
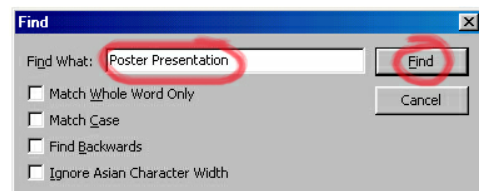
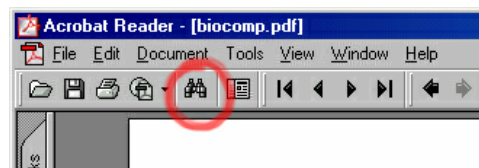


Helpful Information For Using Acrobat Reader®

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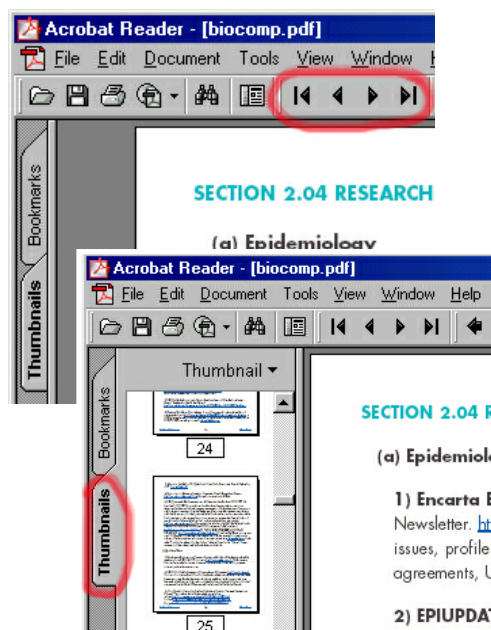
1. Locate the “Find” icon  at the top of the Acrobat Reader Window (as shown to the right).
2. Single left click the icon.
3. When the “Find” box appears, you may enter up to 26 characters and left click the “Find” button (as shown to the right).



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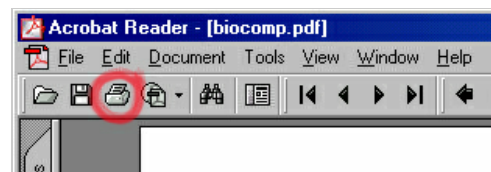
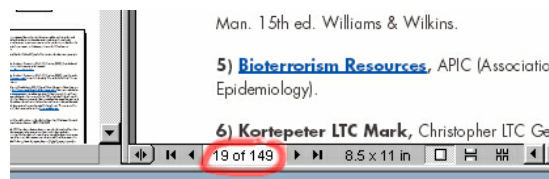
1. Locate the “Navigation” icons at the top of the Acrobat Reader Window (as shown to the right).
2. The  button moves forward one page.
3. The  button moves back one page.
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6. Note: You may also view and navigate using numbered thumbnail pages by clicking on the tab titled “Thumbnails” at the left of your Acrobat Reader window.



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2. Locate the “Print” icon  at the top of the Acrobat Reader Window (as shown to the right).
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.



W1, Intensive – Basics Seminar (\$100)
7:30 am – 12:30 pm, Wednesday
Grand Salon 4, 7, & 10/Street; Theatre/210

Basics Seminar

(Adult/Organizational Learning Principles; Basics Track; Physician's Track)

Diana Durham, PhD*

Audio Digest Foundation, tel: 818/240-7500, ext. 241, <mailto:ddurham@audio-digest.org>

Marcella Hollinger, MEd*

Illinois State Medical Society, tel: 312/580-6442, <mailto:hollinger@isms.org>

Robert Addleton, EdD*

Medical Association of Georgia, tel: 440/881-5070, <mailto:bob@mag.org>

Dennis Lott, DEd*

Accreditation Council for Continuing Medical Education, tel: 312/755-7401, <mailto:dlott@accme.org>

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Wyeth Pharmaceuticals, tel: 484/865-5879, <mailto:saxtonm@wyeth.com>

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American Medical Association, tel: 312/464/4677, <mailto:charleswillis@ama-assn.org>

***No Relevant Financial Relationship(s)**

Relevance: Newcomers to both the CME profession, as well as to the Alliance for CME Annual Conference, are faced with numerous major themes, trends and issues in CME. Which are the most important? What is the structure of the field of CME, and what organizations are the key players in the CME environment? This intensive is designed to address these questions, and assist newcomers in identifying which sessions at the Alliance Annual Meeting they should attend to meet their most pressing needs and close their knowledge gaps.

Target Audience: Newcomers to CME from all provider types, who need a basic understanding of the CME field.

Purpose: The seminar provides a broad overview of the field to new CME professionals. Each segment is designed as a brief conceptual overview accompanied by handout materials, with the understanding that participants will 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 physicians' and accredited providers' participation in certified CME; 4) identify key components of the ACCME's Standards for Commercial Support and related concerns of CME providers and commercial supporters; 5) identify legal issues such as copyrighting/trademarking materials, American with Disabilities Act, force majeure clauses and insurance that impact the planning of CME activities; 6) identify the ACME's CME competencies and their impact on individual's professional competence, and 7) using a case study, apply these concepts to planning a CME activity, identifying areas that could present problems and discussing potential solutions within small groups.

Methods: Experts from the CME field will provide short lectures on the topics indicated in the Intensive's objectives, with brief Q & A sessions. Participants will apply their new knowledge interactively in CME case study groups.

Key Points: Learn major CME themes, trends and issues; make informed choices on sessions to attend at the annual meeting.

Expected Outcomes: Individuals new to CME will be able to quickly identify major themes, trends and key issues, and more adeptly select other sessions at the Alliance annual meeting that will enhance their effectiveness in their CME positions.

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

Potential Participant's Self-Assessment Question: What major themes, trends and issues highlighted in this seminar are critical to my ability to plan effective CME activities?

**W2, Provider Section Meeting (Hospitals and Health Systems)
1:30 – 5:00 pm, Wednesday
Grand Salon 19 & 22/Street; Theatre/170**

Riding the Waves of Education – Avoiding “Wipe Out” by Addressing Current Issues
(Systems Thinking; Basics Track; Advanced Track; 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>

Linda Famiglio, MD*

Geisinger Health System, tel: 570/271-6114, <mailto:Lfamiglio@geisinger.edu>

***No Relevant Financial Relationship(s)**

Relevance: The hospital provider section represents the largest provider section of the Alliance. This year, to benefit from the like-mindedness of the professionals in these two areas, the Hospital provider section and the Health Systems provider section merge. To acknowledge the CME professional’s place in the healthcare system, one must understand the processes and identify systemic factors which pose as obstacle to development or change. This session will provide the participant with insight into a few topics identified through the Section evaluations, to assist in the ability to formulate procedures and processes for an individual’s CME Program relevant to working within a complex system.

Purpose: To identify and evaluate the CME professional’s role in the complexity of the healthcare system and to effect a process in which to maneuver through the barriers and challenges of the system to facilitate positive development or change.

Objectives: Through active participation in the Hospital/Health Systems Provider Section, the CME professional should be able to 1) discuss key points of Stark II as it relates to CME; 2) implement a process within his/her CME program to address resolving conflict of interest; 3) outline essential areas of a good CME Policy & Procedures manual; 4) link multi-disciplines in planning education; and 5) discuss plans for process improvement team based CME.

Methods: Section leaders will facilitate discussions on topics of mutual interest to section members. Formal presentations will lead the way to open forums; a panel of peers and experts will be convened to discuss specific questions posed by participants.

Key Points: Just as one can prevent a “wipe-out” by being equipped to ride the surf, one can easily ride the CME wave by being informed, prepared, and willing to accept the challenges facing the CME professional. From surf board to CME Essentials, understanding the dynamics and working with a solid foundation of knowledge is paramount to a successful program. The multi-disciplinary approach to CME planning can benefit groups with many target audiences, but can dilute the focus of these programs if not well-planned. Strategies and metrics used in performance improvement teams can be used for needs assessment, methods and outcome data necessary for CME programs.

Expected Outcomes: It is expected that the participant will leave this section meeting possessing the tools with which to firmly base a successful CME program beginning with policy and procedures and ending with process improvement. The participant will define the opportunities for partnering with health professionals from other disciplines and performance improvement teams in their environment.

Potential Participant’s Self-Assessment Questions: Are you responsible for health system or hospital based CME? Do you want to know how other CME professionals are interpreting and implementing accreditation and industry regulations in their work environment?

W3, Provider Section Meeting (Medical Education & Communication Company Alliance [MECCA])

1:30 – 5:00 pm, Wednesday

Grand Salon 13 & 16/Street; Theatre/170

Systems Thinking: Lessons Learned from Implementing Accreditation Council for Continuing Medical Education's (ACCME's) Updated Standards for Commercial Support (USCS)
(Partnering; Basics Track; Advanced Track; Physician's Track)

Marissa Seligman, PharmD*

Pri-Med Institute, tel: 616/406-4288, <mailto:mseligman@mc-comm.com>

Michael Lemon, MBA*

Postgraduate Institute for Medicine, tel: 720/ 895-5329, <mailto:mlemon@pimed.com>

Lawrence Sherman*

Jobson Education Group, tel: 973/954-9285, <mailto:lsherman@jobson.com>

***No Relevant Financial Relationship(s)**

Audience response technology to be provided by Interactive Media Solutions

Relevance: As providers of quality continuing medical education or continuing professional development (CME or CPD) activities for physicians, medical education and communication companies are pivotal contributors to proper patient care and well being. In the new world of CME following the release of ACCME's updated Standards for Commercial Support (SCS), the "who, what, when and how" should be better recognized and understood by professional and lay audiences so that MECCA providers can be recognized for their contributions to quality health care. MECCA CME providers must be prepared to share their key learning in order to advance collaboration and partnerships.

Target Audience: First-time conference attendees, as well as veteran CME professionals

Purpose: This provider section meeting will provide practical tips and tools to CME providers in medical education and communication companies that are designed to help them enhance their systems for designing, implementing and monitoring CME activities and how these new processes can be applied to meet or exceed the rules, regulations and guidelines established by the agencies that provide oversight to the CME enterprise.

Objectives: Upon conclusion of the session, participants should be better able to: 1) describe continuing education design, implementation and monitoring systems, including the checks and balances that support and advance the implementation of ACCME's updated SCS by the CME industry, 2) define ways in which MECCA CME providers at varying levels of practice can collaborate more effectively to ensure application of these principles, and 3) apply systems that support best practices in CME.

Methods: Didactic presentations, followed by an interactive moderated panel discussion. Audience participation will be encouraged through the use of audience response technology.

Key Points: The updated SCS created a variety of new challenges for MECCA CME providers and education partners, particularly in the need to develop new policies, procedures and processes and the great need to educate faculty, commercial interests and colleagues. Thus, opportunities have been created for MECCA CME providers and education partner members to demonstrate their many contributions to the design, development and implementation of continuing education that supports the dissemination of new information designed to improve the quality of health care.

Expected Outcomes: Participants will be able to identify systems for the design, implementation and monitoring of the continuing education activities they produce and be better prepared to implement innovative best practices, as a result of sharing ideas, tips and tools with their colleagues.

Reference: <http://www.accme.org> (2004 ACCME Standards for Commercial Support)

Potential Participant's Self-Assessment Question: How do I develop systems for designing, implementing and monitoring CME activities that contribute to proper patient care and well being?

W4, Provider Section Meeting (Medical Specialty Societies)
1:30 – 5:00 pm, Wednesday
Main Session – Grand Salon 4, 7, & 10/Street; Theatre/210
Breakout Session – Grand Salon 3/Street; Theatre/120

Medical Specialty Societies Provider Section Meeting
(Self-Assessment & Life-Long Learning; Basics Track; Advanced Track; Physician's Track)

Erin Schwarz

Society of American Gastrointestinal and Endoscopic Surgeons, tel: 310/437-0544, <mailto:erin@sages.org>

No Relevant Financial Relationship(s)

Relevance: Specialty society CME providers have unique issues related to CME that require the need for idea sharing and problem solving by individuals with the same concerns. Historically, the specialty society interest group 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 of all experience levels (i.e. beginners to advanced practitioners) in specialty societies.

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

Objectives: The overall objective of the provider section meeting is to stimulate thought through the sharing of valuable information on a number of CME topics that will allow the CME professional to return home and improve their practice. Emphasis will be placed on the exchange of ideas and “best practices”.

Methods: This session has historically been a highly interactive one, utilizing short lecture presentations or panel presentations on current hot topics with concomitant questions and answer sessions, as well as a series of roundtable sessions on pressing issues in CME.

Key Points: 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.

Reference: Alliance for Continuing Medical Education, <http://www.acme-assn.org>

Potential Participant's Self-Assessment Question: How do I respond to all of the changes that have occurred in the CME environment?

W5, Provider Section Meeting (Health Care Education Associations)

1:30 – 3:30 pm, Wednesday

Grand Salon 12/Street; Theatre/95

Education Grants: How Does the Pharmaceutical Industry Grant Review Process Work and What Standards Do We Apply for Grant Fund Accountability?

(Administrative/Management; Basics Track; Advanced Track; Physician's Track)

Mark Evans, PhD

American Medical Association, tel: 312/464-5990, <mailto:mark.evans@ama-assn.org>

No Relevant Financial Relationship(s)

Relevance: One of the outcomes of the curriculum development process at the previous section meeting was the expressed need for a program that specifically addressed the legal aspects of pharmaceutical education grants to providers. In addition, health care education associations are interested in gaining a better understanding of the process by which pharmaceutical company grant offices review and approve grant applications from providers. As a consequence of the OIG regulations, pharma companies have restructured their internal grant process and their letters of agreement so as to reduce any perceived risk of violating the federal Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b)) or other regulations. The grant process has become more centralized in many companies and, from the perspective of the CME provider, more remote when compared to the previous contacts between industry representatives and providers. Grant fund accountability has become an important consideration in the legal department of companies. Current ACCME Standards for Commercial Support provide guidance on CME provider accountability whereby each must be able to produce accurate documentation of receipt and expenditure of commercial support. In light of the ACME SCS and under the direct effect of the OIG regulations, many pharmaceutical company letters of agreement now contain accountability language that stipulates the return of unused funds. Since there are differing interpretations of what is meant by “unused funds”, this accountability contract language has important implications in developing budgets for grant proposals where funds for direct and indirect costs, and administrative fees and staff time, and professional fees may have to be reconciled after completion of the educational activity. As pharmaceutical industry support will continue to play a significant role in the ongoing development of CME activities by health care education associations, a better understanding of the grant review process and the process for accounting for grant expenses is a high priority among providers who seek industry funding.

Target Audience: This presentation is aimed at CME professionals within Health Care Education Associations of all experience levels, but will be particularly informative to those who have experience with educational grant management. Academic providers, professional healthcare societies, medical schools, medical specialty societies, medical education communication companies and pharmaceutical alliance and working groups for CME, will also find this section meeting of relevant to their interests in this subject.

Purpose: This presentation will elaborate upon pharmaceutical grant application review process and accountability of pharmaceutical funds as included in letters of agreement between pharmaceutical companies and CME providers.

Objectives: At the conclusion of this session, participants will be able to 1) better understand the process by which a grant applications are reviewed and approved (or declined) by pharmaceutical company grants offices, 2) how to better state their direct and indirect expenses in the grant proposals and to account for their administrative fees and staff time, 3) know what receipts are required in accounting for final reconciliation at the completion of the education program, and 4) know what will need to be produced in an audit of grant expenses.

Methods: Representatives from several pharmaceutical CME grants offices will discuss their review processes and funding criteria, followed by an open discussion between speakers and section members. Legal representatives from the pharmaceutical industry and the AMA will review standard contracts with providers with particular attention to accountability of funds. Legal representatives will also respond to specific questions from the audience.

Key Points: For the CME provider, there is uncertainty in the grant review process of the pharmaceutical company and an absence of standards for industry grant accountability. Review processes and interpretation of what is meant by grant accountability may vary between companies but a dialogue on these subjects is needed for the education of both the CME providers and pharma that has the potential to result in a more straightforward process.

Expected Outcomes: Participants will gain a more in-depth understanding of the pharmaceutical company grant review process and of the accountability of funds awarded through the pharmaceutical company grant.

W6, Provider Section Meeting (Pharmaceutical Alliance for Continuing Medical Education [PACME])

1:30 – 3:30 pm, Wednesday

Grand Salon 21 & 24/Street; Theatre/195

Best Practice Review

(Adult/Organizational Learning Principles; Basics Track; Advanced Track; Physician's Track)

Maureen Doyle-Scharff, BA

Abbott Laboratories, tel: 614/624-3242, <mailto:Maureen.doyle-scharff@abbott.com>

No Relevant Financial Relationship(s)

Relevance: Change in the regulatory environment has meant change in the way pharmaceutical and medical device companies approach funding of CME.

Target Audience: PACME members only

Purpose: The provider section meeting will facilitate interaction with members of industry in an attempt to share best practices of processes, procedures and selection criteria utilized while considering requests for CME grants.

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

- Identify and describe recommended selection criteria for evaluating a CME/CPD provider
- Articulate criteria for evaluating and improving the quality of CME/CPD strategies
- Describe and apply new methods for improving their CME/CPD grant review process

Methods: Presentation of cases and examples; open forum question, answer and opinion session.

Key Points: Our ability to learn from one another (in an appropriate setting) and appreciate best practices can help grantors make better decisions regarding grant requests.

Expected Outcomes: Participants will have an opportunity to find answers to questions they have as part of their personal learning plan at the conference

Reference: ACCME Standards for Commercial Support, PhRMA Code, AdvaMed.

Potential Participant's Self-Assessment Question: Can I describe and identify *quality* CME? Do my internal processes help me answer this question?

W7, Provider Section Meeting (Medical Schools)
1:30 – 3:30 pm, Wednesday
Grand Salon 15 & 18/Street; Theatre/195

Medical Schools Provider Section Meeting
(Administrative/Management; Basics Track; Advanced Track; Physician's Track)

Melinda Steele, MEd

Texas Tech University Health Sciences Center, tel: 806/743-2226, <mailto:melinda.steele@ttuhsc.edu>

No Relevant Financial Relationship(s)

Relevance: Accredited providers in medical schools face unique challenges. This academic environment in which CME takes place is rich with medical expertise and educational foundations. Yet, the CME function in medical schools can be difficult to integrate successfully. Issues relevant in CME are often the same facing both GME and UME.

Purpose: To provide an opportunity for medical school CME colleagues to discuss and debate issues in medical school CME and to review problem solving strategies to address current issues in academic CME.

Objectives: At the conclusion of this medical school provider section meeting, participants should be able to: 1) identify current issues in academic CME; 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. 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 CME professionals and develop strategies to address them.

Reference: ACCME Essentials and Standards

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?

W8, Provider Section Meeting (State Medical Societies)
1:30 – 3:30 pm, Wednesday
Grand Salon 9/Street; Theatre/130

State Medical Societies Accreditation of Intrastate Sponsors
(Administrative/Management; Basics Track; Advanced Track; 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>

***No Relevant Financial Relationship(s)**

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?

W9, Provider Section Meeting (Federal Health Care Educators)
1:30 – 3:30 pm, Wednesday
Grand Salon 6/Street; Theatre/95

Current Issues in CME for Federal Providers
(Systems Thinking; Basics Track; Advanced Track; Physician's Track)

Lorraine Bem, EdD

Veterans Affairs Employee Education System, tel: 205/731-1812, ext. 313, <mailto:lorraine.bem@lrn.va.gov>

No Relevant Financial Relationship(s)

Relevance: CME providers that are part of the Federal Government must comply with the same accreditation requirements as other providers, but must do so within the context of Federal laws and complex organizations. Additionally, there are opportunities for collaboration between Federal agencies that can be mutually beneficial to the agency's missions.

Target Audience: Persons involved with or interested in education provided by Federal Government agencies such as Department of Veterans Affairs, Food and Drug Administration, Department of Defense, Health and Human Services, National Institutes of Health, Centers for Disease Control, Bureau of Prisons, Indian Health Service, etc.

Purpose: To facilitate sharing of best practices, to collaborate on identifying and resolving educational design or compliance issues from a Federal perspective, and to enhance our agency's missions.

Objectives: At the end of this session, participants should have a broader understanding of: the role of Federal CME Providers; addressing CME compliance issues from a Federal perspective; persons to network with at other Federal agencies that might provide opportunities for sharing content or technologies.

Methods: This will be primarily an interactive, 'round table' discussion.

Key Points: Federal laws and implementing regulations can appear to be at odds with some accreditation compliance requirements. Federal agencies have unique aspects to their education missions, with potential benefits of collaboration to the agencies and the public.

Expected Outcomes: Participants will be able to compare their practices with those of other agencies; Participants will develop a broader network of colleagues in other agencies so that immediate or future collaboration can be facilitated.

Reference: Davis, D., B.E. Barnes, et al., Eds. (2003). *The Continuing Professional Development of Physicians: From Research to Practice*. Chicago, American Medical Association.

Potential Participant's Self-Assessment Question: Am I satisfied with how we are implementing the updated ACCME Standards for Commercial Support in my Agency?

W10, Meeting (Mentor/Mentee Program)
5:00 – 6:00 pm, Wednesday
Grand Salon 4, 7, & 10/Street; Theatre/210

Mentor/Mentee Program

(Self-Assessment and Life-Long Learning; Basics Track; Advanced Track; Physician's Track)

Terry Hatch, MD*

Carle Foundation Hospital, tel: 217/383-4644, <mailto:terry.hatch@carle.com>

Lawrence Sherman*

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

Marcella Hollinger, MEd*

Illinois State Medical Society, tel: 312/580-6442, <mailto:hollinger@isms.org>

***No Relevant Financial Relationship(s)**

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.

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

Assessing CME Preferences of Primary Care Physicians

(Adult/Organizational Learning Principles; Basics Track; Advanced Track; Research to Practice Track; Physician's Track)

Elizabeth Stueck, BA

Medical DecisionPoint, tel: 201/573-5558, <mailto:liz.stueck@mdp-ed.com>

No Relevant Financial Relationship(s)

Relevance: Physicians participate in CME for a variety of reasons, and they select individual activities based on a number of factors. To optimize participation in CME offerings and increase the applicability of CME programming, it is important to understand physician preferences regarding content, editorial format, activity type, faculty attributes, and other factors.

Target Audience: CME professionals at all experience levels and from all provider groups

Purpose: To facilitate the development of CME programming that takes into account physician attitudes and preferences.

Objectives: After reviewing this poster, CME professionals will be able to identify the reasons why physicians participate in CME and to describe the nature and type of CME activities preferred by primary care physicians.

Methods: In September 2004, a total of 1000 4-page surveys were mailed to a random sample of 500 internists (IMs) and 500 family physicians (FPs); a \$5 incentive check was included to increase response rate. The survey remained in the field for 7 weeks, by which time a total of 201 surveys were received (100 from IMs and 101 from FPs), yielding a response rate of 20%. Data were tabulated, and an overall analysis with cross tabulations was prepared.

Major Results: The most important reasons primary care physicians participated in CME activities were to update knowledge, earn CME credits, and confirm that what they are currently doing is correct. As patient volume increased, so did the importance of having the opportunity to consult with faculty and colleagues. CME content perceived to be most helpful was that which was devoted to treatment strategies, evidence-based recommendations/guidelines, and diagnosis/differential diagnosis. Preferred editorial formats included literature reviews, identification/management of key clinical challenges, learning about the "best practices" of others, and case studies/case-based discussions.

Print pieces constituted the most popular form of CME activity followed by national/regional meetings and local dinner meetings. Not surprisingly, online CME is growing, particularly among younger physicians. With regard to local CME dinner meetings, the topic of the activity is the most important factor in the physician's decision to participate. Type of course/course format ranked second in importance, with "lecture + Q&A" the most desirable of 3 formats tested. Number of CME credits offered ranked third. The speaker was more important to IMs than FPs; when indicating from whom they preferred to learn, respondents expressed a preference for regional experts and specialists/subspecialists over local/community experts and primary care colleagues.

Diabetes, dermatology, and practice management were the most frequently requested topics for new CME programs; these were unaided responses. The most pressing clinical problem reported by respondents was patient compliance (or lack thereof), yet CME content devoted to this topic was not deemed especially helpful. The most significant clinical change physicians reported making in their practice over the last year centered on cholesterol treatment/guidelines; indeed, the advent of new/revised guidelines was the most influential factor of 6 studied in the decision to make clinical practice changes.

Expected Outcomes: CME professionals will gain an understanding of the reasons why primary care physicians participate in CME activities, and will be able to describe the attributes of CME programming that are of importance to this audience.

