited, university-based CME courses, professional development tools and resources in Canada.

Expected Outcomes: This session will stimulate discussion of the merits and challenges of Web-based CME. CME professionals will be able to explore the value of partnering as one way to facilitate effective Web-based CME.

Reference: Casebeer L, Bennett N, Kristofco R, Carillo A, Centor R. Physician Internet medical information seeking and on-line continuing education use patterns. Journal of Continuing Education in the Health Professions 2002, 22(1):33-42.

Potential Participant's Self-Assessment Question: Do you have a need to learn more about Web-based CME achieved via partnerships – its administrative and evaluative merits and challenges, its effects on physician performance?

American Academy of Family Physicians (AAFP) CME: Accreditation Basics (Part 1)
(Administrative/Management; Physician's Track)

Nancy Davis, PhD
American Academy of Family Physicians, tel: 913/906-6000, ext. 6510, mailto:ndavis@aafp.org

Susan Tyler, MEd
American Academy of Family Physicians, tel: 913/906-6000, ext. 6540, mailto:styler@aafp.org

Relevance: AAFPCME 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.

Target Audience: This breakout session will be of interest to CME professionals at all experience levels (i.e., beginners as well as advanced practitioners) in all provider groups.

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 workshop, participants should be able to: identify CME requirements for AAFP members; define eligibility criteria for AAFP Prescribed and Elective credit; 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.

Methods: The presentation will explain the benefits of providing CME credit for family physician audiences, will explain the categories of Prescribed and Elective credit, and will provide instruction on how to apply for AAFPCME credit.

Key Points: The AAFP has over 93,000 family physician members in 50 states, the District of Columbia, Uniformed Services, Puerto Rico, the Virgin Islands, and Guam who must accrue 150 CME credits in a 3-year period. Seventy-five of the required credits must be AAFP Prescribed, and the balance may be AAFP Elective credits. 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, http://www.aafp.org/cmea/xml.

Potential Participant's Self-Assessment Question: Do you regularly apply for AAFPPrescribed credit for your activities that are targeted to family physicians?

Connecting eCME to Physician Confidence and Competence
(Educational Interventions; Advanced Curriculum)

Destry Sulkes, MD
Medsn Inc., tel: 201/915-0314, mailto:destry.sulkes@medsn.com
Other: Producer of medical education activities for major pharmaceutical companies

Relevance: The pharmaceutical and device industries have invested considerable resources and intend to continue significant levels of investment in funding continuing professional education for physicians and other healthcare providers. The aim of such education is to increase clinician knowledge and change practice patterns to improve patient outcomes. In recent years, online and electronically delivered CME ("eCME") has become an increasingly attractive alternative to traditional CME formats such as print and live lectures. With the proliferation of these new educational methods, both content providers and program supporters should have a vested interest in understanding the advantages and disadvantages of various CME methodologies and deployment strategies.

Target Audience: Intermediate and advanced CME professionals, medical affairs and marketing managers, and brand managers

Purpose: This presentation will focus on demonstrating the impact of eCME in the current educational marketplace—especially when deployed as part of a comprehensive educational strategy. In addition, we will provide guidance on delivering effective eCME to physicians and other healthcare professionals.

Objectives: As a result of this presentation, the attendee will be able to:
• Identify effective eCME
• Create metrics and evaluation tools to help evaluate the effectiveness of eCME
• Use these tools to influence corporate policy and justify financial support decisions

Methods: This presentation will be based on a case study.

Key Points:
• Discuss the current state of knowledge and experience regarding CME and eCME—what do the literature and our everyday experiences tell us about case-based, interactive learning vs. didactic education?
• Review how eCME compares in effectiveness to more traditional instructional formats such as print and lecture-based courses
• Review approaches to measuring the relative effectiveness of competing CME methodologies and deployment methods

Expected Outcomes: The CME professional will be able to develop a strategy for defining and using evaluative metrics before rolling out a CME program.

References: Gerber BS, Eiser AR. The patient-physician relationship in the Internet age: Future prospects and the research agenda.
J Med Internet Res. 2001;3(2):e15. Available at: http://jmir.org/2001/2/e15/. Accessed March 11, 2004.
Liebman M. CME on the Internet. *Medical Marketing & Media*. February 26, 2001. Available at:
http://www.cpsnet.com/reprints/2001/02/FEBcme.pdf. Accessed March 11, 2004.
Manthri S. Internet-based CME: Its role and awareness among medical professionals. Available at:
http://www.manthri.co.uk/html/title_page.HTM. Accessed March 11, 2004.
Guadagnino C. CME evolves beyond lectures. *Physician's News Digest.* April, 2001. Available at:
http://www.physiciansnews.com/cover/401.html. Accessed March 11, 2004.

Potential Participant's Self-Assessment Question: What are the metrics I use to measure how eCME increases clinician knowledge? Do I have a good understanding of how these metrics improve practice patterns and affect patient outcomes?

Building Bridges Among the Disciplines: The Challenge of Multidisciplinary Education
(Systems Thinking)

Lorry Schoenly, DNSc
Meniscus Educational Institute, tel: 610/834-1810, mailto:lschoenly@meniscus.com

Debra Mayo, MHA
Meniscus Educational Institute, tel: 610/834-1810, mailto:dmayo@meniscus.com

Monica Nicosia, PhD
Meniscus Educational Institute, tel: 610/834-1810, mailto:mnicosia@meniscus.com

Relevance: Healthcare is delivered in a multidisciplinary environment by an array of health care providers. Roles within this environment are overlapping and often blurred. The three major healthcare disciplines – medicine, nursing, and pharmacy require continuous education to remain competent to practice. Efficient and effective continuing educational methods involve all disciplines in the educational process.

Target Audience: Beginners new to CME and in need of a basic understanding of multidisciplinary education. Of particular interest to medical education communication company participants accredited in more than one discipline.

Purpose: This breakout session will explain the similarities and differences among medical, nursing, and pharmacy continuing education processes and accreditation requirements. A model for multidisciplinary education structure and process will be advanced.

Objectives: 1) Describe the overlapping role responsibilities of medical, nursing and pharmacy professionals. 2) Differentiate key elements of medical, nursing, and pharmacy accreditation requirements that impact multidisciplinary education programming. 3) Outline key elements of multidisciplinary educational programming. 4) Apply a model for multidisciplinary education to a case study.

Methods: Didactic theory and case presentation followed by small group discussion and application.

Key Points: 1) The similarities and differences among healthcare disciplines. 2) Key differences among accreditation organizations in healthcare 3) Needs Assessment parameters 4) Program Planning Model 5) Learning Assessment activities that encompass the target disciplines 6) Looking into Outcomes

Expected Outcomes: Participants will be able to identify key elements of continuing education among multiple disciplines and begin creating multidisciplinary educational programs for health care professionals.

Reference: Hallo P, Weaver L, Interdisciplinary education and teamwork: a long and winding road. *Med Educ*. 2001;35(9):867-875. (Review)

Potential Participant's Self-Assessment Question: Are you asked to prepare multidisciplinary direct delivery and/or enduring material continuing education? Do you have a firm understanding of the differences in accreditation structure and participant needs among the target disciplines?

Repurposing Your CME Activities: Generating New Revenue Streams
(Partnering)

Ronnie Davidson, EdD
CMEinfo.com, tel: 856/874-0010, ext. 6640, mailto:rdavidson@cmeinfo.com

Joyce Fried, BA
David Geffen School of Medicine-UCLA, tel: 310/794-1958, mailto:jfried@mednet.ucla.edu

Harold Kessler, MD
Rush Medical College, tel: 312/942-8728, mailto:hkessler@rush.edu

Relevance: There is a decline in support to the Offices of Continuing Medical Education from their parent organizations and the pharmaceutical industry. This may or may not be due to the current financial crisis in the healthcare industry. Medical schools, specialty societies, hospitals and medical education companies find it is imperative that the Office of CME develop alternative funding sources to meet their goal of enhancing performance in practice for CME professionals and/or physicians.

Target Audience: This session is intended to address all levels of CME professionals who are creating CME activities in medical schools, medical specialty societies, hospitals and medical education/communication companies.

Purpose: This session will convince attendees to look within their CME program and define existing activities in the context of repurposing them to create additional sources of income and expand the reach of their target audience.

Objectives: At the conclusion of this session, participants should be able to: 1) objectively review existing activities in their CME program, 2) examine the potential for leveraging activities by delivering multiple modes of instructional delivery, and 3) develop a creative strategic plan to gain increased external funding.

Methods: The presenters will discuss their particular role in this process and describe how they are increasing the income for the CME office as well as enhancing their value to the organization. A template for developing a strategic plan will be disseminated and participants can use this to design a framework for action.

Key Points: Partnering is a means of meeting the CME office's goals and gaining the finances to do so.

Expected Outcomes: Participants will have the start of a planning document that will consider multiple modes of instructional delivery for their activities that will both expand the reach of their audiences and impact, in a positive way, on the fiscal bottom line in their departments.

Reference: Harrison RV. The uncertain future of continuing medical education: commercialism and shifts in funding. The Journal of Continuing Education in Health Professions 2003;23(4):198-209.

A 2005 Update to the AMAPhysician Recognition Award Credit System
(Administrative/Management; Physician's Track)

Charles Willis, MBA
American Medical Association, tel: 312/464-4677, mailto:charles_willis@ama-assn.org

Rebecca DeVivo, MPH
American Medical Association, tel: 312/464-5196, mailto:rebecca_devivo@ama-assn.org

Relevance: All ACCME and state medical society accredited providers of continuing medical education need to stay informed of 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.

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

Purpose: This session will provide the most recent information about the AMA PRAcredit system. It will review the latest version (4.0) of the AMA PRAinformation booklet, highlighting and clarifying policies and issues that are important to providers. The session will also focus on the outcomes of the AMA's two pilot projects, highlighting the new rules that emerged from these pilot activities and directly affect how accredited CME providers can designate certain activities for AMA PRA category 1 credit.

Objectives: At the conclusion of this mini-plenary session, participants should be more knowledgeable about AMA PRAcategory 1 credit system and the changes made to it in 2003-2004, and be able to describe these changes to their physicians, learners and other stakeholders in the CME enterprise.

Methods: The presentation will consist of a didactic portion, with time provided for audience interaction, questions and answers, and general discussion on subjects of interest to Alliance attendees.

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: Requirements for Accredited Providers, Version 4.0.

Potential Participant's Self-Assessment Question: Are you an accredited provider designating educational activities for AMA PRA category 1 credit?

Performance Improvement through an Inter-Disciplinary Initiative: Get With the Guidelines
(Systems Thinking)

Jackie Mayhew
American Heart Association, tel: 214/706-1595, mailto:Jackie.Mayhew@heart.org,

Gray Ellrodt, MD
Berkshire Medical Center, tel: 413/447-2849, mailto:gellrodt@bhs1.org
Other: Volunteer Committee Member, American Heart Association

Linda Casebeer, PhD
University of Alabama, tel: 205/934-2616, mailto:casebeer@uab.edu
Other: Volunteer Committee Member, American Heart Association

Warren Skea, PhD
American Heart Association, tel: 214/706-1032, mailto:warren.skea@heart.org

Relevance: Get With The Guidelines is a national quality improvement initiative of the American Heart Association designed to improve guidelines adherence in patients admitted to hospitals with a cardiovascular event. Hospital teams use pre-printed order sets, an Internet-based Patient Management Tool, educational tools, live workshops, web-based training, and a variety of digital services to improve acute and secondary prevention care in both stroke and coronary artery disease patients. The American Heart Association engages state key stakeholders and other partners to ensure consensus. Evidence exists that multi-disciplinary teams participating in the Get With the Guidelines Program are able to significantly improve guideline adherence within one year.

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

Purpose: This session will provide a model for a systems–based educational initiative with proven positive impact on the quality of patient care.

Objectives: At the conclusion of this session participants will be able to:
1. Implement practical educational tools into their own CME activities.
2. Blend live activities with electronic support systems to increase educational impact.
3. Describe the value of inter-disciplinary and systems based education.

Methods: Details of the American Heart Association's Get-With-the-Guidelines program will be presented in slides and handouts. There will be opportunities for questions and discussion and collaborative breakout sessions in a group-learning context. Examples of practical tools that can be modified for the participants own educational initiatives will be distributed.

Key Points: The Get With The Guidelines program is successful because it uses multiple modalities and inter-disciplinary education to enhance performance in practice. Hospitals and other partners come together with the American Heart Association to implement systems change and improve the quality of patient care.

Expected Outcomes: CME providers will be see this example of a "Systems Thinking" and "Partnering" educational initiative and incorporate certain elements into their own programs. Providers will explore how multiple educational interventions can result in measurable performance improvement.

Reference: http://www.americanheart.org/getwiththeguidelines.

Potential Participant's Self-Assessment Question: Do I need to learn about a national initiative designed to improve the quality of patient care; and educational interventions that can be translated to my own CME program?

From CME to CPD: Exploring the Role of Self-Directed Learning
(Adult/Organizational Learning Principles)

Robin Hendricks, MAdEd
Medical Education Broadcast Network, tel: 941/697-7489, mailto:robin.hendricks@mebn.net

Relevance: The literature for CME professionals increasingly supports that formal CME activities, while receiving most of the attention and analysis, represent only a small fraction of the ongoing learning in which physicians engage. It is for this reason that the notion of Continuing Professional Development (CPD) is embraced by those who recognize that physician learning is a dynamic, complex, and on-going process influenced by professional, personal, and social motivation for change. Self-directed learning is the means by which physicians (and other adult learners) identify their own learning needs, set learning goals, and embark on a course toward a clearly defined outcome. An understanding of the concepts and principles of self-directed learning by CME professionals will help ensure that the activities they plan meet the needs of their intended physician audience.

Target Audience: This breakout session will be of interest to CME professionals at all experience levels (i.e. beginners as well as advanced practitioners) in all provider groups.

Purpose: This presentation will offer insight into how various CME activities fit into the broad and time expansive process of continuing professional development for physicians.

Objectives: At the conclusion of the breakout, participants will be able to 1) describe the educational model of self-directed learning, 2) explain the key processes involved in behavior change and apply their relevance to CME activities, and 3) recognize opportunities to influence formal CME activities that support physicians in their efforts toward self-directed learning.

Methods: Presenter will discuss the precepts of self-directed learning and demonstrate how these concepts and principles are used by physicians through a presentation of several case studies.

Key Points: In order to best meet the needs of physician learners and offer effective educational programs, CME professionals must understand the process by which physicians seek out and participate in continuing education activities.

Expected Outcomes: CME providers will weigh the significance of physician self-directed learning and consider its relevance when planning future CME activities.

Reference: Mann KV, Gelula MH. How to Facilitate Self-Directed Learning. In: Davis DA, Barnes BE, Fox RD, eds. *The Continuing Professional Development of Physicians: from research to practice*. Chicago, Il: AMA Press;2003:121-143.

Potential Participant's Self-Assessment Question: Do you understand how the CME activities you offer fit into the on-going, self-directed learning plans of physicians?

CME Manager: What Did I Get Myself Into?
(Administrative/Management)

Barbara Fuchs, MSA
The FCG Institute for Continuing Education, tel: 215/412-4532, mailto:bfuchs@fcgint.com
Other: Conference Planning Committee Member, Administrative/Management

Relevance: CME professionals have varied backgrounds and experiences. Many of these professionals successfully manage the files, comply with the accreditation standards and monitor the certification process. The synthesis of these activities and more await the first-time manager of a CME department/organization. The new manager faces many challenges in the workplace, regardless of the office setting. The aftermath of a "promotion from within" can be especially difficult for the first-time manager. Knowledge of budgeting, and organizational processes, understanding the organizational and department cultures, and developing true leadership skills are critical. "Political savvy" is a skill the new manager will need to survive and thrive in a management role. The truly successful manager will possess the ability to "Build Bridges" among staff, between divisions/departments and with external partners.

Target Audience: This breakout session will be of interest to first-time or new managers of a CME office, department or organization, regardless of practice setting in all provider groups. (Intermediate)

Purpose: This presentation will focus on the factors impacting the success of a CME professional in the role of new/first-time manager.

Objectives: At the conclusion of the breakout, participants will be able to: 1) assess the function/culture of the CME department staff; 2) identify strategies to enhance rapport with two departments/entities critical to the success of the CME department, and 3) utilize strategies described in this activity to enhance management skills.

Methods: Information will be presented, initially, in a didactic format. The audience will be encouraged to share experiences that can be explored by the group throughout.

Key Points: The CME professional who excels in "tasks" may not have developed the talents required to excel in "people" and /or "big picture" skills.

Expected Outcomes: The CME professional, as a new or first-time manager, will begin to identify strategies to succeed as a CME department manager.

Reference: George, B. The Journey to Authenticity. Leader to Leader Institute, 2004, 31:29-35.

Potential Participant's Self-Assessment Question: As a new or first time manager of a CME department, do you need to learn more about the factors that will impact your success?

Meet the Expert – Using Internet Technology to Bring Communities of Practice Together with Experts to Improve Clinical Practice in Lipid Management
(Performance Measurement)

Tessa Trasler, MSc
Merck Frosst Canada Inc., tel: 514/428-2688, mailto:tessa_trasler@merck.com
Other: Client (Merck Frosst/Schering Pharmaceuticals supported this interactive web-based collaborative program)

Martin Stewart, BA
Blended Learning Techniques Inc. (BLTK), tel: 604/618-7581, mailto:mstewart@bltk.com
Other: Vendor (Merck Frosst/Schering Pharmaceuticals supported this interactive web-based collaborative program)

Relevance: Clinical practice guidelines and the introduction of new classes of therapies need to be put into clinical practice rapidly to benefit the patient. Using interactive technology experts can develop, schedule, and deliver an accredited CME case-based workshop to participants wherever they practice. Thereby, delivering current clinical practice guidelines at a time and place convenient to participants and experts and eliminating time-consuming travel to central locations.

Target Audience: This breakout session will be of interest to all involved in CME development and delivery at all experience levels in all provider groups as well as participants.

Purpose: This presentation will demonstrate how to provide specialists with local access to an accredited CME workshop led by experts. To test the interactivity and learning opportunities for participants taking part in a live site broadcast to remote participants through the Internet using Voice Over IP and Video Over IP.

Objectives: At the conclusion of the session, participants will learn how to develop, implement and evaluate an interactive workshop using Internet technology. Potential future directions will be explored to extend the experience to single participants attending from their office or home using their own computer.

Methods: The presentation will outline how the program was developed and implemented in 3 live sites and 16 remote sites across Canada. Two experts and a moderator presented new clinical knowledge and clinical practice guidelines from a central site to a live audience. The live site was connected to remote participants and their local moderator through either Voice Over IP or Video Over IP. The two and half-hour session was accredited for specialists at a Main Cert section 1 level. The specialist moderators were trained on how to use the interactive technology in a one-hour training session over the Internet. The format of the session began with a quiz with each remote site providing their input through the polling and hand-raising functions. A standardized three-page evaluation form measured the level of participant satisfaction, level of interactivity with the different technologies and the educational value.

Expected Outcomes: This interactive workshop will provide participants with the results of a program from the perspective of content delivery and evaluation of interactivity using appropriate internet compatible technologies.

Reference: Web-based learning: Sound Educational Method or Hype? Chumley-Jones et al, Academic Medicine, Vol 77, No. 10/ October Supplement 2002

Building Evidence-Based Presentations: Validating the Content of CME Activities
(Partnering)

Alyce Kuklinski, MSN
Pri-Med Institute, tel: 617/406-4293, mailto:akuklinski@mc-comm.com

Marissa Seligman, PharmD
Pri-Med Institute, tel: 617/406-4288, mailto:mseligman@mc-comm.com

Relevance: CME professionals are called upon to develop and produce educational activities that are evidence-based, scientifically sound, and based upon recommendations for screening and management that are generally accepted within the medical profession. Implementing processes that support content validation, however, may present a challenge for CME professionals with various levels of education and experience, and may seem difficult to achieve for CME offices with limited resources. Through partnerships and collaboration, we can bridge gaps between CME professionals of varying levels of experience; moreover, we can create CME activities that bridge scientific evidence and evidence-based CME, thereby improving the quality of CME activities and, ultimately, physician knowledge.

Target Audience: This breakout session will be designed for CME professionals at all experience levels (i.e., beginners as well as advanced professionals) in all provider groups.

Purpose: This presentation will focus on bridging the gap between CME providers of varying backgrounds and levels of experience in validating the clinical content of CME. It will also introduce novel processes that CME professionals may employ to confidently attest to the validity of the educational content of their CME activities.

Objectives: After attending this breakout session, participants should be able to: 1) outline at least three collaborative relationships that they may pursue to build a working content validation process, and 2) describe a working process for validating educational content that may be implemented in their own practice settings.

Methods: Presenters will describe a model content validation process, and will engage the audience in identifying elements that may be appropriate for their own practice settings.

Key Points: All CME providers are challenged to demonstrate and document the validity of the educational content of the activities that they plan and implement. Providing a model content validation process will provide opportunities for discussion ands brainstorming, and will help bridge the gap between the experience and knowledge levels of CME professionals.

Expected Outcomes: CME professionals, regardless of experience or practice setting, will begin to engage in novel means of validating the content of their educational activities.

Reference: ACCME Value Statement. Available at: htpp://www.accme.org; AAFP Evidence-Based CME at: http://www.aafp.org.

Potential Participant Self-Assessment Question: Would you like to implement a sound and systematic means of validating the clinical content of your CME activities?

Online CME: Designing Practice Interactions
(Educational Interventions)

Mary Carol Badat, MAdEd
American Academy of Pediatrics, tel: 847/434-4981, mailto:mbadat@aap.org

Peter Finn, BA
American Academy of Pediatrics, tel: 847/434-7667, mailto:pfinn@aap.org

Relevance: Providing online opportunities to practice key learning concepts engages the learner and promotes acquisition and retention of the content.

Target Audience: All

Purpose: This presentation will focus on an array of effective approaches for providing active learning experiences online.

Objectives: At the conclusion of this session, participants will be familiar with at least 8 different eLearning drill and practice exercises and examples of how they can be implemented.

Key Points: As the old adage 'practice makes perfect' goes, so goes online CME. Providing eLearners with multiple opportunities to interact and practice the material being presented is key not only for helping the learner understand and retain what they are learning but also to you engaging and retaining your learner. There are many simple and creative ways to create these interactions.

Expected Outcomes: Participants will be able to enhance the design of Online CME activities though the selection and implementation of effective practice exercises.

Reference: William Horton. Designing Web-Based Training. John Wiley & Sons, New York. 2000.

Potential Participant's Self-Assessment Question: Are you looking for design ideas for your Online CME that could help increase the learner's level of interest, interaction, and mastery?

New Business Development: Creating Positive Partnerships with Industry
(Partnering)

Maureen Doyle-Scharff, BA
Johnson & Johnson, tel: 215/325-2298, mailto:mdoyle9@scaus.jnj.com
Other Support: Employee, Johnson & Johnson

Relevance: As the healthcare industry continues to change and evolve, so must the practices of each stakeholder. Providers, especially academic centers continue to seek answers to how to interact with industry, how to identify the right contacts, and how to sort through the myriad of individual company systems that have recently been implemented.

Target Audience: All CME providers, especially those working in academia

Purpose: This breakout session is designed to offer insights into the various structures of industry, including where to find decision-makers and financiers of medical education, to help academic centers and their CME departments better prepare for working with industry in the future.