Reference: Stancic N, Mullen PD, Prokhorov AV, Frankowski RF, McAlister AL. Continuing medical education: What delivery format do physicians prefer? J Contin Educ Health Prof. 2003;23(3):162-167.

Potential Participant's Self-Assessment Question: Would gaining an understanding of the reasons why physicians participate in CME activities and the nature and type of activities preferred be of help to you in developing CME programming for primary care physicians?

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

A Model for Delivering International Continuing Medical Education Programmes: Case Study of an Innovative CME Programme for Neurologists around the World

(Educational Interventions; Basics Track; Advanced Track; Research to Practice Track; Physician's Track)

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***No Relevant Financial Relationship(s)**

Relevance: What role does the international specialist societies like the World Federation of Neurology(WFN) play in providing CME programme to low and middle income countries and how do these programmes help in maintaining the health professional's competency and in improving the quality of health care delivery?

WFN is an international network with a mandate to improve human health worldwide by promoting prevention and care for persons with disorders of the entire nervous system. WFN education programme provides neurological education programme for countries with unmet needs of neurological training programmes. Under the WFN CME programmes, each member country receives two free mailings per year of three titles of Continuum, a CME resource, comprising specially designed, problem based interactive courses. Currently 36, low and middle-income countries (LMICs) are enrolled in the programme. The delivery of the Continuum materials varies across jurisdictions and the lessons learned from the experience are very unique.

Target Audience: This poster presentation will be an interest to CME professionals and health providers in all experienced level and providers group.

Purpose: The presentation will use WFN experience as a case study example to understand how an International CME programme works and the success factors and challenges in delivering such a programme.

Objectives: At the end of this presentation participants will be able to 1) identify the success factors and barriers/ challenges in delivering international CME; 2) examine a International CME delivery model, and 3) discuss ways to improve the delivery of International CME programmes.

Methods: Presenters will introduce WFN CME systems and the preliminary results from the evaluation project, listing the delivery method, challenges, success factors and the lessons learned. Participants will have an option to share their experience in delivering CME programmes internationally and the lessons learned from those experiences.

Key Points: CME movement has moved beyond North America and more and more low and middle income countries are adapting the concepts of CME/CPD as part of their medical training and health human resource development programmes. Lessons learned from the WFN experience in 36 countries will provide the much needed further understanding about the forces influencing global CME movement.

Expected Outcomes: Participants will discuss strategies to improve the delivery of International CME and share best practices for delivering International CME programmes.

Reference: Davis D. Continuing medical education. Global health, global learning.BMJ. 316(7128):385-9; 1998 Jan 31.

Potential Participant's Self-Assessment Question: Do you have a need to learn more about how International CME/CPD programmes work?

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

An Interactive Playing Cards Workshop on Asthma: An Innovative Educational Method
(Educational Interventions; Basics Track; Advanced Track; Research to Practice Track; Physician's Track)

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Unrestricted Educational Grant/Honoraria from Merck Frosst Canada

Relevance: Asthma control and care are still frequently sub-optimal and new methods to improve knowledge transfer are needed. An interactive method allowing discussion about the most recent recommendations on asthma care, integrating both Play and Scientific components is an innovative educational intervention that is likely to help improve asthma management.

Target Audience: This poster session will be of interest to CME professionals and health providers at all levels.

Purpose: This presentation will describe an innovative interactive educational method allowing discussion about the recent recommendations on asthma care, integrating Play and Scientific components and results of the initial assessment from participating physicians.

Objectives: At the end of this presentation, participants will be able to 1) examine a useful means to stimulate reflection and interaction, and 2) discuss combination of Play and Scientific components as educational intervention.

Methods: An interactive Playing Card workshop was developed, combining the play activity component of playing cards with the scientific content of current asthma guidelines. The physicians have to manage real-life cases using the tools that are provided to them and discuss with their peers and asthma specialists about the optimal management of the cases proposed.

Results: The game allowed communication of relevant content, experiment with a different learning format and stimulated interactivity in a climate of friendly competition. An initial assessment of participating physicians shows that the method is considered innovative, facilitates reflection, interaction and learning.

Key Points: An interactive educational intervention integrating Play and Scientific components stimulates reflection and exchanges between participants and generates relevant discussion on current asthma Guidelines. This method is well accepted by physicians and is likely to help improve asthma management.

Expected Outcomes: Participants will discuss the use of games as an educational intervention to facilitate implementation of guidelines.

Reference: Partridge MR, Fabbi LM, Chung KF. Delivering effective asthma care – how do we implement asthma guidelines? Eur Respir J. 2000;15: 235-7.

Potential Participant's Self-Assessment Question: Do you have the need to learn more about using game components as educational intervention for guidelines implementation?

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

Diabetes Care Quality Improvement: Activating Self-Directed Learning among Physicians
(Educational Interventions; Basics Track; Advanced Track; Research to Practice Track; Physician's Track)

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***No Relevant Financial Relationship(s)**

Relevance: Evidence of the impact of traditional CME conferences on improvement in health outcomes is scant (Renders, et al. 2001). More generally, the relatively minor impact of didactic CME courses on either health outcomes or sustained practice change among clinicians has been well-reported (Greiner et al. 2003). For example, where interventions and continuing education have improved measures of **treatment** for key diabetes conditions such as hyperglycemia, hypertension, and Dyslipidemia, diabetes health status and outcomes are still poor. Generating change in practice among primary care physicians requires careful application of the principles of adult learning, instructional design, practice change, and dissemination of innovations among highly trained, motivated professionals in a complex environment.

Target Audience: CME professionals at all experience levels, particularly those providers representing regional and private hospitals serving rural populations.

Purpose: To present the planning steps necessary to create successful learning interventions using a variety of instructional models.

Methods: In the Spring/Summer of 2004, IUSM/CME conducted a 9-item needs survey of geographically targeted primary care physicians. Compiling the information, CME went back to the targeted communities and held focus group discussions with representatives of the local health care systems, including private physicians in order to design content that met individual community needs in the area of diabetes care. In the Fall of 2004, IUSM physicians formatted case-based presentations as identified by the focus groups and presented their content to physicians in geographically targeted areas.. Each participant was given a CME Reflective Learning Packet which could be used as an instrument for self-study based on his/her individual needs. In the Spring of 2005, CME will design 3 more learning interventions in different locales.

Key Points: In keeping with principles of adult education, successful learning interventions are dependent upon:

- the early inclusion of target learners in the educational development process through needs assessment;
- the participation of local opinion leaders and trusted community resources as partners in CME planning; and
- the deployment of an array of educational strategies that are iterative, learner-centered, case-based, and practice-oriented as recognized strategies for improving knowledge-retention and successful application of learning to practice.

Expected Outcomes: CME must continue to utilize innovative learning models such as the Reflective Learning Packet for effective instruction that brings about change in physician clinical behaviors.

References: Greiner, AC and Knebel, E. Health professions education: A bridge to quality. Washington, D.C.: The National Academies Press; 2003. (IOM Quality Chasm Series.)

Renders, CM, Valk, GD, Griffin, SJ, Wagner, EH, van Eijk, J, Assendelft, WJJ. Interventions to improve the management of diabetes in primary care, outpatient, and community settings: a systematic review. Diabetes Care. 24(10): 1821-1833. 2002.

Potential Participant's Self-Assessment Question: Describe 3 major design elements that contribute to successful CME offerings.

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

Enhancing and Sustaining Learning: A Case Report of Novel Educational Outcomes Measurement Findings
(Educational Interventions; Basics Track; Advanced Track; Research to Practice Track; Physician's Track)

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***No Relevant Financial Relationship(s)**

Relevance: An essential component of successful educational interventions is optimal delivery of CME activities—delivery that enhances and sustains what is learned from CME participation. This poster shares the results of a comprehensive CME initiative offering a choice of educational topics and formats across multiple related CME activities.

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

Purpose: This poster, presenting the results of an EOM methodology applied to a unique CME initiative, will share data concerning enhanced and sustained learning resulting from a sequential-activity design.

Objectives: At the end of this poster session participants will be able to (1) apply EOM findings to subsequent CME activities, (2) improve CME participation and learning through practical EOM efforts, and (3) learn how to build an internal database of participant needs and preferences for optimization of subsequent activities.

Methods: Presenters will share the methodology and results of a novel CME initiative design—made unique by an integrated EOM plan. They will outline the activity design, discuss methods, present key results and demographic information, and briefly outline the implications of this work.

Key Points: By identifying and fulfilling individual needs and preferences, CME providers can increase participation in activities that enhance and sustain learning by applying proven EOM methods to any CME activity topic or format. Providers taking such a holistic approach can, over time, build a reliable, useful database of participant needs and preferences.

Expected Outcomes: Participants will understand the implications of specific reported findings and be able to use this information and methodology to optimize involvement in their CME activities and to heighten the activities' impact.

Reference: Markert, RJ, O'Neill, SC, Bhatia, SC. Using a quasi-experimental research design to assess knowledge in continuing medical education programs. J Contin Educ Health Prof. 2003;23(3):157-161.

Potential Participant's Self-Assessment Question: Do you need to achieve optimal participation and demonstrate enhanced, sustained learning as a result of participation in your CME activities?

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

**Benign Prostatic Hyperplasia (BPH) and Male Sexual Function in the Primary Care Setting:
Assessing the Outcomes of a Personal Practice Assessment (PPA) Program**
(Performance Measurement; Basics Track; Advanced Track; Research to Practice Track; Physician's Track)

Hollie Devlin, MSc*

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***No Relevant Financial Relationship(s)**

Relevance: The personal practice assessment (PPA) program provides physicians with a realistic evaluation of their clinical practices and may promote physician behavior change through point-of-care learning and identification of care gaps. This poster will present the outcomes of a national PPA on benign prostatic hyperplasia (BPH) and male sexual function that was conducted in the primary-care setting.

Target Audience: This poster presentation will be of interest to all CME provider groups at any level of experience who would like to learn more about PPAs.

Purpose: Currently, 50% of men over age 50 years with benign prostatic hyperplasia (BPH) are undiagnosed and, subsequently, untreated. The Personal Practice Assessment (PPA) is a unique educational tool that allows physicians to identify care gaps within their individual clinical practices. Given the underdiagnosis and undertreatment of BPH, a PPA program was implemented to assist family physicians in identifying and diagnosing patients with BPH and delivering effective treatment and management strategies.

Objectives: Upon reviewing this poster, participants will be able to: 1) define a PPA 2) Describe the role of PPAs in the continuing professional development of physicians and other CME professionals 3) examine the effectiveness of such programs on patient care and outcomes.

Methods: In collaboration with a Steering Committee consisting of family physicians and urologists, a PPA program including a physician pre-assessment questionnaire and confidential patient and physician assessment forms was developed and implemented in the primary-care setting from September to December 2004. Over 160 family physicians and 3000 patients participated in the program. Assessment forms were collected and analyzed by a third party.

Major Results: Participating physicians were provided with national aggregate results (to be presented) as well as confidential individualized reports comparing pre-test perceptions about BPH with actual results obtained through assessment forms. Physicians also participated in reflective discussion groups that provided an opportunity to share personal learning and reinforce the need to identify and treat BPH. Participants also facilitated peer education sessions to share the PPA results with physicians who did not participate in the program.

Expected Outcomes: Participants will examine how the PPA not only allows physicians to compare treatment and management strategies with their peers throughout the country, but also provides them with the opportunity to assess their diagnostic, treatment and management approaches and, thereby, change practice patterns to improve patient care.

Reference: Davis DA. Evidence to practice: Using audit and feedback. The Cochrane Review Library JCEHP 2001;21:123-25.

Potential Participant's Self-Assessment Question: Do you have the educational tools needed to identify care gaps and support effective point-of-care learning for physicians?

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

Assessing Live CME Activities: Educational Outcomes and Activity Improvement
(Performance Measurement; Basics Track; Advanced Track; Research to Practice Track; Physician's Track)

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***No Relevant Financial Relationship(s)**

Relevance: Assessing the educational outcomes of live CME activities provides valuable information for CME providers. Such information includes whether the activity was successful in addressing the unmet educational need, what knowledge gaps still exist (future needs assessment data), as well as how to improve future activities. This poster demonstrates how pre- and posttesting at live activities allows for assessment of the effectiveness of the live CME activity, as well as affords a tool for CME providers to improve their educational activities and overall CME program.

Target Audience: This poster will be of interest to all CME professionals at all experience levels who would like a practical example of how the outcomes of live CME activities can be assessed, and how such outcomes data can be utilized to improve individual CME activities, as well as their overall CME program.

Purpose: The purpose of this poster is to demonstrate how the immediate knowledge gained at live CME activities can determine whether the activity addressed the unmet educational need, as well as to show how such data serves as valuable information for improving future CME activities and the organization's overall CME program.

Objectives: Upon reviewing this poster, participants will be able to: 1.) describe how pre and post-testing instruments can be used to assess increase in knowledge, 2.) examine the effectiveness of live CME activities to increase participant knowledge, and 3.) recognize how data obtained from pre- and posttests can be used to improve future CME activities and measure educational outcomes.

Methods: The poster will present an overview of the live CME activities, types of data collected, the analyses evaluated, and the conclusions reached to establish the outcomes of the activities.

Key Points: Utilizing pre- and post-testing at live activities is a simple and effective method of assessing the educational outcomes of the activity. Data attained from such educational outcomes assessments can be used to determine future needs assessment, to measure the educational impact of live activities, to improve future activities, and to improve the organization's overall CME program.

Expected Outcomes: Participants will be provided an example of a practical outcomes study that can be implemented to establish outcomes from a live CME activity, and how the data attained from such outcomes assessments can be used to improve future CME activities and the organization's overall CME program.

Reference: Dietze, D, Magazine, H. Outcomes Measurement: Beyond the Basics. Medical Meetings. 2004 June; 31(4):21-22.

Potential Participant's Self-Assessment Question: How can the effectiveness of live CME activities be determined, and what can the data obtained from such educational outcomes assessments be used for?

P8, Poster Presentation

(Cancelled)

Continuing Education in Multiple Sclerosis: Results of a Professional Needs-Assessment Survey
(Performance Measurement; Basics Track; Advanced Track; Research to Practice Track; Physician's Track)

David Schlumper, MS

Serono Symposia International, Inc., tel: 781/681-2366, <mailto:david.schlumper@serono.com>.

Relevant Financial Relationship(s): Serono, Inc, Employee

Relevance: Professional organizations, education providers, and sponsors that develop and produce continuing education programs for MS professionals require information about types of programs/activities and topics to offer, most effective teaching methods and formats, and preferences regarding timing and location of meetings.

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

Purpose: To provide guidance in planning educational meetings for Multiple Sclerosis (MS) professionals, a survey was developed and mailed to approximately 7,400 individuals. Key areas of interest were *education gaps*, *preferred learning formats* (eg, symposia, written materials, articles, videotapes, Internet, etc), decision-making about *attending meetings*, and desired educational *topics*.

Objectives: Participants will be able to develop needs assessment surveys that are targeted toward the clinical specialty and concern of physicians, nurses and other healthcare professionals.

Methods: This poster will provide more information on implementing a needs assessment survey specifically targeted to a therapeutic area of clinical concern.

Key Points: Survey results showed that although MS professionals of all disciplines are more alike than they are different, a few subtle variations may help providers tailor education programs more precisely to their target audiences. The survey indicated that RNs were more likely than other MS professionals to prefer nontraditional educational formats, and by implication, more likely to accept CD-Rom, videotape, audiotape, and/or Internet-based programs. MDs and NPs, in contrast, overwhelmingly preferred sponsored symposia and written materials as educational methods. It is anticipated that the results of this survey will provide rich guidance for individuals and organizations that plan continuing education meetings, programs, and activities for professionals who care for people with MS.

Expected Outcomes: Respondents were asked to rate their knowledge level with respect to several broad areas within MS expertise. They were also asked which of these same areas are important in their ongoing education. Those topics that were ranked as highly important despite a current low level of knowledge represent “gaps”—ie, areas where more education is needed. Topics were: diagnosis of MS; pathophysiology of MS; immunology of MS; natural history of MS, genetics of MS; symptom management of MS; interpreting clinical trial data; MRI/MRS techniques; disease modification therapies; defining treatment optimization; identifying combinations/switching therapies; patient adherence strategies; monitoring and assessment techniques; alternative therapies in MS; and rehabilitation strategies in MS.

In general, the greatest gap between current knowledge level and “need to know” was in the area of identifying combinations and switching therapies: whereas only one third of respondents rated their current knowledge level in this topic as high, two thirds identified it as highly important. The issue of defining treatment optimization represented another fairly dramatic knowledge gap, with 40% of respondents rating themselves as highly knowledgeable while 72% identified the area as highly important. Other areas with the largest gaps between current knowledge and a need for additional education were in immunology of MS (31% difference), genetics of MS (27%), and rehabilitation strategies in MS (26%). Topics rated as lower in importance than current knowledge level (eg, diagnosis and natural history of MS) are well understood and probably do not need to be comprehensively covered by CME programs.

References: Shannon S. Needs Assessment for CME. The Lancet, 2003, 361:974.

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

Building Bridges of Cooperation through CME/CPD Initiatives in the Middle East
(Partnering; Basics Track; Advanced Track; Research to Practice Track; Physician's Track)

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***No Relevant Financial Relationship(s)**

Relevance: What role do CME/CPD programmes play in contributing to capacity development of health care professionals in conflict zones? How does such capacity development contribute to cooperation and result in collaborative health care programmes? For the past ten years, The Canada International Scientific Exchange Program(CISEPO), an NGO based at the Peter A. Silverman Centre for International Health, Mount Sinai Hospital and the Department of Public Health Sciences, University of Toronto has been actively engaged at centre stage in the Middle East, successfully bringing together Israeli, Jordanian and Palestinian health care professionals in academically-based, health and scientific programmes designed to build collaborative partnerships and contribute to peacebuilding. CME/CPD has played an important role in bringing the partners across the borders and the partnership has resulted in developing a consortium of hearing health professionals working to addressing neonatal hearing screening and habilitation. As a result of this unique partnership, Universal Newborn Hearing Screening programme has become a national policy in Jordan.

Target Audience: This poster presentation will be an interest to CME professionals and health providers in all experienced level and providers group.

Purpose: The poster presentation will use CISEPO's experience on Hearing Screening as a case study example to demonstrate how CME/CPD activities can contribute to professional development, policy development and how they contribute to the cooperation in a region of conflict.

Objectives: Participants will be able to discover innovative ways for health professionals to build cooperative and collaborative models of learning and working in conflict situations; identify why and how the CISEPO model of cross border continuing medical education is successful in knowledge translation.

Methods: CISEPO's experience on Neonatal Hearing Screening and Habilitation will be used as a case study example to demonstrate how and why CME/CPD activities contribute to professional development, policy development and to cooperation in conflict regions.

Key Points: CME/CPD interventions can bring people across borders to collaborate. Such collaborations can lead to knowledge synthesis and knowledge translation activities to address regional health needs as well as building bridges of understanding and cooperation between conflict regions.

Expected Outcomes: Participants will discuss strategies to improve and sustain such collaboration and discuss about the lessons learned from the CISEPO's experience and its application in other contexts.

Reference: Harvey Skinner, Ziad Abdeen, Hani Abdeen, Phil Aber, et al. Promoting Arab and Israeli Cooperation: A Model for Peacebuilding through Health Initiatives. Lancet: vol365: issue 9461, 2005.

Potential Participant's Self-Assessment Question: Do you have a need to learn more about how CME/CPD programmes influence in knowledge translation and health policy?

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

Changes in CME Funding 2000-2004: Who Pays the Bill in Canada?
(Partnering; Basics Track; Advanced Track; Research to Practice Track; Physician's Track)

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***No Relevant Financial Relationship(s)**

Relevance: Many specialty societies have identified the role of commercial support in funding CME and have recognized the potential threat to the objectivity of a program. The College of Family Physicians of Canada has systematically reviewed all of the accredited programs from 2000-2004 to identify CME providers and funding sources.

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 define the changes in funding for CME for Family Physicians in Canada.

Objectives: Participants in this poster session will be able to identify the changes in funding and reflect on how this will impact their future program planning in their organization.

Methods: Survey review of approximately 5000 accredited programs at the national and chapter level of a specialty society focusing on the provider and funding sources.

Key Points: Current trends in CME funding may dramatically impact future CME development. To prepare for this, we need to review past and current levels of commercial support.

Expected Outcomes: CME professionals will have a benchmark to assess their past and current funding sources, observe trends and prepare for the future.

Reference: Harrison, V. The Uncertain Future of Continuing Medical Education: Commercialism and Shifts in Funding. JCEHP 23, 4, 198-209.

Potential Participant's Self-Assessment Question: Can you identify the funding sources for your CME programs? Are you able to forecast the trends and prepare for the future?

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

Comparison of Various Pharmaceutical Letters of Agreements

(Administrative/Management; Basics Track; Advanced Track; Research to Practice Track; Physician's Track)

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No Relevant Financial Relationship(s)

Relevance: Pharmaceutical companies have drastically changed their process for grants. The CME Provider needs to be well aware of these changes that include downloading the company's Letter of Agreement, completing it, providing a budget, return of unused funds, etc. Providing your own Letter of Agreement is no longer an option in most cases. Obtaining grants from the majority of companies now requires an application and approval process. Many grants are not approved and the time frame to obtain a grant has increased. CME professionals need to be focused on the **first wave** of CME, which is to enhance their understanding of CME issues with major pharmaceutical companies, the **second wave**, which is a more detailed understanding of the processes and how we learn, and finally the **third wave**, which is to identify systemic factors that are obstacles to the development of the CME professional.

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

Purpose: To compare the consistency of various pharmaceutical companies' Letters of Agreements and to ensure that compliance with applicable laws and regulations are maintained.

Objectives: After the poster presentation, the CME professional should be able to identify 3 important issues found in Pharmaceutical Letters of Agreements regarding the Standards for Commercial Support. The CME provider must ensure that decisions were made free of the control of a commercial interest, must determine whether or not each individual company requests unused funds to be returned, and also must ensure that compliance with applicable laws and regulations are identified.

Methods: The poster will present an overview of data collected from nine various pharmaceutical companies comparing: (1) independence, (2) return of unused funds, and (3) compliance with applicable laws and regulations such as ACCME.

Key Points: ACCME Standards require that a CME provider must ensure that decisions were made free of the control of a commercial interest. Both the commercial supporter and the provider must sign the written agreement between them. The provider must make all decisions regarding the disbursement of commercial support, and the provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support. ACCME guidelines need to be specified in all Letter of Agreements.

Expected Outcomes: Use appropriate data to assess pharmaceutical Letters of Agreement and improve learning experiences.

Reference: ACCME Standards for Commercial Support. <http://www.acme-assn.org>.

Potential Participant's Self-Assessment Question: Do I need to complete Letters of Agreement from my own institution and the Pharmaceutical Company?

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

Recognizing RSC Departmental/Division Coordinators for Exemplary Performance
(Administrative/Management; Basics Track; Advanced Track; Research to Practice Track; Physician's Track)

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***No Relevant Financial Relationship(s)**

Relevance: There is a constant need within CME offices to emphasize to department/division personnel the importance of being in compliance in all areas when it comes to regularly scheduled conferences (RSC). In a majority of CME programs, the cooperation of the departmental/division "point" person is absolutely necessary in obtaining required documentation and follow up. A recognition program can go a long way in promoting cooperation from the "point" person in the departments and divisions of a community hospital, medical center or academic institution. It also serves as an incentive/model for all involved.

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

Purpose: The presentation will focus on a strategy to recognize the "point" person in the process of documentation and record keeping required in accreditation of RSCs. It will also provide a positive method that will encourage others to improve their performance and strive for recognition.

Objectives: At the end of this session participants will be able to 1) outline steps in developing a recognition program and 2) list the benefits to the RSCs, the "point" person in the departments and divisions, the CME program and the institution.

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

Key Points: Most CME programs already have one or two individuals who perform above the norm in the area of RSC compliance and record keeping. They are usually in the minority. A recognition program will put the spotlight on those who have met and exceeded the expected requirements and at the same time provide a model of attainable goals for others. The RSC coordinators are stakeholders who play an important part in the overall CME program accreditation process, the department/division accredited activities and the documentation of awarded credit for their own department/division's physicians. This recognition program can be extended into other areas of your overall CME program. Awards/recognition can take place at annual or semi-annual orientation/update workshops for departmental/division RSC coordinators.

Expected Outcomes: Participants will be able to take home a model of a RSC Coordinator Recognition Program to be incorporated into their CME program.

Reference: ACCME's Policy 2003-A-08: Compliance with ACCME Requirements Within an Institution's Regularly Scheduled Conferences.

Potential Participant's Self-Assessment Question: Do you have the need to improve the overall level of compliance and documentation provided by your institution's administrative personnel working in department/division's regularly scheduled conferences?

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

Innovative Use of Technology to Assess Educational Needs for “Hot Topics”

(Administrative/Management; Basics Track; Advanced Track; Research to Practice Track; Physician’s Track)

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***No Relevant Financial Relationship(s)**

Relevance: Large medical meetings are often planned 8 or more months in advance, however advances in diagnosis and therapies are under constant development. CME program planners need an efficient way to meet the immediate needs of their learners. Using their existing on-line registration system, CME planners can easily determined the perceived needs of their attendees and create a “hot topic” session based on the data.

Target Audience: Intermediate level for Medical Specialty Societies (or other groups utilizing online registration)

Purpose: To provide CME professionals with an innovative tool to assess educational needs of their audience, leading to the development of an educational session tailored to the identified “hot topics” as indicated by attendees.

Objectives: After reviewing the poster presentation, the attendees should be able to assess their ability to use and apply the methods described in assessing educational needs of their audience and developing sessions based on identified “hot topics.”

Methods: Illustrative poster presentation

Key Points: Using an on-line registration system for live events, attendees are required to complete a survey and indicate the topic areas for which they feel they most need new information. Results are tabulated, and program planners use the data plan and implement a “hot topic” session in a relatively short period, as compared to the usual 8-12 months used for planning annual programs sessions.

Expected Outcomes: To provide CME professionals with a new tool to assess educational needs and develop “hot topics” sessions.

Reference: N/A

Potential Participant’s Self-Assessment Question: Do you utilize online registration by which you could incorporate a needs assessment survey for registrants in order to identify hot topic areas?

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

Regularly Scheduled Conferences Management System

(Administrative/Management; Basics Track; Advanced Track; Research to Practice Track; Physician's Track)

LaMonica Nelson

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No Relevant Financial Relationship(s)

Relevance: CME providers are challenged to implement a management system for regularly scheduled conferences that complies with ACCME Essential Areas and policies. This poster presents a model for successfully planning, executing, and monitoring RSCs for full compliance with ACCME requirements.

Target Audience: The poster presentation will be of interest to all potential participants in all provider groups.

Purpose: The poster will showcase a comprehensive system for the administrative management of regularly scheduled conferences.

Objectives: At the end of the poster session participants will be able to:

- 1) Describe a RSC CME management process from planning through evaluation.
- 2) Examine a comprehensive RSC monitoring, coaching and quality improvement system.
- 3) Discuss merits of a retrospective RSC review process.

Methods: A flowchart will be used to describe how a comprehensive RSC management system has been developed, implemented and evaluated within the USUHS CME department.

Key Points: Implementing this innovative RSC management system resulted in the following:

- Consolidated and unified RSC management
- Increased communication between the RSC manager and RSC directors/administrators
- Improved RSC evaluation processes and feedback mechanisms

Expected Outcomes: Participants will be able to replicate this successful RSC management system

Reference: Mullikin, B. Regularly Scheduled Conferences: Turning a Headache into an Opportunity. Almanac, 26(6), 1-5.

Potential Participant's Self-Assessment Question: Are you interested in developing or improving your system for RSC management for compliance with relevant ACCME Essential Areas and policies?

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

CME Accreditation in Spain: Current Situation and Future Challenges

(Administrative/Management; Basics Track; Advanced Track; Research to Practice Track; Physician's Track)

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***No Relevant Financial Relationship(s)**

Relevance: In the last 8 years, CME accreditation in Spain has dramatically changed and, currently, the situation is highly encouraging in terms of rationalizing the scenario and achieving international connections.

Purpose: To describe the situation of CME accreditation in Spain and the expected progresses at national and international level

Objectives: To present the Spanish CME accreditation systems, their interrelations and future developments

Description: After some preliminary experiences, in 1997 the Catalan Council of CME implemented the first whole CME Accreditation System in Spain. One year later, the Spanish Commission of Continuing Education for Health Professions (SCCEHP) put into practice its CE accreditation system, patterned after the Catalan system. All the 17 Spanish Autonomous Regions adhered this system, which is highly decentralized and is accrediting/certifying CE events for all the health professions.

In 2002, the Spanish Accreditation Council for CME (SACCME) was created, under the supervision of the SCCEHP. The board of SACCME is made up by the Spanish Medical Association (its leading institution); the Spanish Federation of Medical Societies; the Spanish Assembly of Deans of Medical Schools; and the Spanish Council of Medical Specialties.

Key Points: The SCCEHP and the SACCME are currently the two main CME accreditation systems in Spain. They use the same CME events' accreditation methodology and, so, they grant equivalent CME Credits.

Expected Outcomes: While the SCCEHP system is certifying/accrediting CE events for all health professions, SACCME is specifically focused on the CME events' accreditation/certification. Consequently, SACCME is progressively incorporating the pre-existing CME accreditation systems of several Spanish Medical Societies and, therefore, becoming the reference CME accreditation system for Spanish doctors, able to establish international agreements about mutual recognition of CME Credits.

Reference: Pardell H, Sierra G. Continuing Medical Education and Continuing Medical Education accreditation in Spain. JCEHP. 2003; 23: 244-6.

Potential Participant's Self-Assessment Question: Are you interested in better knowing the Spanish CME accreditation system and its relations with the European initiatives in this field?

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

The Accreditation System of the College of Physicians of Barcelona

(Administrative/Management; Basics Track; Advanced Track; Research to Practice Track; Physician's Track)

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***No Relevant Financial Relationship(s)**

Relevance: Within the aims of the College of Physicians of Barcelona (CPB) there is the promotion of CME and Continuing Professional Development and the recognition of professional competence of physicians practicing in non-regulated sectors. The College has an accreditation system that covers both fields. On one hand, to recognize the effort of CME, on the other, to accredit the competence of those professionals developing insufficiently regulated medical practices but socially accepted and integrated in the profession. Finally the CPB has an accreditation system for CME activities, by delegation of Catalan Council of CME.

Target Audience: Continuing Medical Education professionals at any experience level

Purpose: To present the accreditation system of the College of Physicians of Barcelona.

Objectives: To describe the accreditation system created by the College of Physicians of Barcelona and the accreditation activity carried on.

Methods: To analyze the documents regarding the college accreditation system and the descriptive data of the physicians who applied for the accreditation.

Key Points: The college accreditation system gives three different kind of accreditation. Since 2000 the DAC-CME (Diploma of College Accreditation in Continuing Medical Education) has recognized the individual effort of the physician in CME during a specific period of time (2 years). And, since 2004, the DIACAP (Accreditative Diploma of Competence) which has been designed for professional sectors with insufficient regulation. Both Diplomas are revised by the corresponding Accreditation Commission, which is the body responsible for conceding or denying the accreditation diploma according to the governing Board of the College of Physicians of Barcelona. The third kind of accreditation evaluates CME activities of the college by delegation of Catalan Council of CME using the same model and rules. Since 2000 till January 2005, 365 DAC-CME were awarded from 396 applications. In 2004 the DIACAP began his work in three professional areas: Acupuncture (78 applications), Aesthetic Medicine (92 applications) and physicians in elderly home (3 applications).

Expected Outcomes: College Accreditation Diplomas and the Accreditation of CME activities are useful tools to stimulate the participation of physicians in the CME activities, and give formal professional recognition in sectors with insufficient regulation.

Reference: Oficina Técnica de Acreditación (OTA.- Technical Accreditation Office). College of Physicians of Barcelona. Spain <http://www.comb.es>.

Potential Participant's Self-Assessment Question: Are you interested in knowing the accreditation system of the College of Physicians of Barcelona?

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

Using a Self-Study Program to Integrate Simple Practice Assessments into Lifelong Learning

(Self-Assessment and Life-Long Learning; Basics Track; Advanced Track; Research to Practice Track; Physician's Track)

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No Relevant Financial Relationship(s)

Relevance: ACCME emphasis on documenting that CME programs lead to improved care and improved patient outcomes presents a challenge to traditional, distance-learning programs. Users are not centrally located, and there is usually no one-to-one teacher/learner interface, or group-learning opportunity. In addition, helping family physicians understand how practice assessment with subsequent practice change equates to "CME" is challenging as it does not fit the traditional learning model.

Target Audience: This poster will be of interest to CME providers who must find ways to integrate practice assessment and outcomes measurement into traditional CME programming. The steps used in this model can be applied to course programming as well as to distance-learning activities.

Purpose: This poster will describe two simple practice assessment projects offered to subscribers to a monthly self-study program, follow-up and surveys to determine barriers to participation, positive aspects to participation, and lessons learned.

Objectives: After review of the poster, participants will be able to identify key components of a practice assessment activity for a self-study program; identify problems and barriers to use of such activities with a self-study program; list improvements to make similar future activities more successful.

Methods: Two simple practice assessment projects were offered to subscribers of a monthly self-study program. Each project included a pre-activity audit, educational intervention with supporting practice tools, post-education questionnaire and "commitment to change" document, follow-up reminders, and follow-up audit activity. Additional CME credit was granted for completing all phases of each project. Participants and non-participants were surveyed to assess barriers to participation, problems and barriers for participants, positive aspects of participation, and lessons learned to include in future similar programs.

Key Points: Distance-learning CME activities can include practice assessment and improvement activities. Family physicians are not used to thinking of chart audits and practice assessments in the context of CME activities. Self-study programs must include very simple projects with clear, evidence-based steps as the user is acting without group support.

Expected Outcomes: As CME activities must move toward documenting how they can make an impact on practice, providers must help physicians think of CME and practice improvement as integrated steps to improved patient outcomes. Physicians will need multiple opportunities to make this transition.

References: Onusko E, Choo J. Hypertension. FP Essentials, Edition No. 305, AAFP Home Study. Leawood, Kan: American Academy of Family Physicians, October 2004.

Berg AO: Adult Prevention. FP Essentials, Edition No. 308, AAFP Home Study. Leawood, Kan: American Academy of Family Physicians. January 2005.

Potential Participant's Self-Assessment Question: Have you introduced your CME program participants to the concepts of integrating practice assessment with educational content?

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

From Backboard Posters to Electronic Posters: Enhancing the Learning Environment of a Large Annual Meeting while Expanding Educational Opportunities

(Self-Assessment and Life-Long Learning; Basics Track; Advanced Track; Research to Practice Track; Physician's Track)

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No Relevant Financial Relationship(s)

Relevance: Computer graphics and digital systems have evolved sufficiently to allow for a departure from the conventional viewing of hardcopy posters to electronically viewing via a Digital Presentation System (DPS). Meeting attendees have become accustomed to walking from aisle to aisle, viewing rows of poster presentations, sometimes engaging in a discussion with presenters and/or colleagues. Electronic presentations offer a radically different learning environment. Aisles of hardcopy posters are replaced by rows of dedicated computers where one, perhaps two, attendees can sit and view presentations electronically, moving from one screen to another by the click of a mouse. This electronic format allows physicians to e-mail presentations to themselves or colleagues for use in their clinical practice or as additional teaching resources. Attendees have the opportunity to correspond via e-mail with authors to gain further insight and share experiences. Additionally, these electronic posters can be made available via the web for meeting attendees as well as professional colleagues unable to attend the meeting. What is not immediately clear to those thinking about a transition to electronic presentations is how the physicians will respond to this change in learning environment. This poster session addresses this issue.

Target Audience: This poster session will be of interest to 1) CME professionals who would like a practical example of how physicians responded to a change in the way they view posters; 2) CME professionals seeking ways to expand their audience for annual meeting educational content.

Purpose: To demonstrate physicians' response to electronic poster exhibits when a DPS system was first introduced at a large annual meeting.

Objectives: Upon reviewing this poster, participants will be able to: 1) learn the extent of physicians' satisfaction with electronic presentations at a large annual meeting; 2) identify the major reasons physicians like or dislike electronic presentations; 3) learn what physicians think would help improve the 'virtual learning environment'.

Methods: The poster will present the results of two surveys, one self-administered online and the other administered by face-to-face interviews during a large annual meeting. The surveys were designed to assess attendees' preference for hardcopy or electronic posters. Attendees' reasons for their preferences and suggestions for improving the effectiveness of the DPS learning environment will also be presented.

Key Points: More and more professional organizations are using or planning to use electronic presentation systems to enhance and expand the learning environment of their annual meetings. It is important to learn what the end-users, the physicians, think about electronic presentations.

Expected Outcomes: Learners will be able to identify strategies to transition from hardcopy to electronic poster presentations and strategies to evaluate and improve their programs to design and implement a similar transition.

Reference: Chumley-Jones HS, Dobbie A, and Alford CL. Web-based learning: Sound educational method or hype? A review of the evaluation literature. Acad Med. 2002 (Oct. Supplement); 77(10); S86-S93.

Potential Participant's Self-Assessment Question: Do you have a need to learn more about the transition from traditional backboard poster to electronic presentations?

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

The CME Library Delphi Study: Core Books and Journals for Practitioners

(Self-Assessment and Life-Long Learning; Basics Track; Advanced Track; Research to Practice Track; Physician's Track)

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***No Relevant Financial Relationship(s)**

Relevance: As CME practice has evolved beyond questions of *what* and *how* we learn to include *where* we learn, an increasingly broad range of disciplines (e.g., medicine, education, marketing, systems thinking, leadership development) has become relevant. This literature contains many publications that can contribute to the core knowledge base that CME professionals use in their practice. However, there have been no previous attempts to systematically define, prioritize and organize this literature. This poster describes a study conducted by the University of Wisconsin-Madison and the Alliance Center for Learning and Change to address this need.

Target Audience: The topic will be of interest to CME professionals and health providers at all levels in all provider groups.

Purpose: This poster will describe the purpose of the study, the participants, the process by which the list of materials was developed, and the list of books and journals that was identified.

Objectives: As a result of this poster presentation, participants will be able to identify books and journals that 1) can be used for professional development and improving practice in the CME field and 2) are recommended as part of a core library for CME professionals.

Methods: This poster presents new information from a study involving a panel of 44 recognized CME experts from a wide range of provider groups. In a three-round modified Delphi process (Adler and Ziglio, 1996), participants identified and rated a core body of literature for the CME field.

Key Points: The major result of the study is a list of recommended books and journals organized around the Alliance for CME's Competencies for CME Professionals.

Expected Outcomes: Participants will be able to identify highly rated books and journals that can be used for professional development, identify sources of ideas and knowledge that address tasks and challenges in professional practice, and make more informed choices/recommendations for the purchase of items for professional libraries.

Reference: Adler, MA, Ziglio, E. Gazing into the oracle: the Delphi method and its application to social policy and public health. London: Jessica Kingsley Publishers, 1996.

Potential Participant's Self-Assessment Question: Are you able to identify several books and journals that are regarded by many experienced practitioners and educators as the best resources available on the topics of adult/organizational learning, systems thinking, partnership, educational interventions, administration/management, leadership, self assessment/lifelong learning, and performance measurement?

T1, Plenary
8:30 – 10:00 am, Thursday
Grand Ballroom A, B, & C/Street; Banquet/1260

Using a Systems-Based Framework in CME Planning to Enhance the Translation of New Knowledge into Physician's Practices

(Systems Thinking; Basics Track; Advanced Track; Research to Practice Track; Physician's Track)

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***No Relevant Financial Relationship(s)**

Relevance: Systems theory looks at processes as a sequence of inputs, throughput processes, and outputs. A systems-based conceptual framework shows that many processes are involved in translating new information into physicians' practices. Various organizations produce outputs that become inputs for other organizations. Physician learning involves education about the important medical aspects/operational issues in the context of physicians' local practice environment. The institutional setting (e.g., specialty society, medical education/communication company, state medical society, medical school, hospital) typically has the CME provider focus on some aspects of the overall process more than others. The broader conceptualization helps identify concerns/opportunities for CME providers in improving health care delivery by physicians.

Target Audience: This plenary session will be of interest to all CME providers.

Purpose: The session presents a systems-based conceptual framework for translating knowledge into practice and illustrates its application to improving the effectiveness of CME activities of specialty societies, medical education/communication companies, state medical societies, medical schools, and hospitals.

Objectives: At the end of this session, participants will be able to identify (1) their institution's role in using CME to translate new knowledge into practice and (2) changes they can make to translate new knowledge into practice.

Methods: A formal presentation will introduce the conceptual framework and the concerns/opportunities it identifies for CME providers' effectiveness as part of a larger system for translating new knowledge into practice. Panel members from various types of CME providers will describe how insights from the framework can be used to enhance CME activities in the context of that type of CME provider. Then participants will discuss the application of the framework to their own settings.

Key Points: Individuals must consider the larger "system" for translating new knowledge into physicians' practices as they: (1) seek to be more effective within their own CME program, (2) try to improve the "input" that other organizations provide to them, and (3) develop more effective "output" for others to use in subsequent steps of the overall process.

Expected Outcomes: Participants will consider their role and how to make it more effective in the overall CME "enterprise."

Reference: Harrison RV. Systems-based framework for continuing medical education and improvements in translating new knowledge into Physicians' Practices. Journal of Continuing Education in the Health Professions, 2004;24 (Supplement 1, fall):S50-S62.

Potential Participant's Self-Assessment Question: How do the CME activities of your organization fit in the overall processes by which physicians continuing to learn and to change their practices?

T2, Mini-Plenary
10:30 – 11:30 am, Thursday
Grand Ballroom D/Street; Theatre/560

Report from the National Task Force on CME Provider/Industry Collaboration
(Partnering; Advanced Track)

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***No Relevant Financial Relationship(s)**

Relevance: Delivery of quality continuing medical education in today's environment relies on a complex system and requires collaboration and systems thinking. 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 the providers of CME. 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 CME 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 16th conference, entitled: "*Practical Strategies for Survival in the Guideline-rich Environment of 2005*" took place in Baltimore from October 24-26, 2005. CME professionals who could not attend this conference will benefit from hearing the highlights of the conference and the conclusions reached. A summary of the best interactive cases used at the conference will be presented, and current issues under discussion at the Task Force meetings will be highlighted, using a panel of selected Task Force members

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 in CME.

Purpose: This session will demonstrate that collaboration and meaningful discussion of issues and problems occurs between CME providers, industry, and government for the benefit of physicians seeking quality continuing medical education and their patients.

Objectives: At the conclusion of this mini-plenary, participants will be able to understand some of the complex issues at the interface of the funding of CME and the provision of quality CME, and be able to interpret the current environment in a more meaningful way.

Methods: After brief presentations of the major issues facing the Task Force, we will seek input from participants as to further issues that should be studied and reviewed by the Collaboration Task Force.

Key Points: CME today is provided through a complex system where the players need to understand each other and foster collaboration. Understanding the complexity of the current developments in CME is crucial and one must 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 Provider/Industry collaboration.

Reference: The web-site of the 16th National Conference at <http://www.ama-assn.org/go/cmetaskforce>.

Potential Participant's Self-Assessment Question: Do I understand the role of continuing collaboration in the delivery of quality CME? Can I communicate this need for systems thinking to my colleagues at home?

T3, Breakout
10:30 – 11:30 am, Thursday
Grand Salon 4, 7, & 10/Street; Theatre/210

**Implementing New Systems: Lessons Learned through Achieving Compliance with the New
ACCME Standards for Commercial Support**
(Leadership)

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***No Relevant Financial Relationship(s)**

Relevance: CME providers sometimes view regulatory and accreditation standards as obstacles to growth and as impediments to the normal business operations within their practice settings. This breakout session describes those lessons Pri-Med Institute learned through working to achieve compliance with the 2004 revised ACCME *Standards for Commercial Support*. Suggestions for overcoming potential obstacles to systems change, earning the buy-in of key stakeholders and evaluating the success of newly implementing policies, procedures and workflows will all be presented.

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

Purpose: This presentation will outline streamlined and efficient processes for revising processes, procedures, and workflows learned through bringing the workings of a large CME unit into compliance with the revised ACCME *Standards for Commercial Support*.

Objectives: At the end of this breakout session, participants should be able to 1) identify at least four key mechanisms for approaching systems change while maintaining ongoing operations within their practice settings, and 2) highlight up to three means of evaluating the success of newly implemented systems within a CME practice setting.

Methods: Presenters will outline key components of successful systems implementation, and will engage the audience in identifying those elements that may be appropriate for their own practice settings.

Key Points: All CME providers have been and will to continue to be challenged to respond to new and revised mandates from accrediting and regulatory bodies. Providing a presentation and discussion of one provider's approach to achieving compliance with the 2004 revised ACCME *Standards for Commercial Support* will provide opportunities for discussion and brainstorming on other factors influencing systems change, and will help facilitate successful operational change within a variety of CME practice settings.

Expected Outcomes: CME professionals, regardless of experience or practice setting, will gain a framework for effectively addressing and executing systems changes while not interrupting the ongoing business and educational operations of their CME settings.

Reference: ACCME. Standards for Commercial Support. Available at:

http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf. Last accessed 23 February 2005.

Potential Participant's Self-Assessment Question: Would you like to gain additional ideas and resources for efficiently and successfully implementing systems changes in response to accreditation and regulatory standards?

T4, Breakout
10:30 – 11:30 am, Thursday
Grand Salon 13 & 16/Street; Theatre/170

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

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***No Relevant Financial Relationship(s)**

Relevance: ACCME 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. Accredited providers that produce regularly scheduled conferences must 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.

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

Purpose: This session is intended to provide participants with explanations of the requirements, what the requirements imply, and some innovative strategies to consider for improving regularly scheduled conference monitoring systems. 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 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 or improve their own compliance system for their institution.

Methods: The presenters will use a lecture and panel discussion format accompanied with PowerPoint, handouts, and samples of documents while allowing participants to ask questions and participate in the discussion.

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

Reference: ACCME Policy 2003-A-08

Potential Participant's Self-Assessment Question: Do I offer regularly scheduled conferences (e.g., grand rounds) and need understand how to develop or improve a system of managing RSCs?

T5, Breakout
10:30 – 11:30 am, Thursday
Grand Salon 19 & 22/Street; Theatre/170

Creating a Process Improvement-Oriented CME Office
(Administrative/Management)

Debra Gist, MPH*

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Brooke Johnson, BS*

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***No Relevant Financial Relationship(s)**

Relevance: With diminishing resources and increasing demands, CME office operations need to be as efficient as possible.

Target Audience: This practical breakout session will be of interest to all CME professionals who want to improve their office processes.

Purpose: This session is designed to provide an interactive discussion of how a CME office can improve its operational processes.

Objectives: At the conclusion of this session, participants should be able to: 1) Define process improvement and process re-engineering and differentiate between the two; 2) Discuss changing office culture to incorporate process improvement and process reengineering activities; 3) Review and discuss examples of process improvement and process reengineering and delineate “lessons learned”; and 4) Identify potential areas for process improvement activities in your CME office.

Methods: Didactic presentation, question and answer session.

Key Points: Committing to and operationalizing process improvement activities in your CME office will pay dividends.

Expected Outcomes: Improvement in CME operations and customer satisfaction.

Reference: Flanigan E and Scott J: Process Improvement; Crisp Publications (May 1, 1995).

Potential Participant’s Self-Assessment Question: Do you have a need to learn more about how you can improve and optimize the operations of your CME office?

T6, Breakout
10:30 – 11:30 am, Thursday
Grand Salon 21 & 24/Street; Theatre/195

Outcomes Measurement and Return on Education: What Are They and How Can I See Results?
(Performance Measurement)

Brandy Gray

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No Relevant Financial Relationship(s)

Relevance: “Outcomes Measurement” and “Return on Education” are both terms that have become more commonplace over the past few years. As we move beyond traditional evaluations consisting of subjective opinion on how well the learning objectives have been met to more robust mechanisms aimed at measuring change in physician behavior, there has been a host of new terminology and evaluation mechanisms developed. As such, it’s important to take time to ensure clear understanding of both the terminology and evaluation methods being used within the CME enterprise and foster collective knowledge on the best methods to demonstrate the positive affect of CME on patient care.

Target Audience: CME professionals at all levels who are interested in more robust methods for evaluating the effectiveness of CME in improving patient care.

Purpose: This presentation will focus on identifying and defining the range of post-activity evaluation methods, as well as providing research information on the types of post-activity evaluation methods currently being used by other providers. Most important, this presentation will focus on methods for evaluating the effectiveness of CME in changing physician behavior which improves patient care.

Objectives: At the conclusion of this breakout, participants will be able to 1) define the emerging range of evaluation methods, 2) identify the most common types of activity evaluation, and 3) implement more robust evaluation mechanisms that are linked to improved patient care.