Objectives: At the conclusion of this breakout, participants should be able to
1. Define partnership within the context of CME
2. Identify ways to access viable partners within industry
3. Develop a strategy to create new business, including a SWOT analysis/marketing plan, responding to RFPs and utilization of competitive intelligence
4. 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.

Needs Assessments: The State of the Art
(Educational Interventions; Basics Curriculum)

George Mejicano, MD
University of Wisconsin Medical School, tel: 608/263-4591, mailto:mejicano@wisc.edu

Steven Passin
Steve Passin & Associates, LLC, tel: 610/325-3611, mailto:passin@passinassociates.com

Suzanne Murray
Axdev Group, tel: 888/282-933, mailto:murrays@axdevgroup.com

Ann Bailey
University of Wisconsin Medical School, tel: 608/263-2854, mailto:arbailey@wisc.edu

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.

Target Audience: All

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.

Potential Participant's Self-Assessment Question: Do you have a need to understand how to link needs to the rest of the planning process, and understand the types of needs assessments available to you?

American Academy of Family Physicians (AAFP) CME: Integrating Evidence-Based Medicine
Principles into CME (Part 2)
(Educational Interventions)

Nancy Davis, PhD
American Academy of Family Physicians, tel: 913/906-6000, ext. 6510, mailto:ndavis@aafp.org

Susan Tyler, MEd
American Academy of Family Physicians, tel: 913/906-6000, ext. 6540, mailto:styler@aafp.org

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.

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

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; and review the new documentation requirements for AAFP evidence-based CME (EB CME).

Methods: The presentation will include an overview of EBM principles, how to use AAFP approved sources to develop evidence-based practice recommendations, and how to document the practice recommendations.

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, http://www.aafp.org/x932.xml.

Potential Participant's Self-Assessment Question: Do you assure scientifically valid content in your CME activities?

Educational Outcomes Measurement and Commercial Support: What are the Expectations?
(Performance Measurement; Advanced Curriculum)

Harold Magazine, PhD
Veritas Institute for Medical Education, Inc., tel: 201/727-1115, ext. 242, mailto:harold.magazine@veritasime.com

Derek Dietze, MA
Veritas Institute for Medical Education, Inc., tel: 201/978-6405, mailto:derek.dietze@veritasime.com

Robert Reina, MS
Veritas Institute for Medical Education, Inc., tel: 201/727-1115, ext. 353, mailto:bob.reina@veritasime.com

Relevance: With the shift of dollars from promotion to education since release of the new PhRMA guidelines, commercial supporters have experienced demands for increased accountability for the educational effectiveness of the CME activities they support. Despite increased requests for educational outcomes measurement data from the commercial supporters'professional education and marketing staffs, many CME providers and professionals are faced with significant barriers to implementation of outcomes measurement activities and have minimal experience with the collection and application of measurement data.

Target Audience: This breakout session will be of interest to CME professionals at intermediate and advanced levels in all provider groups that receive commercial support.

Purpose: This educational activity is designed to increase participants'awareness of the expectations of commercial supporters concerning: 1) measuring the effectiveness of CME activities, and 2) identifying the types and uses of educational outcomes data.

Objectives: At the conclusion of the breakout, participants will be better able to: 1) Describe the expectations of commercial supporters with respect to educational outcomes measurement and reporting, and 2) Identify areas for improvement for their own organizations within the area of educational outcomes measurement for commercially supported CME activities.

Methods: After providing insights into the current status of educational outcomes measurement for commercially supported CME activities, the presenters will facilitate an interactive discussion and question/answer session with a panel of professional education/marketing staff associates from 3-4 commercial supporters who have been involved with educational outcomes measurement. The presentation will be from the perspective of a CME provider and CME professionals who have conducted educational outcomes measurement on commercially supported CME activities during the last 3 years.

Key Points: Many CME providers supply only participation and satisfaction outcomes data to commercial supporters, despite requests for more rigorous measurement. Panelists will provide information on their expectations of CME providers with respect to planning, implementing, and reporting educational outcomes measurement initiatives. They will also discuss their comfort level with the various categories of educational outcomes data.

Expected Outcomes: Participants will improve the quality and rigor of the educational outcomes measurement data they report to commercial supporters.

Reference: Davis D, Barnes B, Fox R, eds. The continuing professional development of physicians: from research to practice. Chicago, IL: AMAPress, 2003.

Potential Participant's Self-Assessment Question: How do my current educational outcomes measurement activities compare with the expectations of the commercial supporter?

Professionalism in Medicine and CME/CPPD:
The Contributions of Licensure and Certification to the Satisfaction of Societal Needs
(Leadership)

H.B. Slotnick, PhD
University of Wisconsin Madison Medical School, tel: 608/263-2860, mailto:hbslotnick@wisc.edu

Judith Ribble, PhD
Medscape, tel: 212/624-3759, mailto:jribble@webmd.net

Sean Hilton, MD
St. George's Hospital Medical School, tel: 44 020 8767 7697, mailto:shilton@sghms.ac.uk

Relevance: Medicine is a profession that: (1) requires mastery of a complex and esoteric body of skills and knowledge; (2) addresses problems that are often ambiguously and incompletely described, (3) impacts on constituencies that have competing needs, and (4) can cause harm when skills and knowledge are used incorrectly. For all these reasons, but particularly for the last one, physicians in the US are licensed to ensure that each has demonstrated minimum competencies and, in the case of specialists, are certified to demonstrate specific competencies going well beyond what is minimally acceptable. The reality is that the four characteristics, and especially the last one, also describe the profession of CME/CPPD, and this raises the question of whether the interests of society and the CME community might be well served by similar licensure and/or certification of CME professionals.

Target Audience: This session will be of interest to people concerned about whether certification is desirable/necessary for those who develop and provide CME activities. Included within this group are those responsible for leadership in the CME enterprise, as well as those who might consider becoming certified as CME professionals.

Purpose: This session will consider the value of professions to society, the roles of professions within society, and whether CME is a profession by comparing it with other licensed/certified professions. These considerations will set the stage for a discussion of licensure and certification generally, and their potential applications to CME specifically.

Objectives: At the conclusion of the session, participants will (1) distinguish professions as a subset of occupations, (2) explain the purposes behind licensure and certification, and (3) identify the pros and cons of developing a certification program for CME.

Methods: The three presenters will provide background on professions, professionalism, the implicit social contract between professions and society, and the concepts of licensure and certification. These presentations will be coordinated so that members of the audience will be able to consider the ways in which certification programs might benefit and/or potentially harm CME as an enterprise.

Key Points: A profession is a particular kind of occupation bearing an identifiable relationship to the rest of society; while professions promise much good to society, society has in place checks and balances to ensure that these benefits are realized; CME shares enough characteristics with existing professions that it makes sense to consider how treating CME as a profession might impact on our health care system and the persons it serves.

Expected Outcomes: Participants will engage in conversations with the presenters and among themselves allowing them to come away with insights into the roles CME plays in the medical community specifically, and in society more generally. Participants will also create informed opinions on certification in CME if they do not already have them.

Reference: Cruess R, Cruess S, Johnston SE. Professionalism and medicine's social contract. *Journal of Bone and Joint Surgery 2000*; 82(A8):1189-1194.

Potential Participant's Self-Assessment Question: Under what circumstances would certification be appropriate for CME professionals?

A Report from the National Task Force on CME Provider/Industry Collaboration
(Partnering; Physician's Track)

Dennis Wentz, MD
National Task Force on CME Provider/Industry Collaboration, tel: 970/845-9910, mailto:dkwentz@aol.com
Other: Co-chair of the Task Force
Other Support: Principal, WentzMiller & Associates

Robert Cullen, PhD
National Task Force on CME Provider/Industry Collaboration, tel: 216/283-2759, mailto:robertjcullen@aol.com
Other: Co-chair of the Collaboration Task Force
Other Support: Director, Organization and Performance Improvement, EES, Veterans Administration

Sue Ann Capizzi, MBA
National Task Force on CME Provider/Industry Collaboration, tel: 708/386-2318, mailto:scapizzi3750@yahoo.com
Other: Chair, 15th National Task Force Conference

Relevance: The National Task Force on CME Provider/Industry Collaboration was formed in 1990 as an informal group of individuals interested in fostering collaboration between the commercial supporters of continuing medical education (CME) and CME providers. In the intervening years, it has played a substantial role in the dialogue between industry, CME, and government. Currently the Task Force has 45 members who work in all areas of CME: the provider community, the pharmaceutical industry, the medical device industry, accreditation agencies, and the federal government. The Task Force also presents an annual conference to explore the issues of collaboration. The 15th conference, entitled: *"Effective CME & Industry Collaboration: Understanding Boundaries"* took place in Baltimore in September 2004. CME professionals who could not attend this conference will benefit from hearing the highlights and conclusions reached. The remainder of the session will address current issues under discussion at the Task Force meetings, including changes in the pharmaceutical and medical device industry, continuing concerns about letters of agreement for commercial support, the withdrawal of funding after it is promised, the impact of the new ACCME Standards for Commercial Support, concerns over off-label promotion and the latest developments at the Officer of the Inspector General (OIG) and the Food and Drug Administration (FDA) that are relevant to the provision and delivery of CME. Task Force members will be present to assist in the discussion.

Target Audience: This mini-plenary will be of interest to CME professionals at an intermediate or advanced level of experience who work in a variety of backgrounds.

Purpose: This session will demonstrate that collaboration, with meaningful discussion of problems, occurs between CME providers, industry, and government; examples of outcomes will be provided.

Objectives: At the conclusion of this session, participants will be able to understand some of the complex issues at the interface of CME funding and CME provision and to interpret the current environment in a more meaningful way.

Methods: After brief presentations of the issues under consideration, the floor will be opened to comments and questions from the audience, and from other members of the Collaboration Task Force.

Key Points: It is necessary to understand the complexity of the current developments in CME and its funding and regulation, and to have the knowledge to be able to address critical questions when they arise.

Expected Outcomes: Participants will be able to take back important new information to their organizations and institutions about the cutting edge of CME/Industry collaboration.

Reference: The web-site of the 15th National Conference at http://www.ama-assn.org/go/cmetaskforce.

Potential Participant's Self-Assessment Question: Do I understand the need for collaboration in CME, and can I communicate the latest issues and potential developments in the financial and regulatory support of providing quality CME to my colleagues at home?

CME Site Finder: How to Search for - and Rate - Online Continuing Medical Education
(Self-Assessment and Life-Long Learning)

Bradley Tanner, MD
Clinical Tools, Inc., tel: 919/960-8118, mailto:tanner@clinicaltools.com
Grant Research Support: National Institute on Drug Abuse, Grant #R44-DA13540-02

Kevin O'Donovan, BA
Clinical Tools, Inc., tel: 919/960-8118, mailto:odonovan@clinicaltools.com
Grant Research Support: National Institute on Drug Abuse, Grant #R44-DA13540-02

Relevance: With the advent and subsequent growth of online continuing medical education, physicians now have a plethora of options for convenient and inexpensive (often free) CME. However, with the abundance of choices comes potential confusion. How does the individual physician find CME with (1) content that is timely and appropriate, (2) features that enhance one's practice (e.g., patient resources, research-related news), and (3) quality standards that match his/her preferences? While the dynamic nature of the Internet facilitates these challenges, it also provides solutions.

Target Audience: This breakout session will be of interest to CME professionals at all experience levels (i.e., beginners as well as advanced practitioners) in all provider groups.

Purpose: This session will focus on how one can collect, catalog, and rate online CME (specifically, CME on mental health topics) so that physicians can access quality content that is specific to *their* practice.

Objectives: At the end of the breakout, participants will be able to (1) identify the problems one encounters when searching for online CME, (2) describe how online databases can help physicians search for CME, and (3) explain how to enhance and improve such databases so that physicians can find CME that is specific, relevant, and quality-driven.

Methods: Presenters will describe and demonstrate a federally funded database that enables learners to search for online psychiatric CME by specifying a variety of criteria (e.g., topic, type of educational provider, quality standard). The presenters will discuss the technology and answer any questions.

Key Points: While online CME seems to pose a daunting challenge, forcing health care practitioners to wade through an overabundance of material, Web-based technologies can help CME professionals collect, catalog, and rate said material for the benefit of physicians' life-long learning.

Expected Outcomes: Participants will return to their settings with new ideas regarding how to search for, catalog, and rate online CME. They will be able to assist their physician partners and customers in finding CME that meets specific personal and organizational needs.

Reference: Styra R. The Internet's impact on the practice of psychiatry. The Canadian Journal of Psychiatry 2004, 49(1):5-11.

Potential Participant's Self-Assessment Question: Do you have a need to learn more about how Web-based technologies can help you and/or your physicians find online CME that is timely, relevant, and quality-driven?

Making Sense of OIG, PhRMA, and AdvaMed: Establishing an Internal Compliance Program
(Leadership)

Heidi Chandonnet, BS
Institute for Continuing Healthcare Education, tel: 215/446-8088, mailto:hchandonnet@voxmedica.com

Brian Russell, MBA
Institute for Continuing Healthcare Education, tel: 215/446-8088, mailto:brussell@voxmedica.com

Relevance: Did you feel the earth move? It's not just that we are in San Francisco, but truly the continuing medical education (CME) landscape has been shifting. The lens through which we plan and develop educational activities has expanded beyond the ACCME Essential Areas and Policies and the 1997 FDA Guidance to Industry. The first shift was the introduction of the PhRMA Code on Interactions with Healthcare Professionals in July 2002. The rumbling increased when the draft Standards for Commercial Support were released. While we awaited a final document, the U.S. government sent tremors across the country with the release of the Office of Inspector General Compliance Program Guidance for Pharmaceutical Manufacturers in April 2003. Recent trembling heralds the arrival of the AdvaMed Code of Ethics on Interactions with Health Care Professionals in January 2004.

This breakout session will explain what these codes and guidance mean and how they should influence your day-to-day processes.

Target Audience: This breakout is intended for CME professionals who want more information about the codes and guidance, as well as their impact and implications, and who want to develop policies and procedures to formally address them.

Purpose: To provide a comprehensive summary of the codes and guidance that affect practicing healthcare professionals; pharmaceutical, diagnostic, and device companies; and ultimately CME activities. In addition, it will provide recommendations for developing an internal compliance program within your CME office.

Objectives: At the conclusion of this breakout, participants should be able to: 1) explain how relevant sections of OIG, PhRMA, and AdvaMed will impact and change their current processes; 2) compare and contrast the codes and guidance and provide a summary of their similarities; and 3) establish an internal CME office compliance program.

Methods: A formal presentation will be followed with a question-and-answer session. A case study will be presented. Discussion throughout the session will be encouraged.

Key Points: Ensuring that a continuing education activity is truly in the safe harbor extends beyond the ACCME Essential Areas and Policies and the 1997 FDA Guidance to Industry. CME professionals need to be aware of and be able to explain and provide counsel on the Office of Inspector General Compliance Program Guidance for Pharmaceutical Manufacturers, PhRMA Code on Interactions with Healthcare Professionals, and the AdvaMed Code of Ethics on Interactions with Health Care Professionals. In addition, CME professionals need to develop and implement an internal compliance program to help ensure the CME safe harbor and protect you, your grantors, and your activity faculty.

Expected Outcomes: It is expected that the participants will be familiar enough with the codes and guidance to be able to appropriately provide discussion and counsel in their regard and prepare internal policies and procedures to ensure compliance.

Reference: PhRMACode on Interactions with Healthcare Professionals. July 2002.
Office of Inspector General Compliance Program Guidance for Pharmaceutical Manufacturers. April 2003.
AdvaMed Code of Ethics on Interactions with Health Care Professionals. January 2004.

Potential Participant's Self-Assessment Question: Are you comfortable enough with the OIG Guidance, the PhRMACode, and the AdvaMed Code to provide counsel and/or to implement an internal compliance program?

Interdisciplinary Continuing Education: Improving Healthcare Professional Collaboration
(Administrative/Management)

Eric Peterson, EdM
Bimark Center for Medical Education (BCME), tel: 201/457-8900, mailto:epeterson@bimarkinc.com

Reshma Desai, PharmD
Bimark Center for Medical Education (BCME), tel: 201/457-8900, mailto:rdesai@bimarkinc.com

Relevance: The IOM report released in April 2003, *Health Professions Education: A Bridge to Quality*, calls for all providers engaged in the education and training of healthcare professionals—including accreditation, licensing, and certification organizations—to adopt the following five competency and ability expectations: deliver patient-centered care, work as a member of an interdisciplinary team, engage in evidence-based practice, apply quality improvement approaches, and use information technology. As patient care is becoming more complex, effective collaboration between healthcare professionals is required to deliver optimized care. Interdisciplinary education offers an opportunity to address the issue of healthcare professional collaboration, to allow the recognition of both common and distinct areas of expertise, and thereby improve the delivery of patient care. The prevalence of interdisciplinary continuing education programs is increasing, and though the design and implementation of these activities can seem intimidating, they reinforce the idea that effective healthcare professional collaboration will ultimately improve patient care. Therefore, accredited providers must develop skills related to the design and delivery of interdisciplinary education, and must develop strategies to address barriers to interdisciplinary learning.

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

Purpose: This breakout session will explore the rationale for inter-professional continuing education, and investigate strategies for designing and implementing successful and compliant interdisciplinary activities for healthcare professionals.

Objectives: At the conclusion of this breakout session, participants will be able to 1) discuss the rationale for interdisciplinary continuing education, 2) identify characteristics that can help determine if content is appropriate for an inter-professional audience, and 3) describe strategies to design and implement compliant interdisciplinary activities.

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

Key Points: Several ideas will be discussed, including the rationale for and prevalence of interdisciplinary continuing education, how to identify content appropriate for an interdisciplinary audience, and the strategies that one provider is using to implement effective inter-professional education.

Expected Outcomes: Participants will gain insight into the compliant and effective design and implementation of interdisciplinary continuing education.

Reference: Greiner AC, Knebel E, eds. Health Professions Education: A Bridge to Quality. Institute of Medicine (IOM) report. April 2003. Online at http://www.nap.edu/catalog/10681.html.

Potential Participant's Self-Assessment Question: Do you need to learn more about developing compliant interdisciplinary continuing education?

Expanding Your CME Market to Include Physician Assistants (PAs)
(Partnering)

Greg Thomas, MPH
American Academy of Physician Assistants, tel: 703/836-2272, ext. 3107, mailto:greg@aapa.org

Adrienne Harris, BA
American Academy of Physician Assistants, tel: 703/836-2272, ext. 3404, mailto:aharris@aapa.org

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: CME providers of all experience levels and in all provider groups.

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

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

Methods: Two representatives from the American Academy of Physician Assistants will present information about the PA professions and CME needs of this audience.

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.

Potential Participant's Self-Assessment Question: Do you want physician assistants to register for and attend your CME offerings?

Electronic Messaging: Impact on Physician Compliance with Clinical Guidelines and CME Participation
(Educational Interventions)

Susan Brown Connelly, PharmD
Advanced Concepts Institute USP, tel: 215/596-8566, mailto:s.connel@usip.edu

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 were utilized in a multi-phase study designed to examine the potential impact of ePrescribing on formulary compliance, and generic utilization. The study found that ePrescribers were no different than traditional prescribers when compared on these measures. Further analysis is ongoing to assess the impact of electronic messaging about clinical guidelines at the point-of-care. Additional measures are being used to evaluate the impact of targeted electronic messaging on CME participation.

Target Audience: This breakout session will be of interest to CME professionals at all experience levels interested in providing or announcing education to physicians using handheld devices.

Purpose: This breakout will describe the methods used to study the impact of electronic messaging on physician adherence to clinical guidelines. If available, preliminary results will be discussed. The impact of an educational intervention, initiated by targeted electronic messaging as a CME announcement, on overall participation will also be discussed. Additional information on the possible methods of educating the physician population about ePrescribing will also be presented.

Methods: The rationale, methods, and impact of current educational interventions will be presented. The audience will be encouraged to discuss the impact of these interventions and theorize on their relevance to future CME activities.

Objectives: At the conclusion of this session, participants will be: 1) informed of the ongoing studies to identify the impact of electronic messaging on physician practice; 2) able to discuss the value of exploring innovative ways to tailor educational programming to the target audience; 3) able to discuss the possible methods that can be used to educate physicians on the integration of ePrescribing tools into practice, and 4) able to describe areas ideal for future research.

Key Points: Developing and implementing an educational intervention is difficult. We will discuss the methods used to evaluate this process along with the implications of this research.

Expected Outcomes: Participants will be able to evaluate the usefulness of targeted educational interventions either at the point-of-care and/or on handheld devices, as well as the factors that weigh into the decision to use these technologies.

Reference: Armstrong EP. Electronic prescribing and monitoring are needed to improve drug use. *Arch Intern Med* 2000; 160:2713-2714.

Potential Participant's Self-Assessment Question: Do you have a need to learn more about the use of targeted electronic messaging as a tool to increase CME participation?

Online Case-Based CME's Impact on Primary Care Physicians and Specialists: A Case Study
(Educational Interventions)

Jane Mihelic, MA
MedCases, Inc., tel: 215/789-2522, mailto:jmihelic@medcases.com

Don Alava, MS
MedCases, Inc., tel: 215/789-2527, mailto:dalava@medcases.com

Relevance: Although 95% of physicians are using the Internet for professional purposes, provider groups are in different stages of considering and evaluating the Internet as part of their educational strategy to deliver CME activities to health care professionals. It is important for the industry to continue to share with each other the viability of online CME activities, thereby giving busy health care professionals as many options as possible to access the latest health care information and improve patient outcomes.

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

Purpose: This presentation will educate the participant on the value of online case-based CME and its impact on behavior for both primary care physicians and specialists.

Objectives: At the conclusion of the breakout, participants will be able to 1) consider using online case-based CME as part of their educational strategies with confidence and 2) understand what is involved in achieving successful outcomes online.

Methods: Presenters will discuss a case study that compares and contrasts results of two online case-based CME activities on chronic obstructive pulmonary disease (COPD). One activity targets primary care physicians and the other targets pulmonologists.

Key Points: Successful outcomes of online case-based CME can be achieved through a partnership of 1) high-quality, peer-reviewed clinical education that is relevant and interactive and 2) distribution activities that are both targeted and integrated.

Expected Outcomes: CME provider groups will begin to consider using online case-based education as an effective part of their overall educational strategy to encourage modification in practices for either primary care physicians or specialists.

Reference: Outcomes data from "Emerging Trends in COPD Therapies" and "Paradigm Shifts in COPD Management," CME activities sponsored by MedCases, Inc. and supported by an unrestricted educational grant from GlaxoSmithkline.

Potential Participant's Self-Assessment Question: Are you wondering if online case-based CME can be an effective part of your overall educational strategy to impact behavior for either primary care physicians and/or specialists?