Methods: Presenters will discuss the shift in activity evaluation to include its origins and future. Following a discussion of these key points, survey results will be shared regarding the evaluation mechanisms currently employed by other providers. Participants will be asked to participate in discussion regarding the effectiveness of the various evaluation mechanisms in demonstrating positive affect of CME on patient care.

Key Points: The simple evaluations of the past are no longer enough to adequately measure the effectiveness of CME activities. As we identify and develop more robust methods of evaluation, we must keep in mind that the ultimate goal, and thus the measure of good CME, is how an activity not only changes physician behavior, but also improves patient outcomes.

Expected Outcomes: CME professionals will enhance their knowledge of activity evaluation and move toward more robust evaluation that is linked to improved patient care.

Reference: ACME Evaluating Educational Outcomes: An electronic workbook for CME providers, ACME Best Practices, MarketSpark Research

Potential Participant’s Self-Assessment Question: Are you confused by the discussion on outcomes measurement and return on education and interested in learning more about methods to evaluate the effectiveness of your CME activities?

**T7, Forum
10:30 – 11:30 am, Thursday
Grand Salon 15 & 18/Street; Theatre/195**

ACCME or ACME and Other CME IQ Questions: Interpretations, Misconceptions and Expectations
(Self-Assessment and Life-Long Learning; Basics Track)

Michael Lemon, MBA*

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Lawrence Sherman*

Jobson Education Group, tel: 973/954-9285, <mailto:lsherman@jobson.com>

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***No Relevant Financial Relationship(s)**

Audience response technology to be provided by Interactive Media Solutions

Relevance: Continuing medical education (CME) plays an important role in the health care environment and is an essential element of year-to-year physician training, learning, knowledge and improvement, as well as a major contributor to proper patient care and well being. However, there is no formal training program for CME professionals, nor is there a certification process for individuals involved in this critically important profession. While a certification process has been discussed for many years, it is still in the theoretical stage. There are existing programs such as the *CME: The Basics* program from the Alliance and the *Understanding ACCME Accreditation* presented by the ACCME several times a year, but the majority of CME professionals either do not attend or participate in these programs, or perhaps need a refresher from time to time. Presentations during the 29th and 30th annual Alliance conferences provided an interactive forum for measurement of CME knowledge that highlighted what the presenters found to be the most confusing in CME. 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 of the 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.

Target Audience: This forum should be of interest to first-time conference attendees, as well as veteran CME professionals in all provider groups.

Purpose: This forum is designed to provide CME professionals at all levels with interpretations, misconceptions and expectations involved in the development and delivery of CME.

Objectives: At the conclusion of this forum, participants should be better able to: 1) identify key elements for demonstrating compliance with the rules, regulations and guidelines established by the agencies that provide oversight to the CME enterprise, and 2) demonstrate a greater competency in the profession of CME.

Methods: A panel of CME professionals will utilize audience response technology to determine the CME IQ of session attendees, followed by substantive discussion led by the panel in response to the specific needs and questions of attendees.

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

Expected Outcomes: Participants will clearly see where there is an applicable policy addressing a situation versus a circumstance that may call for an organizational procedure.

Reference: Data on file, L. Sherman.

Potential Participant’s Self-Assessment Question: Will my core competence as a CME professional improve as a result of identifying the interpretations, misconceptions and expectations of compliance?

T8, Breakout
10:30 – 11:30 am, Thursday
Grand Salon 9 & 12/Street; Theatre/195

Applying a Systems-Based Framework to Enhance Your CME Program's Effect on Performance Outcomes
(Systems Thinking; Research to Practice Track)

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No Relevant Financial Relationship(s)

Relevance: This breakout session addresses further application of the concepts introduced in the plenary. A systems-based conceptual framework shows that many processes are involved in translating new information into physicians' practices. Physician learning involves education about the important medical aspects/operational issues in the context of physicians' local practice environment. The institutional setting (e.g., specialty society, medical education/communication company, state medical society, medical school, hospital) typically has the CME provider focus on some aspects of the overall process more than others. CME providers need to consider the overall set of processes necessary to translate new information into practice and identify opportunities to enhance the effectiveness of their CME programs in improving care provided by physicians.

Target Audience: CME professionals at intermediate and advanced levels in all provider groups

Purpose: This session will have participants examine in more detail the systems-based framework presented in the plenary and its application in enhancing their roles as CME providers. Similarities and differences in implications will be emphasized for specialty societies, medical education/communication companies, state medical societies, medical schools, and hospitals.

Objectives: At the end of this session participants will be able to use the systems-based framework to answer (1) what changes would increase your effectiveness and (2) how can you bring about those changes.

Methods: After a brief introduction, participants will discuss in small groups insights that the conceptual framework provides into limitations of their CME program and its offerings, realistic possibilities for improvement, priorities for improvement, and how to implement those changes. Groups will share their insights with the overall group.

Key Points: Individuals must consider the larger "system" for translating new knowledge into physicians' practices as they: (1) seek to be more effective within their own CME program, (2) try to improve the "input" that other organizations provide to them, and (3) develop more effective "output" for others to use in subsequent steps of the overall process.

Expected Outcomes: Participants will be able to identify changes they can make in their CME program to increase its effectiveness in translating new knowledge into physicians' practices.

Reference: Harrison RV. Systems-based framework for continuing medical education and improvements in translating new knowledge into Physicians' Practices. Journal of Continuing Education in the Health Professions, 2004; 24 (Supplement 1, fall):S50-S62.

Potential Participant's Self-Assessment Question: How can I change my institution's CME program and its offerings to be more effective in translating new knowledge into physicians' practices?

T9, Breakout
10:30 – 11:30 am, Thursday
Grand Salon 3 & 6/Street; Theatre/195

Assessing Outcomes - Moving beyond Satisfaction
(Performance Measurement)

Christopher Larrison, BA*

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***No Relevant Financial Relationship(s)**

Relevance: Although providers of CME are required to assess outcomes of programs, few practical examples exist to assist in this task. Participation and satisfaction assessments in the form of post program evaluations have been outcomes measures most typically used. It is important to move beyond these outcome measures to higher levels such as learning, performance and even patient health status change. These higher levels require more time, skill and resources but are critical to: 1) improving program offerings 2) determining resource allocation 3) continuing improvement of the CME department. This breakout session will provide practical examples in outcomes measurement.

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

Purpose: This session will provide practical examples of outcome measurement including learning, performance and health status changes.

Objectives: At the end of this session, participants will be able to 1) identify different levels of outcome measurement 2) list several strategies for collecting data for analysis 3) determine appropriate measurement(s) for current programming.

Methods: Practical examples will be presented individually with discussion time for each example for questions concerning implementation and expected barriers. The session will measure knowledge change in the form of a pre and post test given to participants on this topic and a commitment-to change form will be utilized.

Key Points: Outcomes of CME interventions can and should be measured at various levels including learning, performance and patient health status changes. Developing a strategy to collect change data is imperative to successful outcomes measurement.

Expected Outcomes: Participants will discuss levels of outcomes measurement and evaluate tools for collecting data. They will also participate in outcomes measurement during this breakout session.

Reference: Davis DA, Barnes BE, Fox RD, eds. The continuing professional development of physicians. Chicago: American Medical Association, 2003.

Potential Participant's Self-Assessment Question: Are you effectively able to develop and implement a strategy for collecting outcomes from your CME programs?

T10, Breakout
10:30 – 11:30 am, Thursday
Melrose/Third; Banquet/90

Frances Maitland Memorial Lecture

(Self-Assessment & Life-Long Learning; Basics Track; Physician's Track)

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***No Relevant Financial Relationship(s)**

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.

The session will also present useful strategies for mentoring processes related to practical exercises to identify individual personal and professional goals with educational opportunities during the Annual Conference, as well as resources of the Alliance and other relevant organizations for goal attainment.

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. To facilitate professional development through identifying personal and professional goals.

Objectives: At the conclusion of this session, attendees will understand the relevance of mentoring for CME professionals at every level. Attendees will identify personal and professional goals and link to strategies for goal attainment.

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. The session will also utilize interactive exercises affording attendees the opportunity to identify and link goals to strategies and resources.

Key Points: In the time that ideas and experiences are exchanged, the tradition of the mentoring process is continuously renewed. An awareness of and strategies to address professional development needs.

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>). Interested attendees will also develop a goal attainment plan for use during and after the Annual Conference.

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.

T11, Breakout
10:30 – 11:30 am, Thursday
Fountain/Third; Theatre/95

Analytic Methods: Descriptive Statistics and Correlation (Part 1)
(Performance Measurement; Research to Practice Track)

Jason King, PhD

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No Relevant Financial Relationship(s)

Relevance: In reviewing descriptive and research studies reported in the CME literature, professionals may routinely face the prospect of trying to evaluate conclusions based on statistical analyses with which they are unfamiliar. In addition, the rigorous reporting requirements established by the ACCME implies that CME professionals should hone their skills for determining which statistical technique is most appropriate when analyzing course evaluation and outcomes data. In light of these needs, a series of two breakout sessions will be offered to briefly introduce participants to some of the statistics commonly used and reported in the CME literature. Step-by-step procedures for calculating several of the statistics via Microsoft® Excel will be made available online to provide guidance for making application to real data.

Target Audience: The target audience member is any CME professional wishing to expand his/her knowledge of statistical techniques, particularly if the individual is actively evaluating CME activities.

Purpose: The purpose of this session is to review several descriptive statistics useful in analyzing educational data. Emphasis will be placed on conceptual understanding rather than memorization of formulas. The presentation will assume no prior knowledge of statistics. Content will be discussed using layperson's terms.

Objectives: After attending this session, participants should be able to identify the measurement scale of a given variable and be able to interpret various measures of center, spread, shape, and the correlation coefficient.

Methods: The presentation will guide participants in developing a conceptual framework within which to categorize various statistics, as well as in understanding the function and purpose of each statistic. Frequent use of examples, review questions, and a handout containing fill-in-the-blank items directly linked to course content will be used to facilitate learning. Active participation in discussion will be encouraged of attendees.

Key Points: In today's changing CME world, it is becoming imperative that CME professionals have at least a basic understanding of statistical techniques.

Expected Outcomes: Participants will gain familiarity with several basic descriptive statistics, which will foster increased confidence in reading descriptive reports and lay the groundwork for more advanced statistics.

Reference: Salkind NJ. Statistics for People Who (Think They) Hate Statistics (2nd ed.). Thousand Oaks, CA: Sage Publications, 2004.

Potential Participant's Self-Assessment Question: Do you wish to gain a better understanding of descriptive statistics?

T12, Breakout
10:30 – 11:30 am, Thursday
Rosedown/Third; Theatre/140

Maintaining Proper Boundaries: A CME Course to Help Physicians Who Become Sexually Involved with Patients or Staff
(Educational Interventions; Physician's Track)

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***No Relevant Financial Relationship(s)**

Relevance: Physicians who are suffering from burnout sometimes engage in sexual boundary violations with patients or staff. The Federation of State Medical Boards has recognized sexual boundary violations as a form of physician impairment and has recommended CME as one of the interventions to address the problem. The Center for Professional Health at Vanderbilt University Medical Center has developed a three day CME course that has helped physician participants resolve sexual boundary problems as well as the issues that led to their emergence.

Target Audience: CME professionals in all settings interested in effective programming for physician impairment.

Purpose: The purpose of this session is to summarize the results of a CME course addressing physician sexual boundary violations and to describe the components of the course that led to success.

Objectives: At the conclusion of the session, CME professionals will be able to: (1) describe the nature and scope of sexual boundary violations among physicians; (2) outline the components of an educational activity that can help physicians resolve sexual boundary problems.

Methods: Lecture presentation with discussion.

Key Points: (1) Sexual boundary violations and burnout are related. (2) Sexual boundary violations can be addressed by a carefully designed CME course.

Expected Outcomes: Participants will understand how to develop a CME course that helps physicians deal with sexual boundary violations.

References: Spickard A Jr., Gabbe SG, Christensen JF. Mid-career burnout in generalist and specialist physicians. JAMA 2002;288.12:1447-1450.

Spickard A Jr., Swiggart W, Manley G, Dodd D. A continuing education course for physicians who cross sexual boundaries. Sexual Addiction and Compulsivity. 2002;9.1:33-42.

Potential Participant's Self-Assessment Question: If I offer CME activities for impaired physicians, are they as effective as they could be?

T13, Breakout
10:30 – 11:30 am, Thursday
Magnolia/Third; Theatre/140

Certified CME or Promotional Education – How to Help Faculty Understand the Differences
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: The ACCME updated Standards for Commercial Support require that providers have in place mechanisms to resolve conflicts of interest. Faculty members who present in both certified CME and promotional education activities may be confused and perhaps offended by the CME professionals who must find ways to resolve these conflicts. CME professionals can be proactive in resolving conflicts of interest and minimizing faculty resentment by educating faculty about what can and cannot be done in each educational venue.

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

Purpose: This breakout session will provide clear guidelines for CME professionals who need to educate faculty members about the ACCME updated Standards for Commercial Support and other regulations and guidelines that apply to CME and promotional education activities.

Objectives: At the end of the session participants will be able to: 1) cite differences between certified CME and promotional education that are relevant to the presentation; 2) describe suitable means for resolving faculty conflicts of interest; and; 3) select a faculty development strategy to implement in their programs that will ensure that conflicts of interest are successfully resolved.

Methods: Faculty will facilitate a process whereby participants will identify the major differences between presenting in a certified CME program and a promotional program. Participants will work in small groups to develop mechanisms to insure that faculty understands what is expected in each venue.

Key Points: This breakout session will stress that particular communication problems may exist when planners of certified CME programs utilize faculty who are used to presenting in promotional venues. These problems include assisting faculty in understanding the requirements of the updated ACCME Standards of Commercial Support and other regulations and ensuring that conflicts of interest are successfully resolved.

Expected Outcomes: Participants will learn specific strategies to use to explain the requirements of the updated SCS and other regulations without offending or antagonizing experienced faculty.

Reference: Cain, DM, Loewenstein, G, Moore, DA. The Dirt on Coming Clean: Perverse Effects of Disclosing Conflicts of Interest. The Journal of Legal Studies. Volume 34(1), January 2005.

Potential Participant's Self-Assessment Question: Do you have a mechanism for insuring that faculty understands the requirements for presenting in a certified CME activity vs. a promotional education event?

**T14, Breakout
10:30 – 11:30 am, Thursday
Jasperwood/Third; Theatre/140**

**The Accreditation Process for the American Osteopathic Association (AOA) Continuing Medical Education Programs
(Administrative/Management)**

Morton Morris, DO

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No Relevant Financial Relationship(s)

Relevance and Purpose: The purpose of this presentation is to inform the Continuing Medical Education (CME) provider of the method in which the American Osteopathic Association (AOA) accredits Continuing Medical Education providers as well as the methods used to award credits.

Target Audience: This session will be of interest to CME professionals and health providers at all levels.

Objectives and Key Points: Considerable detail will be presented as to the types of educational credits awarded to Osteopathic Physicians as well as how non-accredited AOA providers of CME can provide credits to Osteopathic Physicians who attend their courses. Considerable attention will be paid to the criteria for osteopathic accredited providers to be eligible to grant AOA category I credits as well as the process for maintaining accreditation. The categories of AOA credits will be compared with ACCME and AMA-PRA credits.

Methods: The presentation will be given by Morton Morris, DO, JD, Chairman of the American Osteopathic Association Council on Continuing Medical Education in a workshop format utilizing a formal presentation along with interactive questions and answers.

Expected Outcomes: At the conclusion of the session, the attendees will be familiar with an overview of the entire AOA CME accreditation process as well as the relationship between the AOA and the ACCME accreditation process.

Reference: Participants desiring additional information will be able to obtain it from the American Osteopathic Academy of Orthopedic website: <http://www.aoao.org>.

Potential Participant's Self-Assessment Question: Based on the categories for certifying AOA credit, in which category is your CME program?

T15, Breakout
10:30 – 11:30 am, Thursday
Oak Alley/Third; Theatre/140

Meeting in the Middle: A Case Study of Joint Sponsorship Challenges and Rewards
(Partnering)

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No Relevant Financial Relationship(s)

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***No Relevant Financial Relationship(s)**

Relevance: As per ACCME's last annual report, joint sponsorship now accounts for more than 23% of all CME programs (compared to 19.1% in 2002 and 17.4% in 2001). And as joint sponsorship continues to grow, more and more organizations will be exposed to the unique opportunities and challenges encountered when working with other educational organizations. In order to overcome the struggles inherent in the joint sponsorship process, it is important to establish certain guidelines and procedures that will help both accredited and non-accredited organizations create successful partnerships that produce high quality, fair and balanced, and educationally effective CME activities.

Target Audience: CME professionals at all levels who are interested in joint sponsorship

Purpose: This presentation will focus on the keys to building a successful joint sponsorship between two or more organizations by examining a case study of specific successes and hurdles encountered between two actual joint sponsors.

Objectives: At the conclusion of this breakout, participants will be able to 1) identify the key processes necessary to establish a successful joint sponsorship program, 2) work productively with potential partners who have varying levels of joint sponsorship experience, and 3) foresee potential problem areas in the joint sponsor process as encountered by other organizations.

Methods: Using a case study of their own experiences, the presenters will discuss the key points and processes necessary to build a successful joint sponsorship. Following a discussion of these key points, presenters from both accredited and non-accredited organizations will discuss, in turn, specific hurdles and successes encountered during the joint sponsorship process. Participants will receive insight into the joint sponsorship process and learn of specific procedures they can implement to help ensure the success of their own joint sponsor program.

Key Points: Problems with communication and understanding can inhibit or completely impair an effective joint sponsorship. Establishing primary and secondary responsibilities up-front is essential to ensuring that each organization completes the proper work within an established deadline. Joint sponsorships must begin with the process of educational planning in order for each organization to evaluate whether the partnership is right for them.

Expected Outcomes: CME professionals will enhance their knowledge of the processes necessary for creating an effective joint sponsorship program. Participants will get insight into specific problems encountered in "real life" joint sponsorship situations and be able to then foresee and take steps to ensure the delivery of quality CME activities.

Reference: (internal policies and procedures); ACCME 2003 Annual Report Data
http://www.accme.org/dir_docs/doc_upload/97dd7a39-9746-4a5d-8c01-e56a9ffc0c8b_uploaddocument.pdf.

Potential Participant's Self-Assessment Question: What are specific ways I can enhance my joint sponsorship program by learning from other organizations' examples? Or, if I am contemplating entering a joint sponsorship, what key things should I implement and what specific obstacles should I foresee and avoid?

T16, Breakout
10:30 – 11:30 am, Thursday
Elmwood/Third; Theatre/140

Using Web-Based Technology to Conduct Needs Assessments
(Adult/Organizational Learning Principles)

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***No Relevant Financial Relationship(s)**

Relevance: Qualitative methods are useful for identifying gaps in knowledge and barriers to adoption of evidence-based practice. The Nominal Group Technique (NGT) is a well-validated approach that can be used to help understand physician perceptions, attitudes, and practice behaviors. The NGT is a systematic structured approach for eliciting both qualitative and quantitative information in response to carefully articulated set of questions from a group of key opinion leaders. As a contrast to other techniques that are conducted in a group setting such as brainstorming, Delphi, and focus groups, the NGT avoids much of the ambiguity and process loss that often occurs in unstructured discussions. The NGT process also provides information as to how physicians regard the relative importance of different factors. Yet practitioners often encounter challenges in the process of conducting a proper needs assessment because of time, location, availability of key opinion leaders, and the technology to efficiently collect and analyze data.

Target Audience: This session will be of interest to all CME professionals interested in conducting needs assessments.

Purpose: To demonstrate the effectiveness and efficiency of web-based technology in conducting needs assessments.

Objectives: At the end of this session, participants will be able to: 1) Describe the process of the NGT and 2) Examine the effectiveness and efficiency of using web-based technology to conduct needs assessments.

Methods: A web-based NGT system was built using Microsoft Active Server Pages (ASP), JavaScript, and Microsoft SQL. The web-based NGT system allows for the NGT session to be conducted virtually, regardless of time and place restrictions. This web-based NGT system is comprised of three major components: a web application, web browser and internet connection for participants of the NGT to access the web application and telephone-based conference call set up. The NGT moderator controls the flow of each phase of the sessions mirroring what would occur in an in-person session. Participants join the session from anywhere as long as they have access to the internet and a telephone connection.

Key Points: A total of 34 physicians from the southeast United States participated in the seven NGT sessions. The NGT participants rated the user-friendliness of the system to be 4.85 on a five-point Likert scale (1=very un-user-friendly, 5=very user-friendly). All NGT participants said that they would recommend this NGT process to their colleagues and that they would participate in future NGT sessions. Each session lasts about one hour and all results are collected electronically and tabulated instantly.

Expected Outcomes: CME professionals will gain a better understanding of how web-based needs assessments can help them reduce the challenges of time, location, cost, and increasing their ability to conduct effective and efficient needs assessments.

Reference: Miller D, Shewchuk R, Elliot R, Richard S. Nominal group technique: a process for identifying diabetes self-care issues among patients and caregivers. *Diabetes Educator* 2000; 26(2): 305-10.

Potential Participant's Self-Assessment Question: What are the benefits of a web-based needs assessment?

**T17, Breakout
10:30 – 11:30 am, Thursday
Belle Chasse/Third; Theatre/140**

Dodging the Waves: Preventing the Appearance of Commercial Bias (Part 1)
(Administrative/Management)

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***No Relevant Financial Relationship(s)**

Audience response technology to be provided by Meridia Audience Response

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

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

Purpose: This interactive session will identify ways to frame and design CME activities to not only ensure fair balanced 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 educational activities, participants will review and discuss several case studies. After the presentation of each case, the participants will exchange ideas about how to create 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 will be facilitated through the use of an audience response system (ARS); 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: Can you identify ways to enhance fair balance and decrease the appearance of bias throughout all components of CME activities?

T18, Provider Section Follow Up Meeting (Medical Schools)
12:00 – 1:00 pm, Thursday
Oak Alley/Third; Theatre/140

Medical Schools Provider Section Meeting
(Administrative/Management; Basics Track; Advanced Track; Physician's Track)

Melinda Steele, MEd

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No Relevant Financial Relationship(s)

Relevance: Accredited providers in medical schools face unique challenges. This academic environment in which CME takes place is rich with medical expertise and educational foundations. Yet, the CME function in medical schools can be difficult to integrate successfully. Issues relevant in CME are often the same facing both GME and UME.

Purpose: To provide an opportunity for medical school CME colleagues to discuss and debate issues in medical school CME and to review problem solving strategies to address current issues in academic CME.

Objectives: At the conclusion of this medical school provider section meeting, participants should be able to: 1) identify current issues in academic CME; 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. 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 CME professionals and develop strategies to address them.

Reference: ACCME Essentials and Standards

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?

T19, Provider Section Follow Up Meeting (Pharmaceutical Alliance for Continuing Medical Education [PACME])
12:00 – 1:00 pm, Thursday
Fountain/Third; Theatre/95

Best Practice Review

(Adult/Organizational Learning Principles; Basics Track; Advanced Track; Physician's Track)

Maureen Doyle-Scharff, BA

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No Relevant Financial Relationship(s)

Relevance: Change in the regulatory environment has meant change in the way pharmaceutical and medical device companies approach funding of CME.

Target Audience: PACME members only

Purpose: The provider section meeting will facilitate interaction with members of industry in an attempt to share best practices of processes, procedures and selection criteria utilized while considering requests for CME grants.

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

- Identify and describe recommended selection criteria for evaluating a CME/CPD provider
- Articulate criteria for evaluating and improving the quality of CME/CPD strategies
- Describe and apply new methods for improving their CME/CPD grant review process

Methods: Presentation of cases and examples; open forum question, answer and opinion session.

Key Points: Our ability to learn from one another (in an appropriate setting) and appreciate best practices can help grantors make better decisions regarding grant requests.

Expected Outcomes: Participants will have an opportunity to find answers to questions they have as part of their personal learning plan at the conference

Reference: ACCME Standards for Commercial Support, PhRMA Code, AdvaMed.

Potential Participant's Self-Assessment Question: Can I describe and identify *quality* CME? Do my internal processes help me answer this question?

T20, Intensive
1:15 – 5:00 pm, Thursday
Melrose/Third; Banquet/90

Creating Performance Based Practice Fields Where Learning Is Integrated with Work
(Educational Interventions; Advanced Track; Research to Practice Track)

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***No Relevant Financial Relationship(s)**

Relevance: While training for health care professionals (HCPs) has historically placed the greatest emphasis on content or what we need to know (work practice skills and knowledge) as the drivers for change, applied research in the VA has consistently demonstrated that content must be accompanied by a genuine understanding of the local context (culture, physical, economic, political environment) as well as the community of practitioners in order to be sustained. As a result the VA, using anthropological skills, has created a change management process known as Water Cooler Logic which trains HCPs to examine their current work practice and that of their co-workers. Additionally, the VA has created innovative learning environments (Learning Xchanges) that serve as “practice fields”.

Target Audience: HCPs/CME providers in attendance

Purpose: To demonstrate via case example what the VA has derived from years of applied research—that purposeful learning designed to promote and sustain change in the practice of HCPs is fundamentally: social (involves the participation/inclusion of staff in meaningful conversations that advance one’s social identity), informal (learning primarily occurs as a natural part of one’s everyday work interactions with staff not separate from them) and local (learning and change are a derivative of local facility/work unit values and beliefs (culture) and are reflective of local know-how (tacit knowledge) used by communities of professionals working together).

Objectives: Following the presentation, participants will: 1) have a deeper appreciation for aligning learning and change approaches closer to actual work practice; 2) learn the basic skills necessary to conduct anthropological studies of work practice using the HCPs; and, 3) know the strategies for creating “practice fields” where HCPs can reflect in and on practice as well as make sense as to how changes can be meaningfully incorporated into new practices.

Methods: Engage participants in a series of exercises to observe and elicit better understanding of one’s practice. Further, participants will have opportunities to create learning environments (“practice fields”) and processes that allow for the thoughtful introduction of new practices.

Key Points: Individuals and groups of HCPs are often inhibited from changing practice because they fail to see the dissonance between their current work and a more desirable level of practice/performance, to understand from whom they receive work, what their value added contribution to work is and how their work affects that of others. Ethnographic approaches allow groups to see these differences while providing an opportunity to practice/simulate new practices without the fear of retribution. Additionally, conversational approaches promote reflection and collaboration with co-workers.

Expected Outcomes: Participants will acquire the fundamental concepts and skills necessary to create work site based performance improvement interventions that better integrate learning with actual work practices.

Reference: Mazmanian, Paul E., Ph.D. (editor). The Journal of Continuing Education in the Health Professions: Practice Based Learning and Improvement, Volume 23, Supplement 1. Birmingham, AL. BC Decker, Inc., Spring 2003.

Potential Participant’s Self-Assessment Question: Do you understand the value of creating learning interventions that are driven from the understanding of actual local work practice and the involvement of practitioners in the design, delivery and evaluation of that learning?

**T21, Mini-Plenary
1:15 – 2:15 pm, Thursday
Grand Ballroom D/Street; Theatre/560**

Hot Topics in CME

(Administrative/Management; Basics Track; Advanced Track; Physician's Track)

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No Relevant Financial Relationship(s)

Relevance: CME professionals are experiencing continuous change as a result of the changing healthcare marketplace. Many of these changes occur rapidly and therefore it is important to offer timely “just-in-time” information as a part of the annual conference program.

Purpose: The purpose of this educational activity is to keep CME professionals apprised of the latest changes impacting the provision of CME and the CME profession.

Objectives: By the end of this activity, participants should be able to: identify timely changes that have occurred and assess their impact on the provision of CME and the CME profession; determine the implications of recent changes on CME programs and activities, and develop appropriate strategies to respond to changes in CME practice.

Key Points: 1) Identify late breaking issues, actions and policies of impacting CME providers, 2) present key elements of these issues with relevance to CME providers, 3) discuss implications of these elements on the CME enterprise, and 4) consider strategies to respond to these issues.

Expected Outcomes: Participants will be able to interact with faculty by posing questions, expressing concerns and engaging in dialogue with faculty and other participants. Moreover, participants will not only be aware of “late breaking” information and its implications but also be empowered to develop proactive strategies and action plans.

Note to Learners:

The specific topics and faculty will appear in the final annual conference program. Disclosure and resolution of conflicts of interest (if relevant and applicable) will also be addressed prior to final publication.

T22, Forum
1:15 – 2:15 pm, Thursday
Grand Salon 4, 7, & 10/Street; Theatre/210

Commercial Support: Riding the Wave of Regulation and Maintaining Valid and Balanced CME
(Partnering)

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***No Relevant Financial Relationship(s)**

Relevance: Over the past 2-3 years, the scrutiny and regulatory environment in the pharmaceutical and medical device and healthcare industries have resulted in some fundamental shifts and concerns about the use of commercial support within the realm of accredited CME activities. The multiple changes, significant financial penalties for pharmaceutical and medical device non-compliance in separating advertising/sales from education help to create an environment where trust can be limited. Other issues such as questions about FDA approval, costs of drugs and healthcare also have a significant influence on the dynamics of world of continuing medical education. As the demands for both the industry and healthcare delivery sectors of medicine increase, the need for both entities to find mutually beneficial relationships becomes more elusive. All stakeholders in the CME enterprise are seeking strategies that create fair and balanced CME that brings the common values for excellence in patient care to the forefront.

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

Objectives: Through participation in this forum, the participants will have an opportunity to:

1. Review the current regulatory environment in healthcare that impacts the design, development and implementation of CME,
2. Describe the changes in the needs of physicians, commercial supporters and CME professionals as they work to create opportunities for quality CME,
3. Discuss the evolving issues in the financial management of CME from the perspectives of all stakeholders in the CME profession,
4. Identify strategies that can be implemented to build mutually beneficial relationships between CME providers and industry

Key Points: The key points for this forum are:

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

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

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

T23, Breakout
1:15 – 2:15 pm, Thursday
Grand Salon 13 & 16/Street; Theatre/170

Personal Assessment of Learning (PAL) – A Web-Based System
(Adult/Organizational Learning Principles)

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Marcia Jackson, PhD*

American College of Cardiology, tel: 301/897-5400, ext. 380, <mailto:mjackson@acc.org>

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***No Relevant Financial Relationship(s)**

Relevance: A specialty society's mission is to foster the adoption of medical evidence and standards into clinical practices through education. Adult learning theory suggests that such education should be based on personal learning needs and motivation and specific content should be related to these needs. The American College of Cardiology Foundation, with the guidance of Dr. Robert Fox, has created a web-based Personal Assessment of Learning (PAL) system. This system provides users the ability to 1) evaluate their perceived knowledge and educational needs related to a specific clinical topic, (2) test those perceptions via a series of clinical questions based on a set of topic-specific core competencies, (3) compare their perceived knowledge with their actual knowledge to determine "gaps," and (4) receive a customized curriculum of select College resources and activities related to these gaps in which they should participate, based on their pre-test scores. After they complete the education intervention(s), they are invited by e-mail to complete two post-tests to quantify learning change. ACCF will continue to expand the PAL system to include additional clinical topics within cardiology.

Target Audience: This breakout will be of interest to CME professionals, physicians and health providers at all levels.

Purpose: Provide overview of personalized needs assessment, planning and evaluation tool that is consistent with current theories of physician learning. *(Includes web demonstration)*

Objectives: At the end of this session participants will be able to 1) appreciate how technology can facilitate effective learning experiences, (2) be familiar with a web-based "needs and outcomes" assessment tool, (3) move their CME programs from "perceived need to change" to "evidence of actual need to change," and (4) use "evidence of actual need to change" as a motivator for learning.

Methods: Presenters will provide the theory that guided the development of the PAL system. The session will also include a web overview/demonstration of the assessment tool as applied to a topic in clinical cardiology.

Key Points: (1) The PAL system is based on adult learning theory. (2) PAL showcases a "best practices" personalized learning system based on needs and motivation. (3) Technology can facilitate physician learning and behavior change. (4) A custom web site was developed to support pre-course surveys; reading material; post-course evaluations; commitment to change cards and aggregate reporting capabilities. It is intended that this site will be replicated, used and incorporated into ongoing ACCF education activities.

Expected Outcomes: Participants will incorporate fundamental principles and innovations in professional education when developing CME activities. Specifically, planners will use available assessment tools, including pre-course surveys, reading materials, post-course evaluations, and commitment to change plans when developing CME activities.

Reference: Davis, D.A. and R.D. Fox, editors. *The Physician as Learner: Research to Practice*. 1994. American Medical Association. Chicago, Illinois. Fox, RD and N.L. Bennett. "Change and Learning: Implications for CME". 1998. *BMJ*, Volume 316, No 7129.

Potential Participant's Self-Assessment Question: What assessment tools do you use to measure participants' "evidence of actual need to change" in developing CME activities?

T24, Breakout
1:15 – 2:15 pm, Thursday
Grand Salon 19 & 22/Street; Theatre/170

Best Practices in Internet Collaboration for CME
(Performance Measurement)

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***No Relevant Financial Relationship(s)**

Relevance: Recognizing the growing power of the Internet and its technologies, the division of CME at UAB has transitioned most of its educational intervention activities to online-based activities. Different collaboration approaches have been employed to meet the needs of the intervention study. The results have been varied ranging from high degree of enthusiasm and participation to limited participation. There are best practices developed (based on our experiences) that CME practitioners can adopt in their studies for success.

Target Audience: This session will be of interest to CME professionals at all levels looking to adopt Internet collaboration in their activities.

Purpose: This session will describe different collaboration technologies available, approaches to implement them, and its effectiveness in different CME activities. The session will outline best practices recommendation.

Objectives: Upon completion of the session, the participants will be able to discuss the different collaboration technologies and assess usefulness in their CME activities based on our recommendations.

Methods: We will provide an overview of the different collaboration approaches, introduce participants to its terminology, and outline approaches to integrate Internet collaboration in their activities. We will describe the different collaboration technologies used in various projects at UAB and discuss their individual effectiveness.

Key Points: CME administrators and professionals are continually looking at the Internet to improve the effectiveness of their activities. The session will empower them with the knowledge of 1) different collaboration technologies available, 2) implementation approaches, and 3) practices for adoption in their activities.

Expected Outcomes: Participants will be able to have knowledgeable discussions about the different Internet collaboration technologies that are available. They will be able to choose, based on best practices recommendation, the most appropriate technology for their activities.

Reference: Gibson CC., When disruptive approaches meet disruptive technologies: learning at a distance, J Continuing Education Health Prof. 2000, Spring, 20(2): 69-75.

Potential Participant's Self-Assessment Question: Do you adequately understand the different Internet technologies that are available and how they can enhance your CME activities?

T25, Breakout
1:15 – 2:15 pm, Thursday
Grand Salon 21 & 24/Street; Theatre/195

Top Ten Tips for Newcomers in the CME Profession
(Administrative/Management; Basics Track)

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***No Relevant Financial Relationship(s)**

Relevance: Attendees who are new to CME may be intimidated by the volume of education offered at the annual Alliance Conference. Newcomers may also feel overwhelmed and out of place with the more seasoned CME professionals in attendance who are at a level beyond their current knowledge base. This workshop will strive to address, through real life examples, audience discussion, and practical tips, the ten most intimidating challenges in the CME profession. With a combined 35 years of experience the presenters will share tips for both CME accreditation and management issues. Day-to-day experiences will be shared with the audience.

Target Audience: This breakout session will be of interest to CME professionals at the beginner level from hospital provider groups.

Purpose: To provide an additional forum for CME newcomers to learn from their more experienced peers through the sharing of ideas and time-tested strategies. Practical examples and resources will be shared to help guide the newcomers through the maze we call the CME Office.

Objectives: At the conclusion of this activity, the participant should be able to 1) recognize resources available to assist them within their own hospital setting; 2) formulate an action plan to improve and strengthen relationships that are vital to the success of their CME program; 3) develop strategies to effectively solve common problems encountered in CME.

Methods: An open exchange of practical ideas between the presenters and audience will be cornerstone of this session. Participants will be encouraged to share their own experiences. Presenters will provide take home examples.

Key Points: The skill set needed to run or work in a successful CME office setting and go beyond knowledge of the Essential Areas and Standards. The top ten challenges, as perceived by the presenters, will be highlighted for open discussion with the audience. Practical responses and solutions to these selected challenges will be presented for attendees to consider.

Expected Outcomes: Based on this session, newcomers to the CME profession will be able to return to their health care facility with practical information that can be implemented to enrich their hospital's CME program.

Reference: No published references were found.

Potential Participant's Self-Assessment Question: Can I more confidently address and resolve CME issues based on the information presented during the workshop, "Top Ten Tips for Newcomers"?

T26, Breakout
1:15 – 2:15 pm, Thursday
Grand Salon 15 & 18/Street; Theatre/195

Education-Based Outcomes: Needs Assessment
(Performance Measurement)

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***No Relevant Financial Relationship(s)**

Relevance: Despite a growing interest in education-based outcomes, little has been done to quantify the barriers to and needs of CME providers in regard to initiating outcomes evaluations. Survey-based data collected at the 2005 Alliance for CME meeting quantified both needs for and perceived barriers to education-based outcomes assessment across a population of 89 CME/CE providers. Through an understanding of the aggregate concerns of this representative group, methods to facilitate the incorporating of outcome-based evaluations can be explored.

Target Audience: This session will be beneficial to all CME professionals interested in identify the education-based outcome concerns of their peers.

Purpose: To quantify the needs for and perceived barriers to obtaining education-based CME outcomes.

Objectives: This presentation will assist participants in recognizing the general need for and potential barriers to education-based outcomes evaluation.

Methods: The session will guide participants through a detailed illustration of the following: 1) needs for and barriers to education-based outcomes assessment, and 2) suggested practical methods for addressing identified barriers.

Key Points: Fifty-five percent of respondents have worked in CME ≥ 6 years, 83% of their activities are live meetings, 96% currently evaluate their educational programming using post-event satisfaction surveys. Ninety-two percent want to change their current evaluative methods; however, the top three barriers to implementing a more enhanced evaluative approach are time (42%), monetary resources (25%) and knowledge/skill (24%). Correspondingly, 63% are either not confident or somewhat confident in their capabilities in changing their current evaluative structure.

Expected Outcomes: CME professionals will be provided with quantitative data regarding demand for and barriers to education-based outcomes evaluations.

References: Peabody, JW, Luck J, Glassman P, Jain S, Hansen J. Measuring the quality of physician practice by using clinical vignettes: A prospective validation study. *Ann Intern Med* 2004;141:771-80.

Potential Participant's Self-Assessment Question: How do my perceived barriers to education-based outcomes assessment compare to that of my peers?

T27, Breakout
1:15 – 2:15 pm, Thursday
Grand Salon 9 & 12/Street; Theatre/195

Practical Tools & Strategies in Outcomes: A How-To Guide to Effective Outcomes Measurements
(Performance Measurement)

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***No Relevant Financial Relationship(s)**

Relevance: Continuing medical education as a profession has raised the bar on what constitutes CME. No longer can the CME professional develop a CME activity without a systematic plan to measure the impact of that activity on the practice of healthcare. This call to action, guided by new standards, guidelines, and industry expectations impacts the way that CME is planned, designed, implemented, and evaluated. Obtaining commercial support dollars may very well hinge on your organization's ability to show results that relate participation in a CME activity to a desired improvement in health care practice. Commercial supporters must justify their continued investment in education, and as such, the onus is on CME providers to show these results. Although a plethora of mechanisms have been developed to measure outcomes data, how do you know which method is right for your organization? How do you capture, process, and analyze the data? How do you use these data when planning your next activity?

Target Audience: This breakout session will be of interest to CME professionals at all experience levels who are interested in developing practical outcomes strategies to measure the impact of CME activities on physician behavior and health care practice.

Purpose: This breakout session is designed to demonstrate practical, provider-appropriate mechanisms to measure change in physician behavior and practice and how to tie outcomes data into the needs assessment/planning process for future activities. Presenters will share valuable trial-and-error experience in developing evaluation strategies that have led to exemplary recognition.

Objectives: At the conclusion of this breakout session, participants should be able to: 1) define the importance of outcomes measurements within the scope of the evolution of CME; 2) establish practical measurement tools that can capture crucial outcomes data in a cost-conscious manner; 3) implement processes to collect, process, sort, analyze and report outcomes data; and 4) identify ways to incorporate outcomes data as a component of a comprehensive needs assessment when planning new CME activities.

Methods: Presenters will employ interactive lecture-based presentations in conjunction with small group discussions to present practical outcomes data management strategies with Alliance conference attendees.

Key Points: Development and implementation of outcomes measurement tools will be discussed, focusing on strategies that are both practical and cost-effective. The participant will examine various ways to measure the impact of CME activities on physician behavior and health care practice, and will be able to design a plan that is appropriate to their CME environment. In addition, the program will explore effective analysis, interpretation and reporting of outcomes data to show the results of a CME activity, and linking these results to improved practice performance. Incorporating outcomes data into a needs assessment strategy, as well as the impact of outcomes measures on commercial support will also be discussed.

Expected Outcomes: This breakout session is intended to increase the CME professional's understanding of practical, effective outcomes measurement strategies to demonstrate the results of a CME activity on the practice of health care.

Potential Participant's Self-Assessment Question: Do my current outcomes measurement processes effectively show the results of the impact of a CME activity on physician behavior and practice? Are these measurement processes practical, cost-effective, and appropriate for my institution? Am I getting all that I hoped out of my outcomes measurement process?

T28, Breakout
1:15 – 2:15 pm, Thursday
Grand Salon 3 & 6/Street; Theatre195

Risk Stratification for Developing Strategies for Resolving Conflict of Interest
(Administrative/Management)

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***No Relevant Financial Relationship(s)**

Relevance: With the approval of the Revised Standards for Commercial Support, much anxiety has been observed with many CME providers. The issue of resolving conflict of interest has been the source of much of this anxiety. Developing strategies and methods to resolve conflict of interest takes careful planning and forethought.

Target Audience: This breakout session will be of interest to CME professionals at all levels in all providers groups, though the focus of the presenters will be from the medical school and specialty society venues.

Purpose: The presentation will focus on integrating structured and prospective risk stratification into CME planning processes and the development of strategies for each level of risk to resolve conflict of interest.

Objectives: At the end of this session participants will be able to 1) identify which activities present the least to greatest risk for potential conflict of interest, 2) assess the range of strategies possible for each level of risk, 3) develop methods of implementing a risk stratification process in their own CME environment, 4) define strategies for addressing conflict of interest at each level of risk.

Methods: The presenters will use several case scenarios to illustrate risk stratification and strategies for resolving conflict of interest. The attendees will be encouraged to present sample cases for discussion and assessment by the presenters and attendees.

Key Points: Resolving conflict of interest is not as challenging as many have feared it would be. Careful planning and identification of the risk for potential conflict of interest can aid in developing effective strategies to address the issues.

Expected Outcomes: Participants will gain insight into a risk stratification process and appropriate strategies for resolving conflict of interest in CME activities.

Reference: ACCME Revised Standards for Commercial Support of Continuing Medical Education

Potential Participant's Self-Assessment Question: How can I assess the level of risk for and develop appropriate strategies to resolve conflict of interest?

T29, Breakout
1:15 – 2:15 pm, Thursday
Fountain/Third; Theatre/95

Analytic Methods: Inferential Statistics and Significance Testing (Part 2)
(Performance Measurement; Research to Practice Track)

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No Relevant Financial Relationship(s)

Relevance: In reviewing descriptive and research studies reported in the CME literature, professionals may routinely face the prospect of trying to evaluate conclusions based on statistical analyses with which they are unfamiliar. In addition, the rigorous reporting requirements established by the ACCME implies that CME professionals should hone their skills for determining which statistical technique is most appropriate when analyzing course evaluation and outcomes data. In light of these needs, a series of two breakout sessions will be offered to briefly introduce participants to some of the statistics commonly used and reported in the CME literature. Step-by-step procedures for calculating several of the statistics via Microsoft® Excel will be made available online to provide guidance for making application to real data.

Target Audience: The target audience member is any CME professional wishing to expand his/her knowledge of statistical techniques, particularly if the individual is actively evaluating CME activities.

Purpose: The purposes of this session are to review several inferential statistics useful in analyzing educational data and to discuss the uses and limitations of statistical significance testing. Emphasis will be placed on conceptual understanding rather than memorization of formulas. This session will assume familiarity with the concepts presented in the session entitled: *Analytic Methods, Part 1: Descriptive Statistics and Correlation*.

Objectives: After attending this session, participants should have a *conceptual* understanding of the following inferential tests: chi square test of independence, independent and dependent *t* tests, and analysis of variance (ANOVA). Participants should be able to describe the limitations of statistical significance testing and list analytic techniques to be reported in conjunction with significance tests.

Methods: The presentation will guide participants in developing a conceptual framework within which to categorize various statistics, as well as in understanding the function and purpose of each statistic. Frequent use of examples, review questions, and a handout containing fill-in-the-blank items directly linked to course content will be used to facilitate learning. Active participation in discussion will be encouraged of attendees.

Key Points: In today's changing CME world, it is becoming imperative that CME professionals have at least a basic understanding of statistical techniques.

Expected Outcomes: Participants will gain familiarity with several commonly-used inferential tests and become aware of the limitations of statistical significance testing for assessing result importance. Participants will become better informed and more discriminating in evaluating research results depicted in the CME literature.

Reference: Salkind NJ. *Statistics for People Who (Think They) Hate Statistics* (2nd ed.). Thousand Oaks, CA: Sage Publications, 2004.

Potential Participant's Self-Assessment Question: Do you wish to gain a better understanding of inferential statistics and significance testing?

T30, Breakout
1:15 – 2:15 pm, Thursday
Rosedown/Third; Theatre/140

CME Theatre 2006: Why Won't You Listen to Me—Lessons in Cross-Cultural Communication
(Systems Thinking; Physician's Track)

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***No Relevant Financial Relationship(s)**

Audience response technology to be provided by Audience Response Systems, Inc.

Relevance: This session demonstrates the use of drama in CME to create awareness of health care disparities and to build culturally competent care into the healthcare learning organization.

Target Audience: This breakout will be useful to all CME/CPD professionals.

Purpose: This session will dramatize challenges to healthcare professionals in delivering culturally competent service, and the role of CME in helping to develop and build awareness and sensitivity on healthcare disparities and cultural competency.

Objectives: At the conclusion of this session, participants should be able to: (1) Plan their own CME Theatre for proactively creating CME activities to build cultural competence and eliminate healthcare disparities using CME, and (2) Plan to use a dramatic interactive education format adaptable to their settings to make CME planning a tool for problem-solving.

Methods: "CME Theatre" teaches through demonstration with structured role-play and interactive keypad technology to measure the audience's attitudes and knowledge in healthcare disparities and cultural competence.

Key Points: (1) Illustrate how CME can dramatize the importance of cultural awareness/competence to eliminate healthcare disparities (2) Model the use of role-play and audience polling to enliven CME and to enhance CME outcomes measurement.

Expected Outcomes: Participants may well see themselves and colleagues in like situations to the drama presented, and find that such a CME Theatre strategy can be modified to fit their individual styles and organizational settings.

Reference: Smedley BD, Stith AY, Nelson AR. Institute of Medicine. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, Washington, DC: National Academy Press, 2003.

Potential Participant's Self-Assessment Question: How can I dramatize providing culturally competent care and eliminating health care disparities through CME activities?

T31, Breakout
1:15 – 2:15 pm, Thursday
Magnolia/Third; Theatre/140

Strategic Partnerships: More than a Sum of Its Parts!

(Partnering)

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***No Relevant Financial Relationship(s)**

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 (e.g., 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?

T32, Breakout
1:15 – 2:15 pm, Thursday
Jasperwood/Third; Theatre/140

Learning in Context
(Adult/Organizational Learning Principles)

Greg Long, MS
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No Relevant Financial Relationship(s)

Relevance: The sheer volume of CME courses that are developed each year is enormous. While course designers are usually adept at gathering the appropriate content for a particular course, too often, a critical success factor is neglected: putting the content in context. If content is king, then context is certainly queen. Far transfer learning, or the ability to apply learning to new situations, is highly dependent on how closely the learning environment mimics the performance environment. This session will define context as it applies to learning programs and the role it plays in designing and delivering valuable learning. Techniques for putting context back in learning will be outlined.

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

Purpose: The presentation will help participant understand the importance of developing training in context and in what learning situations context based learning is appropriate.

Objectives: At the end of this session participants will be able to: 1) Understand the relevance of context in the design of effective learning solutions. 2) Choose when context based learning is appropriate. 3) Develop conceptual outlines of context-based learning programs.

Methods: Presenter will clearly define context as it relates to learning development and provide useful examples of context-based learning. The presentation will emphasize both audience and small group interaction.

Key Points: Context based learning has a substantial impact on overall training effectiveness. Matching the learning and performance environments can be achieved using any delivery media and is often no more difficult to create than training out of context.