Harnessing Technology and Theory to Assess Physician Educational Needs
(Educational Interventions)

Sean Hayes, PsyD
AXDEV Global, tel: 888/282-9338, mailto:hayess@axdevgroup.com

Kristen Raines, MD
Department of the Army, tel: 703/681-8036, mailto:Kristen.raines@us.army.mil

Karyn Johnson
Department of the Army, tel: 703/681-8036, mailto:Karyn.Johnson@otsg.amedd.army.mil

H. B. Slotnick, PhD
University of Wisconsin Madison Medical School, tel: 608/263-2860, mailto:hbslotnick@wisc.edu

Relevance: Identifying the clinical problems and educational needs of physicians has proven to be an essential ingredient to designing effective programs and impacting physician behavior (Davis, Thomson, O'Brien, Wolf, Mazmanian, & Taylor-Vaisey, 1999; Lockyer, 1998). A model of physician learning authored by Slotnick (1996) provides a useful heuristic framework for educators and researchers to assess the needs of physicians. Utilizing Slotnick's heuristic framework, The US Army Medical Command designed and deployed an innovative electronic strategy to assess the needs of the physicians under its command. Case based scenarios served to frame the questions across ten therapeutic areas.

The data analysis revealed significant needs among differing clinical specialists, and provided evidence regarding preferred formats, mediums, and means of learning for each clinical group. Participants expressed their keenest interest in updating their medical skills in the application and implementation of specific medical equipment unique to their practice context.

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

Purpose: This presentation will focus on how theory and evidence can be integrated into CME practice.

Objectives: Participants will be able to (a) describe how physician learning needs can be identified using theory embedded in an on-line survey and (b) identify how the results can lead to CME interventions.

Methods: Through an interactive discussion format and case illustration, the presenters will review the goals, theory, design, and results of the study.

Key Points: Current theory of physician learning can guide CME practice. This study offered valuable information regarding educational needs across 10 areas of medical practice and the results of this project served to inform the development of future research into armed force physician needs, and the development of context-specific educational intervention programs. The study also provided value and in-depth learning regarding the use of technology to assess physician needs, and provides recommendations how to tailor such a methodology.

Expected Outcomes: Participants will examine how to use learning theory and case based scenarios in the assessment of physician needs.

Reference: Slotnick, H.B. and M.B. Shershneva .Use of theory to interpret elements of change. The Journal of Continuing Education in the Health Professions 2002, 22(4): 197-204.

Potential Participant's Self-Assessment Question: Do you want to assess physician needs across several therapeutic areas? Do you want to conduct this assessment using an on-line survey?

**Event Logistics: The Infrastructure of the Bridge Building . . . How to Assure Effective Delivery
of CME Programs and Maximize ROI**
(Administrative/Management; Basics Curriculum)

Rod Abraham
Professional Meeting Planners Network, tel: 919/419-8242, mailto:rodabraham@pmpn.com

Eva Kantanas, MBA
The Helios Group, tel: 610/384-9385, mailto:ekantanas@eheliosgroup.com

James Melton, MHA
BioSage Group, LLC, tel: 919/303-2309, mailto:jmelton@biosagegroup.com

Relevance: CME professionals have always had multiple demands made on them when involved with live, in-person CME events like meetings, grand rounds, and symposia. Meeting planning activities have often rested with the CME staff and on frequent occasions been the source of some complication in terms of the learning experience being offered. While these activities are important and conducive to participant learning, they often distract the CME professional from duties related to monitoring compliance and to working to obtain the maximum knowledge transfer possible. Recent changes in policy and regulation, along with budget constraints increase the challenges of designing and conducting effective meetings. Confusion between the educational and logistical goals of a meeting poses significant threats to the value of the activity. Applying a high level of expertise and experience in a consistent manner has frequently shown in numerous industries to improve economic performance, also. Combining the skills associated with the Alliance's new competency areas with meeting management capabilities is paramount in this age of scrutiny and enhanced need to educate practicing physicians.

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

Purpose: This session will focus on creating linkages between the established competencies for CME professionals and meeting planning skills that enhance the learning opportunities at live, in-person events.

Objectives: At the conclusion of the session, participants will be able to describe and discuss: 1) the value of effective meeting planning to a CME event in terms of both effectiveness and economics, 2) specific meeting planning issues and how they contribute meeting effectiveness, and 3) ways to facilitate the melding of the Alliance's professional competencies and meeting planning skills and services.

Methods: Presenters will give brief descriptions of the topics including data from a survey of a large subset of PMPN's > 700 meeting planners and multiple clients in both medical communications and pharmaceutical companies. Panelists will be asked to discuss specific examples/cases of the topics presented. The audience will be actively encouraged to participate.

Key Points: In order to create and conduct educational meetings that return the most value for the resources invested in them, CME professionals must examine what aspects of meeting planning contribute most importantly to a successful meeting and to understand various methods of addressing meeting planning needs for a given meeting.

Expected Outcomes: CME professionals will begin to consider the importance of the role of strong meeting planning in the overall success of educational meetings and the variables influencing various meeting types. Participants will leave with specific items to consider in their future meetings and examples of how to apply them in various situations.

Reference: Melton, James. Improving the ROI in Multi-City Programs. PMPN 2003, 919 419 8242.

Potential Participant's Self-Assessment Question: Do you adequately understand how meeting planning issues can be leveraged to improve meeting performance both educationally and economically?

Educational Intervention
(Educational Interventions)

Scott Cooper, MD
Evanston Northwestern Health Care, tel: 847/433-9399, mailto:coopermd@ehp.cc
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.

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.

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.

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.

Reference: Weinman, Lynda. Learning Photoshop 6, Learning Flash MX 2004, Learning Dreamweaver MX 2004.
Cooper, S. Introduction to Abdominal Ultrasound. 2002. http://www.EHP.cc.

Potential Participants' Self-Assessment Question: Did I learn what tools are available for me to learn multimedia programming?

Enhancing CME Interventions through Systems Thinking
(Systems Thinking; Advanced Curriculum)

Curtis Olson, PhD
University of Wisconsin-Madison, tel: 608/265-8025, mailto:caolson2@wisc.edu

Lorna Cochrane, PhD
AXDEV Global, tel: 757/480-9556, mailto:cochranel@axdevgroup.com

Tricia Tooman, MEd
University of Wisconsin-Madison, tel: 608/265-0478, mailto:trtooman@wisc.edu

Relevance: Much of traditional CME has focused on the transfer of knowledge to individual physicians. However, research has shown that the practice environment (e.g., the office, organization, community) can have a potent influence on whether behavior change occurs and persists. By using a *systems thinking* approach, CME planners can 1) develop a richer understanding of the nature of the gap between desired and actual practice, 2) identify the often complex web of systemic factors that present challenges or obstacles to change, and 3) design interventions that are more likely to change clinical behavior and improve patient outcomes.

There are few system-based needs assessments or interventions in the literature. This is due in part to the fact that projects of this sort often are done for a specific organization, internally funded, and not intended for widespread dissemination due to proprietary issues. In addition, systems-based needs assessments and interventions are generally more difficult to implement, costly, and require more time and expertise. This breakout session addresses this gap in the literature.

Target Audience: This breakout session will be of interest to CME professionals and health providers at advanced levels in all providers groups.

Purpose: The presentation will focus on strategies to identify a full range of potential obstacles to behavior change in a given situation and for collecting data to determine if and how those factors are contributing the problem.

Objectives: At the end of this session participants will be able to 1) identify when to engage in system assessment 2) examine a method of assessment useful in this process, and 3) discuss methods to collect data for a systems-based intervention.

Methods: Based on a current case, presenters will facilitate participants'step-wise progression from identifying the clinical performance gap to be understood, listing potential causes for the gap, and developing an overall data collection strategy. The interactive presentation will be punctuated with facilitated small group discussions to scaffold participant learning. Take home guides and worksheets will be incorporated into the session.

Key Points: Systems-based interventions should be reserved for issues that are both important and amenable to change. Defining the nature of the performance gap to be understood is a critical first step.
Performance gaps tend to be caused by the complex interaction of several variables at the level of both individuals and systems (e.g., the office, organization, community).
Systems-based approaches to CME require collaboration among key stakeholders.

Expected Outcomes: CME providers will engage in discussion about strategies to move from traditional knowledge 'dumping'to knowledge application and translation using a systems perspective. Participants will have the opportunity to share concerns and best practices of doing system-level CME practices.

Reference: Altschuld, JW, Witkin, BR. From needs assessments to action: transforming needs into solution strategies. Thousand Oaks, CA. Sage Publications, Inc, 2000.

Potential Participant's Self-Assessment Question: Do you have the need to learn more about assessing the needs and planning an intervention at the systems level?

Evaluating the Effectiveness of a Continuing Medical Education Program on Urinary Stone
(Performance Measurement)

Seyed Jalil Hosseini
Ministry of Health and Medical Education, tel: 0098218951703-5, mailto:sjhosseinee@yahoo.com

Azam Aslani, MS
Ministry of Health and Medical Education, tel: 0098218951703-5, mailto:azamaslani44@yahoo.com

Mohammed Reza Nikobakht
Ministry of Health and Medical Education, tel: 0098218951703-5

Relevance: Evaluation is an essential part of the educational process. But the value of evaluation is much greater than the provision of simple participants opinion. The programs effects on real performance are a goal of CME.

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

Purpose: Present study is to evaluate the effect of the urinary stone continuing medical education program on GPs' knowledge, attitude and performance in real situation.

Objectives: At the conclusion of the forum participants will be able to describe 1) the effects of CME program on GPs'knowledge, attitude and performance, and 2) the use of SP in CME evaluation.

Methods: 80 GPs, 19 female and 61 male, 43.2 +/-12.5 years old, 14.5 +/-11.9 years after graduation, who work in private practice in Tehran, participated in the study. They participated in two-day conference run by lectures and active discussion. The GPs' knowledge, attitude and behavior in managing three conditions: renal colic, urethral stones, and passed stones were evaluated before and after program. The scores were then compared. GPs'performance evaluated using simulated patients one week before and two months after the program. Knowledge by 29 MCQ tests and attitude by 10 items based on Likert's scale that was tested before and after the program.

Results: The urinary stone CME program had positive effects on attitude and knowledge, so that its effects were still present two months after the program. The program had a significant influence on the GPs'behaviors in managing urethra stones, but not in the other two conditions.

Expected Outcomes: Providing appropriate content educational programs and encouraging the learners'participation in the programs will lead to an increase in knowledge and attitude. To make positive change in GPs'behaviors, other educational methods should be applied.

Reference: Davis DA, Thomson MA, Oxman AD. Changing physician performance, A systematic review of the effect of continuing medical education strategies. *Journal of American Medical Association.1995; 247: 700-705*.

Preventing the Appearance of Commercial Bias: Educational Framing and Design
(Administrative/Management)

Jacqueline Parochka, EdD
Excellence in Continuing Education, Ltd., tel: 847/680-6419, mailto:JacquelineParochka@msn.com
Other: Past President of NAAMECC; past member, Alliance for CME Board of Directors

Karen Overstreet, EdD
Nexus Communications, Inc., tel: 267/655-5970, mailto:karen.overstreet@nexuscominc.com
Other: ACCME surveyor; past President of NAAMECC; Alliance for CME Board of Directors

Relevance: CME is being scrutinized more closely then 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 intensive 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.

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, and 3) apply strategies for ensuring fair balance and scientific rigor to their own CME activities.

Methods: After a brief discussion of the importance of framing, the participants will review several case studies focusing on the creation of activities, such as a dinner meeting series, monograph, audio-conference, Internet-based enduring material, and symposium. After the presentation of each case, the participants will exchange ideas and suggestions for creating fair and balanced presentations. 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.

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.

Potential Participant's Self-Assessment Question: Do you have a need to create or to oversee the creation of fair and balanced presentations and to identify programmatic components that meet these terms?

New Standards for Commercial Support: How are they different? How can you put them into Practice?
(Administrative/Management; Basics Curriculum; Physician's Track)

Marcia Jackson, PhD
American College of Cardiology, tel: 301/897-5400, mailto:mjackson@acc.org
Other: President, Alliance for Continuing Medical Education

Linda Casebeer, PhD
University of Alabama-Birmingham, tel: 205/934-2616, mailto:llcasebeer@yahoo.com

Jessica Wells, BS
American College of Cardiology, tel: 301/581-3445, mailto:jwells@acc.org

Relevance: It is expected that the Accreditation Council for Continuing Medical Education (ACCME) will approve new *Standards for Commercial Support* in the fall of 2004, replacing those that have been in existence since 1992. All accredited CME provider organizations will be expected to understand and adhere to the new *Standards*. This mini-plenary will present practical recommendations and "tools" to assist CME professionals in meeting these accreditation expectations and requirements.

Target Audience: This session will be of interest to CME professionals at all experience levels (i.e., beginners as well as advanced practitioners) in all provider groups.

Purpose: This mini-plenary session is intended to inform participants about the new ACCME *Standards for Commercial Support* and offer practical suggestions to assist their implementation.

Objectives: At the conclusion of the mini-plenary, participants will be able to (1) describe differences between the new *Standards* and those that have been in effect since 1992; (2) discuss the new *Standards* and consider the implications of modifying processes to become compliant with these *Standards* in their own setting; and (3) be familiar with "tools" that will assist in this implementation process.

Methods: Presenters will engage in a panel discussion regarding the ACCME *Standards for Commercial Support.* Relevant tools and resources will be illustrated.

Key Points: To remain in compliance with ACCME requirements, all CME professionals must understand the new *Standards for Commercial Support* and be able to assure their implementation. Practical "tools" will assist this process.

Expected Outcomes: CME providers will be informed about the new *Standards for Commercial* Support and aware of tools to facilitate their practical implementation.

Reference: ACCME *Standards for Commercial Support,* http://www.accme.org.

Potential Participant's Self-Assessment Question: Do you have an understanding of the new ACCME *Standards for Commercial Support* and appreciate the changes between these and the *Standards* that have been in effect since 1992?

Strategies for Improving Faculty Management from the CME Office: Focus on Fee-for-Service
(Administrative/Management)

Kristi Eidsvoog, PhD
CME Consultant/Freelance Medical Writer, tel: 610/321-0708, mailto:Keidsvoog@aol.com

Jennifer Smith, PhD
The FCG Institute for Continuing Education, tel: 215/412-4531, mailto:jsmith@fcgint.com
Other: ACCME Site Surveyor

Relevance: Faculty of continuing education activities are integral to proving the best education possible to healthcare professionals. Picking the right one for the right job is a challenge since there is such a vast array of different specialties, knowledge levels, and experience levels. It can be daunting trying to determine what fee-for service is appropriate for each physician. In this breakout we will discuss topics such as: What are other providers and provider types paying faculty? What do we do if the faculty ask for "extras" like first class travel? What are the regulations or guidelines on this topic from ACCME, AMA, PhRMA, FDA or OIG?

Target Audience: This breakout is intended for CME Professionals at all experience levels in all provider groups.

Purpose: To create a dialogue among CME professionals regarding faculty fee for service and to gain "pearls" for faculty management.

Objectives: At the end of this breakout, attendees should be able to: 1) debate issues regarding faculty fee-for-service; 2) recognize the range of faculty fees for service among different provider types, and 3) integrate 2-3 faculty management "pearls" into practice.

Methods: The presenters will present recent data on faculty fee-for-service and then facilitate a discussion among attendees.

Key Points: Good faculty management is one of the keys to a successful CME activity. Knowing what fee-for-service is being offered by other providers and improving methods of faculty management will improve a CME program.

Expected Outcomes: CME providers will walk away with information and tools on how to manage faculty, especially faculty fee-for-service.

Reference: Faculty fee for service research in process. Collaborators include The FCG Institute for Continuing Education and The Alliance for Continuing Medical Education.

Potential Participant's Self-Assessment Question: Do you ever have comments from faculty regarding fee-for-service that you don't know how to handle? Do you know all the guidelines surrounding faculty in CME activities?

Enhancing your Negotiation Skills: Hotel Contracts
(Administrative/Management)

Jodi Lee Beert, CMP
Mayo Clinic College of Medicine-Scottsdale, tel: 480/301-7072, mailto:beert.jodilee@mayo.edu

Mary Macke, CMP
Mayo Clinic College of Medicine-Jacksonville, tel: 904/953-2058, mailto:mmacke@mayo.edu

Maria Resner, BS
Mayo Clinic College of Medicine-Rochester, tel: 507/266-9928, mailto:resner.maria@mayo.edu

Relevance: Securing a facility for educational programs and finalizing a written contract is important to providing an optimum learning environment for attendees. Knowing which provisions should be in a contract, how to include positive negotiation 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 session is designed to identify several facility contract provisions that are essential in creating the proper learning environment for a meeting and options on how to negotiate them. In particular, we will share examples that assist in creating a contract and avoiding the miscommunication and pitfalls that can create poor relations between facilities and meeting professionals.

Objectives: At the conclusion of this session, participants should be able to 1) discuss ways to negotiate essential paragraphs in a facility contract, and 2) create a comfort level in revising a facility contract.

Methods: Representatives from Mayo School of CME will identify key paragraphs in standard hotel contracts that will benefit from positive negotiation.

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 relevant provisions in a contract and negotiate them. 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. Mpoint/PlansSoft, Inc. Web site. Available at: http://www.mpoint.com/guides/pgindex.asp?linkid=569. Accessed March 9, 2004.

Potential Participant's Self-Assessment Question: Do you have a need to learn more about positive hotel contract negotiation as you select the best learning environment for your attendees?

Business Plans for CME
(Leadership)

Glenda Wong, MHSA
University of Calgary, tel: 403/220-7761, mailto:gfwong@ucalgary.ca

Jocelyn Lockyer, PhD
University of Calgary, tel: 403/220-4248, mailto:lockyer@ucalgary.ca

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. An informal poll at the Alliance's 29th Annual Conference's business planning breakout session showed the majority of the audience wanted to have a business plan for their CME unit, but had yet to write one.

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, and a business plan template, specific to a CME unit, will be developed.

Objectives: At the conclusion of this breakout, participants should be able to 1) provide a rationale for preparing a business plan in CME, 2) describe the components that make up a successful business plan, and 3) walk away with a template to use in writing a business plan for their CME unit.

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, and finally by having participants create a template to enable them to write a business plan for their CME unit.

Key Points: A business plan provides a guide that a CME unit to follow to meet 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 to reaching its goals.

Expected Outcomes: Participants will have a better knowledge of the importance and key components of a business plan, and a better understanding of how to begin writing business plans.

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.

Potential Participant's Self-Assessment Question: Does your CME unit require a business plan and would you like to begin to write one?

CardioVillage and SCAI: A Partnership for Professional Education
(Partnering; Advanced Curriculum)

Jane Fruchtnicht, MSN
University of Virginia, tel: 434/924-5318, mailto:jfruchtnicht@virginia.edu

Anne Marie Smith, BS
Lifelong Learning Services, LLC, tel: 301/989-9216, mailto:anne.marie.smith@comcast.net

Michael Ragosta, III, MD
University of Virginia Health System, tel: 434/924-2465, mailto:mr8b@virginia.edu

Bonnie Weiner, MD
Worcester Medical Center, tel: 978/501-2159, mailto:bhweinermd@earthlink.net

Lawrence Gimple, MD
University of Virginia Health System, tel: 434/924-9591, mailto:lwg9q@virginia.edu

Ralph Buckley, MD
Cardiology Associates of Mobile, tel: 251/607-9797, mailto:rbuckley@cardioconcepts.com

Relevance: Establishing partnerships for continuing medical education programs can advance the educational and organizational goals and objectives of each party and consequently, enhance the learning outcomes for the target audience.

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 establishment of a partnership between CardioVillage, a web-based continuing education program of the University of Virginia, School of Medicine, Office of Continuing Medical Education and the Society for Cardiovascular Angiography and Interventions (SCAI). This partnership was formed to develop and disseminate online medical education focused on interventional cardiology. This fully accredited, comprehensive, and interactive curriculum includes cases, tutorials, and board review questions. The primary target audiences for this educational program are interventional cardiologists and fellows in interventional cardiology.

Objectives: At the conclusion of this breakout session, participants will be able to: 1) Discover common goals that form the foundation of the partnership. 2) Describe the contractual process. 3) Discuss the advantages and challenges when developing a partnership. 4) Discuss the achieved outcomes of the partnership. 5) Describe lessons learned.

Methods: Representatives from each organization will discuss the process of establishing the partnership from their perspective. Audience participation will be actively encouraged.

Key Points: The process for discussing and establishing a partnership, the challenges especially in defining a formal contractual relationship, the benefits and opportunities, and the lessons learned.

Expected Outcomes: Participants will be able to identify the key success factors in forming a partnership for the development and dissemination of a continuing medical education program.

Reference: Bennett, NL et al. Continuing medical education: a new vision of the professional development of physicians. Academic Medicine 2000, 75(12):1167-72.

Potential Participant's Self-Assessment Question: Do you have a need to learn the critical success factors in forming a partnership between an academic medical center and a professional society for the development of a continuing medical education program?

Starting a Practice Based CME Network: The Alabama Collaboration
(Educational Interventions)

Robert Kristofco, MSW
University of Alabama School of Medicine, tel: 205/975-4735, mailto:rkristof@uab.edu

Jason Olivieri, MPH
University of Alabama School of Medicine, tel: 205/934-2837, mailto:olive@uab.edu

Relevance: A variety of organizations nationwide have encouraged CME providers to take a more active role in physician performance improvement initiatives. One national organization that is interested in ambulatory care practice improvement is the Center for Medicare and Medicaid Services (CMS), which funds a quality improvement organization (QIO) within each state that is responsible for monitoring the quality of care provided to Medicare beneficiaries. Numerous QIOs in Southeastern states are currently charged to develop interventions encouraging practicing physicians to improve diabetes performance measures. Given the University of Alabama School of Medicine Division of CME's mission to provide educational services to the practicing physicians in the state, as well as the state's comparatively high rates of type II diabetes, a partnership between the Alabama QIO and the Division of CME was established. The QIO/CME partnership developed a practice-based network to serve practitioners in new, more individualized ways in an attempt to improve indicator compliance. Measurement of performance related to targeted indicators is monitored quarterly providing an objective measure of physician performance.

Target Audience: This breakout session will be of interest to QIOs, State Medical Societies, Medical Schools, CME professionals at all levels and those working in other kinds of practice based networks.

Purpose: This presentation will focus upon the key elements in the development of a practice-based CME quality improvement initiative in Alabama.

Objectives: At the conclusion of the breakout, participants will be able to describe and discuss important organizational and operational aspects related to the creation of a practice-based CME initiative.

Methods: A case study describing the recently initiated practice-based CME networks in Alabama will be presented. Audience participation in a question and answer session after the case presentation will be encouraged.

Key Points: In April 2003, a practice-based CME network was established in collaboration with QIO in Alabama. The initial recruitment goal was to capture the entire physician population targeted by the QIO for performance improvement against CMS process level health indicators in diabetes and mammography. In less than one year, 397 physicians representing 100% of the state QIO measurement sample and 90% of Alabama's 67 counties have enrolled in the Alabama network. A similar collaborative effort has recently been initiated between University of Alabama School of Medicine Division of CME, the Mississippi QIO and the University of Mississippi Medical Center School of Medicine.

Expected Outcomes: Quality improvement and CME professionals will be better able to identify collaboration opportunities to accomplish the goal of the conference, namely to build bridges to enhance performance and practice.

Reference: Shelton BJ, et al. Recruitment and retention of physicians for primary care research. Journal of Community Health 2002; 27(2):237-243.

Potential Participant's Self-Assessment Question: Do you have a need to learn more about effective methods for partnering in performance improvement initiatives?