Expected Outcomes: Participants will gain valuable insight into what works best in transfer learning and be able to use the examples provided to improve their training development.

Reference: Clark, Ruth Colvin, e-Learning and the Science of Instruction: Proven Guidelines for Consumers and Designers of Multimedia Learning 2003, John Wiley & Sons, Inc. San Francisco, CA.

Potential Participant's Self-Assessment Question: What impact does context have on the effectiveness of learning programs?

T33, Breakout

(Cancelled)

Defining the CME System: Where Do We Start?

(Systems Thinking)

Camilla Curnow, MS

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No Relevant Financial Relationship(s)

Relevance: Systems theory may be the next wave, but first we need to know which ocean we're on! As specialty boards and medical education societies begin to require a systems perspective in physician practice, the CME profession should mirror this paradigm shift. One good starting place is for us to use some existing models in systems thinking/theory to conceptually define and describe CME as it exists now. As we habituate systems-thinking behaviors, we can be a valuable resource to physicians and health care providers who are just beginning to apply the (w)holistic principles of systems theory to their daily professional lives.

Target Audience: This breakout will be of interest to participants at all levels of experience, from all provider groups, who want to see an example of systems theory applied to our profession.

Purpose: This breakout will plant the "systems seed" so that CME providers have a starting place for framing their own systems-thinking.

Objectives: At the conclusion of this session, participants will be able to (1) describe the "systems-within-systems thought model", (2) describe how the model applies to the CME profession, and (3) begin to conceptually map their local CME system onto the larger model.

Methods: A modified version of the "systems-within-systems model" proposed by Benkö and Sarvimäki (see reference below) will be presented to participants as a way to stimulate their *own* conceptualization of CME as a system, and their role in it.

Key Points: (1) There are existing systems models that can be modified to help us define educational enterprises, like CME. (2) No one perfect tried-and-true adult education systems model exists, and (3) This modeling is only a launching point for each provider/professional to begin to shift to a systems-thinking approach.

Expected Outcomes: (1) Short term – participants will be able to describe the CME profession using one proposed model (2) Long term – ideally, participants will refine the model presented to further define CME and their own organizations, to enhance the efficiency and effectiveness of their endeavors.

Reference: Benkö, S., & Sarvimäki, A. (2000). Evaluation of Patient-Focused Health Care from a Systems Perspective. *Systems Research and Behavioral Science*, 17, 513-525.

Potential Participant's Self-Assessment Question: Am I looking for an example of a systems-thinking model applied to CME?

T34, Breakout
1:15 – 2:15 pm, Thursday
Elmwood/Third; Theatre/140

Exploring the Link Between Teamwork and Work Outcomes: A Developmental Perspective
(Systems Thinking)

Susan Wheelan, PhD*

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***No Relevant Financial Relationship(s)**

Relevance: Compared to members of other professions, healthcare professionals receive comparatively little training related to teamwork during the course of their formal education. Yet patient care is increasingly delivered by interdisciplinary healthcare teams. In recognition of this fact, new attention is being paid to teamwork, and the ability of healthcare professionals to work in teams. The Institute of Medicine (IOM) has recently identified the ability to work in interdisciplinary teams as one of five core competencies for healthcare professionals, to address what the IOM has termed a “quality chasm.” Recent research has made a significant link between the quality of teamwork among ICU team members and patient outcomes. This research validates similar research findings that link teamwork quality with important measures of productivity in other work settings.

Target Audience: This breakout is designed for CME professionals at all levels.

Purpose: This session will draw attention to how the ability of healthcare professions to can have impact on patient outcomes. The session will introduce a model of team development and present approaches to intervention that are supported by research.

Objectives: At the conclusion of this session, the participant will be able to do the following: 1) describe the integrated model of group development 2) summarize research findings related to this model in medical and nonmedical settings, 3) discuss the implications of this body of research for education related to teamwork, and for developing team leadership and membership skills in all settings.

Methods: The session will use lecture and discussion.

Key Points: It has been widely accepted for more than fifty years that groups, including workgroups, move through developmental stages. Each of these developmental stages has distinctive issues that must be managed successfully in order for the group to develop and become effective. Research conducted from the perspective of the integrated model of group development has demonstrated a link between level of team development and work productivity, including recent research linking the quality of teamwork with patient mortality in the ICU. These findings have implications for training, intervention, team leadership, and team membership.

Expected Outcomes: At the conclusion of this session the participants will have a basic understanding of the integrated model of team development, research findings that support this model, and will be able to identify the implications of these findings for their roles as educators, team leaders, and team members.

References: Institute of Medicine of the National Academies in: Greiner A, Knebel E, eds. Health professions education: a bridge to quality. Washington, DC: National Academies Press, 2003:29–46.

Wheelan SA, Burchill CN, Tilin F. The link between team work and patients’ outcomes in intensive care units. American Journal of Critical Care 2003; 12(6):527–534.

Wheelan SA. Creating effective teams: a guide for members and leaders. Thousand Oaks, CA: SAGE Publications, 1999.

T35, Breakout
1:15 – 2:15 pm, Thursday
Belle Chasse/Third; Theatre/140

Dodging the Waves: Preventing the Appearance of Commercial Bias (Part 2)
(Administrative/Management)

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***No Relevant Financial Relationship(s)**

Audience response technology to be provided by Meridia Audience Response

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

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

Purpose: This interactive session will identify ways to frame and design CME activities to not only ensure fair balanced 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 educational activities, participants will review and discuss several case studies. After the presentation of each case, the participants will exchange ideas about how to create 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 will be facilitated through the use of an audience response system (ARS); 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: Can you identify ways to enhance fair balance and decrease the appearance of bias throughout all components of CME activities?

**T36, Mini-Plenary
2:45 – 3:45 pm, Thursday
Grand Ballroom D/Street; Theatre/560**

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

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***No Relevant Financial Relationship(s)**

Relevance: The ACCME's system of accreditation directly impacts all accredited providers of CME. ACCME's Essential Areas, Elements, and Policies support accredited providers as they strive to plan and implement quality CME in the complex healthcare system of today. Accreditation is a component of the Administration and Management competency area for CME professionals.

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 in the complex healthcare system in which both occur.

Objectives: At the end of this session, participants should be able to: (1) discuss recent issues and developments with ACCME's system of accreditation, and (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?

T37, Breakout
2:45 – 3:45 pm, Thursday
Grand Salon 4, 7, & 10/Street; Theatre/210

Where and How to Find Who and What You Need for Needs Assessments
(Educational Interventions)

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No Relevant Financial Relationship(s)

Relevance: Continuing medical education (CME) providers are challenged to identify and summarize the educational needs of health-care professionals of diverse backgrounds and to deliver programs that reflect evidence-based medicine. Supporting information is scattered throughout printed and electronic literature and databases, thus presenting providers with the challenge to search for and to select the information relevant to their audience. With the goal of improving the quality of health care provided to the public, CME providers need to establish processes to gather appropriate information without expending an unreasonable amount of time and resources.

Target Audience: This session is suitable for all CME professionals who would like to explore examples for developing a plan of action for preparing needs assessments for educational programs.

Purpose: This session will focus on the tactics and workflow habits needed to survey clinical and lay literature effectively and efficiently to prepare targeted needs assessments.

Objectives: At the conclusion of this breakout session, participants should be able to identify where to find the information they need by establishing search strategies to define (1) who is developing new guidelines, standards of care, and recommendations; (2) what the prevailing and emerging concepts are within a therapeutic area that need to be communicated to health-care professionals; (3) how an educational forum may impact patient care and well-being.

Methods: Based on a specific disease state concept, we will walk through the process of defining the need for medical education in terms of various types of data (epidemiologic, etiologic, current and emerging therapies, standards of care, guidelines, recommendations) and needs expressed by faculty or health-care providers.

Key Points: Needs assessments are the foundation of medical education, giving structure to the message of clinical and scientific literature that health-care professionals need to assimilate to provide the best care possible to their patients. Well-written needs assessments can provide perspective and focus to any continuing-medical education program, ranging from introductory courses to review of clinical competencies to advanced topics in medical specialties.

Expected Outcomes: CME professionals should be able to return to their practice environments and design or implement a process to define the scope of the project, the need for education, and the sources of supporting information that are needed to deliver program content that meets health-care professional and patient needs.

References: A Garg, KM Turtle. Effectiveness of training health professionals in literature search skills using electronic health databases—a critical appraisal. Health Information and Libraries Journal. 2003;20:33-41. Accessible at:

<http://www.lancs.ac.uk/fss/ihr/publications/anugarg/effectivenessoftraininghps.pdf>.

GR Norman, SI Shannon, ML Marrin. The need for needs assessment in continuing medical education. Br Med J. 2004;328: 999-1001.

Potential Participant's Self-Assessment Question: Where do I look for supporting materials necessary to develop a needs assessment that meets the educational needs of health-care professionals, patients, and health-care systems?

T38, Breakout
2:45 – 3:45 pm, Thursday
Grand Salon 13 & 16/Street; Theatre/170

What Have We Learned in Using the Audience Interactive Response System (AIRS) in CME?
(Performance Measurement)

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***No Relevant Financial Relationship(s)**

Audience response technology to be provided by Texas Tech University HSC-El Paso

Relevance: CME sessions which used adult learning principles such as interactive teaching may change professional practices. Audience Interactive Response System (AIRS) is one of the available technologies that facilitate the interaction. However, there is no data documenting differences in audience satisfaction, accomplished goals and objectives between the formal didactic CME sessions and those that included the AIRS. Since the initial cost in acquiring the AIRS equipments can be substantial, besides the maintenance and the training costs, we present data of our pilot study about the use of AIRS in CME sessions at our institution. This breakout session will give opportunity to the participants to become familiar with AIRS, able to determine the need for AIRS, and strategy to best utilize the system.

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

Purpose: We will present the pro and con of using AIRS in CME sessions as well as data of our 2-year experience with this system. In addition, we discuss potential application of AIRS in other learning activities.

Objectives: At the end of this session, participants will be able to 1) understand basic principles of AIRS 2) perform needs assessment for AIRS, and 3) know how to use AIRS in CME sessions.

Methods: Presenters will share the method of implementing AIRS in CME sessions and present data related to audience satisfaction, accomplished goals and objectives, and long-term measurable outcomes in pre- and post AIRS. Presenters will provide opportunity for an audience of 50 to have hand-on practice with AIRS (all commercial logo on the equipments will be blacked out). Presenters will facilitate interaction with AIRS-format pre-prepared questions.

Key Points: Effective use of principles of adult learning is critically important in CME; AIRS is one of the many available teaching tools which enhance the interaction. In general, audience becomes more involved, more satisfied with the presentation. Although short-term learning retention is good, long-term retention and especially effective application of new learning remained to be determined. Therefore, needs assessment should be done to determine the need for AIRS.

Expected Outcomes: 1) Participants will become familiar with AIRS, and 2) know how to perform needs assessment for AIRS at their institution.

Reference: Miller RG, Ashar BH, Getz KJ. Evaluation of an audience response system for the continuing education of health professionals. J Contin Educ Health Prof 2003;23:109-15.

Potential Participant's Self-Assessment Question: How an Audience Interactive Response System (AIRS) can assist CME sessions, and do we need one?

T39, Breakout
2:45 – 3:45 pm, Thursday
Grand Salon 19 & 22/Street; Theatre/170

A Breaking Wave Today: Developing Quality of Care Systems in CME
(Systems Thinking)

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***No Relevant Financial Relationship(s)**

Relevance: The Division of CME instituted an initiative in Alabama and Mississippi to provide practice based CME opportunities to practitioners. The program was designed to meet several objectives including providing a collaborative framework to enhance quality improvement efforts in outpatient diabetes care, to deliver CME more targeted to expressed practice problems and to facilitate the development and delivery of more self assessment tools to practitioners. In an effort to move toward establishing mechanisms to support incentive-based practice, The UAB Division of CME has partnered with Blue Cross and Blue Shield of Alabama. The initiative, named “Quality of Care,” is designed to help physicians reflect on trends in practice for specific disease sets, such as diabetes. They participate by reviewing 20 patient charts, and returning de-identifiable results via mail or online to a specified website. This breakout session will discuss the results of the Diabetes “Quality of Care” initiative begun in the spring of 2005.

Target Audience: This breakout session will be of interest to all participants in any provider group. It will be of special interest to those who are seeking ways to develop and implement physician self-assessment and quality improvement methodologies.

Purpose: This presentation will focus on an ongoing initiative to foster physician self assessment reflection on practice and advance incentive-based quality healthcare in the state of Alabama.

Objectives: At the end of this session, participants will be better able to:

- 1) Describe an ongoing physician self assessment initiative
- 2) Determine critical success factors in launching and sustaining a quality improvement program employing physician self assessment
- 3) Assess the impact of a collaboration between a CME division and a third party payer

Methods: A project called Diabetes “Quality of Care” was initiated in the spring of 2005 as an element of an ongoing quality improvement focus of the Division of CME. Presenters will focus on development of the working partnership, infrastructure considerations, practitioner recruitment, data collection and feedback and one year results of the Diabetes Quality of Care project.

Key Points: Assessing the climate and readiness of practitioners to participate in self assessment efforts for quality improvement. Forging a partnership for quality improvement with new stakeholders. Sustaining and nurturing quality improvement efforts in the busy environment of practice and in a diverse CME program.

Expected Outcomes: Participants will have had an opportunity to interact with CME staff involved in practice-focused quality improvement activities and will gain insights about start-up efforts, collaboration with a third party payer, infrastructure requirements and lessons learned from a first year physician self assessment collaboration. Those who participate will be better able to plan for similar initiatives in their own environments.

References: The Emerging Role of Pay-for-Performance Contracting for Health Care Services. Thrall Radiology.2004; 233: 637-640.

Assessing the influence of incentives on physicians and medical groups. Med Care Res Rev. 2004 Sep;61(3 Suppl):80S-118S. Review.

Potential Participant’s Self-Assessment Question: Are you interested in learning more about a model of quality of care that has proven results in the state of Alabama?

T40, Breakout
2:45 – 3:45 pm, Thursday
Grand Salon 21 & 24/Street; Theatre/195

Assessing Competency-Based CME Outcomes with Real-Time Behavioral Technology
(Performance Measurement)

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***No Relevant Financial Relationship(s)**

Relevance: It has been discussed that improved patient care can be linked to physicians' ongoing participation in educational (CE) activities. Validation through behavioral assessment relies on utilizing sound measurement tools that benchmark specific physicians' needs and competencies in a timely and interpretable fashion to strengthen what historically has been a largely informal, and at times, lengthy, disparate process. Incorporating real time web behavioral technology into competency-based CE assessment will benefit CME educators by: 1) reducing the administrative burden of data collection that often delays robust outcomes evaluation 2) empowering providers with quick-to-action, formative benchmarking metrics 3) promoting transparencies between accreditor/grantor relationships to ensure needs assessment and objectives are met 4) affording greater ease in validating and/or developing more meaningful needs assessment for future CME programming.

Target Audience: This presentation is aimed at CME professionals of all experience levels that either are beginning to explore or are currently implementing educational outcomes measurement processes within their educational settings.

Purpose: This presentation will elaborate upon emerging web-based technology as a powerful vehicle to promote timely outcomes measurement that can be accessed at different permission-based levels for provider/grantor use throughout all CME venues.

Objectives: At the conclusion of this session, participants will be able to 1) identify assessment strategies for web-based outcomes deployment 2) reinforce the necessity for formative outcomes data management and procurement applications 3) relate real-time permission-based outcomes data sharing capabilities for all CME stakeholders

Methods: Based on CME pilot activities, presenters will demonstrate the web-based behavioral platform highlighting a specific AMA competency-based pre and post educational model that optimizes outcomes technology.

Key Points: CME educators may want to consider web-based process enhancements to help streamline outcomes measurement data procurement. The use of web based outcomes technology creates provider efficiencies and strengthens formative evaluation throughout the CME cycle

Expected Outcomes: Participants will realize web-based methods of outcomes data management and hasten their ability to embrace technology as an advanced vehicle for improved CME management and dissemination.

References: Lockyer, J.M., Fidler, H., Ward, R., Basson, R.J., Elliott, S., and Toews, J. Commitment to change statements: a way of understanding how participants use information and skills taught in an educational session. JCEHP. 2001; 21(2):82-89.

Potential Participant's Self-Assessment Question: Does real time technology advance competency-based CE and hasten greater access to behavioral feedback?

T41, Breakout
2:45 – 3:45 pm, Thursday
Grand Salon 15 & 18/Street; Theatre/195

Online Education: “Knowledge on Demand and Self-Assessment Strategies”
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: Successful online education programs must balance the best of what the internet format allows (user-centered control; multimedia; and exploration and discovery) with the technical, financial, and administrative challenges. In this discussion, the panel will present their experiences with developing their respective websites, from concept through delivery, and beyond, in response to user feedback, surveys, and user statistics. The panel will discuss the development strategies, including the educational, financial, and administrative decisions, used to resolve a broad spectrum of technical issues, meeting a wide range of user expectations, and implementing processes for developing efficient, cost-effective content. Because online education is enduring product, the content must be developed in such a way as to accommodate advances in technology and new concepts in instructional design. The panel will discuss strategies for designing, developing, organizing, and tagging content to support future “knowledge on demand” models that tailor online offerings to individual physicians. A Learning Management System to track learner activities and linked to individual online self-assessment activities will also be described. The presenters represent two medical specialty societies with numerous online learning activities.

Target Audience: This breakout session will be of interest to CME professionals, online publications professionals, and developers at all levels of experience and all provider groups.

Purpose: This presentation will focus on strategies for developing enduring online education, including instructional, budgetary, and management considerations.

Objectives: At the end of this session, the participants will be able to 1) define requirements for online education and self-assessment, within defined budgetary limitations 2) describe educational considerations for the production of effective online learning experiences

Methods: Using two case models, presenters will facilitate participant’s understanding of broad and narrow concepts in online education, emphasizing practical experience in meeting the educational, financial, administrative, and technical challenges in developing new models for online education.

Key Points: Defining the short term and long term goals of the website are critical first steps to a successful enduring online presence because they inform educational content, technical, administrative and financial decisions. Paying attention to content design and investing in infrastructure that supports content repurposing is an efficient and effective development plan for online content delivery. The result of this planning is a balanced allocation of staff and resources, a flexible programming infrastructure, and an integrated content delivery process, providing a firm foundation on which to build future programs.

Expected Outcomes: Participants will recognize the importance of short-term and long-term planning in enduring online education, and will recognize that content development, technical considerations, and content design are equally important in planning a successful and cost-effective enduring education website.

Reference: Clark, RC, Meyer, RE, E-Learning and the Science of Instruction: Proven Guidelines for Consumers and Designers of Multimedia Learning, Pfeiffer, 2002

Potential Participant’s Self-Assessment Question: Do you have the need to deliver more efficient and cost-effective CME that can provide physicians with high impact learning and knowledge on demand?

T42, Breakout
2:45 – 3:45 pm, Thursday
Grand Salon 9 & 12/Street; Theatre/195

Effective Use of Distance Learning to Affect Physician Behavior: Importance of Needs Assessments
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: Distance Learning (DL) is any educational activity where the instructor and the learner are physically separate. With advances in technology, programs can be delivered through a wide variety of media and in conjunction with traditional programs (blended learning). The identification of physicians who are best suited to learn via DL should be included as part of an overall Needs Assessment. The instructional design of the program can then be structured to meet the needs and will drive the identification of the most effective media to use. This program will also discuss the application of educational theory as key components to impact behavioral changes.

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

Purpose: This presentation will demonstrate the importance of the Needs Assessment process to identify the instructional methods used and the characteristics of physicians who are best suited to learn in a DL environment. In addition, an understanding of educational theory will be presented to facilitate teaching techniques that will enhance behavior changes.

Objectives: After completing this session, participants will be able to:

- Develop a Needs Assessment that can direct development of content and delivery methods best suited for the target audience;
- Describe and discuss the characteristics of physicians who benefit most, and benefit least, from DL methods;
- Identify techniques to enhance comprehension and integration of new material into existing practices;
- Understand the basic drivers that facilitate behavioral change.

Methods: Presenters will discuss theory and its application to the education of healthcare professionals. Examples will be presented.

Key Points: The Needs Assessment is possibly the most critical element in designing and developing educational initiatives. Development of the instructional design and delivery method for the content must be based on this element to ensure learning success. Understanding adult learning principles will enhance understanding and provide the greatest opportunity for behavioral change.

Expected Outcomes: Participants will be able to design Needs Assessment tools to facilitate development of educational programs that are effective and can impact physician behavior.

References: Rossett, A. (1992). Analysis of human performance problems. In H. Stolovitch & E. Keeps (Eds.). Handbook of Human Performance Technology: A Comprehensive Guide for Analyzing and Solving Performance Problems in Organizations. San Francisco: Jossey-Bass.

Rothwell, W. & Kazanaas, H. (1994). Human resource development: A strategic approach. Amherst, MA: Human Resource Development Press.

Potential Participant's Self-Assessment Question: Do you understand how to construct a Needs Assessment that can be used to build an effective instructional design and how to apply adult learning principles to affect behavior?

T43, Breakout
2:45 – 3:45 pm, Thursday
Grand Salon 3 & 6/Street; Theatre/195

Step-by-Step Educational Outcomes Measurement
(Performance Measurement)

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***No Relevant Financial Relationship(s)**

Relevance: Although the demand for educational outcomes continues to rise, education regarding practical methods for achieving CME outcome metrics is not readily available. The structure of a standard performance-based CME outcome evaluation incorporates three components: 1) a case-based evaluation tool, 2) the identification of a representative control population, and 3) the application of statistical analyses. Incorporating these components into educational programming may appear daunting to the uninitiated; however, the basic process is not necessarily beyond the scope of the average CME provider. A step-by-step guide to the incorporation of performance-based CME outcomes into educational programming will identify both a practical pathway to getting starting, as well as the strategic value of the resulting data.

Target Audience: This presentation will be beneficial to all CME professionals interested in evaluating their educational programming.

Purpose: To illustrate a practical methodology for obtaining performance-based CME outcomes.

Objectives: At the conclusion of this presentation, participants will be able to: 1) distinguish the types of CME outcomes and 2) employ a basic methodology to achieve performance-based CME outcomes.

Methods: The presenters will guide participants through a detailed discussion of the following: 1) Defining performance-based CME outcomes, 2) Detailing a methodology for attaining performance-based CME outcome goals, and 3) Interpreting and reporting results from CME outcome data. The presentation/discussion will be facilitated from the perspective of educational professionals who have incorporated performance-based CME outcomes into a variety of programming models.

Key Points: The distinguishing characteristics of types of CME outcomes will be addressed, as well as how each type of CME outcome can impact educational planning. Secondly, a practical guide to performance-based CME outcomes measurement will be provided. Thirdly, using actual performance-based CME evaluation examples, the interpretation and application of such resulting data will be discussed.

Expected Outcomes: CME professionals will be provided with a detailed map of the steps and tools necessary to conduct an educational outcomes assessment.

Reference: Peabody, JW, Luck J, Glassman P, Jain S, Hansen J. Measuring the quality of physician practice by using clinical vignettes: A prospective validation study. *Ann Intern Med* 2004;141:771-80.

Potential Participant's Self-Assessment Question: How can I perform an outcomes evaluation for my CME programming?

**T44, Breakout
2:45 – 3:45 pm, Thursday
Fountain/Third; Theatre/95**

**Canadian Family Medicine Graduates: A Needs Assessment Strategy to Identify Gaps in Clinical/Therapeutic Areas
(Systems Thinking)**

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Lisa Fleet, MA*

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***No Relevant Financial Relationship(s)**

Relevance: The CME needs of Canadian family physicians are unique and varied, often influenced by the nature of their medical practices, their geographic locations, or the number of years they have been in practice. As well, the development and/or revision of educational standards by the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC), for example, means that the training received by recent graduates (i.e. those that have graduated since 2001) differs from the training received by those who graduated ten, twenty, or thirty years prior. It therefore makes sense that, due to differences in clinical experiences and training, their CME needs may differ as well.

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

Purpose: The purpose of this presentation will be to report on the results of a needs assessment conducted to assess the continuing professional development needs of recent family medicine graduates in Canada. Gaps in perceived therapeutic/clinical areas will be identified. The study findings and their possible application in both Canadian and American environments will also be described.

Objectives: At the conclusion of the presentation, participants will be able to 1) identify the CME needs of recent family medicine graduates in Canada; and (2) increase their understanding of how the study findings can be applied to CME in both Canadian and American environments.