Taking CME to the Next Level: Measuring Higher-Level Outcomes
(Performance Measurement)

Carol Havens, MD
Kaiser Permanente, tel: 510/625-3317, mailto:carol.havens@kp.org

Philip Bellman, MPH
Kaiser Permanente, tel: 510/625-2425, mailto:philip.bellman@kp.org

Kavitha Jayachandran, MD
Kaiser Permanente, tel: 415/833-2434, mailto:kavitha.jay@kp.org

Scott Waters, MA
Kaiser Permanente, tel: 510/625-6062, mailto:scott.waters@kp.org

Relevance: The task of demonstrating clinician practice change or improved patient health status as a result of CME appears daunting. The practical limitations of time and resources present many obstacles to our attempts to measure and link high-level outcomes to demonstrated learner needs. In many cases, there are relatively simple methods that can be utilized to capture self-reported practice change. In other situations, higher-level objective data already exists that can be tapped relatively easily to monitor change. These surrogate markers can be used to substantiate CME effectiveness and demonstrate organizational value. Regardless of the size, scope, or setting of a CME program, it is likely the planner has access to applicable data. In addition to meeting requirements, the smart use of higher-level outcomes measures provides invaluable feedback to instructors and planners, documents the benefit of CME, and helps identify needs for future CME interventions.

Target Audience: CME professionals at all experience levels.

Purpose: This session will demonstrate practical, resource-conscious ways to measure change in physician practice and patient health status.

Objectives: Participants will be able to design and apply new strategies for measuring higher-level outcomes that meet CME requirements and demonstrate organizational value.

Methods: This breakout will examine typical obstacles encountered when CME professionals tackle higher-level outcomes measurement. It will provide participants with sample planning tools and templates for capturing self-reported change and ways to identify potential sources of objective data. The session will utilize case studies to illustrate how these approaches can be used to evaluate CME and show effectiveness without consuming excessive time or resources.

Key Points: Intent to change practice can be solicited with simple, carefully-worded questions. Actual self-reported change can be captured using follow-up surveys or evaluations that link to the CME needs and objectives. The highest-level CME outcomes are best observed when existing data is compared before and after educational interventions. In most medical settings this type of data is readily available in administrative measures such as those relating to quality, prescribing patterns, admission DRGs, length-of-stay, complications, re-admission rates, patient safety, infections, laboratory utilization, screening results, patient satisfaction, etc. Positive change in such indicators can be used to infer that CME interventions have been effective. The use of multiple outcomes methods often provides conclusive evidence of CME impact.

Expected Outcomes: Participants will be able to identify and apply new outcomes assessment strategies and tools that measure change in practice or patient health status and are compatible with the limitations of their setting and available resources.

Reference: Evaluating educational outcomes: an electronic workbook for continuing medical education providers. http://www.acme-assn.org.

Potential Participant's Self-Assessment Question: Are you stymied by requirements to measure higher-level outcomes and want to implement more effective strategies that fit your resources and will better demonstrate the value of CME?

Nurse Practitioners: An Important Audience for Continuing Health Education
(Systems Thinking)

Mary Jo Goolsby, EdD
American Academy of Nurse Practitioners, tel: 512/442-4262, ext. 231, mailto:mjgoolsby@aanp.org

Relevance: The approximately 100,000 nurse practitioners (NPs) in the U.S. provide primary care, specialty care, long-term care, and acute-care to patients of all ages. As independently licensed providers, NP continuing education (CE) content needs are similar to those of physicians and other providers practicing in the same settings. However, NP CE requirements do vary depending on the states in which they are licensed and the body by which they are certified. As the largest and only full-service professional organization for NPs of all specialties, the American Academy of Nurse Practitioners maintains data on the NP workforce, their practice characteristics, and CE interests. This presentation is informed by these data and the CE requirements of NP-specific regulatory and certification agencies. By understanding the NP workforce and their CE interests and requirements, CME/CE providers will be able to design programs to reach these health care providers.

Target Audience: This breakout section will have interest for CME/CE professionals at all levels.

Purpose: This presentation will describe characteristics of the NP workforce and share information on NP CE requirements, by state and CP certifying body. The content will also include information on how to make CME/CE offerings appeal to NPs and to enhance their application of content in practice, based on AANP research.

Objectives: Participants will be able to: 1) describe the NP workforce, 2) identify NP CE requirements, by regulatory and certifying body, and 3) discuss ways to optimize NP attendance in/application of CE/CME offerings/content.

Methods: Much of the content will be lecture, supported by visual aids depicting NP specialization, practice characteristics, and CE practice data. Time will be included for open dialogue and Q&A.

Key Points: NPs represent a vast group of independently licensed providers of health care in a variety of settings. An understanding of the NP workforce is important to CME/CE providers planning programs relevant to this group of health care providers.

Expected Outcomes: CME/CE providers will develop a better appreciation of the similarities between NPs and other providers as part of an audience of learners. CME/CE providers will better understand how to design programs that include NPs in the target audience.

Reference: AANP (2004). The NP Workforce: Report of the 2004 National Survey, Online at: http://www.aanp.org.

Potential Participant's Self-Assessment Question: Do you have an adequate understanding of the U.S. NP workforce to include them as part of a target audience for your educational activities?

Establishing a Point of Care Learning Working Group
(Educational Interventions)

Floyd Pennington, PhD
University of Florida, tel: 352/265-8081, mailto:fpenning@ufl.edu
Consultant: President, CTLAssociates, Inc.
Other: Advisory Board, InfoPoems, Inc.

Timothy VanSusteren, PhD
University of Florida College of Medicine, tel. 352/265-8081, mailto:tvs@ufl.edu

Relevance: Point of Care learning adds a new dimension of opportunity for CME providers to meet physician learning needs. Understanding this new emphasis in CME is essential to identifying ways the CME provider can enhance, support and improve this effort.

Target Audience: Advanced

Purpose: To present results of National Summit on Point of Care Learning.

Objectives: At the conclusion of this session the participants should be able to discuss: 1) why point of care learning is emerging as a new trend in CME; 2) the internal and external forces driving interest in physicians learning at the point of care; 3) factors that facilitate or inhibit integration of point of care learning into the practice setting; 4) critical success factors for point of care learning to occur.

Methods: Interactive lecture and discussion.

Key Points: There are forces internal and external to medical practice that are driving points of care learning. Point of care learning is bases on best practice on adult education.

Expected Outcomes: An increased interest in providing point of care learning activities in a CME program. An interest in joining the International Point of Care Learning Working Group

References: Practice-based Learning and Improvement (PBLI). Journal of Continuing Education in the Health Professions (Supplement) July, 2003.
Point of Care Learning. Medical Meetings, Jan 1, 2004. Edited by Sue Pelletier.
Learning in Practice. Leung GM, et al. BMJ. Volume 327. November 8, 2003.

Potential Participant's Self-Assessment Question: Am I ready to support pointed care learning activities in my CME operation?

Evaluation of CME in Iran, 2001
(Adult/Organizational Learning Principles)

Azam Aslani, MS
Ministry of Health and Medical Education, tel: 0098218951703-5, mailto:azamaslani44@yahoo.com

Farhad Samiei, MD
Ministry of Health and Medical Education, tel: 0098218951703-5, mailto:samieifarhad@yahoo.com

Siamak Shariate Torbaghan, MD
Ministry of Health and Medical Education, tel: 0098218951703-5, mailto:siamak_shariat@yahoo.com

Relevance: CME has been established in Iran at about a decade ago. During the past decade 2 five years plans were conducted, the first with the objective of introducing and expansion of CME among medical community, and the second with the objective of quality improvement. The end year of 2001 was evaluated to determine the out come of second plan. This experience would be useful for CME professionals.

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

Purpose: This presentation determines the situation of CME in Iran in 2001.

Objectives: At the conclusion of the Geographical group meeting participants will de able to describe: 1) Needs Assessment in Iran CME program; 2) modes of Implementation in Iran CME program, and 3) evaluation in Iran CME program.

Methods: We analyzed data collected from: 1) questionnaires sent to those in charge of CME offices in 44 medical universities all over Iran, and 2) documents and complied results from the evaluation forms sent by universities to the Department of CME in the ministry of health and medical education.

Results: Data obtained from 38 medical universities were included in this study. A secretary is managing CME programs in each medical university, of whom 33% were constant over the study period, while 67% were changed 1-6 times. On the average, secretaries who responded had 4.4 years of service.
Needs assessment: 92% of secretaries considered asking learners, specialists and faculty departments as the first step towards program design, and 40% used questionnaires to assess educational needs of learners in their own province.
Modes of implementation: Lecturing was most common activity used in CME programs, comprising nearly 75% of time spent in multi_ day programs and 85% in single day programs and the rest on practical and group activities. Second to the lectures were interactive presentations such as question and answer sessions and group discussion.
Evaluation: Programs were mostly evaluated by evaluation forms, distributed after presentations. Pretest and post test were carried out in 340 out of 659 programs.\par Number of programs: A total number of 1411 pro grams were implemented, in 2001. Total number of eligible professionals in this year amounted to 90000.

Expected Outcomes: Needs assessment and evaluation are encouraged for attended programs, but modes of presentation need to be more improved. Encouraging interactive presentations for attended programs, explanation of self-directed activities, and evaluating the higher levels of knowledge (such as changes in attitude or performance) are advised to be considered in third five years plan.

Reference: Morrison Jill. ABC of learning and teaching in medicine: Evaluation.BMJ 2003, 326(15 February):385-387.

Disclosure 101: Who, What, When, and How
(Administrative/Management; Basics Curriculum)

Beth Brillinger, BS
Institute for Continuing Healthcare Education, tel: 215/466-8088, mailto:bbrillinger@voxmedica.com

Marisa Putnam, BA
Institute for Continuing Healthcare Education, tel: 215/466-8088, mailto:mputnam@voxmedica.com

Relevance: The ACCME's system of accreditation includes element 3.3 on Disclosure and Commercial Support, which states, "The provider must present CME activities in compliance with ACCME's policies for disclosure and commercial support." According to previous ACCME Annual Reports and ACCME presentations at the 2004 Alliance for Continuing Medical Education Annual Meeting from July 2000 to November 2003, 30.2% of providers were rated as noncompliant with Element 3.3A: the portion of element 3.3 related to disclosure. 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 3.3A (Disclosure).

Purpose: This session will review the current requirements for disclosure of financial relationships and discussion of off-label or investigational uses of products. It will also provide CME professionals with the tools that one provider used to achieve exemplary compliance.

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

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

Key Points: The key point is to appreciate the importance of properly documenting written or verbal disclosure and ensure disclosure even if the activity is not supported by commercial grant funding.

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.

Reference: Opportunities and Challenges for the Future of CME, presentation. Available at
http://www.accme.org/incoming/167_ACCME_2004_Alliance_Plenary_1_Jan_22_Opportunities_and_Challenges_in_CME.pdf.
Accessed 3/10/04.

Potential Participant's Self-Assessment Question: Are you comfortable enough with the requirements for disclosure to maintain compliance with element 3.3 in your CME program?

Operationalizing a Maintenance of Certification Program
(Partnering; Physician's Track)

Susan Adamowski, EdD
Professional Association Services, tel: 847/577-5266, mailto:sadamowski@ameritech.net

Sorush Batmangelich, EdD
BATM Medical Education Consultants, tel: 847/808-8182, mailto:BATM@aol.com
Consultant: President, BATM Medical Education Consultants

Relevance: The four components of maintenance of certification programs are easily listed and are becoming easier to understand and discuss. Conundrums develop, however, when the MOC components need to be implemented. What sounded like such a great, workable idea sometimes turns into a nightmare of paperwork. Cutting corners compromises quality, and, thus, is not an option. This session will focus on operationalizing all four components of a MOC program, with most attention being paid to the self-assessment and lifelong learning component and the performance in practice component.

Target Audience: This breakout session will be of interest to CME and other professionals at all experience levels, especially those involved in implementing MOC in specialty societies, specialty Boards, medical schools, hospitals, academic medical centers, and other settings.

Purpose: This breakout session will focus on the practice aspects of operationalizing a maintenance of certification program, with special emphasis on implementing the self-assessment and lifelong learning component. Strategies for implementing the performance in practice MOC component will also be discussed. This session will focus on sharing strategies that work and avoiding pitfalls that inherently lurk in beginning new ventures.

Objectives: At the conclusion of this session, participants should be able to realistically assess how a maintenance of certification program can be implemented, how safeguards can be put in place to avoid disasters, and how common problems can be handled.

Methods: This session will cite problems often encountered in implementing the MOC components and solicit strategies from the audience for preventing and/or handling them. The presenters will also share their own experiences.

Key Points: Implementing a successful MOC Program requires foresight and planning. With a clear vision of what has to be done and how tasks can be managed, a MOC Program that truly serves physicians and doesn't drive the CME staff batty will be presented. The focus of this session will be "take home" ideas and "ready to use" strategies.

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 four components of a MOC Program will be able to compare their efforts with what others in the field are doing, especially in relationship to the self-assessment and lifelong learning component and the performance in practice component. 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.

New AMAPRA Guidelines for "Just in Time" Learning
(Educational Interventions)

Charles Willis, MBA
American Medical Association, tel: 312/464-4677, mailto:charles_willis@ama-assn.org

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

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

Purpose: In 2001 the AMA Division of Continuing Physician Professional Development initiated a pilot projects designed to assess real world data on how the AMA PRAcould fit non-traditional CME modalities for Category 1 credit. The Self Directed/Self Initiated (SDSI) Learning Internet Pilot sought to identify how a physician, using the Internet outside of formal activities, could have this activity designated for Category 1 credit. This session will focus on the rules governing the new learning modality, published in the new version of the *AMA Physician's Recognition Award: Requirements for Accredited Providers* booklet (version 4.0). The new rules emerged from the results of the pilot projects and will directly affect how accredited CME providers can designate certain activities for AMA PRA category 1 credit.

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

Methods: The presentation will consist of a didactic portion, with time provided for audience interaction, and questions and answers.

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

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

Reference: The American Medical Association Physician's Recognition Award: Requirements for Accredited Providers, Version 4.0.

Potential Participant's Self-Assessment Question: Are you a CME professional interested in understanding the impact of self-directed/self-initiated internet activities on the AMA PRA credit system?

Got Coordinator Nightmares? Ready, Get Set, Wake Up!
Diagnosis and Treatment Strategies from 75 Years of Coordination Experience
(Administrative/Management)

George Mejicano, MD
University of Wisconsin Medical School, tel: 608/263-4591, mailto:mejicano@wisc.edu

Sarah Aslakson, MS
University of Wisconsin Medical School, tel: 608/263-2856, mailto:aslakson@wisc.edu

Cathy Means, MS
University of Wisconsin Medical School, tel: 608/263-6637, mailto:cjmeans@wisc.edu

Beth Mullikin, BA
University of Wisconsin Medical School, tel: 608/262-5077, mailto:eamullikin@wisc.edu

Linda Pittz, BS
University of Wisconsin Medical School, tel: 608/263-2862, mailto:lkpittz@wisc.edu

Relevance: In most continuing medical education (CME) offices, there is little formal training for CME coordinators. However, it is well known that CME coordinators have benefited significantly through networking with other CME professionals and sharing case examples of problems and resolution strategies. The ACCME Essential Areas and Policies, together with the AMAPRA rules provide guidelines, but real-life examples of issues and problems associated with live activities may provide valuable learning lessons for CME coordinators. This session will provide participants with the opportunity to hear from CME professionals with 75 years of combined experience (four coordinators and one director) about problems and resolution strategies involving live activities.

Target Audience: This breakout session is designed for all CME professionals (both new and old!) who hope to increase their core competencies in CME.

Purpose: To identify logistical problems associated with live activities and to offer solutions for conflict resolution.

Objectives: At the conclusion of this session, participants will 1) recognize common problems encountered when planning live activities; and 2) implement conflict resolution skills to optimize competency in CME activity planning.

Methods: The panel will provide scenarios illustrating problem identification and ultimate resolution. Audience participation is encouraged.

Key Points: Everyone faces crises in CME activity planning. By examining one provider's experiences related to problems and how they were resolved, you will be able to avoid such conflicts and problems in your own organization.

Expected Outcomes: CME professionals should be able to identify problems in CME activity planning and share resolutions with peers and colleagues.

Potential Participant's Self-Assessment Question: Describe one way in which the information provided in this session has enhanced your CME activity planning.

An Orientation to Practical Educational Outcomes Measurement
(Performance Measurement)

Harold Magazine, PhD
Veritas Institute for Medical Education, Inc., tel: 201/727-1115, ext. 242, mailto:harold.magazine@veritasime.com

Derek Dietze, MA
Veritas Institute for Medical Education, Inc., tel: 201/978-6405, mailto:derek.dietze@veritasime.com

Relevance: Increased funding for educational activities by commercial supporters has been associated with increased demands on CME providers to demonstrate the educational effectiveness of their activities. In addition, CME providers must be exemplary in the review and improvement of their CME activities to receive Accreditation with Commendation from the ACCME. These factors have intensified the pressure on CME providers/professionals to demonstrate competence in the development and implementation of educational outcomes measurement.

Target Audience: This breakout session will be of interest to CME professionals at all experience levels (i.e., beginners as well as advanced practitioners) in all provider groups.

Purpose: This educational activity is designed to increase participants'awareness of the key elements of successful educational outcomes measurement and increase their confidence in planning and implementing educational outcomes measurement.

Objectives: At the conclusion of the breakout session, participants will be better able to: 1) Define educational outcomes and the levels of educational outcomes measurement/data; 2) Identify practical educational outcomes measurement research objectives and questions; and 3) Describe practical, effective educational outcomes measurement tools and methodologies.

Methods: The presenters will guide participants through an interactive presentation and discussion that will provide the opportunity to develop global research questions and begin formulating an implementation plan for their own educational outcomes measurement initiatives. The presentation and discussion will be facilitated from the perspective of a CME provider and CME professionals who have developed and advanced an educational outcomes measurement plan during the last three years.

Key Points: Educational outcomes will be defined in the context of the levels of educational outcomes measurement/data. Resources needed for designing and implementing educational outcomes research will be identified, and techniques for establishing solid research questions/objectives will be delineated. Practical outcomes measurement tools and methodologies will be described, and example results provided. Lessons learned by the presenters from their experience in building educational outcomes measurement competencies will also be shared.

Expected Outcomes: Participants will begin or advance their approach to educational outcomes measurement by learning how to translate their philosophy and ideas about outcomes measurement into practice.

Reference: Davis D, Barnes B, Fox R, eds. The continuing professional development of physicians: from research to practice. Chicago, IL: AMA Press, 2003.

Potential Participant's Self-Assessment Question: What is educational outcomes measurement, why is it so important, and how do I begin to incorporate it into my CME planning and implementation processes?

Developing the Continuous Quality Improvement Toolbox
(Performance Measurement)

Gregory Scott, PharmD
WriteHealth, LLC, tel: 203/325/9414, mailto:gscott@writehealth.com

Relevance: It is second nature to CME professionals that an educational activity is based on a thorough needs assessment linked to desired outcomes, which are measured by one or more evaluation tools. While simple in principle, numerous logistical challenges often make it difficult to determine if the desired outcomes were achieved, let alone sustained. A similar situation exists with efforts to improve the CME program. What is a reasonable process for improvement? How can issues be identified and prioritized? What interventions should be implemented and how can their impact be measured? Many of these challenges can be resolved and sustained improvement in the CME program made by the application of a systematic process based on continuous quality improvement (CQI) principles.

Target Audience: This breakout session will be of interest to CME professionals at all experience levels (i.e., beginners as well as advanced practitioners) in all provider groups.

Purpose: Using evaluation data, to describe a process for developing survey tools and indicator thresholds to systematically improve the quality of any area of the CME program.

Objectives: At the conclusion of the breakout, participants should be better able to: 1) draw a parallel in the major steps involved in continuous quality improvement with those in developing a CME activity, as well as medical practice; 2) describe the steps to develop a survey tool; 3) describe a process to identify quality indicators; and 4) develop a plan to improve the quality of one aspect of their CME program.

Methods: Case study presentation with audience interaction and reflection.

Key Points: In a manner analogous to assessing the long-term impact of a CME activity on physician practice, sustained improvement of the CME program requires a systematic process that utilizes appropriate survey tools focused on identified issues.

Expected Outcomes: CME professionals will be able to develop survey tools and implement a process that leads to improvement in any area of the CME program they choose.

Reference: Batalden PB, Stoltz PK. Quality management and continual improvement of health care: A framework. J Contin Educ Health Prof. 1995;15:146-164.

Potential Participant's Self-Assessment Question: Are you able to identify one or more areas of your CME program that needs improvement and to systematically develop and implement the tools necessary to bring about improvement to the level desired?

Bridging CME Professionals and Faculty
(Adult/Organizational Learning Principles)

Judy Over, MEd
Medical Education Collaborative, tel: 303/420-3252, ext. 30, mailto:jover@meccme.org

Relevance: The CME industry and our medical profession are striving for new directions in using effective educational interventions. At the 2004 ACME conference, Marcia Jackson said CME professions should "request faculty to discuss application, not knowledge only." Of late, much of the continuing education dialog has concentrated on adult learning principles, learning styles, and outcomes. However, the weakest link in effective change resides with the faculty/subject matter experts who are resistant to, or unfamiliar with, how to change their existing teaching habits e.g., teaching the way they have always taught). To reduce this weak link and enhance performance in practice, sessions that "train the trainers" and specifically address the planning and teaching of CME programs are essential for accomplishing the application of evidence-based learning principles. CME professionals need to do more than "request" changes in learning practices. By providing some hands-on tools for CME professionals to help coach their faculty/subject matter experts to use more effective learning techniques, CME providers will increase behavioral modifications and educational outcomes.

Target Audience: Beginner and intermediate CME professionals and Faculty/instructors/subject matter experts (SME)

Purpose: This interactive presentation will provide guidelines for coaching faculty/subject-matter experts and include content guidelines appropriate for developing faculty handbooks.

Objectives: At the conclusion of the breakout, participants will be able (1) to distinguish between some of the learning challenges in traditional teaching environments, (2) to select learning techniques for continuing education content, and (3) to collect information on speaker guidelines and teaching ideas/suggestions in order to become a stronger resource for effective learning.

Methods: The presenter will model learning activities which encourage active audience participation.

Key Points: In order to effectively modify physician behavior, the faculty/instructors/subject matter experts must modify their instructional behavior. This session will incorporate a faculty instructional outline using some active learning activities that will help CME professionals more effectively coach their faculty.

Expected Outcomes: The participants will have access to four or five key points that will aid them in working with faculty and/or in overcoming some challenges of teaching future programs.

References: Klatt, Bruce: *The Ultimate Training Workshop Handbook: A Comprehensive Guide to Leading Successful Workshops and Training Programs.* McGraw-Hill, 1999; Lawson, Karen: *The Trainer's Handbook.* Jossey-Bass/Pfeiffer; San Francisco, 1998; Russo, Cat Sharpe: *Teaching SMEs to Train. Info-line,* Issue No. 9911. ASTD; Alexandria, VA, November 1999; Case studies for course content; Anecdotal training research 2002-2004.

Potential Participant's Self-Assessment Question: Am I successful in influencing how my faculty conducts their CME programs? What can I do to modify the instructional behavior of my faculty? As an instructor, how can I better identify appropriate training techniques and tools?