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

Key Points: This research is important as the CME needs of Family Medicine graduates will have certainly evolved as they entered practice, possibly practiced in different communities and/or provinces, and treated a variety of patients and ailments. This study will contribute to the development of enhanced CME programming for recent graduates, which will, in turn, impact on the care their patients receive.

Expected Outcomes: Physicians and CME professionals will increase their understanding of the CME needs of recent family medicine graduates and some of the ways to effectively meet those needs.

Reference: Rourke J. Rural family practice part II: preferences in continuing medical education. Can Fam Physician 1988;34: 1035-1038.

Potential Participant's Self-Assessment Question: Do you have a need to learn more about how to assess the needs of recent graduates and plan appropriate CME programming?

**T45, Breakout
2:45 – 3:45 pm, Thursday
Rosedown/Third; Theatre/140**

**Teaching Clinical Practice Improvement with CME
(Leadership)**

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No Relevant Financial Relationship(s)

Relevance: In 1999 the American Board of Medical Specialties focused the attention of teaching hospitals on six general competencies two of which were practice-based learning and improvement and systems-based practice. In March of 2004 CMS published their Core Clinical Measures Set (<http://www.cms.hhs.gov/quality/clinicalmeasures.pdf>). The gauntlet has been thrown down, but CME in general has struggled with knowing how to pick it up.

This presentation will demonstrate how CME programs can incorporate teaching of basic skills for clinical practice improvement in the background or side-by side with the core competencies every CME program. It will demonstrate the importance of promotion of evidence based standards for practice and will teach outcomes measurement and accountability.

While it was never intended that CME programs should become CQI courses, quality improvement principles, methods, skills and tools can be integrated with the established teaching goals of CME beginning with the needs assessment. The “Take Home” from this session is a practical tool that can be taught in CME programs, given to CME participants on a CD or via Web, and can be used immediately in the practicing physician’s office to demonstrate compliance with the ABMS goal of practice-based learning and improvement.

Target Audience: This will be of interest to CME professionals, leaders of CME programs and health providers.

Purpose: The presentation will focus on background teaching of clinical practice improvement methods and the use of measurement tools which demonstrate compliance with the ABMS goal of practice-based learning and improvement.

Objectives: At the end of this session participants will be able to 1) identify skills needed for clinical practice improvement 2) select a method for improvement that best fits their needs 3) create and use charts in practice that will facilitate treatment of patients to goal, 4) measure and evaluate the impact of CME on clinical practice improvement.

Methods: The use of case-based examples and evidence-based tools will lead the participant to a functional understanding of the need to promote CQI while doing CME.

Key Points: CQI can be successfully taught in the background in all CME courses. Participants in CME courses should be given tools that promote measurement of improvement in their clinical practice settings at home.

Expected Outcomes: Participants will have an increased awareness of the need to facilitate and ability to promote clinical practice improvement following CME programs.

References: Teaching performance improvement: an opportunity for continuing medical education. J Contin Educ Health Prof. 2003 Spring;23 Suppl 1:S34-52. Review.

PMID: 14666832 [PubMed - indexed for MEDLINE]

Changing clinical practice by improving systems: the pursuit of clinical excellence through practice-based measurement for learning and improvement. Qual Manag Health Care. 2000 Fall;9(1):1-13.

PMID: 11185877 [PubMed - indexed for MEDLINE]

Potential Participant’s Self-Assessment Question: Do you know how to create a chart that will allow a participant in a CME course to accurately measure improvement in patient care relative to a key principle taught in your CME program?

T46, Breakout
2:45 – 3:45 pm, Thursday
Magnolia/Third; Theatre/140

A Systems Analysis Approach to Designing Training Interventions
(Educational Interventions)

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No Relevant Financial Relationship(s)

Relevance: The most engaging, instructionally sound and well designed CME program is useless unless it impacts patient outcome or practice performance. Using a systems analysis approach to designing training interventions is essential to developing good educational materials. Selecting appropriate topics prior to developing the training is easily achieved using systems analysis tools to focus on performance outcomes. Tools such as stakeholder analysis, process mapping, information analysis, structured observations and task analysis can be instrumental in creating training initiatives that have maximum impact on performance outcomes.

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

Purpose: The presentation will educate the participant on using systems analysis tools to guide their selection of what material should be developed. The presenter will cover structured techniques to focus valuable educational opportunities on those areas most likely to produce improved performance.

Objectives: At the end of this session participants will be able to: 1) Understand the value in creating training that impacts performance outcomes. 2) Increase their knowledge of systems analysis tools and how to use them correctly. 3) Develop training initiatives geared at improving performance.

Methods: Presenter will showcase a series of systems analysis tools and discuss their usefulness in designing effective materials. The presentation will emphasize both audience and small group interaction where participants will gain hands-on experience using the tools.

Key Points: Truly worthwhile CME impacts patient outcomes or practice performance. Designing programs that teach skills just for the sake of passing along that knowledge has little value unless it is knowledge that can be applied to make a difference in patient's lives.

Expected Outcomes: Participants will learn how to use systems analysis tools to create CME materials that have a meaningful impact on patient outcome or practice performance.

Reference: Tom Gilbert: "Human Competence: Engineering Worthy Performance", International Society for Performance Improvement, Silver Spring, MD.1996.

Potential Participant's Self-Assessment Question: What's the relationship between systems analysis and training design and development?

**T47, Breakout
2:45 – 3:45 pm, Thursday
Jasperwood/Third; Theatre/140**

**The CME Office: Personalizing Professional Development and Training
(Educational Interventions)**

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No Relevant Financial Relationship(s)

Relevance: In addition to the advances in medicine in which physicians must stay current, other forces impact the profession: workforce, health systems, recertification, promotion and tenure, research protocol – the list goes on. Fold in administrative and service responsibilities, and the definition of “medical education that meets the needs” of physicians can become very broad, indeed! While the CME Office typically employs surveys or expert opinion to select content delivered in didactic sessions, educational research underscores the critical nature of personalized feedback and evaluation in changing behavior and communication. Unfortunately, clinician evaluation processes, goal setting and education have been separate activities until now. A linkage between physician evaluation and feedback with education and training opportunities might provide a new service model for the CME Office.

Target Audience: This breakout will be of interest to CME Office providers in settings in which physicians have specific evaluations and goals. Special relevance for those where physicians have responsibilities beyond the delivery of care – such as research and teaching.

Purpose: This presentation will showcase a comprehensive system for goal setting, evaluation and training of physicians. This effort is a joint project of the Medical Staff leadership, the CME Committee, the Promotion and Tenure Committee, the Hospital Information System and CME Office. The goal is to enhance professional development through principles of joint goal setting, interactive evaluation, and linked training opportunities provided by peer committee members. Critical to this initiative will be the incorporation of the Maintenance of Certification(standards specific to Pediatricians.

Objectives: At the conclusion of this presentation, participants will be able to develop ideas for a systematic approach to evaluate and advise faculty with multiple professional responsibilities.

Methods: PowerPoint presentation outlining the process used at a large, academic hospital-based CME Office. Descriptive data of initial experience with evaluation tools and latency times on particular questions and components. Participants are invited to share their experiences to foster an interactive setting.

Key Points: As articulated by the American Medical Association, Continuing Medical Education activities are but one function necessary in the ongoing professional development of physicians. Linkage of goal setting, evaluation and training opportunities closes the loop for clinicians, administrators and educators in the professional development of physicians.

Expected Outcomes: CME providers will leave this session with ideas to assist them in identifying professional needs of their faculty and developing tools to assist faculty with their guided discovery learning.

References: Wentz, DK, Jackson, MJ, Raichle, L, Davis, D. “Forces for Change in the Landscape of CME, CPD, and Health Systems-Linked Education.”

The Continuing Professional Development of Physicians: From Research to Practice. Davis, D, Barnes, BE, Fox, R, Eds. Chicago, IL. AMA Press, 2003.

Potential Participant's Self-Assessment Question: Is your Institution interested in the role the CME Office can play in the Systemic Factors driving the educational needs of your faculty?

T48, Breakout
2:45 – 3:45 pm, Thursday
Oak Alley/Third; Theatre/140

Practical Strategies for Better Outcomes
(Performance Measurement)

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***No Relevant Financial Relationship(s)**

Relevance: It is frequently daunting for CME providers and planners to demonstrate change in physician behavior or patient health status as a result of education. Capturing significant outcomes may seem difficult, impractical, or impossible in settings where there is limited access to practice data, analytical support, and/or time and resources to design and conduct outcomes studies. Yet effective CME requires linking learner needs to measured outcomes that document change and lay the groundwork for future interventions.

Target Audience: This breakout is designed for CME professionals and health providers at intermediate and advanced experience levels who wish to elevate their effectiveness in measuring higher-level outcomes.

Purpose: This hands-on, practical presentation will help you address barriers within your CME environment and design and use more effective strategies to capture better CME outcomes.

Objectives: You will be able to: 1) identify limitations and barriers inherent in your program setting to measuring outcomes, 2) apply an expanded range of efficient, cost-effective methods, and 3) measure and document higher-level, higher-quality outcomes with minimal adverse impact on your time and resources.

Methods: The session will present an array of outcomes strategies, tools, and templates based on CME literature, original research, and case examples. From 1-hour CME programs to multi-day conferences, RSCs, and self-directed learning, we will explore multiple ways to capture post-activity impact on physician behavior and patient health status. In small groups, you will discuss and apply new methods to real-life examples. You are encouraged to bring a description of a future or past CME activity for which you would like to obtain better outcomes.

Key Points: Higher-level outcomes document the effectiveness and value of CME and simultaneously help identify needs for future education. On one level, capturing self-reported attitude and practice change verifies learners' follow through on intent to change. More objective outcomes measures examine administrative practice and health status data such as those related to quality, prescribing patterns, admission DRGs, length-of-stay, complications, re-admission rates, patient safety, infections, laboratory utilization, screening results, patient satisfaction, etc. These measures serve as surrogate markers for successful learning and can be used to monitor the short-term and long-term impact of multiple educational interventions. The best outcomes are often observed using more than one method.

Expected Outcomes: You will examine the limitations of your CME environment and be able to apply new measurement strategies that achieve more pragmatic, useful results.

Reference: Evaluating educational outcomes: an electronic workbook for continuing medical education providers.

<http://www.acme-assn.org>.

Potential Participant's Self-assessment Question: Do you understand the theory of measuring physician practice and patient health status change, but find it difficult or impractical to implement within your limited time and resources?

T49, Breakout
2:45 – 3:45 pm, Thursday
Elmwood/Third; Theatre/140

Enduring Materials: Tools for Assuring Quality
(Administrative/Management)

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***No Relevant Financial Relationship(s)**

Relevance: Enduring materials are a widely used and practical means for providing education to physicians. Using a structured approach to develop CME enduring materials will help avoid many common mistakes that affect the quality and compliance of the materials. Testing enduring materials with members of the target audience enables providers to perform formative evaluations of materials and establish justification methods for determining credit hours. Such testing also provides the opportunity to clarify confusing sections of the educational content or post-test questions.

Target Audience: This breakout session will be of interest to entry-level CME professionals.

Purpose: This breakout session will examine common mistakes that CME providers make when preparing enduring materials and will suggest tools and techniques that can be used to avoid these mistakes. There are a number of practices that can enhance the quality of enduring materials beyond mere compliance. Examples will be shared to illustrate how these practices can ensure success.

Objectives: At the conclusion of the session, participants will be able to (1) identify common mistakes made in the preparation of enduring materials; (2) apply tools and construct standards to avoid these mistakes; and (3) examine methods to standardize systems for designating credit hours, determining the amount of time that the content can carry credit, and addressing intellectual property and disclosure issues when preparing enduring materials.

Methods: The presentation and interactive discussion will address principles that ensure compliant enduring materials.

Key Points: Use of a standardized system in the preparation of enduring materials will help to ensure quality of the materials as well as compliance with ACCME Essential Areas and Policies.

Expected Outcomes: To avoid mistakes that can compromise the integrity of the educational activity, there must be a structured approach to the production of enduring materials. The tools and examples presented in this session offer creative solutions to maintaining standards of procedure that ensure the highest quality of CME enduring materials.

Reference: 2004 ACCME Essential Areas and Policies

Potential Participant's Self-Assessment Question: Do you have the tools needed to produce compliant enduring materials that are in the best interests of the public?

T50, Breakout
2:45 – 3:45 pm, Thursday
Belle Chasse/Third; Theatre/140

The Value of Games for Interactive Instruction
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: Educational activities are most effective when learning accompanies analytic thinking. Purposeful games can provide the opportunity for participants to apply newly learned knowledge, and to practice skills in a safe setting. Since attaining and retaining knowledge for flexible application is a goal of continuing professional development, learning environments which simulate real world applications or stimulate deep thinking should be encouraged. Games can also serve to stimulate learner enthusiasm and encourage learners to reach a desired level of performance.

Target Audience: The breakout will be of interest to all levels of CME professionals who design and who teach in educational programs.

Purpose: This participatory presentation will demonstrate the use of inexpensive and purposeful games as a motivating instructional device. Effective and goal-oriented games are a serious learning method when matched to the learning content. Games can promote creative thinking, build analytic skills, motivate learning, promote friendly competition, and strengthen the ability to integrate and apply information. This presentation will illustrate games that can be used for a variety of teaching purposes. Audience participation is part of this presentation.

Objectives: At the completion of this session, participants will be able to:

- Promote content integration and application through games
- Develop variations on interactive games for learning
- Relate principles governing choices of learning games

Methods: Learners will become familiar with games as an instructional technique for learning, content integration and review, decision-making, and creative thinking. During this presentation, a variety of games will be demonstrated with audience participation followed by a debriefing discussion of their purpose and effectiveness.

Key Points:

- Games are useful in providing interactive learning.
- Games are highly motivating for learners.
- Games can foster collaboration during a learning experience.

Expected Outcomes: Participants will incorporate a game into an instructional program.

Reference: Prensky, M. Digital Game-Based Learning. (2001) McGraw-Hill. New York

Potential Participant's Self-Assessment Question: In instructional planning and delivery, do you seek teaching methods that are highly interactive and motivating for participants?

**T51, Mini-Plenary
4:00 – 5:00 pm, Thursday
Grand Ballroom D/Street; Theatre/560**

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

Dennis Lott, DEd*

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***No Relevant Financial Relationship(s)**

Relevance: The ACCME's system of accreditation directly impacts all accredited providers of CME. ACCME's Essential Areas, Elements, and Policies support accredited providers as they strive to plan and implement quality CME in the complex healthcare system of today. Accreditation is a component of the Administration and Management competency area for CME professionals.

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 within their own complex CME setting. 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?

T52, Breakout
4:00 – 5:00 pm, Thursday
Grand Salon 4, 7, & 10/Street; Theatre/210

PACME Dialog: Your Questions Answered From Commercial Supporters Perspective
(Partnering)

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***No Relevant Financial Relationship(s)**

Audience response technology to be provided by Maureen Doyle-Scharff, BA and Mike Saxton, MEd

Relevance: With the rapidly evolving environment regarding commercial support issues, this session is intended to address any hot topics and questions that emerge regarding commercial support that reflect the needs of the participants in the months immediately preceding the Annual Conference. It is anticipated that questions will include funding issues, organizational development trends, changes within industry, challenges, educational process from an industry perspective, outcomes, evidence based education, monitoring issues, compliance programs, the role of industry, provider selection issues and many others that might arise.

Target Audience: Providers and CME stakeholders at all levels

Purpose: To have an open dialog around questions that come from the participants regarding commercial support issues with members of the Pharmaceutical Alliance for CME (PACME)

Objectives: At the end of this session the participants will be able to: 1] understand the industry perspective regarding questions they have, 2} recognize areas where collaboration with commercial supporters could be improved, 3] identify where to find additional information regarding questions generated

Methods: By design, this session is intended to be a dialog where facilitators will engage the audience in a two-way question, answer and opinion session that is entirely driven by the collective needs of the participants. Every effort will be made not to prepare didactic materials. Instead, participant questions will form the basis of the content. Where it is helpful to poll participants for their opinions, an audience response system will be used. Time will be built in for reflection on actionable information learned.

Key Points: In order to improve collaboration, all CME stakeholders need to understand each other's perspective on emerging issues.

Expected Outcomes: Participants will have an opportunity to find answers to questions they have as part of their personal learning plan at the conference.

Reference: Will be cited as resources when appropriate in response to audience questions.

Potential Participant's Self-Assessment Question: What is my burning question regarding commercial support that if answered would help improve my performance within the next several months?

T53, Breakout
4:00 – 5:00 pm, Thursday
Grand Salon 13 & 16/Street; Theatre/170

When is a Live Event more than a Live Event? Extending the Life of Your Program
(Performance Measurement)

Dawne Green, BS

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No Relevant Financial Relationship(s)

Relevance: Continuing medical education (CME) providers are increasingly extending their educational offerings beyond the live event, using such methods as monographs, video and audio CD's, and on-line activities to enhance a live event. This breakout session will review ways in which the CME provider can leverage a live event into multiple learning opportunities. We will examine specific examples where one event was turned into a video CD, placed on-line for CME and created a monograph, all for a fraction of the cost of a live event.

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

Purpose: This session will explore the methods available to the CME professional for leveraging a live event and offer several additional methods of education. In addition, we will instruct on conducting a data analysis of each educational activity. We will analyze what attendees tell us from program evaluations and more importantly, how to then make your activities more attractive and populated. We will also review case studies looking at the impact of an activity on a learner over time to discover what that says about each CME activity.

Objectives: At the conclusion of this breakout, participants will be able to identify critical elements in the selection and evaluation of various educational activities.

Methods: Based on a current case, presenters will offer actual costs of programs and assessment tools for each method of activity.

Key Points: Presentations will review how learners evaluate a program differently, depending upon the method of activity delivery. Participants will work with real case examples to leverage their live events and actually broaden the educational reach to multiple audiences. Actual costs will be included and a realistic breakdown of a budget will be provided. Additionally, various program evaluations will be considered depending upon the method of educational activity.

Expected Outcomes: CME professionals will develop and apply skills that are directly applicable to actual practice. They will learn the full range of measurement tools available to them and develop an analysis plan and conduct an analysis on actual activity evaluations.

Reference: Davis D, Thomson MA, Oxman A, Haynes B. Changing Physician Performance: A Systematic Review of the Effect of Continuing Medical Education Strategies. JAMA. 1995 September 6; 274 (9); 700-705.

Potential Participant's Self-Assessment Question: Can you describe the advantages and disadvantages of using various educational activities to extend your live program's educational message?

T54, Breakout
4:00 – 5:00 pm, Thursday
Grand Salon 19 & 22/Street; Theatre/170

Earning CME Credits through Hospital-Based Performance Improvement Activities
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: Physician leadership has been central to the incorporation of competency training into self-directed learning. Performance improvement activities, as part of risk management and quality improvement, have advanced improvement in patient outcomes. The linkage of these two systems should have a synergistic effect on improving the quality of community healthcare.

Target Audience: This breakout session will be of interest to physicians involved in hospital-based CME.

Purpose: This presentation will discuss the influence of the IOM focus on patient outcomes and how it can be linked to the new AMA PRA guidelines on performance improvement activities.

Objectives: At the end of this session, physician CME leaders will have the experience to join with quality assurance professionals to provide relevant CME accreditation.

Methods: Through relevant case studies, the barriers to effective consolidation of lifetime learning and quality assurance activities will be discussed.

Key Points: Quality assurance activities, including development of patient guidelines, have been evolving over the past decade. For the first time, long-term participation in such activity could generate meaningful CME credit based upon patient outcomes.

Expected Outcomes: Physician thought leaders will have the benefit of combining CME and quality assurance improvement systems.

Reference: 1) New Directions for Adult and Continuing Education, Spring 2001, No 59, Jossey-Bass, San Francisco 2) The ACGME Outcome Project: 2004, <http://www.acgme.org/outcome/>

Potential Participant's Self-Assessment Question: As a physician thought-leader, do you need to learn more about attaining CME credit through performance improvement activities?

T55, Breakout
4:00 – 5:00 pm, Thursday
Grand Salon 21 & 24/Street; Theatre/195

Innovative Use of Technology in Providing Peer Reviewed, In Time CME
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: Current studies suggest that the educational impact of CME activities increases with relevance to daily practice and presentation of information in brief bytes. The ongoing trend to target patient consumers with medical news in daily media poses a challenge to a practicing physician to stay current not only with medical breakthroughs published in medical literature and presented at professional meetings, but also to competently and confidently react to their patients growing requests for novel diagnostic or treatment options. Additionally, recent studies indicate that the ability of physicians to remain current with medical practice declines with time after medical school graduation which adversely affects patient care. This phenomenon takes place despite ongoing CME suggesting a need for more innovative approaches to delivering systematic CME.

Target Audience: This breakout session will be of interest to CME professionals, industry supporters, and health providers across provider groups and at all experience levels.

Purpose: This session will focus on the principles used in developing and delivering a novel model of systematic, user friendly CME interventions and examine its potential to become highly effective education that will positively impact on the delivery of medical care regardless of the institutional or geographic boundaries.

Objectives: At the conclusion of this session, participants should be able to 1) Identify the guiding principles used in development of MedPage Today™ as a successful model for providing in-time, validated and effective CME 2) Review the strengths and resources of different educational partners that can contribute to successful collaboration needed to develop and deliver this type of innovative CME 3) Evaluate the impact of this educational model based on the outcomes data presented.

Methods: A combination of didactic presentations and case-based illustrations will be used for this session. Audience participation will be encouraged and questions welcomed.

Key Points: Ongoing need for systematic, validated, concise continuing medical education available in real time and at the point of care is the current reality with most practicing physicians. Academic CME offices have an opportunity to contribute unique resources and become valuable partners to other types of educational providers and provide CME that will address these needs. The quality of the collaborative efforts and commitment to this mission will have a direct impact on the quality of education provided. Six-month post-launch outcomes data will be presented.

Expected Outcomes: Participants will share examples and strategies related to collaborative efforts in their practices that can positively impact on the development and delivery of novel and effective CME interventions.

Reference: Olson CA, Shershneva MB, Setting Quality Standards for Web-based Continuing Medical Education, J Contin Educ Health Prof. 2004 Spring; 24(2):100-11.

Potential Participant's Self-Assessment Question: Are there existing partnerships in our CME program that could help us design and deliver educational models that would help us move away from traditional CME and in a systematic way better address the educational needs of physicians we serve.

T56, Breakout
4:00 – 5:00 pm, Thursday
Grand Salon 15 & 18/Street; Theatre/195

Evaluation Study of Online Continuing Medical Education (CME): A Final Report
(Performance Measurement)

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***No Relevant Financial Relationship(s)**

Relevance: Family physicians, especially those in rural and remote areas, are faced with the challenge of maintaining competency in clinical practice despite limited access to up-to-date medical knowledge and medical specialists, and isolation from the large urban-based tertiary hospitals where much of this information is disseminated. Online Continuing Medical Education (CME) can help physicians identify learning opportunities, find the best resources for learning, and apply learning to practice. The Office of Professional Development, Faculty of Medicine, Memorial University of Newfoundland leads a pan-Canadian Consortium of eleven 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.

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

Purpose: This presentation will report on the findings of an evaluation of MDcme.ca, the main component of the TERMS initiative. A research study, supported by the Atlantic Canada Opportunities Agency, Atlantic Innovation Fund, was undertaken to examine the effectiveness of MDcme.ca's CME courses and to identify means for enhancing the quality of learning which is facilitated in online CME learning environments. Participant satisfaction and confidence, as well as self-reported changes in practice, were measured.

Objectives: Participants will have the opportunity to: (1) increase their knowledge of the research framework used to evaluate online CME; (2) review the study findings; and (3) reflect on their experiences, as a provider or participant, with online CME.

Methods: The session will summarize the results of this research study. Evaluation methodologies, study findings, conclusions and recommendations will be presented in detail.

Key Points/Major Results: This findings of this research study will support how e-learning environments can best be utilized to develop and sustain professional practice in various disciplines and for different types of learners.

Expected Outcomes: Physicians and CME professionals will increase their understanding of the effectiveness of using online learning for CME.

Reference: Chumley-Jones H et al. Web-based learning: sound educational method or hype? A review of the evaluation literature. Acad Med 2002; 77(10), S 86-S93.

Potential Participant's Self-Assessment Question: Do you have a need to learn more about the use and effectiveness of online CME?

T57, Breakout
4:00 – 5:00 pm, Thursday
Grand Salon 9 & 12/Street; Theatre/195

Outcomes Measurement – Don't Just Sit There, Get Started!