Building Bridges Globally to Enhance Physician Performance (Part 1)
(Partnering; Advanced Curriculum)

Dennis Wentz, MD
WentzMiller & Associates, tel: 970/845-9910, mailto:dennis@wentzmiller.org
Other: Past Director, Division of CME/CPD, American Medical Association

Cees Leibbrandt, MD
WentzMiller & Associates, tel: 31 24 360-7236, mailto:cc@leibbrandt.net
Other: Past Secretary General, European Union of Medical Specialties

Helios Pardell, MD
Spanish Accreditation Council for CME (SACCME), tel: 34 91 431-7780, mailto:seaformec@cgcom.es

Relevance: It is unmistakable that continuing medical education has entered a global phase. Physicians from Europe, Latin America and Asia are regularly attending CME courses in the U.S. And U.S. physicians are traveling abroad for international congresses, seminars, and advanced training courses for new medical devices. However, there are an increasing number of accreditation and CME credit-granting programs now outside the U.S and Canada, and these approval systems often differ from region to region. The AMA PRA program recognizes credit approved by the European Accreditation Council for CME, and others and has a process whereby U.S. providers can issue PRA Category 1 credit to non-US licensed physicians. CME professionals must know about these developments as they are in an excellent position to provide leadership in this area and to capitalize on these trends, whether they are developing content with faculty or are exporters or importers of globally-focused continuing medical education. The critical issue is the extent to which each international physician participant can get the credit he/she needs to meet local, national or specialty requirements. Sometimes only individual CME activities are eligible for review; sometimes both programs and providers can be accredited. Enduring materials, including internet-based CME, are often not eligible for credit. Standards for commercial support of CME activities are variable and often inconsistent, or even non-existent. Partnering with locally experienced organizations and institutions is usually the best path to follow in overcoming obstacles to working in the global CME arena.

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

Purpose: This session will explain how CME accreditation is being conducted outside the U.S., similarities and differences, reciprocity of national and regional CME credit systems, and more.

Objectives: At the conclusion of the presentation, participants will be able to determine if their organizations are in a position to work collaboratively with organizations abroad to make the best use of accreditation and credit-granting systems, and how to go about the process.

Methods: Presenters will offer examples of how CME accreditation programs in Latin America and Europe, and current and future opportunities for reciprocal credits. Significant time will be allotted for questions from the audience.

Key Points: In order to satisfy participants'needs for CME credits, it is essential to understand similarities and differences in CME accreditation programs; to know where to go for information, and to have methods for giving physician participants the service they need.

Expected Outcomes: Participants will discuss in their own organizations whether they are ready to build bridges globally with their CME offerings, and what resources will be necessary to proceed.

Reference: Presentations and newsletters at the web site of the Global Alliance for Medical Education, http://www.game-cme.org.

Potential Participant's Self-Assessment Question: Is my organization ready to consider supporting physician participants who are seeking credits outside their own countries, whether U.S. or abroad?

Junk Mail or Essential Assessment Tool? Improving the Rigor and Results of Physician Surveys
(Performance Measurement)

Carol Havens, MD
Kaiser Permanente, tel: 510/625-3317, mailto:carol.havens@kp.org

Philip Bellman, MPH
Kaiser Permanente, tel: 510/625-2425, mailto:philip.bellman@kp.org

Relevance: Physician surveys are frequently used as a source of self-reported data to inform CME needs assessments, instructional design, and measurement of outcomes. Despite the appearance of validity, many physician surveys – whether by paper, telephone, or electronic means – lack methodological rigor and yield only marginal results. Too often the survey process accommodates the surveyor's needs better than the respondent's. It overlooks the physician's need for a survey to be credible, relevant, clear, easy-to-use, and respectful of his/her limited time. A survey, regardless of how it is disseminated, may be seen as "junk mail," a useless annoyance intruding on the important work of a busy medical practice. Because physicians are perceived as difficult to reach and motivate to respond, insufficient and poor-quality data are often inappropriately utilized. Erroneous analyses and inappropriate conclusions may result. Surveyors must address the special challenges posed by physicians' complex and busy practices to achieve adequate response rates, fully-completed questionnaires, and quality information that is truly valid and useful to CME. What seems like a simple, intuitive process is fraught with pitfalls and requires effort and attention to detail to be effective.

Target Audience: CME professionals at all experience levels.

Purpose: This session will examine practical ways to improve CME data gathering with effective physician surveys.

Objectives: Participants will be able to apply proven techniques for obtaining valid self-reported data from physicians using survey methods that address motivation, non-response, and data completeness.

Methods: The problems encountered in physician surveys will be examined in the literature and through the presenters' and participants' own experiences. Several large physician surveys will be used to illustrate strategies for achieving >80% response rates and high-quality results. Practical solutions to typical obstacles will be demonstrated through interactive exercises, examples, case studies, and group discussion.

Key Points: "Garbage in, garbage out." Weak or invalid survey results cannot be used to make sound CME measurements or organizational decisions. Highly-productive physician surveys can be done in nearly any context if the unique characteristics of physicians and their work environments are considered. An effective survey must present a thoughtfully-designed, well-tested instrument that is brief, easy-to-use, and credible. And physician respondents must understand the relevance and importance of their participation.

Expected Outcomes: CME providers will utilize scientifically sound approaches to gather self-reported information and to generate data that is credible, valid, representative, and useful.

Reference: Kellerman SE, Herold J. Physician response to surveys. A review of the literature. Am J Prev Med. 2001 Jan;20(1):61-7.

Potential Participant's Self-Assessment Question: Have you ever conducted a physician survey that resulted in fragmentary, incomplete, or questionable data? Do you have a need to assess more effectively physicians' self-reported beliefs, attitudes, skills, and practices?

Building Trust to Address External Scrutiny: Lessons Learned From Other Industries
(Leadership)

Stephen Lewis, MA
Medical Education Collaborative, tel: 303/420-3252, ext. 29, mailto:slewis@meccme.org

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

Relevance: As a CME community, we are facing increased scrutiny from external sources such as the Office of Inspector General of Health and Human Services and the media. In response, we have begun shifting the ways in which we develop, fund, and implement CME. However, as we do this we also find ourselves asking "what is broken?" and "what are we trying to fix?" By comparing and contrasting the CME field with other industries and environments that have addressed auditing and external scrutiny issues, we can begin to assess the appropriate measures and/or steps to overcome the continued pressures we're facing today.

Target Audience: This breakout session will be of interest to advanced CME professionals in all provider groups.

Purpose: This interactive session will focus on identifying the ways in which other industries have dealt with issues similar to those facing the CME community and identifying specific tactics we might employ that will ease the external pressures for change.

Objectives: At the conclusion of this breakout, participants will be able to identify 1) current practices within our community that contribute to the scrutiny we face from external sources, 2) other arenas and industries that have faced similar issues and 3) various solutions used in other industries that apply to current issues within the CME community.

Methods: The presenters will discuss some of the possible root causes for external scrutiny and then present benchmarks and solutions from other industries. Audience participation will be requested in discussing if or how those benchmarked solutions compare, contrast, and could apply to address scrutiny in the CME community.

Key Points: By stepping back and reviewing our practices as an objective outsider, we may be better able to identify the root causes for the external scrutiny and pressure we now face. Taking lessons learned from other industries facing similar issues may enable us to more quickly address what needs to be done in order to gain the confidence and trust of those critical of the CME process.

Expected Outcomes: CME providers will begin to engage in meaningful discussion about how best to address the increased scrutiny from external sources.

Reference: Rider, Laurie: *Independent Certification: A Benchmark Survey on Third-Party Reviews and Improved Industry Performance*, December 2003-December 2004.

Potential Participant's Self-Assessment Question: Are the current practice changes such as creating firewalls and increasing disclosure enough to obtain the confidence of the OIG, media and other critics or will CME providers continue to face scrutiny from these outside sources? What tools can be employed to reduce third-party scrutiny of CME?

Prepare to Lead: CME Providers Role in Addressing Racial and Ethnic Disparities in Healthcare
(Systems Thinking)

Mike Saxton, BS (Facilitator)
Lehigh Valley Hospital, tel: 908/537-7300, mailto:saxton@cmebestpractices.com

William Matory, MD (Panelist)
National Medical Association, tel: 202/347-1895, mailto:wmatorysr@aol.com

Robert Like, MD (Panelist)
UMDNJ Center for Healthy Families and Cultural Diversity, tel: 732/235-7662, mailto:Like@umdnj.edu

Audience response technology to be provided by Option Technologies

Relevance: The release of the Institute of Medicine report on *Unequal Treatment: Confronting Ethnic and Racial Disparities in Healthcare* can form the foundation of an action plan for the CME profession. Extensive literature exists that documents the performance gaps in a variety of clinical areas. These areas include cardiovascular disease, diabetes, pain, infant nutrition, cancer, osteoporosis, vaccination, and others. Potential solutions, including cultural competency training, are receiving increased attention in medical schools; however, continuing medical education has yet to address this issue in a systematic way. There is limited information on the pivotal role the CME community can play in narrowing the gap in healthcare performance provided between non-Hispanic whites and other ethnic groups. Presently, this issue is not being widely addressed in the CME literature or through discussions at national level meetings. This has contributed to a lack of awareness and a lack of knowledge within the profession regarding potential actions to be taken.

Target Audience: CME professionals at all experience levels with an interest in the public health mission of CME

Purpose: This session will provide an overview of the issue, review the literature, address healthcare provider competencies, CME provider competencies, identify existing resources and recommend action steps. We will elicit participant feedback on barriers to action in order to help formulate follow-up recommendations.

Objectives: Describe and discuss (1) data and causes of racial healthcare disparity gap (2) provider competencies that should be the focus of CME planning, (3) barriers to change, (4) review of CME literature and existing practices, (5) and recommendations for CME providers to address this public healthcare gap.

Methods: The primary presenter will provide a summary of the issue and literature as the basis of forming questions for a reactor panel. The audience will be polled, with a particular focus on anonymous attitudinal and barrier issues, using an audience response system. The audience data will be captured for follow-up use. The balance of the time will be devoted to small group breakouts intended to brainstorm potential solutions to the major barriers identified.

Key Points: The profession is at an historic crossroads of opportunity and challenge. Addressing this area of public health has the potential to help propel the profession forward by challenging CME providers individually and collectively to translate knowledge into practice. Participants will be better able to provide leadership and action in this area.

Expected Outcomes: Increased awareness; identification of barriers and solutions, and recognition of potential resources

References: Epstein, A. M. & Ayanian, J. Z. (2001). Racial disparities in medical care. *N.Engl.J.Med., 344,* 1471-1473.
Institute of Medicine (2003). *Unequal Treatment: Confronting Ethnic and Racial Disparities in Healthcare*. Washington, DC: The National Academies Press. Jacobs, E. A., Kohrman, C., Lemon, M., & Vickers, D. L. (2003). Teaching physicians-in-training to address racial disparities in health: a hospital-community partnership. *Public Health Rep., 118,* 349-356.
Kai, J., Spencer, J., & Woodward, N. (2001). Wrestling with ethnic diversity: toward empowering health educators. *Med.Educ., 35,* 262-271.

Potential Participant's Self-Assessment Question: With a clearly identified gap in healthcare delivery between different racial and ethnic groups, has this ever been addressed educationally through your CME organization?

Reforming and Repositioning CME
(Administrative/Management; Advanced Curriculum; Physician's Track)

Bruce Spivey, MD
Council of Medical Specialty Societies, tel: 888/611-1402, mailto:bspivey@cmss.org

Bruce Bellande, PhD
Alliance for Continuing Medical Education, tel: 205/824-1355, mailto:bbellande@acme-assn.org

Marcia Jackson, PhD
American College of Cardiology, tel: 301/897-5400, mailto:mjackson@acc.org

Stephen Miller, MD
American Board of Medical Specialties, tel: 847/491-9091, mailto:smiller@abms.org

Relevance: For some years, discussion in the CME community has called for evaluation and reform of CME. Recently the American Board of Medical Specialties (ABMS) and the Accreditation Council for Graduate Medical Education (ACGME) have enacted and implemented new uniform standards for specialty certification and maintenance of certification. The foundation of these new standards is a set of six core competencies and four components of the certification processes. These new systems have ushered in the need to drastically reform the CME system. Recognizing this need, the Council of Medical Specialties (CMSS) approved in 2002 its report "Repositioning CME for the Future." Recommendations were proposed within this report as the basis to reform and reposition CME. Following the report, the Conjoint Committee on CME was established comprising major medical organizations to create an action plan for the implementation of the recommendations. The Conjoint Committee prepared white papers on key issues and elements essential to reform and reposition CME. The white papers were synthesized into an executive summary, which included seven recommendations corresponding action plans defining the areas of reform and identifying the major medical/organizations responsible for change. The first recommendation calls for the Conjoint Committee to convene medical organizations, to facilitate communication and coordination, to build relationships and to insure visibility and accountability regarding CME among the stakeholders spanning the medical education continuum.

Target Audience: Intermediate (participants who want to broaden their knowledge). All provider groups.

Purpose and Objectives: This session will: 1) present a brief history of events that created the rationale for and the need to reform and reposition CME; 2) articulate the vision for and components and intent of the "Repositioning CME for the Future" report, executive summary, recommendations and action steps of the Conjoint Committee on CME; 3) report the progress of the Conjoint Committee, and 4) identify key issues relative to and implications for CME reform/repositioning.

Methods: Panel presentation and discussion

Key Points: At the conclusion of this session participants will comprehend the: 1) rationale for and need to reform and reposition CME; 2) seven major recommendations of the Conjoint Committee on CME action plans that apply to physician learners, faculty and CME professionals (Medical Education Continuum, Self-assessment and Lifelong Learning, Core Curriculum and Competencies, Valid Content [Evidence-Based Medicine], Performance and Continuous Improvement, Resources and Support); 3) Progress of the Conjoint Committee, and 4) Major issues/implications for CME professionals.

Expected Outcomes: Participants will leave this session not only comprehending the need and rationale for reforming and repositioning CME but more importantly, with the realization that the CME system is changing. Key implications for CME professionals include: 1) the requirements for new knowledge and skills translated into competencies; 2) the responsibility for self-assessment and continuous professional development is essential; 3) the need to change the role and responsibilities from meeting planners to facilitators of physician learning and change; 4) the charge for greater accountability for competent performance and continuous quality improvement 5) the realization that the CME financing system must be reformed to achieve a balance of funding sources and greater independence and self sufficiency; and 6) the importance of reforming and repositioning CME to ensure its future value, vigilance, vigor and vitality.

Speaking 'Bout Speakers'Bureaus
(Administrative/Management)

Debra Gist, MPH
Duke Office of Continuing Medical Education, tel: 919/681-1678, mailto:gist0002@mc.duke.edu

Mark Schaffer, EdM
Thomson Professional Postgraduate Services, tel: 201/271-6205, mailto:mark.schaffer@pps.thomson.com

Maureen Doyle-Scharff, BA
Johnson & Johnson, tel: 215/325-2298, mailto:mdoyle9@scaus.jnj.com

Revelance: National speakers'bureaus are an important tool in the marketing armamentarium of a pharmaceutical company.

Target Audience: This practical breakout session will be of interest to members of industry, CME accreditation managers, and administrators of speakers'bureaus.

Purpose: This session is designed to provide an interactive discussion of optimal strategies for designing and funding speakers' bureaus as well as dealing with the day-to-day realities of scheduling speakers from these bureaus into the local hospital and/or medical school environment.

Objectives: At the conclusion of this session, participants should be able to: 1) identify and describe the key characteristics of a well-designed speakers'bureau; 2) review and discuss funding issues for speakers' bureaus; 3) describe strategies for the local CME provider to make use of speakers'bureaus while ensuring compliance with ACCME Essentials and Standards; and 4) discuss anti-kickback issues (CMS/OIG).

Methods: Didactic presentations and question and answer sessions.

Key Points: 1) Ensuring compliance with the ACCME Essentials and Standards; 2) Complying with CMS/OIG.

Expected Outcomes: Improved processes and documentation relative to utilization of speakers from Speakers'Bureaus.

Reference: Stiffer CME rules could close speakers'bureaus: http://www.ama-assn.org/amednews/2003/03/03/prse0303.htm; March 3, 2003.

Potential Participant's Self-Assessment Question: Do you need to learn more about working with speakers'bureaus who want to schedule speakers at your institution?

Navigating the Validation Maze
(Leadership)

Kathleen Boyle, PhD
Institute for Continuing Healthcare Education, tel: 215/592-9207, mailto:kboyle@voxmedica.com

Brenda Frank, BA
Institute for Continuing Healthcare Education, tel: 215/592-9207, mailto:bfrank@voxmedica.com

Relevance: Navigating the maze of epidemiologic, scientific, and clinical data that forms the basis of a continuing medical education program may appear a daunting task, especially when providers are dependent on the expertise and knowledge of clinical experts as the source of core information to form the program. Checking the expert's work may challenge the provider and may be an affront to the expert. The approach to validation of content may be a joint venture, serving as a learning experience for the provider while providing the expert with details that he or she may not have time to assemble. By positioning validation in a productive light, the provider, the expert, and the audience increase their knowledge and understanding of evidence based clinical information. We will evaluate the components of a continuing medical education program, the types of data presented, and the path to efficient and effective completion of the validation maze.

Target Audience: This session is suitable for all CME professionals at intermediate to advanced levels who would like an overview of the essential elements of validation and who would like a road map to establish a validation process.

Purpose: This session will review the current requirements for validation of program content and will provide working examples of program validation. It will provide recommendations for developing an internal validation process in compliance with existing requirements.

Objectives: At the conclusion of this breakout session, participants should be able to (1) identify solutions for meeting ACCME validation requirements, (2) review content for accuracy and reliability relative to cited published literature or published practice guidelines, and (3) examine content for currency relative to published reference materials.

Methods: Through discussion, use of examples, audience completion of mini-validation exercise and discussion of findings, we will present options to validate program content.

Key Points: CME programs presenting evidence based medicine require accuracy and currency of program content relative to cited reference materials, consensus statements, or published practice guidelines. These requirements are especially important in light of the potential impact the program content may have on the health and welfare of patients. Validation of program content provides confidence and reliability to presenters, providers, and participants.

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

Reference: 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.

Potential Participant's Self-Assessment Question: Do you have a clear understanding of the essential elements of validation and the ACCME requirements for validation in order to explain these to an expert and to establish an internal validation process?

Joint Sponsorship between a Medical School Provider and a Medical Education Company: A Case Study
(Partnering)

Abbe Lynch, MA
University of Virginia School of Medicine, tel: 434/924-1657, mailto:ABL3x@virgina.edu

Regina Eustaquio
IntraMed West Educational Group, tel: 415/365-6801, mailto:regina_eustaquio@sfo.sudler.com

Relevance: The current regulatory environment in the field of healthcare has impacted all stakeholders in CME. One aspect of this is the trend of pharmaceutical companies to request of their medical education and communications partners – whether an ACCME-accredited provider or not – to partner with academic providers for any CME-certified activities for which they might support. In this shifting paradigm, it is important for the joint sponsors to develop frameworks and processes which allow for the efficient development and implementation of activities.

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

Purpose: This presentation will use a case study to explore and discuss best practices involved in a partnership between an academic provider and a medical education company.

Objectives: Through participation in this breakout, participants should be able to: 1) describe frameworks and processes that positively impact the development and implementation of a jointly sponsored program, and 2) discuss the benefits of developing partnerships between academic providers and medical education companies.

Methods: Representatives from an academic CME office and a medical education company will share their experiences and lessons learned from their joint sponsor relationship. Audience participation will be encouraged.

Key Points: In order to develop successful joint sponsorships, specific processes – outside of the basic requirements of a jointly sponsored activity - must be developed and followed.

Expected Outcomes: Participants will be able to evaluate their readiness to engage in jointly sponsored activities and/or to determine areas for improvement in their current relationships.

Reference: Bailey A, Passin S. Practical Tips on Successful Joint Sponsorships. Almanac 2000; 22(10): 1-4.

Potential Participant's Self-Assessment Question: Do you have a need to learn more about developing and applying effective processes that will lead to a successful partnership with a joint sponsor?

Building Bridges to Practicing Community: Recruiting Physicians to a Practice-Based CME Network
(Performance Measurement)

Jason Olivieri, MPH
University of Alabama School of Medicine, tel: 205/934-2837, mailto:olive@uab.edu

Robert Kristofco, MSW
University of Alabama School of Medicine, tel: 205/975-4735, mailto:rkristof@uab.edu

Relevance: Addressing the practical needs of the physician learner in the practice setting may often be overlooked in CME activities. To assist in bridging the gap between the physician and the adoption of advances in the art and science of medicine, a shift toward more relevant and practice-based CME activities is required. Through partnerships with stakeholders in regional quality improvement initiatives, the University of Alabama at Birmingham School of Medicine Division of CME has developed practice-based CME networks which routinely interact with recruited populations of practicing primary care physicians to understand their educational and resource needs regarding the improvement of care among complex adult patients. Effective methods to engage and maintain active physician participation are essential to the preservation of these networks.

Target Audience: This breakout session will be of interest to quality improvement organizations, State Medical Societies, Medical Schools, and CME professionals at all levels.

Purpose: This presentation will focus upon the results of recruitment efforts of recently developed practice-based CME quality improvement initiatives in Alabama and Mississippi.

Objectives: At the conclusion of the session, participants will be able to describe and discuss effective approaches to the recruitment of physicians to CME practice-based quality improvement activities.

Methods: A case study of recently initiated practice-based CME networks in Alabama and Mississippi will be presented. Audience participation in a question and answer session after the case presentation will be encouraged.

Key Points: Since April 2003, two practice-based CME networks have been established in collaboration with the quality improvement organizations (QIO) in Alabama and Mississippi, as well as the University of Mississippi Medical Center School of Medicine. The initial recruitment goal was to recruit the entire physician population (N=214 in Alabama, N=111 in Mississippi) targeted by each state QIO for performance improvement against CMS process level health indicators in diabetes and mammography. In less than one year, 397 physicians encapsulating 100% of the state QIO measurement sample and 90% of Alabama's 67 counties have enrolled in the Alabama network. In its first six months, 91 physicians representing 56% of Mississippi's 82 counties have enrolled in the Mississippi network. Efforts to capture targeted physicians in Mississippi have been less successful. Physicians were recruited using facsimile broadcasting, FedEx delivery, and electronic mail. Incentives included free, practice-relevant monthly CME credit opportunities, performance feedback, feedback from provider surveys regarding clinical issues and practice barriers, complementary literature searches, opportunities for faculty consultation and peer discussion groups, practical office management information, patient education materials and a free subscription to the *Medical Letter on Drugs and Therapeutics*.

Expected Outcomes: Quality improvement and CME professionals will begin to assess new methods for engaging practicing physicians in CME activities.

Reference: Shelton BJ, et al. Recruitment and retention of physicians for primary care research. Journal of Community Health 2002; 27(2):237-243.

Potential Participant's Self-Assessment Question: Do you have a need to learn more about effective methods of engaging the practicing physician in CME?

Guidelines Implementation: Achieving Targets through Stages of Change
(Educational Interventions)

Doris AuYeung, BComm
Aventis Canada. tel: 604/688-2834, mailto:doris.auyeung@aventis.com

Stephen Hotz, PhD
Health Behaviour Technologies Corp., tel: 613/233-1630, mailto:sbhotz@uottawa.ca

Robert Bluman, MD
University of British Columbia, tel: 604/822-7301, mailto:bob_bluman@telus.net

Relevance: Adoption of clinical guidelines in practice is recognized as a challenge by medical organizations. Research conducted on implementation strategies show that guidelines dissemination is multi-factorial. However, there has been little examination of the role of individual physicians'perceptions, such as self-efficacy and awareness as barriers in the adoption of guidelines. We will present results of a qualitative evaluation of how a workshop introducing physicians to applying the Stages of Change model to chronic disease management impacts family physicians' setting of clinical targets and treatment plans for their patients. By addressing potential barriers faced by individual learners, CME providers can develop strategies and programs that will address non-content related issues which prevent the successful adoption of guidelines into practice.

Target Audience: This session will interest CME professionals at all experience levels who want to improve their understanding of the role of physicians'perceptions and attitudes influence the adoption of clinical guidelines and the implications for effective CME design.

Purpose: This presentation will provide CME providers with insight into the role physicians'attitudes may have in adopting guidelines into clinical practice.

Objectives: At the end of this session, participants will be able to describe and discuss: 1) the influence of physicians'self-perceptions as barriers to adoption of clinical guidelines, 2) how to build CME programming which stimulates learners'awareness of self-created obstacles to improving clinical practice, and 3) the value of addressing learners'attitudes in CME programming to increase likelihood of effecting change in practice.

Methods: Presenters will provide participants with results of a study on how participation in a CME workshop on the Stages of Change model results in improved perception of self-efficacy in patient management. The group will have an opportunity to better understand the application of the Stages of Change model in clinical visits and engage in discussion on how to adapt CME to recognize physicians' personal barriers to adoption of guidelines.

Key Points: 1) CME providers will want to consider individual physicians'self-perceptions in addition to factors such as format, delivery format, and content in program design. 2) Exploration of methods to address "attitudes" in CME programs, in addition to "knowledge" and "skills", is important for learners to adopt guidelines into practice. 3) Creating situations for self-reflection on practice is an approach to stimulating learning.

Expected Outcomes: Participants will improve their understanding of how physicians' perceptions of their role as healthcare provider may be a barrier to the adoption of clinical guidelines. Group discussion will generate approaches by which CME providers can develop programming which recognizes and assists in addressing perception issues in guidelines implementation.

Reference: DADavis, Anne Taylor-Vaisey. Translating guidelines into practice. A systematic review of theoretic concepts, practical experience and research evidence in the adoption of clinical, practice guidelines. Can Med Assoc J. 1997 157: 408-416.

Potential Participant's Self-Assessment Question: Have you wondered about the impact of physicians'self-perception of their role as a healthcare provider in the successful adoption of guidelines into clinical practice?

Using a Problem Based Learning Platform for Multidisciplinary Professional Education
(Educational Interventions)

George Beranek, MD
University of Illinois College of Medicine-Rockford, tel: 815/971-7080, mailto:gberanek@rhsnet.org

Howard Zeitz, MD
University of Illinois College of Medicine-Rockford, tel: 815/395-5964, mailto:hzeitz@uic.edu

Relevance: The University of Illinois College of Medicine-Rockford has been a leader in providing CME programs in Northern Illinois. The Citywide CME Program has been a successful program that has used a problem based learning (PBL) format for many of its sessions. Three years ago, the College of Medicine began an annual multidisciplinary program in collaboration with the Winnebago County Medical Society and the Winnebago County Bar Association. The planning for the program begins with a collaborative needs assessment to identify the topic. Objectives are then developed and a case is created to address those learning objectives. Once the case has been developed and reviewed by the multidisciplinary planning committee, the program is set and promoted. At the program session, trained facilitators guide multidisciplinary small groups (8-10 participants) comprised of physicians, attorneys, judges, social workers, nurses and other health care professionals as well as paralegal personnel through a discussion of the case. During the discussion, participants are encouraged to identify questions they have regarding medical or legal issues pertaining to the case. At the completion of the discourse, the small groups come together in plenary and present these questions to a panel of experts.

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

Purpose: This presentation will focus on an approach to bridging the medical and legal professions for collaborative professional education.

Objectives: At the conclusion of this breakout, participants will be able to: 1) describe a problem based learning (PBL) approach to continuing professional education, and 2) explain how a PBL format can be used to deliver a multidisciplinary collaborative professional education program.

Methods: Presenters will describe the collaborative education process and present three years of outcomes data, including satisfaction, stated learning and commitment to change professional practice behaviors. The presentation will be followed by a question and answer session.

Key Points: Creating meaningful multidisciplinary professional educational activities can enhance understanding among diverse professional groups and lead to collaborative learning.

Expected Outcomes: CME providers will begin to engage in discussions of how to provide meaningful collaborative multidisciplinary educational opportunities.

Reference: Zeitz, HJ. Problem based learning: development of a new strategy for effective continuing medical education. Allergy & Asthma Proceedings 20(5):317-321, 1999.

Potential Participant's Self-Assessment Question: Do you have a need to learn more about strategies for conducting multidisciplinary professional education programs?

How to Present a Continuing Education Program to Health Professionals by Using Interventions that have an Impact on Health Provider's Performance?
(Educational Interventions; Basics Curriculum)

François Goulet, MD
Collège des médecins du Québec, tel: 514/933-4441, ext. 237, mailto:goulet.cmq@sympatico.ca.

André Jacques, MD
Collège des médecins du Québec, tel: 514/933-4441, ext. 322, mailto:jacques.cmq@cympatico.ca

Relevance: Educational interventions enable participants to achieve their learning objectives. Lectures are still playing a dominant role in continuing health education.

By using evidence-based literature, CHE providers can plan a wider range of continuing medical interventions that respond to the diversity of learning objectives and that also have an impact on the health providers'performance.

Target Audience: The breakout session will be of interest to beginners CHE professionals in all provider groups.

Purpose: This interactive workshop will focus on different CHE interventions recognized as having an impact in the health providers'performance and that adapted to the learning objectives.

Objectives: At the end of the breakout session, the participant will:
1. Be aware of the impact of different CHE interventions on the competency and on the health provider's performance.
2. Choose among different CHE interventions the one which is adapted to their learning objectives.
3. Examine the advantages and limits of different CHE interventions such as: lecture, interactive workshops, skills workshops, role-play, poster and panel.

Methods: After a short presentation of the impact of different CHE interventions on the competency and on the health provider's performance, the participants, in small groups, will develop and plan a CME program by choosing at least one of the CHE interventions and they will identify its advantages and limits.

A handout with examples of CHE interventions will be distributed to the participants.

Key Points: In order to create CHE programs that have an impact on health provider's performance, CHE professionals must examine the advantages and limits of different CHE interventions.

Expected Outcomes: CHE providers will be able to offer a wider range of CHE interventions in their programs.

References: Goulet F, Snell L, Jacques A, Thivierge RL, Handbook of Continuing Medical Education: A Reference for Providers. Conseil de l'éducation médicale continue du Québec. Québec, Canada. 90 pages ISBN 2-920548-04-2.

Potential Participant's Self-Assessment Question: Do I need to learn more about CME interventions to develop and plan activities that will have an impact?

Building Bridges Globally to Enhance Physician Performance (Part 2)
(Partnering)

Lewis Miller, MS
WentzMiller & Associates, tel: 203/662-9690, mailto:lew@wentzmiller.org
Other: Founder, Alliance for CME; Global Alliance for Medical Education
Commercial Support: Pfizer Latin America

Herve Maisonneuve, MD
Paris University, tel: 33 06 8559-2673, mailto:hervemaison@wanadoo.fr

Pedro Vera Garduno
Intersistemas, tel: 52 555 520-2073, mailto:pverag@intermedica-inc.com
Commercial Support: Pfizer Latin America

Relevance: More and more, evidence-based patterns of medical care are being followed around the world. CME professionals are in an excellent position to capitalize on this trend, whether exporters or importers of the best in medical knowledge and skills. There are, however, pitfalls as well as opportunities. Cultural differences need to be overcome. Standards for commercial support are variable or non-existent from country to country. Local and regional opinion leaders need to be recruited in some cases. Partnering with locally experienced organizations and institutions is usually the best path to follow in overcoming obstacles to sharing the best in medical practice internationally.

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

Purpose: This session will explain by example how to create and sustain partnership relationships that can enhance physician performance in a number of countries, languages and cultures.

Objectives: At the conclusion of the presentation, participants will be able to determine if their organizations are in a position to expand global reach in CME and how to initiate the process.

Methods: Presenters will offer examples of how CME programs have been extended from U.S. providers to countries in Latin America and Europe, and vice versa. Questions will be welcomed from the audience.

Key Points: In order to create successful cross-border partnerships, it is essential to identify audience similarities and differences in needs and content presentation; to have clear contractual relationships between the partners, and to have methods for evaluation and continuous improvement.

Expected Outcomes: Participants will discuss in their own organizations whether they are ready to build bridges globally with their CME offerings, and what resources will be necessary to proceed.

Reference: Presentations and newsletters at the web site of the Global Alliance for Medical Education, http://www.game-cme.org.

Potential Participant's Self-Assessment Question: Is my organization ready to consider exporting or importing evidence-based CME in a relationship with partners in other countries?

Enhancing Performance through Innovative Program Evaluation
(Adult/Organizational Learning Principles)

Sally Jagelman, BA
AdvancMed, tel: 859/543-4117, mailto:sjagelman@advancmed.org

Tanya Roberts, BA
AdvancMed, tel: 859/543-4117, mailto:troberts@advancmed.org

Relevance: Evaluating the effectiveness of one's overall CME program can be a challenging process. In order to achieve exemplary compliance in Element 2.5, a CME provider must demonstrate that innovative and creative mechanisms are in place to measure the effectiveness of their overall program and they must provide evidence of improvement. To review one's overall program comprehensively, a CME provider must identify its stakeholders and develop cycles of communication and feedback. These stakeholders encompass the individuals and/or groups that have a vested interest in the success of the organization, which in CME is defined as the ability to enhance physician performance in the clinical setting. The entire CME office staff is an important stakeholder, which is often overlooked. In order to facilitate a continuous improvement process, CME offices must involve the entire staff in program evaluation. By involving the CME staff in identifying program strengths and weaknesses, analyzing evaluation data, and setting measurable organizational goals, a CME provider can develop a novel approach to program improvement. Encouraging CME staff member involvement in this process enhances their commitment to the growth of the organization and development of the CME program.

Target Audience: This breakout session will be of interest to CME professionals with intermediate to advanced experience in all provider groups.

Purpose: This presentation will offer CME providers with innovative means of evaluating their overall CME program with emphasis on utilizing staff members in this process.

Objectives: At the conclusion of this breakout participants will be able to:
1) Develop innovative mechanisms to evaluate their CME program objectively
2) Implement processes to measure improvements in their CME program
3) Involve CME office staff members in assessing their program and executing the identified areas of growth

Methods: Presenters will use a brief didactic presentation followed by audience interaction.

Key Points: Fostering the achievement of exemplary compliance in Element 2.5, Program Evaluation will allow CME providers to impact the ultimate goal of CME by enhancing patient outcomes through the improvement of physician performance.

Expected Outcomes: CME providers will be able to enhance their compliance with Element 2.5, Program Evaluation.

Potential Participant's Self-Assessment Question: Do you have a need to learn effective mechanisms for evaluating your CME program? Do you have a need to involve your staff in the program evaluation process?

CME Consulting: Applying Competencies and Ethical Principles to the Practice of
Helping CME Organizations Improve
(Self Assessment and Life-Long Learning)

James Melton, MHA
BioSage Group, LLC, tel: 919/303-2309, mailto:jmelton@biosagegroup.com
Consultant: Principal, BioSage Group

Joseph Green, PhD
Professional Resource Network, Inc., tel: 919/929-9953, mailto:prn.jgreen@mindspring.com
Consultant: President, Professional Resource Network, Inc.

Relevance: CME consulting is a growing segment of the CME world as providers seek interim support and expertise in improving their operations/activities. Sound management and ethical principles are crucial to the consultant's success and to the enhancement of their client's activities. Consultants must bring expertise in the competencies needed to design, organize and conduct effective learning activities and bring additional skills to their activities including some knowledge of how to evaluate the organization and management capabilities of their clients as well as maintaining a robust small business themselves. In a breakout at the Alliance 29th Annual Conference, data was collected from CME consultants that highlighted their perspectives/capabilities. With respect to the new CME competencies, consultants felt the strongest need to improve in program design, performance measurement, and partnering. Regarding additional skills, consultants felt the strongest need to improve in the business areas of revenue generation, portfolio management and contracting and in applying their efforts toward negotiating and closing deals. Based on the data and the experience of the presenters, exercises focused on these areas will be conducted. Further assessment data will be collected in an effort to continue supporting the increasingly important role of CME consultants in provider efforts to strengthen their own operations.

Target Audience: This session is targeted at those who spend a significant amount time assisting other CME organizations.

Purpose: This breakout will describe the results of data collected from a group of CME consultants concerning competencies and areas of activity involved with their assistance to CME organizations. Expanded discussions will be focused on the areas of most interest, based on data gathered directly from participants. Methods of applying the knowledge gained in the client's setting and in their own enterprises will be central to the discussion. Additional data will be collected on new and continuing issues of importance to this group.

Objectives: At the conclusion of this breakout, participants should be able to: describe 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, describe how this development will grow their own consulting enterprise, and create strategies for further assisting their clients.

Methods: Small group discussion and interactive case studies will be used.

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, specific ideas for creating and managing a successful consulting enterprise, 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. With data that leads to an understanding of their skills in specific competency areas, consultants will explore tools and techniques for applying their capabilities towards effective influence of their clients.

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.

Potential Participant's Self-Assessment Question: Do you adequately understand the areas where your consulting business is strong and where it needs improvement?

Lessons Learned in the CME Wars: Don't Jump Off the Bridge!
(Leadership)

Joseph Green, PhD
Professional Resource Network, Inc., tel: 919/929-9953, mailto:prn.jgreen@mindspring.com
Consultant: President, Professional Resource Network, Inc.

Relevance: During the past two years the importance of CME has escalated dramatically with the increased involvement of the regulators, especially the OIG. Pharmaceutical representatives are facing jail time, their companies are staring at huge fines and even physicians and other CME professionals are testifying in front of the Justice Department and other law enforcement agencies. Some CME 'entrepreneurs'are making large sums of money while ignoring the rules and regulations surrounding CME. More and more of the time and energy of the CME professional has to be dedicated to compliance issues within their organizations in order to reduce the legal and liability risks connected to on-going CME activities. The physicians and departments we try to protect often don't want our involvement because we make the process of getting credit too complicated and time-consuming—and we have to charge them for these services.

Target Audience: All

Purpose: This session will describe twelve "**Lessons Learned**" in these CME wars from the perspectives of a full time CME administrator in an Academic Medical Center and a consultant or colleague advisor to many other types of CME providers. Embedded in these lessons will be the keys to finding happiness and fulfillment as a modern day CME 'warrior'

Objectives: At the conclusion of this presentation participants should be able to: identify the lessons that are most useful and relevant to them and create a new perspective on the quest for professional bliss in a very serious and overworked environment.

Key Points: Some of the key points that will emerge from a dialogue with the participants will be strategies to successfully: stay out of the line of fire; move ahead, but keep it slow; help those that don't know they need it; tone down the vision, if necessary; stay true to your beliefs, but document everything; find small opportunities to 'do it right'; and keep learning and looking for new opportunities to grow.

Expected Outcomes: The participants will add to their perceptions of how to survive and grow in their CME roles through interaction with the faculty and small group discussions with colleagues. They will also develop concrete strategies to begin to implement the following week.

References: Weisbord, MR, Productive workplaces: organizing and managing for dignity, meaning and community. Jossey Bass Publishers, San Francisco, CA, 1987.
Kanter, RM, When giants learn to dance. Simon and Schuster Inc., New York, 1989.

Potential Participant's Self-Assessment Question: Do you feel as if you are pushing a large 'CME rock'up a very steep hill and the very people you are trying to help are complaining about getting in their way?

New AMAPRA Guidelines for Performance Measurement Activities
(Performance Measurement)

Steven Minnick, MD
St. John Hospital and Medical Center, tel: 313/343-3879, mailto:steven.minnick@stjohn.org

Charles Willis, MBA
American Medical Association, tel: 312/464-4677, mailto:charles_willis@ama-assn.org

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

Target Audience: This breakout session will be of interest to all accredited CME providers of all experience levels.

Purpose: In 2001, the AMADivision of Continuing Physician Professional Development initiated two pilot projects designed to assess real world data on how the AMAPRA could fit non traditional CME modalities for Category 1 credit. The Performance Measurement Pilot Project evaluated how physicians can use individual and aggregate performance data to learn and ultimately improve their clinical outcomes. This session will focus on the rules governing this new learning modality as published in the new version of the *AMA Physician's Recognition Award: Requirements for Accredited Providers* booklet (version 4.0). The new rules emerged from the results of the pilot project and will directly affect how accredited CME providers can designate certain activities for AMA PRAcategory 1 credit.

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

Methods: The presentation will consist of a didactic portion, with time provided for audience interaction, and questions and answers.

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

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

Reference: The American Medical Association Physician's Recognition Award: Requirements for Accredited Providers, Version 4.0.

Potential Participant's Self-Assessment Question: Are you a CME professional interested understanding the impact of performance measurement activities on the AMA PRAcredit system?

The ABCs of RSCs: Satisfying the ACCME Requirements for Regularly Scheduled Conferences
(Administrative/Management)

John Boothby, MSW
Virginia Commonwealth University, tel: 804/828-5410, mailto:John.Boothby@vcu.edu

Melinda Steele, MEd
Texas Tech University Health Sciences Center, tel: 806/743-2226, mailto:Melinda.Steele@ttuhsc.edu

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. The interpretation of how to best implement the ACCME's recent (2003) changes in requirements for regularly scheduled conferences (RSCs) varies widely. The shift to a self-monitoring model for reviewing RSCs may have significant benefits and may pose serious challenges for accredited providers.

Target Audience: This breakout session will be of interest to beginner and intermediate CME professionals who manage and/or designate for credit regularly scheduled conferences. (RSCs).

Purpose: This session is designed to provide guidance to CME providers on how to meet the ACCME requirements to have a system in place to monitor compliance with ACCME Elements and Policies. Attendees will be encouraged to bring their "best practices" to share with others. The facilitators will provide samples of processes and monitoring methods used to comply with the requirements.

Objectives: At the conclusion of this session attendees will be able to: 1) identify the ACCME's requirements for compliance for RSCs; 2) compare various "best practices" models of RSC monitoring; 3) network with colleagues for solutions to specific compliance issues, and 4) identify common challenges in assuring the compliance of case-based conferences, Tumor Boards, Morbidity/Mortality Conferences, etc.

Methods: Presenters will co-present the basics of RSC requirements and select examples of best practices. Audience participants will be encouraged to present their own challenges or best practices with opportunity for ample discussion assured.

Key Points: The shift in requirements for RSCs from activity-specific documentation compliance to a model of self-monitoring, evaluation and quality improvement offers providers several opportunities. With some forethought and purpose, quality improvement methods can be developed to meet ACCME requirements and which may be applicable to the overall CME program management as well. Experienced CME professional can provide guidance to less seasoned professionals by sharing proven methods and procedures for successful compliance. 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 RSC requirements. Both the facilitators and the attendees of this activity should be able to take away new and fresh ideas for effectively and efficiently translating these ideas into their individual practices.

References: ACCME's Essential Areas, Elements, and Decision-Making Criteria, July 1999.
ACCME's Accreditation Policy Compendium.
ACCME Policy 2003-A-08: Compliance with ACCME Requirements Within an Institution's Regularly Scheduled Conferences.

Potential Participant's Self-Assessment Question: Do you need to learn more about assuring ACCME compliance for your organization's regularly scheduled conferences and how to best utilize a self-monitoring system to provide administrative and educational benefits to your participating departmental units?

State/Regional Organizations and State Medical Societies: Partnering to Improve CME
(Partnering)

Sterling North, BA
Baylor College of Medicine, tel: 713/798-5406, mailto:snorth@bcm.tmc.edu

Alejandro Aparicio, MD
Advocate Illinois Masonic Medical Center, tel: 773/296-7555, mailto:alejandro.aparicio-md@advocatehealth.com

Billie Dalrymple, BA
Texas Medical Association, tel: 512/370-1446, mailto:billie.dalrymple@texmed.org

Robert Addleton, EdD
Medical Association of Georgia, tel: 404/881-5070, mailto:bob@mag.org

Relevance: State/regional organizations (SROs) provide education and networking opportunities for all types of CME professionals in states and regions throughout the US and in Canada. Currently there are more than one dozen state/regional "Alliances" serving hundreds of members. A key contributor to their growth and development are their relationships with state medical societies (SMSs). The Accreditation Council for Continuing Medical Education recognizes approximately 50 state or territory medical societies to accredit CME providers that serve physicians' educational needs on a local or regional level. SMSs currently accredit 1,745 CME programs. By providing state accredited CME providers with opportunities for education, networking, research, and professional development, SROs can serve as a resource to help increase their competency and enhance the effectiveness of their CME programs. Providing a grass roots constituency of state accredited CME providers, SMSs help define SROs' programs and services scope. In this way, SROs and SMSs complement each other.

Target Audience: This session will be of interest to CME professionals at all experience levels and in all provider groups, especially those from state accredited CME programs and those interested in establishing or expanding professional development opportunities for CME providers in their states and regions.

Purpose: This session explores the relationships between SROs and state medical societies and how they can enhance the performance of CME professionals and support state medical societies in their role as recognized accreditors.

Objectives: At the conclusion of this session, participants should be able to: 1) describe SROs' objectives; 2) describe state medical societies' and state accredited CME providers' roles; 3) identify ways SROs and state medical societies work together, including factors which impel/impede their partnership; and 4) discuss the benefits of this partnership for CME.

Methods: The session will consist of presentations and a panel discussion by SRO and state medical society CME leaders.

Key Points: In part due to their relationships with state medical societies, SROs are: 1) delivering dynamic/relevant education for CME professionals; 2) offering unique networking opportunities; 3) experiencing active membership participation/growth; 4) enjoying strengthened administrative organization; and 5) producing innovative research/service projects. These activities benefit state medical societies' constituents by: 1) increasing their understanding of accreditation requirements; 2) providing opportunities for professional growth; 3) increasing awareness of CME "best practices", and 4) promoting exchange between state and nationally accredited CME programs.

Expected Outcomes: Participants will develop an understanding of the unique role and function of SRO's and the value of their partnerships with state medical societies. Participants will be encouraged to participate in or establish their own SROs.

Reference: Accreditation Council for Continuing Medical Education. Recognition requirements of the ACCME. (Last Revision: February 4, 2004) Available at: http://www.accme.org. Accessed March 11, 2004.

Potential Participant's Self-Assessment Question: How can I participate in and/or expand CME professional development opportunities in my state or region?

ACPE Accreditation of Continuing Pharmacy Education
(Systems Thinking)

Dimitra Vrahnos Travlos, PharmD
Accreditation Council for Pharmacy Education, tel: 312/664-3575, mailto:dtravlos@acpe-accredit.org

Relevance: The type of audience attending continuing education programs is more and more from multidisciplinary healthcare settings. Individuals and/or organizations involved with the provision of CME may be asked by these participants to have programs accredited for continuing pharmacy education credit.

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

Purpose: This presentation will provide an overview of the ACPE accreditation process; discuss the continuing pharmacy education standards, evaluation and process for improvement activities.

Objectives: At the conclusion of this session, attendees should be able to describe the review process for accreditation of providers of continuing pharmacy education programs, and discern whether seeking ACPE accreditation or seeking cosponsorship with an ACPE-accredited provider is the best course of action for their organization.

Methods: The presenter will explain the accreditation process utilizing a question and answer format.

Key Points: ACPE is accountable to the profession of pharmacy and to state boards of pharmacy for the quality of continuing pharmacy education. Mandatory continuing pharmacy education is required in 49 states.

Expected Outcomes: CME providers will be able to determine if they should apply for ACPE accreditation or seek cosponsorship with an ACPE-accredited provider.

Reference: ACPE *Criteria for Quality and Interpretive Guidelines*. ACPE website: http://www.acpe-accredit.org.

Potential Participant's Self-Assessment Question: What is the process to offer continuing pharmacy credit for my continuing education activities?

Reading the Literature Critically: What Does it Mean and How can I Use it?
(Adult/Organizational Learning Principles; Research Track)

Jack Kues, PhD
University of Cincinnati, tel: 513/558-3196, mailto:kuesjr@uc.edu

Relevance: There is an increasing amount of published research that is relevant to continuing medical education. This research is being used to promote specific types of educational intervention as well as to criticize the value of formal continuing medical education. CME professionals are being put in a position in which they must become knowledgeable of this literature and, more importantly, must be able to assess and critique it. Most CME professionals have limited formal training and experience in research methodology and data analysis. They find themselves at the mercy of journal editors and reviewers. The quality of research literature, however, varies widely and CME professionals must develop better skills in assessing and critiquing research studies. With increasing emphasis on assessing the outcomes of educational programs, CME professionals are being put in a position of conducting their own research or replicating published research studies. A better understanding of the strengths and shortcomings of published studies will help CME professionals to better define their own study questions.

Target Audience: This session does not require any previous research training. It is most useful to those who regularly read the CME research literature and for those who have to develop or defend CME programs.

Purpose: The focus of this session is understanding the basic principles of research design and how to read and critique publish research.

Objectives: At the conclusion of this session, attendees will be able to: 1) identify the basic components of research design, 2) effectively critique the strengths and weaknesses of published research, and 3) assess the applicability of study results to their own CME program.

Methods: First part of the session will be a didactic presentation of basic features of research design. The second part of the session will present brief examples of research studies and the audience will have the opportunity to apply their skills to actual published studies.

Key Points: The nature of research includes both error and speculation. All research studies have some shortcoming: some are minor and some are serious. The process of peer review does not weed out all seriously flawed research studies. CME professionals must be able to make informed, independent assessments of published research.

Expected Outcomes: Attendees should feel more confident in their ability to critique the research literature. Attendees will be more willing to read research literature to assist them in program planning and development.

Reference: Bordage, G. Reasons reviewers reject and accept manuscripts: The strengths and weaknesses in medical education reports 2001, 76(9):889-896.

Potential Participant's Self-Assessment Question: Can I tell the difference between good research and bad research? Can I confidently determine whether the research I read is applicable to my program?

Copyright, Permissions, and Fair Use: A Primer for the CME Professional
(Administrative/Management; Basics Curriculum)

John Pent, MA
Center for Continuing Professional Education, tel: 301/990-6234, mailto:alliance@ccpe.com

Relevance: As CME professionals, we often make use of copyrighted material in our educational programs. A basic understanding of copyright law, the tenets of "fair-use," and an understanding of how to ask for permission to reproduce material is essential to avoid infringement and to make sure we are protecting ourselves. Many misconceptions exist about the application of fair-use 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, and especially "fair-use," as it relates to the CME professional. This will assist them in recognizing potential copyright issues and making informed decisions about the use of copyrighted material they encounter in their everyday practice of CME.

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) Discuss the four criteria of the "fair-use" defense and apply this to specific situations; 3) Know how to ask for permission to use copyrighted materials; 4) Begin to think about creating a basic policy on the use of copyrighted materials in their organizations.

Methods: A basic overview of copyright law, permissions, and "fair-use" will be discussed (including specific examples) and suggestions given on effectively asking for permission to use copyrighted materials.

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 another aspect by which to examine our CME programs and having a clearer understanding of the issues, the "fair-use" argument and how to ask for permission will assist us in avoiding the pitfalls we may encounter.

Expected Outcomes: Participants will be able to examine their CME activities from a copyright perspective and make informed decisions about how to legally use copyrighted materials.

Reference: Pent, J. Fair use: a primer for CME professionals. Almanac of the Alliance for Continuing Medical Education 2003, 25(8):1-4.

Potential Participant's Self-Assessment Question: Are you reproducing copyrighted materials and want to be proactive about using this materially legally?

Professional Burnout: CME's Role in Physician Renewal
(Self-Assessment and Life-Long Learning; Physician's Track)

Marc DesLauriers, PhD
Medscape, tel: 212/624-3799, mailto:mdeslauriers@medscape.com

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 professional 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 ahs 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 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 that address physician health and well being can accomplish exactly the same thing in the areas of professionalism and interpersonal skills.

Target Audience: Session will be of interest to both physicians and experienced CME professionals (Intermediate and above) who practice in a variety of professional health settings.

Purpose: The purpose of this session is to describe the extent of the burnout problem that exists in the physician population and then to identify approaches for how CME professionals can assist in educating them about solutions.

Objectives: At the conclusion of this session, learners will be able to: 1) understand the extent of the burnout problem in physicians, 2) recognize the early signs of physician burnout, 3) be aware of the impact of physician burnout on themselves, their staff, and their patients, and 4) design an educational program for physicians that addresses this issue.

Methods: This information can be presented as one breakout session presentation or, two back-to-back breakouts. The method would remain the same, the two options differing only in the depth in which the material is covered. The first half would be a didactic presentation describing the situation, recognizing signs, the prevalence, etc. The second half would be an interactive discussion of how to develop CME programs to educate physicians about this problem.

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 clear 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.

Potential Participant's Self-Assessment Question: Is the environment in which you work populated by a group of physicians whose time and skills are in high demand in a situation where the resources and commitment to support that work is low?

Leading Change in CME: What to Do and How to Do It!
(Leadership; Advanced Curriculum)

Martha Silling, PhD
Northeastern Ohio Universities College of Medicine, tel: 330/325-6574, mailto:msilling@neoucom.edu

Shelly Rodrigues, CAE
California Academy of Family Physicians, tel: 415/345-8667, mailto:srodrigues@familydocs.org

Mary Marcarelli
Yale University School of Medicine, tel: 203/785-4578, mailto:mary.marcarelli@yale.edu

Lori Gourley, MBA
Northeastern Ohio Universities College of Medicine, tel: 330/325/6579, mailto:lgourley@neoucom.edu

Relevance: Change is becoming mandatory in today's continuing education enterprise. In order to assist CME professionals who are beginning the change process, a generic timeline and template for change in CME has been developed. This template addresses strategies for building support for change, developing a vision and specifics about the changes to be implemented, identifying and overcoming internal barriers to change, acquiring resources which are critical to success of the process, and evaluating progress toward the end goals. Three different CME providers describe their successes to date and recommendations based on their use of this model for change.

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

Purpose: This presentation will give participants concrete examples of strategies that can be used to implement change in CME within a variety of different organizations.

Objectives: At the conclusion of this breakout session, participants will be able to 1) describe principles for implementing change and how they have been used within a variety of CME Programs, 2) identify potential barriers to change and strategies to overcome each, and 3) use the model presented to implement change within their own organizations.

Methods: A brief presentation on the basic principles of change, and how they can be related to change within CME Programs, will be followed by descriptions of how three different organizations have worked to develop, implement and evaluate plans of action for change. Participants will be provided with a template for change which can be used as a model within their own institutions.

Key Points: CME Directors from three different organizations have had varying levels of success in implementing similar plans of action for change. Presenters will discuss the challenges they have faced, the success they have had to date, and their "lessons learned" for the benefit of all in attendance.

Expected Outcomes: CME providers will be able to develop realistic timelines and strategies for implementing change within their own CME Programs based on the model provided.

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

Potential Participant's Self-Assessment Question: If you are expecting to make significant changes in your CME Program, how can you benefit from learning about the successes and problems encountered by other CME professionals who have been actively involved in the process for more than a year?

Quality Improvement for the CME Office
(Performance Measurement)

Terry Hatch, MD
Carle Foundation Hospital, tel: 217/383-4644, mailto:terry.hatch@carle.com
Other: Board Member, Alliance for Continuing Medical Education (ACME)

Barbara Huffman, MEd
Carle Foundation Hospital, tel: 217/383-4647, mailto:barbara.huffman@carle.com
Speaker: Accreditation Council for Continuing Medical Education (ACCME)
Other: Surveyor, Illinois State Medical Society

Christina Trusner, BS
Carle Foundation Hospital, tel: 217/383-4933, mailto:christina.trusner@carle.com

Randall Krug, MA
Carle Foundation Hospital, tel: 217/383-4122, mailto:randall.krug@carle.com

Relevance: This session offers a step-by-step plan for improving the quality of work processes of a moderate size CME provider. For example, our attendance documents should go from the classroom to the activity file but many were in limbo for 3 months. How does money from a conference get handled and processed? Do you have a systematic method for handling new requests or inquiries? An active CME office has many of these routine work processes. Some of ours were in need of repair and yours may also need to be fixed.

Target Audience: Beginner, intermediate

Purpose: To demonstrate how a quality improvement approach can be used as an evaluation method for overall CME program change.

Objectives: At the conclusion of this session, participants should be able to: (1) describe a method of process improvement, and (2) compare the changes made in the sample CME office with those of their own CME office setting.

Methods: The provider team will demonstrate the use of improvement tools that they used to tackle changes to workflow processes in their CME office.

Key Points: (1) Overall program improvement can include making changes in daily work processes. (2) Selection of what to improve does not need to be a lengthy process. (3) QI for CME can yield benefits for your unit, organization and individual staff such as time savings, better products and improved customer service.

Expected Outcomes: Participants will take with them strategies for evaluation and work flow improvement that can be modified to fit their individual and organizational needs.

Reference: Deming, W. Edwards. *Out of the Crisis*. 1982 MIT Center for Advanced Engineering Study, Cambridge, MA.

Potential Participant's Self-Assessment Question: Is the work flow in my CME office efficient and customer focused?

Myths and Urban Legends in CME – Debunked
(Administrative/Management)

Robert Raszkowski, MD
University of South Dakota School of Medicine, tel: 605/357-1480, mailto:rraszkow@usd.edu
Grant Research Support: Aventis, Lilly, Novartis, Pfizer, Sanofi, and Schering

Linda Casebeer, PhD
University of Alabama School of Medicine, tel: 205/934-2616, mailto:casebeer@uab.edu

Ronald Murray, EdD
University of Virginia School of Medicine, tel: 434/982-3687, mailto:rtm7a@virginia.edu

Relevance: Over almost a quarter of a century, multiple interpretations and implementation strategies have been used by the CME community to meet the expectations of delivering credit-bearing educational activities to physicians. During that time, half truths and misinformation have crept into what accredited providers believe they must do to satisfy the expectations of such organizations as the ACCME and the AMA.

Target Audience: This breakout session should be of interest (and hopefully fun, too) to all levels of CME providers in all provider groups.

Purpose: Utilizing both audience and faculty input, an extensive list of myths, legends and misconceptions which haunt CME will be created and "debunked" by asking the question, "Where does it say that?"

Objectives:
• Recognize common myths and misconceptions that are pervasive within the CME community.
• Cite readily available source material which can "debunk" common urban legends in CME.
• Create a list of myths and misconceptions in CME to share with session participants (and possibly with the CME community, as well).

Methods: The audience will be asked to contribute items they believe are CME myths, misunderstandings and urban legends to an extensive list prepared by the faculty. Each item will be projected, discussed by the faculty and the audience, and where possible, a reference will be provided. Attendees will subsequently receive a print copy of the content which may also be shared with the editors of the "Alliance Almanac".

Key Points: Over time, myths and misunderstanding have crept into the conduct of the CME enterprise. It's time to recognize these urban legends and to separate fact from half truths and fiction in the development and delivery of CME.

Expected Outcomes: Participants should become more careful readers of written policies and expectations in the field of CME. We should all be comfortable asking, "Where does it say that?"

References: http://www.accme.org (ACCME Essential Areas, Standards and Policies; Frequently Asked Questions). http://www.ama-assn.org/go/pro (Physicians Recognition Award, Requirements for Accredited Providers, Version 3.2).

Potential Participant's Self-Assessment Question: Can I identify what are notACCME or AMA expectations in the creation or delivery of CME activities?

No Death by Paper! Practical Tips for Managing CME Documentation
(Administrative/Management)

Abbe Lynch, MA
University of Virginia School of Medicine, tel: 434/924-1657, mailto:ABL3x@virgina.edu

Relevance: The ideal of the "paperless office" is one which may very well be impossible in the CME provider office. The documentation requirements to be compliant with the ACCME Essentials and Standards, as well as the paper that is generated during the course of activity planning and implementation, can lead to reams of paper that need to be organized and readily accessible. Adding to the challenge of managing the paper trail is that each individual have different requirements for their paper management system to work.

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

Purpose: This presentation will describe the method of "organizing from the inside out"[1] to assist participants in developing a system for managing paper that will work for them as well as set them up for success when files need to be reviewed during reaccreditation.

Objectives: At the end of this session, participants should be able to: 1) understand the steps required to "organize from the inside out", and 2) develop a method of organizing documents that will work for them and be easily transferred to any standard filing system of their office at the completion of the activity.

Methods: The presentation will describe a systematic approach to developing a paper management system based on "organizing from the inside out". In addition, the basic filing system of an academic provider will be shared. Audience participation will be encouraged.

Key Points: Developing a paper management system that works need to take into account your personality/working style, your needs, and your goals. Having a system that works will enhance productivity and will ease the anxiety of reviewing files prior to reaccreditation.

Expected Outcomes: Participants will be able to develop a paper management system that will work for them.

References: ACCME's Accreditation Policy Compendium.
Morgenstern J. Organizing from the Inside Out. New York: Henry Holt and Company, 1998.

Potential Participant's Self-Assessment Question: Do you have a need to learn more about documentation management systems that may lead to higher productivity and less anxiety?

A Monitoring & Quality Improvement Plan for Regularly Scheduled Conferences
(Administrative/Management)

Debra Gist, MPH
Duke Office of Continuing Medical Education, tel: 919/681-1678, mailto:gist0002@mc.duke.edu

Revelance: Regularly scheduled conferences or "grand rounds" are oftentimes a challenge in terms of compliance with ACCME Essentials and Standards for Commercial Support of CME.

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

Purpose: This session is designed to provide an interactive discussion of one medical school's monitoring and improvement plan for certification of regularly scheduled conferences.

Objectives: At the conclusion of this session, participants should be able to: 1) identify common compliance issues found in regularly scheduled conferences and discuss strategies for dealing with noncompliance; 2) review and discuss the key elements of one medical school's monitoring and improvement plan for increasing compliance for regularly scheduled conferences; and 3) discuss lessons learned.

Methods: Didactic presentation, question and answer sessions.

Key Points: Ensuring compliance with the ACCME Essentials and Standards for regularly scheduled conferences.

Expected Outcomes: Improved processes and documentation relative to regularly scheduled conferences.

Reference: ACCME Policy 2003-A-08 - The provider is required to describe and verify it has a system in place to monitor for compliance with the ACCME Elements and Policies, including the Standards for Commercial Support.

Potential Participant's Self-Assessment Question: Do you need to learn more about systematizing compliance with ACCME Essentials and Standards in your regularly scheduled conferences?

Systematically Assessing (and Strengthening) Overall CME Program Effectiveness
(Performance Measurement; Basics Curriculum)

Carol Havens, MD
Kaiser Permanente, tel: 510/625-3317, mailto:carol.havens@kp.org

Beth Streeter, MPH
Kaiser Permanente, tel: 510/625-3104, mailto:beth.streeter@kp.org

Joyce Boswell, BS
Kaiser Permanente, tel: 510/625-4419, mailto:joyce.boswell@kp.org

Relevance: Despite its apparent value, the overall evaluation of a CME program can often get relegated to a perfunctory end-of-the-year process. However, a wide variety of opportunities exist - similar to rigorous activity needs assessment - to continuously and relatively easily evaluate the effectiveness of an organization's CME program. With continuous evaluation tools and processes in place, continuous quality improvement can occur. A systematic program evaluation will increase the success of the CME program by prioritizing and focusing the attention and work of the CME staff. And perhaps most importantly, a thorough program evaluation process can help to visibly demonstrate CME program alignment with the organization's strategic goals.

Target Audience: CME professionals at all experience levels.

Purpose: This session will highlight a variety of qualitative and quantitative approaches for assessing and ultimately strengthening the overall effectiveness of a CME program.

Objectives: Participants will be able to integrate new qualitative and quantitative approaches in their CME program evaluation process that will strengthen the organizational value of CME and increase the overall ease of the evaluation process itself.

Methods: This session will employ a self assessment exercise, presentation, case study, examples and group discussion.

Key Points: Effective program evaluation borrows the same rigorous strategies employed in needs assessment and outcomes measurement. It can be a meaningful and productive process for a CME organization but it requires clarity on desired outcomes, systematic and focused activity planning, and ongoing systems support. By leveraging a variety of qualitative and quantitative sources of program information and feedback, CME staff can strengthen the key components of its CME program and heighten the visible benefit of CME to the organization as a whole. Evaluation resources include CME databases and outcomes tracking tools, stakeholder needs and priorities communicated through a variety of methods including interviews and advisory groups, and client feedback. Systematizing the program evaluation process will streamline the CME program review and strengthen the visibility and strategic value of CME to the organization.

Expected Outcomes: Participants will be able to implement specific approaches for strengthening the both the organizational value and the ease of the CME program evaluation process.

Reference: Aherne M, Lamble W, Davis P. Continuing Medical Education, Needs Assessment, and Program Development: Theoretical Constructs. Journal of Continuing Education in the Health Professions 2001; 21:6-14.

Potential Participant's Self-Assessment Question: How are you currently evaluating the overall effectiveness of your CME program and how valuable are the findings of the evaluation to your CME program and to your organization as a whole?

Disaster Preparedness Training: How to Overcome the Challenges
(Educational Interventions)

Elizabeth Krajic Kachur, PhD
Medical Education Development, tel: 212/982-8436, mailto:mededdev@earthlink.net

Richard Freeman, MD
New York University, tel: 908/601-3687, mailto:richard.freeman@med.nyu.edu

Relevance: As we all learned, disaster preparedness is a necessary element of continuing professional development for every health care provider. Regardless of positions and job descriptions, circumstances may demand that any provider is pressed into serving their community under stress and unusual circumstances. Disasters can be natural or man-made and there are three different types of preparedness training: "just in case," "just in time" and "leadership" training. All three are of equal importance but each has a different focus, different challenges and offers different solutions.

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

Purpose: This session will analyze the issues inherent in preparedness training and will assist participants in identifying solutions for common problems.

Objectives: At the end of the breakout, participants will be able to 1) Describe different types of disaster preparedness training, 2) List key challenges inherent in preparedness training, 3) Identify potential solutions to educational and logistical challenges.

Methods: The session will start with a review of the literature and a description of some specific training projects. In a large group brainstorming exercise, participants will identify a variety of potential challenges (e.g., low attendance rate, high level of emotions in some participants, difficulties accepting potential organizational roles, significantly different levels of expertise among participants). In small groups they will then find potential solutions for each of the three types of programs. Large group presentations by representatives of the small groups and a general discussion will sum up the session.

Key Points: Preparing for unknown, possibly distant future events is difficult, especially in adult education. Lack of clarity about needs and questions about relevance are common concerns. Since such events are frightening and everyone sincerely hopes that they will never occur, educators also have to overcome understandable denial that hampers motivation and learning. Yet the events of the last few years have made it clear that health care professions have a responsibility towards society to develop and maintain an adequate level of preparedness.

Expected Outcomes: CME providers will be more knowledgeable about the challenges posed by disaster preparedness training. They will also develop a toolbox of strategies for overcoming such barriers and enhancing facilitators of such training.

References: Armour SJ, Bastone P, Birnbaum M, et al. Education issues in disaster medicine: summary and action plan. Prehospital Disaster Medicine 2001, 16(1):46-49
Somers GT, Maxfield N, Drinkwater EJ. General practitioner preparedness to respond to a medical disaster. Part II: Ability and training. Australian Family Physician 1999, Jan;28 Suppl 1:S10-14

Potential Participant's Self-Assessment Question: What are specific barriers and facilitators of each type of preparedness education: "just in case," "just in time," and leadership training?

Can We Target Physician Education Based on Personality Type?
(Adult/Organizational Learning Principles)

Gordon West, PhD
Annenberg Center for Health Sciences-Eisenhower, tel: 760/773-4500, mailto:gwest@Annenberg.net

Relevance: For years continuing medical education has been planned based on generally accepted adult learning principles. This assumes that physicians prefer learning in the same manner as the adult population at large. This raises two questions. First, do physicians prefer learning in the same manner as other adults? Second, do all physicians prefer similar learning styles, or are there differences between the preferred learning styles of physicians in different medical specialties? If physicians do not prefer the same learning styles as the general adult population, we may be missing the target in our educational offerings. Further, if different specialties reflect different learning preferences, this knowledge might enable us to better tailor activities to specific audiences.

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

Purpose: This presentation describes research intended to contribute to the discussion of education and preferred learning styles utilizing results from physician testing with the Myers-Briggs Type Indicator (MBTI).

Objectives: At the conclusion of this activity, participants should be better able to 1) understand the concept of personality type, 2) discuss the role of personality type in preferred learning styles, 3) describe potential trend in physician preferred learning styles, and 4) assess current activities for type appropriate style.

Methods: The presenter will offer results from current research, along with some implications of the results. Audience discussion will be encouraged.

Key Points: To provide effective CME, educators are best served when they are aware of the preferred learning styles of their audience. Educational activities can then be designed to best engage the learner, leading to greater acceptance of the educational message. It is hoped that greater acceptance of the message then leads to a higher level of application of the learned material.

Expected Outcomes: Participants will develop a greater appreciation of personality type, preferred learning style and their role in the educational process. The preferences of the learner in education will take on more importance in the design of educational activities.

Reference: Hearney EG, Razavi H. A hypothesis on the most prevalent psychological type for chief residents in the field of internal medicine. Medical Hypotheses 2003, 61(2):210-12.

Potential Participant's Self-Assessment Question: Are you currently providing continuing education that best suits the preferred learning style of your audience?

Return to Medical Practice: The Development of a Program for Physicians Returning to Practice
(Educational Interventions; Physician's Track)

Richard Christiansen, MD
University of Wisconsin Medical School, tel: 608/265-5226, mailto:rgchristians@wisc.edu

Linda Pittz, BS
University of Wisconsin Medical School, tel: 608/263-2862, mailto:lkpittz@wisc.edu

Cathy Means, MS
University of Wisconsin Medical School, tel: 608/263-6637, mailto:cjmeans@wisc.edu

Relevance: The Office of Continuing Medical Education, University of Wisconsin Medical School, has noted increasing requests from physicians and health systems for learning programs designed to meet the needs of physicians who have taken time off from practice. Credentialing committees are requiring proof of competency after time off and the usual CME credit system is not sufficient to satisfy them.

Target Audience: This breakout session will be of interest to CME professionals who are interested in developing a program for physicians returning to medical practice after an extended time off from their practice.

Purpose: This breakout is designed to review the current literature pertaining to health professionals wishing to return to practice, and discuss the ideas and components for developing a Return to Medical Practice Program.

Objectives: At the conclusion of this session, participants will: 1) understand the scope of the current literature; 2) outline the needs assessment process; and 3) discuss the key factors identified for a Return to Medical Practice Program.

Methods: Presenters will discuss methods of educational delivery for physicians returning to medical practice. Audience participation is encouraged.

Key Points: The Office of Continuing Medical Education, University of Wisconsin Medical School, is currently conducting a needs assessment program (survey and focus groups) for physicians returning to medical practice. The population includes physicians returning to practice and hospital administrators. The results will be shared during the session.

Expected Outcomes: Participants will begin to envision a plan for physicians who have a need to participate in a Return to Medical Practice Program.

Potential Participant's Self-Assessment Question: Do you want to learn more about the educational needs of physicians who have taken time off from practice and wish to re-enter the medical field?

Evidence Base on Educational Interventions
(Leadership; Advanced Curriculum)

Karen Overstreet, EdD
Nexus Communications, tel. 267/655-5970, mailto:karen.overstreet@nexuscominc.com
Other: President, NAAMECC

Kristi Eidsvoog, PhD
CME Consultant/Freelance Medical Writer, tel: 610/321-0708, mailto:Keidsvoog@aol.com

Floyd Pennington, PhD
University of Florida College of Medicine, tel: 352/265-8081, mailto:fpenning@ufl.edu
Consultant: President, CTLAssociates, Inc.
Other: Chair, NAAMECC Research Committee

Relevance: The Institute of Medicine has challenged the medical education community to: "Develop the evidence base on educational interventions in 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 North American Association of Medical Education and Communication Companies (NAAMECC) commissioned a thorough review of the literature of the evidence base on CME interventions in these five skill areas that translate into enhanced physician practice and/or improved patient outcomes.

Target Audience: This breakout will be of interest to leaders who can influence the CME program's focus and content.

Purpose: This session presents the results of a review of literature and suggests areas of research CME professionals can engage in to identify effective CME interventions that will educate health professionals to deliver evidence-based, patient-centered care in interdisciplinary teams using quality improvement and informatics as the foundation.

Objectives: At the conclusion of this session participants will be able to: 1) discuss the current evidence base supporting CME interventions in Patient-Centered Care, Interdisciplinary Teams; Evidence-based practice; Quality improvement, and Informatics that have been shown to translate into enhanced physician practice and/or improved patient outcomes; 2) Identify areas of research that CME professionals and the CME system must engage in to identify effective CME interventions to educate health professionals to deliver evidence-based, patient-centered care in interdisciplinary teams using quality improvement and informatics as the foundation; and 3) identify the challenges for CME providers confront in determining how to implement CME activities focused on these competencies in their CME operation.

Methods: The session will be presented as an interactive lecture discussion.

Key Points: The evidence base on continuing medical education interventions in the 5 areas identified by the IOM is disparate. 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. Areas of needed research will be identified along with suggestions for how the CME system can develop proficiency in these outcome areas.

Expected Outcomes: The individuals participating in this session will begin a process of self- reflection on 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.

Reference: Health Professions Education: A Bridge to Quality (2003) Report of the Institute of Medicine. ISBN: 0-309-08723-6.

Potential Participant's Self-Assessment Question: What educational activities does my CME unit provide that addresses the IOM competencies?

Collaborating and Cooperating for the Future: Intra-State Co-Sponsorship
(Partnering)

Linda Carpenter
Hamot Medical Center, tel: 814/877-5690, mailto:linda.carpenter@hamot.org

Olivia Purchase
Saint Vincent Health System, tel: 814/452-5717, mailto:opurchas@svhs.org

Relevance: One of the competencies for CME Professionals is "Partnering" (identify and collaborate with key partners and stakeholders in accomplishing their CME mission). Although many different partners can be identified for CME providers the one that is most often overlooked is the competition. Co-sponsorship of CME activities provides an opportunity for CME providers to work together toward a common goal and to advance the quality of health care in their area or region. Two competing hospitals in northwestern Pennsylvania have been successfully co-sponsoring CME activities for several years. Their experience has resulted in the development of a practical process that can be adapted by other CME accredited entities to achieve the same success.

Target Audience: This breakout session will be of interest to CME professionals who have a basic understanding of CME (intermediate) and those who have a more in-depth understanding of CME (advanced). Unique, yet practical information and insight will be provided to all participants.

Purpose: To provide proven strategies for partnering with one or more accredited CME provider, allowing the development of educational activities that bridge the gap in a competitive environment.

Objectives: At the conclusion of this activity, the participant should be able to 1) evaluate the potential benefits and feasibility of partnering with other accredited providers to plan CME activities, and 2) formulate an action plan to apply shared resources to obtain increased value of CME activities.

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

Key Points: A fluent knowledge of CME accreditation requirements, strong inter-personal communication skills, and an awareness of their own political or competitive environment will assist CME providers in pursuing partnerships with other CME sponsors. Rewards as well as challenges to the 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 with other CME providers. Attendees will receive practical tools to assist them with planning and implementing a co-sponsored activity.

Reference: No published references were found.

Potential Participant's Self-Assessment Question: Are you prepared to step outside the box and encourage your institution to look at other non-traditional CME partners?

Succession and Replacement Planning in CME: Bridging Knowledge from One Employee to the Next
(Administrative/Management)

Tracy Allgier-Baker
Penn State College of Medicine, tel: 717/531-6483, mailto:tallgier-baker@psu.edu

Bonnie Bixler, MEd
Penn State College of Medicine, tel: 717/531-6483, mailto:bbixler1@psu.edu

Relevance: CME offices are required to manage a large number of conference details related to planning, accreditation, logistics, budgets, and external relationships. Staff turnover can be high, requiring training of new employees to understand not only policies and procedures, but also a sense of what has been done previously. All CME offices should have mechanisms in place to document processes and activities as a way to ensure appropriate succession of personnel.

Target Audience: This breakout will be of interest to CME professionals from all provider groups at all levels.

Purpose: The presentation will describe ways that one CME office has organized and documented their activity files, processes, and data to keep relevant and appropriate records. The importance of professional development for employees at all levels will be addressed as a way to increase knowledge across the work unit.

Objectives: At the conclusion of this breakout, participants should be able to: (1) list reasons to organize and document work consistently, (2) adapt ideas and forms for use in their own CME unit, and (3) plan mechanisms to cross-train and increase operational knowledge within the CME unit.

Methods: Representatives from Penn State College of Medicine Office of Continuing Education will share background and processes which have been developed to address proactive succession and replacement planning through improved communication and documentation. The audience will be encouraged to share their processes as well.

Key Points: In order to successfully manage a CME office, plans and processes must be in place to document and share knowledge from one employee to the next. Effective documentation, organization, and communication aids in the professional development of current employees and training of future employees.

Expected Outcomes: Participants will take home a variety of ideas to improve succession planning in their own unit. The emphasis will be on documenting processes, actions, and concepts related to the administration of CME activities and the CME office so that the knowledge and experience does not leave when a key employee leaves.

Reference: Rothwell, William J. Effective Succession Planning: Ensuring Leadership Continuity and Building Talent from Within, New York: AMACOM, 2001.

Potential Participant's Self-Assessment Question: Would you like to improve the way your office plans to bridge knowledge from one employee to the next?

The Future of the CME Marketplace: Who, What, When and Where
(Leadership; Basics Curriculum)

Stephen Lewis, MA
Medical Education Collaborative, tel: 303/420-3252, ext. 29, mailto:slewis@meccme.org

Relevance: New guidelines and technologies are reshaping the CME field while new practices, organizations, methods and delivery mechanisms are quickly evolving and being utilized. All of these factors will inevitably change the landscape in which CME professionals operate. Studies conducted analyze key developments that affect who the key players will be in CME, what topic areas are emerging as the most sought after, how much online CME will grow and other critical factors that give an idea where CME is headed in the future.

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

Purpose: This session is designed to provide knowledge about the future of CME and the competencies needed to comprehend new developments that will affect organizations, practices, and delivery methods for CME. It also is imperative to focus on how CME organizations must alter themselves to keep up with these changes.

Objectives: At the conclusion of this presentation, participants will be able to 1) understand the latest developments in CME activities and format, including the direction in which CME practices, programs and organizations are headed, and 2) improve competencies of CME professionals and physicians alike as a result of this forecasting.

Methods: A scan of the current CME field will be examined as well as a compilation and assessment of the direction that the CME profession is taking.

Key Points: The importance of envisioning the future of CME provides a basis for development of new strategies that focus on improving physician practices as well as the competencies of those offering CME. Emerging guidelines from ACCME, PHRMA, FDA, OIG, and other organizations, paired with developing technologies and the need to improve the certification process, CME providers must adapt to the new landscape in which we operate.

Expected Outcomes: This session will serve as a glimpse into the future of the CME field. There are many emerging components that must be recognized in order to comprehend the scope of change. These components include new guidelines, technologies and the certification organizations. This forecasted direction will enable those in the field to adapt programs and activities around these developments in order to increase overall CME effectiveness.

Reference: Series of telephone and mail based surveys, as well as research review results, compiled by *Peak Communications* and *MarketSpark* (8/2002 – 5/2003).

Potential Participant's Self-Assessment Question: What specific steps can I take as a CME professional or physician to improve my competencies?

Using Interactive Web Workshops to Build Skills and Maintain Competencies
(Educational Interventions)

Ron Minerd, BA
Medical Education Broadcast Network, tel: 603/429-4032, mailto:ron.minerd@mebn.net
Stockholder: Medical Education Broadcast Network

Robin Hendricks, MAdEd
Medical Education Broadcast Network, tel: 941/697-7489, mailto:robin.hendricks@mebn.net
Stockholder: Medical Education Broadcast Network

Relevance: The acquisition of knowledge alone does not translate into clinical practice. Many well-designed research studies show that the traditional didactic method of teaching that utilizes one-way communication is not the most effective method for influencing physician performance or patient outcomes and has weak effects on guideline adoption. New and revealing evidence suggests that formal interactive CME activities are effective in changing physician performance. Web conferencing offers CME providers the ability to foster two-way communication, group discussion, and if planned appropriately, offer interactive, problem-based exercises that enable physician learners to build new skills and maintain competencies.

Target Audience: This breakout session will be of interest to CME professional responsible for developing and implementing CME activities at all experience levels (i.e. beginners as well as advanced practitioners) in all provider groups.

Purpose: This presentation will discuss the data supporting interactive two-way educational formats for CME activities and list tools that can be used to enable interactive teaching for web workshops using web conferencing technologies. In addition, a list of "lessons-learned" and logistical suggestions on making web workshops successful will be reviewed.

Objectives: At the conclusion of the breakout, participants should be able to:
1) Identify types of educational outcomes that can be achieved with group instructional activities
2) Compare the pros and cons of various web conferencing technologies
3) List 3 actions to perform over 6 months to employ web workshop concepts in your CME activities

Methods: Presenters will use PowerPoint slides and interactive group discussion to reinforce concepts and to generate new ideas. Assuming Internet access is available, presenters will log in to a live web workshop to demonstrate communication technologies and interactive tools and exercises that can be employed. At the conclusion of the session, the participants will be asked to complete a card listing their email address and three actions they would like to perform over the following 6 months to integrate web workshop concepts into their CME activities. These actions would then be emailed back to the participants at 3 and 6 month intervals.

Key Points: In order to increase the effectiveness of group CME activities and meet the time pressures of busy physicians, web conferencing technologies can provide a cost effective and reasonable alternative to face-to-face meetings with proper planning and development.

Expected Outcomes: CME providers will apply the knowledge gained in this session when developing group CME activities as a means to enable physician learners to build skills and maintain competencies resulting in improved patient outcomes.

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 (September):867-74

Potential Participant's Self-Assessment Question: Do you have a desire to learn more about using Web Conferencing Technologies as an interactive teaching format for small to mid-size group activities?

Electronic Learner Response System: Building Bridges to Enhance Practice Performance
(Educational Interventions)

Steven Levy, MD
Lake Erie College of Osteopathic Medicine, tel: 814/866-8158, mailto:slevy@lecom.edu

Audience response technology to be provided by Option Technologies

Relevance: Historically, continuing medical education has been an individual activity. Typically 10-20% of participants interact while the remainder of the audience simply listens. Tomorrow's CME will provide physicians with the knowledge, skills and resources to build bridges and enhance practice performance. 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 audience response systems (ARS) facilitate interaction and self-learning by engaging the learner and providing instantaneous feedback. Audience participation is increased creating a "scaffolding" for the bridging of new ideas that improve practice performance. Learner participation is increased creating an environment where bridges are built 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.

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 practice performance.

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.

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 and increasing participation. A scaffold is created to allow the building of bridges in an environment where professional practice can improve.

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[®]", Steven A. Levy, MD, FACP, The Journal of Continuing Education in the Health Professions, Volume 19, pp. 105-110.

Potential Participant's Self-Assessment Question: Do I need to learn about how an electronic audience response system helps physicians build bridges that enhance performance in practice?

What You Need to Know About HIPAA Compliance
(Administrative/Management; Physician's Track)

Debra Gist, MPH
Duke Office of Continuing Medical Education, tel: 919/681-1678, mailto:gist0002@mc.duke.edu

Revelance: The Health Insurance Portability and Accountability Act (HIPAA) of 1996 went into effect April 2003. While this law created a "Federal Floor" of privacy protections, more stringent state privacy protections remain in place. Many CME activities incorporate case discussions/presentations/studies as part of the learning activity; therefore, CME Providers need to be up to date regarding HIPAA.

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

Purpose: This session is designed to provide an interactive discussion of the privacy issues relating to CME and HIPAA.

Objectives: At the conclusion of this session, participants should be able to: 1) define the important elements of HIPAAand their impact on health care providers; 2) review and discuss the key issues of privacy rights as they relate to CME activities; 3) discuss "lessons learned" relative to privacy issues; and 4) describe strategies for ensuring HIPAA compliance and protecting patient confidentiality in CME activities.

Methods: Didactic presentation, question and answer sessions.

Key Points: Ensuring compliance with HIPAAin CME activities.

Expected Outcomes: Improved compliance with HIPAAin CME activities.

Reference: The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191).

Potential Participant's Self-Assessment Question: Do you have a need to learn more about privacy issues relating to CME and HIPAA?

Designing Effective PowerPoint Slides
(Educational Interventions)

Curtis Olson, PhD
University of Wisconsin-Madison, tel: 608/265-8025, mailto:caolson2@wisc.edu

Relevance: PowerPoint has become a ubiquitous medium for communication in CME. PowerPoint users typically have little or no training in how to design effective slides, recognize the limitations of PowerPoint as an educational tool, and decide when to use alternative media for communicating their message. Properly used, PowerPoint can be an effective tool for transmitting information. Well-designed slides can facilitate the audience's understanding of the presenter's message, generate interest and engagement, and encourage interaction. On the other hand, slides that are poorly designed can hinder communication or even detract from the presenter's message.

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

Purpose: This presentation will focus on core principles for designing PowerPoint slides to communicate text- and data-based messages. It will also address the limitations of PowerPoint with regard to 1) communicating complex, non-linear relationships and reasoning and 2) facilitating higher order thinking and deep learning.

Objectives: At the conclusion of this session, participants will be able to 1) describe the function of visual aids such as PowerPoint slides in a presentation, 2) identify basic principles for designing slides that communicate effectively and are aesthetically pleasing, 3) decide when the complexity of the message to be communicated exceeds PowerPoint's capabilities, and 4) describe alternative strategies for communicating complex concepts and relationships.

Methods: This session will be a highly interactive session in which the presenter and audience will together analyze and critique a number of slides illustrating effective and ineffective practices. The slides are from actual presentations given by faculty and trainees in the medical field. The approach will be inductive, leading to the identification of guiding principles for developing effective slides. A handout summarizing those principles will be provided to facilitate transfer of knowledge. The limited evidence on the effectiveness of PowerPoint assisted presentations in continuing education will also be discussed.

Key Points: Through the understanding and application of basic principles of graphic design, participants can greatly improve the quality of their PowerPoint slides. PowerPoint presents small amounts of information in a linear format, making it unsuitable for communicating large data sets, complex concepts, and relationships between multiple variables. Alternative media such as handouts can be used instead of or along with PowerPoint to convey more complex messages.

Expected Outcomes: CME providers will develop more effective PowerPoint slides and attend more carefully to matching the medium used to the nature of the message to be communicated and the educational goal.

Reference: Tufte, ER. The cognitive style of PowerPoint. Chesire, CT. Graphics Press, 2003.

Potential Participant's Self-Assessment Question: If given a PowerPoint slide presentation, are you able to evaluate the quality their design in relations to basic graphic design principles, identify problem areas, and suggest specific strategies for improving them?

Changes in Patient Health and Well-Being Associated with CME: A True Outcomes Study
(Performance Measurement)

Douglas Pousma, MD
Jobson Education Group, tel: 720/895-5313, mailto:dpousma@pimed.com
Other Support: Employed by Jobson Publishing, which owns Jobson Education Group, Interactive Media Solutions, Postgraduate Institute of Medicine, and the International Center for Postgraduate Medical Education

Relevance: The effect of CME can and often should be measured to insure that learning objectives have been achieved. Traditionally, we measure the effect of CME by assessing learner participation (attendance), satisfaction (questionnaire), and learning (post-test assessment. There are now compelling reasons to measure whether CME affected learner performance and behavior and, ultimately — the "holy grail?"— whether CME is associated with changes in patient health and well being. This presentation is one of the first, if not the first, to statistically isolate and quantify the effect of CME on discrete data elements that relate to patient care. These data are particularly relevant to anyone invested in CME because they are evidence of compliance with mission and purpose, and help show the independent role that CME has in reduce healthcare costs, improving patient care and safety, and reducing medical errors, including adverse drug events. Incidentally, these data and methodology pertain to any CME provider that endeavors to achieve exemplary status in Element 2.4 and in their overall program. These data support the notion that CME is a wise investment for the healthcare profession and for our society.

Target Audience: This breakout session will be of interest to CME professionals at all experience levels (i.e., beginners as well as advanced practitioners) in all provider groups, as well as grantor-payers.

Purpose: The purpose of this presentation is to quantify the effect and value of CME at the patient care level.

Objectives: At the conclusion of this presentation, participants will be able to describe and discuss 1) the effect of CME on learner behavior, 2) the effect of CME on patient health and well being, 3) methodologies to measure the effect of CME on learner behavior and patient health and well being, and 4) novel ways to link learning objectives with measurable CME outcomes.

Methods: Dr. Pousma will present a PowerPoint presentation, including background, methodology, and results. The presentation will conclude with a brief period for questions and discussion.

Key Points: 1) The effect of CME on patient health and well being is often measurable; 2) Linking patient health and well being data elements to learning objectives meets primary goals and objectives of CME; 3) CME at its best can positively affect patient care and well being, reduce healthcare costs, improve patient safety, and reduce medical errors, including adverse drug events.

Expected Outcomes: CME providers and grantor-payers will learn or get validation of the critical role they play in patient care and in our nation's healthcare system. All will get an opportunity to see that CME is not just an expense but a wise investment.

Reference: The Agency for Healthcare Research and Quality (AHRQ), 2001. Making healthcare safer, a critical analysis of patient safety practices: summary. Retrieved March 16, 2004, from http://www.ahcpr.gov/clinic/ptsafety/summary.htm

Potential Participant's Self-Assessment Question: Do you want to know if the effect of CME can be measured at the patient level, whether it impacts the cost and quality of healthcare, and how these effects can be measured?

The Final Act: Using CME to Encourage Physicians to Use New Advances in Death Records Management
(Partnering)

Kathlene Mueller, MPHSA
South Dakota Department of Health, tel: 605/773-5303, mailto:kathi.mueller@state.sd.us

Lynn Marie Thomason, MLS
University of South Dakota School of Medicine, tel: 605/357-1480, mailto:lthomaso@usd.edu

Relevance: The final act of care done by a physician for an individual is to ensure that their death certificate is accurate, complete and filed in a timely manner so the family can bring closure to the business matters of the deceased. NAPHSIS, which is an association of state vital records, data and statistics and information system offices, has been working nationwide to reengineer the death registration process to advance the methods used to file death records. The goal of this reengineering project is to improve the quality and timeliness of death data.

Using the guidelines developed by NAPHSIS, South Dakota has embarked upon electronic death registration which requires participation by funeral directors, physicians and coroners. To assist with educating physicians on appropriately completing a cause of death as well as completing their death records using the electronic death registration system, South Dakota has established a unique relationship with the University of South Dakota, School of Medicine Office of CME to develop an online tutorial CME that trains the physician to use the system.

This partnership has wisely utilized the expertise of the South Dakota Department of Health and the Office of CME to enhance the performance of physicians throughout the state. In a world of dwindling resources, creative partnerships are the key to a successful program.

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

Purpose: This presentation will focus on how creative partnerships with CME offices can improve the performance of physicians.

Objectives: At the end of this continuing medical education event, participants should be able to:
1. Describe an electronic death registration system
2. List ways to enhance physician education regarding this system
3. Discuss the successful partnership of an Office of Continuing Medical Education and a government entity

Methods: The speakers will jointly present on the concepts behind electronic death registration systems (EDRS), the partnerships established to successfully implement EDRS and the methodologies used to train physicians to use EDRS. The online course will be featured.

Key Points: 1) Continuing Medical Education Offices can effectively partner with state offices for educational initiatives to physicians. 2) Outcomes are definitive for physicians and families.

Expected Outcomes: CME professionals will be able to use the knowledge of the EDRS concepts, as well as the idea of the partnerships established in South Dakota to work with their State Offices to improve the quality and timeliness of data from physicians.

Reference: http://www.naphsis.org.

Potential Participant's Self-Assessment Question: How can I partner to improve records management for physicians?

Gaining Confidence Through Competence: Developing Personal Skills as a CME Leader to Take Home
(Leadership; Advanced Curriculum)

Diana Durham, PhD
Audio Digest Foundation, tel: 818/240-7500, ext. 241, mailto:ddurham@audio-digest.org

Jack Dolcourt, MD
University of Utah School of Medicine, tel: 801/581-6598, mailto:jack.dolcourt@hsc.utah.edu

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 when there is a self-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 (Including internal stakeholders such as pharmacy and purchasing; educating physicians, administration and colleagues about CME.)
2. Essential Area 3.2 (Developing systems to manage finances, office operations and meeting planning; building unlikely allies; refining your to-do list)
3. Essential Area 3.3 (Dealing with commercial support, disclosure, and conflicts of interest)

Objectives: At the conclusion of this forum, participants should be able to take home 6 to 12 strategies which the CME professional can implement.

Methods: Case scenarios and recorded audio interviews with CME leaders will be used to illustrate key learning points and strategies.

Key Points: (1) To be a competent leader, CME professionals need to develop personal relationships within and outside of the organization. (2) 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. (3) Professional competence can lead to self-confidence.

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 2001; 21:6-16.

Potential Participant's Self-Assessment Question: What personal skills do you want to develop and what alliances do you want to forge which will allow you to be an even more competent and confident CME professional?