(Performance Measurement)

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***No Relevant Financial Relationship(s)**

Relevance: There is now significant emphasis placed on the CME provider to measure the educational effectiveness of the activities they provide. With this emphasis comes the perception that many providers lack the appropriate resources and financial reserve needed to measure outcomes. As a result, many CME providers have not implemented any regular post-activity outcomes measurements. The reality is that basic outcomes measure can be done with minimal money and without a significant amount of time vested. The use of simple post-activity surveys can provide the CME provider with data that reinforces educational effectiveness of CME.

Target Audience: All CME professionals interested in starting a post-activity outcomes system

Purpose: This breakout session is designed to give the participant the information and tools needed to construct and carryout a post-activity outcome survey. The session will provide insight as to the basics of successful survey tool design, methods to maximize rate of return, and how to manage the data once collected.

Objectives: At the conclusion of this breakout session the participant will be able to; 1) Discuss the need to incorporate outcomes measures into their CME activities, 2) State how the use of outcomes data can enhance the overall function of the CME program, 3) Compare and contrast different methods of surveying CME participants in order to achieve maximal response 4) Cohort certain data elements of surveys to build a sizable outcomes database.

Methods: The presenters will relate the evolution of their outcomes measurement program to participants from its beginnings as a single post-activity questionnaire to a system that conducts short- and long-term surveys for 100% of the activities it sponsors and an outcomes database of over 3,000 participants.

Key Points: In order for CME providers to effectively carry out post-activity outcomes measurements they must first understand that outcomes measures do not need to be “high science” or “hi-tech,” and that any CME professional can, with the right attitude and survey tool, successfully gather data to evaluate the educational effectiveness of the activities they create.

Expected Outcomes: Participants will be able to leave this presentation with the knowledge and tools needed to plan and implement a post-activity outcome survey.

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

Potential Participant's Self-Assessment Question: Why is it that I have not been able to successfully implement post-activity outcomes measurements? What does it take for me to start implementing a post-activity outcomes program for my CME unit?

**T58, Forum
4:00 – 5:00 pm, Thursday
Grand Salon 3 & 6/Street; Theatre/195**

**Enhancing and Sustaining Learning: Report of a Comprehensive CME Initiative Incorporating a
Novel Educational Outcomes Measurement Plan
(Educational Interventions)**

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***No Relevant Financial Relationship(s)**

Audience response technology to be provided by Meridia Audience Response

Relevance: The ultimate aim of educational outcomes measurement (EOM) is to demonstrate improved patient outcomes resulting from the participation of health care professionals in educational interventions. An essential component of successful interventions is optimal delivery of CME activities—delivery that enhances participants' previous learning and sustains the new learning that results from their CME participation. A CME initiative was developed that offered related CME activities in tandem, allowing participants a choice of educational topics and formats. Rigorous EOM methodology was integrated into all aspects of the initiative. This forum shares the results of this comprehensive initiative, which demonstrated enhanced and sustained learning. A panel of speakers representing both the CME provider and the commercial supporter will offer perspectives on the implications of this work.

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

Purpose: This forum will present the results of an EOM methodology as applied to a comprehensive CME initiative, focusing on the role of EOM in enhancing and sustaining participant learning and in optimizing a CME provider's subsequent efforts. In addition, sponsoring and supporting stakeholders will convey their viewpoints to forum participants, who will then have the opportunity to offer questions and comments.

Objectives: At the conclusion of this forum, participants will be better able to (1) apply EOM findings to subsequent CME activities, (2) improve CME participation and learning through EOM efforts, (3) build an internal database of participant needs and preferences for optimization of subsequent activities, and (4) consider the perspectives of other CME providers and grantors when planning CME activity development, implementation, and evaluation methods.

Methods: Presenters will share the methodology and results of a novel CME initiative made unique by its integrated EOM plan. Special attention will be given to the implications of this work on CME in general, and on individual providers' efforts to demonstrate CME participants' enhanced and sustained learning. Panelists will share their perspectives on this work and field participants' questions and comments concerning its implications.

Key Points: CME activities can achieve wider participation and demonstrate sustained, improved learning when individual participant needs and preferences are identified and fulfilled. This effort need not rely on self-reported information; rather, it results from discrete, rigorous EOM methods applied unobtrusively to any CME activity topic or format. Providers applying such a holistic approach to developing and offering CME activities can, over time, build a reliable, useful database of participant needs and preferences.

Expected Outcomes: Participants will understand the implications of specific reported findings and use the reported information and methodology to optimize the uptake and impact of CME.

Reference: Markert RJ, O'Neill SC, Bhatia SC. Using a quasi-experimental research design to assess knowledge in continuing medical education programs. *J Contin Educ Health Prof.* 2003;23(3):157-161.

Potential Participant's Self-Assessment Question: Do you need to achieve optimal participation and demonstrate enhanced, sustained learning as a result of participation in your CME activities?

**T59, Breakout
4:00 – 5:00 pm, Thursday
Fountain/Third; Theatre/95**

The Role of the CME Provider in Physician Self-Assessment – Lessons from Alliance Center for Learning and Change (ACLC) Demonstration Projects
(Educational Interventions)

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No Relevant Financial Relationship(s)

Relevance: Physicians are being expected by their specialty boards to demonstrate 6 new competencies as part of Maintenance of Certification with their board. One of those competencies is practice based learning and improvement which requires a physician to be able to assess performance in practice, make and document the improvements. As a compliment to those expectations of the specialty boards, the AMA has approved a Performance Improvement process that a physician can use to in their practice and earn Category 1 credits. At the same time, educational research suggests that physicians learn and improve their performance when their education is closer to their practice. The Alliance Center for Learning and Change has established several demonstration projects to help CME providers apply the evidence-based educational research in the practice of CME and to assist physicians with their self assessment process. The results of those projects need to be shared and implemented by CME providers to enhance CME's value to the profession of medicine and healthcare in general.

Target Audience: This breakout session will be of interest to CME professionals and health providers at the middle to upper level of practice and provider venues that have access to the practices of physicians.

Purpose: This presentation will share of the results of the Demonstration Projects to date and enable participants to learn how to apply the evidence-based educational research in the physician self-assessment process in their practice.

Objectives: At the conclusion of the session, the learner will be able to 1) describe the results of the demonstration projects to date and 2) identify key educational practices that they can apply in their setting to assist physicians with their self assessment in the practice setting (where they learn).

Methods: Through brief interactive lectures this session will review the evidenced base educational research that is used and using small group work with the demonstration project teams illustrate how the research is applied, the tools used and suggestions on how to implement in practice.

Key Points: CME providers must change their practices to focus on where the most effective learning occurs and how they can contribute to the learning process in the practice setting. The tools of self-assessment in practice, like chart audits and record reviews, and learning methods using technology are key new skills that CME providers must develop to assist the physician with practice based learning.

Expected Outcomes: It is expected that the learner will become aware of the evidence-based learning needed to be applied in practice, agree that it is an important new skill that must be developed, adopt the research and the practices that need to be implemented and adhere to the application of the evidence in their setting.

References: Parboosingh, J. Role of Self-Assessment in Identification of Learning Needs, JCEHP, 1998, 18(4), 213-219.
Fox RD. Using Theory and Research to Shape the Practice of Continuing Professional Development, JCEHP, 2000, 20(4), 238-246

Potential Participant's Self-Assessment Question: What role does the CME provider have in Physician Self-assessment?

T60, Breakout
4:00 – 5:00 pm, Thursday
Rosedown/Third; Theatre/140

Delineation and Validation of Core Competencies: A Systems Approach to Ensuring the Relevance of Continuing Medical Education
(Systems Thinking)

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***No Relevant Financial Relationship(s)**

Relevance: Initiatives such as the ACGME Core Competency Project will progressively shape requirements for continuing medical education and recertification. Such initiatives represent a continuing opportunity for physicians to improve and maintain skills in crucial domains of practice. Such initiatives also represent a challenge to educators in that the competencies, broadly defined, must be translated into specific needs that can be articulated and form the basis for educational interventions relevant to the realities of practice. This session will illustrate how analysis of a CME provider's portfolio and practitioner survey methods can be integrated and employed in a systemic approach to the delineation of core competencies tuned to the specific circumstances of practicing physicians.

Target Audience: The presentation should be of interest to all levels of experience and types of provider groups.

Purpose: The session will describe an approach to identifying, for targeted groups of practitioners, the specific skills and competences relevant to their practices within the broader core competencies, specifying the educational needs, and then translating the needs into CME programming. The presentation will also describe how this approach can inform the content and processes of post-graduate (residency and fellowship) and medical school education.

Objectives: After reviewing the presentation, participants will be able to 1) develop a plan for assessing their current CME portfolio in light of the ACGME core competencies, 2) identify domains of competencies that are underrepresented and/or inadequately articulated, and 3) construct, conduct and analyze targeted practitioner surveys to precisely delineate the competencies required by specialty and practice setting.

Methods: The presenters will briefly review the ACGME core competencies, the methods used to analyze the content of CME portfolios, as well as relevant survey construction and analytic approaches. The core competencies of professionalism and interpersonal/communication skill will be used as illustrative competency domains.

Key Points: A systematic analysis of CME portfolios from the perspective of the ACGME core competencies can guide the design and conduct of practitioner surveys to ensure the relevance of CME courses and programs to the detailed needs of practitioners.

Expected Outcomes: Participants will become familiar with an approach that can be used in assessing the representation of various core competencies within a provider's CME portfolio, the challenges encountered and possible solutions, and methodologies for identification, in target audiences, of needs relevant to specific competencies.

Reference: Chapman DM, Hayden S, Sanders AB, Binder LS, Chinnis A, Corrigan K, LaDuca T, Dyne P, Perina DG, Smith-Coggins R, Sulton L, Swing S. Integrating the Accreditation Council for Graduate Medical Education Core competencies into the model of the clinical practice of emergency medicine. *Annals of Emergency Medicine*, 2004 Jun; 43 (6): 756-69.

Potential Participant's Self-Assessment Question: How can I determine if CME courses fit both the categories of competencies defined by the ACGME and the actual challenges of practice for particular specialties?

T61, Breakout
4:00 – 5:00 pm, Thursday
Magnolia/Third; Theatre/140

What Is Evidence-Based Medicine?
(Educational Interventions)

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No Relevant Financial Relationship(s)

Relevance: Evidence-based medicine is a commonly used but seldom-defined concept, especially with regard to its place in continuing medical education. To provide health-care professionals with the most recent information that may have impact on the overall well-being and outcomes of their patients, it is not always possible to wait for peer-reviewed journal publication of clinical results. Often the best sources for treatment recommendations are practicing clinicians. Defining continuing medical education program content that is evidence-based requires an understanding of the qualifying characteristics of evidence-based medicine.

Target Audience: This session is suitable for all continuing medical education professionals who would like an overview of the essential elements to consider when evaluating source documents as evidence-based medicine.

Purpose: This session will review the current requirements for evidence-based medicine in program content and will provide examples of sources of evidence-based medicine. It will provide recommendations for developing an internal-review process for evaluating documents, content, or reference materials as evidence-based or not evidence-based.

Objectives: At the conclusion of this breakout session, participants should be able to (1) evaluate available source documents or reference materials as potential sources of evidence-based medicine; (2) identify elements that qualify a document or reference material as evidence-based rather than opinion or proposal; and (3) balance program content to reflect standard-of-care and emerging therapies to educate health-care providers and thus improve the care and well-being of patients.

Methods: Through use of examples and discussion, we will present options to evaluate documents, content, or reference materials as evidence-based or not evidence-based.

Key Points: Continuing medical education programs that present evidence-based medicine need to qualify content from a variety of sources. Qualifying content is important in light of the potential impact the program content may have on the health and welfare of patients. Presenters, providers, and participants can interpret and rely upon continuing medical education content with confidence when it is determined to be evidence-based.

Expected Outcomes: Continuing medical education professionals should be able to return to their practice environments and design or implement methods of evaluating documents, content, or reference materials as evidence-based or not evidence-based to improve their educational activities and to comply with codes and guidelines from various medical associations (e.g., AAFP, AMA).

References: Schnall JG. Basic introduction to evidence-based practice resources. Available at:

<http://healthlinks.washington.edu/hsl/classes/evidence/>. Accessed 22 Feb 05.

Sackett DL, Rosenberg WMC, Gray JAM, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. *BMJ*. 1996 Jan 13;312(7023):71-72.

Potential Participant's Self-Assessment Question: Do you have a clear understanding of evaluating documents, content, or reference materials as evidence-based or not evidence-based so that you could explain the essentials to an expert and establish an internal process for determining evidence-based content?

T62, Breakout
4:00 – 5:00 pm, Thursday
Jasperwood/Third; Theatre/140

Building on Physician Experience and Needs in Surgical Hands-On Skills Training Short Course Design
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: Hands-on skills training is a critical element of continuing medical education for surgeons. The burgeoning technology available to surgeons has created a need for unbiased, learner-centered skills training. Development of hands-on skills training courses requires the professional educator and physician educators to 1) engage fundamental adult learning principles, 2) assess the influence of other factors such as cognitive aging and personal motivation, 3) design activities that use a variety of educational tools in a sequential and individualized training format, and 4) use innovative ways of determining the transfer to practice and changes in patient care. Hands-on surgical skills training courses are expensive and require collaboration with medical device and supply companies. Strategies for management of the expense and collaboration without bias will be included in the discussion.

Target Audience: This breakout session will be of interest to CME professionals and physician educators at intermediate levels in hospitals, medical schools, and surgical medical specialty societies.

Purpose: The presentation will focus on the important steps critical to designing a successful surgical hands-on skills training short course, the involvement of physician teachers and the learners in making each activity an individualized experience, and development of commercial support that supports the physician learner's needs and interests and reflects a fair balance.

Objectives: At the completion of this breakout participants will be prepared to 1) write a proposal for hands-on skills training based on specific identified needs; 2) develop relevant adult learning experiences specific to the skills set; 3) engage medical device and supply company support in a fair and balanced learning environment; 4) use multiple methods of determining the changes in practice and 5) manage the activity in a financially responsible manner.

Methods: Presentation of a successful model developed by the AUA Office of Education and a surgeon-teacher, take-home handout materials of steps and forms used as examples of individualized curriculum development for maximum growth, and interactive audience feedback, questions and answers.

Key Points: Professional educators and physician teacher-educators in surgical specialty societies, hospitals and medical schools have a key role to play in developing learner-centered, fair and balanced surgical hands-on skills training that build on the individual learner's needs and skill levels. These intense courses must be developed in collaboration with the learner and the commercial medical device companies and guided by the fundamentals of adult learning principles.

Expected Outcomes: Participants with experience in development of sound educational activities will share experiences and gain insight and take-home tips from others; participants with little or no experience will be prepared to begin a hands-on skills training activity.

Reference: Newman, Penny, Peile, Ed. Valuing learners' experience and supporting further growth: educational models to help experienced adult learners in medicine. BMJ 2002;325:200-202 (27 July).

Potential Participant's Self-Assessment Question: How may I design and implement a surgical hands-on skills training course that maximizes the individual's experience and optimizes their exposure to the latest technology in a learner-centered activity?

T63, Breakout
4:00 – 5:00 pm, Thursday
Oak Alley/Third; Theatre/140

Drowning in Data? Catch the Wave to Effective Data Management Processes: Getting the Most Out of Your Data
(Administrative/Management)

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***No Relevant Financial Relationship(s)**

Relevance: Many continuing education providers, from small medical centers to large specialty societies, manage an overwhelming amount of data on a daily basis. But what should we do with all of this data? CME offices, in light of newer standards in CME, face many challenges in the area of data management, including (1) minimal staff support to handle the multitude of customer service issues, (2) requirements for needs assessments from multiple sources, and (3) outcomes evaluations to measure the impact of their educational activities, just to name a select few. Developing an increased understanding of how evaluation and data can be used will help CME professionals effectively plan their educational activities, show linkage between needs and outcomes, and evaluate the impact of their activities on the practice of medicine.

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

Purpose: This breakout session is designed to address the needs of CME departments with regard to effective data management, allowing staff to streamline evaluation processes, linking needs to outcomes, and developing analytical strategies to improve the delivery of CME.

Objectives: At the conclusion of this breakout session, participants should be able to: 1) identify effective data collection and processing systems; 2) discuss pros and cons of various data management systems; 3) describe data analyses strategies that support the use of evaluation data in planning activities; 4) define ways to use data to link needs to outcomes; and 5) develop strategic plan to incorporate effective data management processes into their CME environment.

Methods: Presenters will employ interactive lecture-based presentations to discuss data management strategies with Alliance conference attendees.

Key Points: Evaluation data, when used appropriately, can be a powerful tool to support effective CME planning. Establishing a systematic process to manage the volumes of data, sort and analyze accordingly, and integrate into effective reporting mechanisms is key to developing CME activities that impact the provision of health care and toward achieving exemplary performance as a CME provider.

Expected Outcomes: This breakout session is intended to increase the CME professional's understanding of effective data management processes, which can serve to assist CME departments in planning, executing, and analyzing the impact of their CME activities.

Potential Participant's Self-Assessment Question: What are the major challenges that you face on a daily basis with regard to data management? What solutions to these challenges have you developed?

T64, Breakout
4:00 – 5:00 pm, Thursday
Elmwood/Third; Theatre/140

Global Excellence for Primary Care Physicians: Project GLOBE
(Systems Thinking; Physician's Track)

Pablo Pulido MD*

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***No Relevant Financial Relationship(s)**

Relevance: Project GLOBE is a world-wide partnership to improve the capability and competence of primary care physicians (with an emphasis on GPs and FPs) to deliver health and medical care of the highest possible quality within their own countries and practice settings. A Steering Committee of international leaders in medical education and practice was convened in 2005 and has developed an initial assessment of the needs of GP's, FP's and health systems around the world. This breakout session will report on the first year (Phase I) of the project which was the planning and development phase. During Phase I the Steering Committee developed a data-base cataloging 1) the GP/FP educational and professional development needs from selected countries; 2) a study of methods of revalidation or re-certification of physicians to continue competent medical practice in selected countries, 3) effective CME methods and resources that are applicable globally, 4) a collection of available core-curricula and learning experiences for the education of physicians, 5) the outlines of a proposed core curriculum for local adaptation, and 6) a consensus declaration of the need for such an initiative. The outline of Phase II, a five-year plan to launch the initiative was also completed and the search for relevant partners begun.

Target Audience: Continuing education professionals and health planners at an advanced level of experience

Purpose: At the conclusion of the session, participants will understand the importance of an initiative aimed at the front-lines of medical practice, most often GPs and FPs, to assure the highest quality health care for a population, the need for regular evaluation of competence to practice medicine, and the need for an effective partnership of medical organizations, governments, and others to work together to produce continuing medical education and continuing professional development opportunities that can be multi-purposed and made available world-wide.

Objectives: At the conclusion of the session, participants will be able to 1) understand the basis for developing a world-wide effort to assist practicing physicians in primary care to remain competent, 2) identify areas for further cooperation and collaboration in developing CME and CPD for this target audience, and 3) discuss the practical aspects of providing assurance to society that medical practitioners are well-educated and competent.

Methods: Based on the data-base collected, presenters will highlight the major findings that will constitute the needs assessment for Phase II of the project. The outlines of a proposed core curriculum for GPs and FPs will be shared, as well as the plans to develop and make available CME and CPD opportunities to assist medical doctors worldwide. Finally, we will discuss the contract that physicians have with society and the techniques used in selected countries to assure the ongoing competence of primary care physicians.

Key Points: In order to maximize and provide access to quality educational and professional development opportunities in an efficient and cost-effective way, systems thinking is needed. Project Globe is a world-wide initiative that has been launched to bring together the organizations and health systems that will collaborate to better meet the needs of GPs and FPs in maintaining their competence to practice.

Expected Outcomes: Participants will understand the parameters for such an initiative and discuss how they can assist in this collaboration to assist the front-line practitioners of medicine in remaining competent and meeting the needs of society.

Reference: Fabian, Christina. Continuing Professional Development of General Practitioners in Europe. Accessed on <http://www.ueno.org>, on February 12, 2005.

Potential Participant's Self-Assessment Question: Based on my understanding of these issues, can my organization participate in the further development and implementation of this worldwide initiative?

T65, Breakout
4:00 – 5:00 pm, Thursday
Belle Chasse/Third; Theatre/140

Advanced CME: Medical Leadership Program Case Example
(Adult/Organizational Learning Principles; Advanced Track)

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***No Relevant Financial Relationship(s)**

Relevance: According to a national survey conducted by The Advisory Board, only 15% of physicians are very satisfied with their ability to influence hospital patient care policies. Similarly, CEOs believe that relationship flashpoints between hospitals and physicians are increasingly difficult, with 60% of hospitals reporting 4 to 7 flashpoints and an alarming 40% reporting > 7 flashpoints. Physician leaders play a pivotal role in reducing these real or perceived barriers. Unfortunately, most physicians have little or no formal leadership training.

Target Audience: Intermediate and advanced CME decision makers

Purpose: This presentation will describe how the CME Program can impact a major strategic priority. Using a leadership development course as a case example, it will identify the educational and organizational keys to success.

Objectives: At the conclusion of this breakout, participants should be able to: (1) identify why CME Program is ideally positioned to lead these types of organizational efforts, (2) describe keys to success in implementing an advanced CME course, and (3) describe educational outcomes that have organizational credibility.

Methods: Presenters will share the development, implementation, and outcomes evaluation of a 22-month Medical Leadership Program which has been offered since 2000.

Key Points: CME offers an effective, non-threatening process to enact organizational change. In order to do so, CME leaders must form a powerful guiding coalition, clarify organizational goals, link the education to needs and expected results, track outcomes, and communicate results internally and externally.

Expected Outcomes: Participants will examine the quantitative and qualitative outcomes of a Medical Leadership Program and discuss how these metrics may be applicable to their advanced CME activities.

Reference: McAlearney, A. Developing effective physician leaders: changing cultures and transforming organizations. Hospital Topics, accepted for publication.

Potential Participant's Self -Assessment Question: What major organizational change can your CME lead?

F1, Intensive – Advanced Seminar
8:30 am – 12:15 pm, Friday
Main Session – Fountain/Third; Theatre/95
Breakout Session – Warwick/Third; Hollow Square/13
Breakout Session – Durham/Third; Hollow Square/21
Breakout Session – Norwich/Third; Hollow Square/21
Breakout Session – Trafalgar/Third; Hollow Square/21

Exploring the Link Between Teamwork and Work Outcomes: A Developmental Perspective
(Systems Thinking; Advanced Track)

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***No Relevant Financial Relationship(s)**

Relevance: Schein has described organizations as clusters of groups that through interaction with one another enact the organization's culture. This insight suggests that the most effective way to have impact on an organization's culture is to intervene with individual groups. In organizations these groups are often formalized as work teams and indeed in medicine, interdisciplinary healthcare teams play an increasingly role in delivering patient care. Compared to members of other professions, healthcare professionals receive comparatively little training related to teamwork during the course of their formal education. The Institute of Medicine (IOM) has recently identified the ability to work in interdisciplinary teams as one of five core competencies for healthcare professionals, to address what the IOM has termed a "quality chasm." Recent research has made a significant link between the quality of teamwork among ICU team members and patient outcomes. This research validates similar research findings that link teamwork quality with productivity measures in other work settings.

Target Audience: This seminar is designed for professionals in leadership positions in medical education, graduate medical education, postgraduate medical education, and researchers.

Purpose: This session will focus on the integrated model of team development, the research related to this model in both medical and non-medical work settings, the implications of this findings for medical education at all levels, and identify the need for further research related to group processes as they relate to the delivery of care to patients.

Objectives: At the conclusion of this session, the participant will be able to do the following: 1) describe the integrated model of group development and its basic intellectual history, 2) summarize research findings related to this model in medical and non-medical settings, 3) discuss the implications of this body of research for education related to teamwork and for developing team leadership and membership skills in all settings.

Methods: This seminar will use lecture and discussion.

Key Points: It has been widely accepted for more than fifty years that groups, including workgroups, move through developmental stages. Each of these developmental stages has distinctive issues that must be managed successfully in order for the group to develop and become effective. Research conducted from the perspective of the integrated model of group development has demonstrated a link between level of team development and work productivity, including recent research linking the quality of teamwork with patient mortality in the ICU. These findings have implications for training, intervention, team leadership, and team membership.

Expected Outcomes: At the conclusion of this session the participants will have a basic understanding of the integrated model of team development, the research that has been conducted from this theoretical perspective, and will be able to identify the implications of these findings for their roles as educators, researchers, team leaders, and team members.

References: Institute of Medicine of the National Academies in: Greiner A, Knebel E, eds. Health professions education: a bridge to quality. Washington, DC: National Academies Press, 2003:29–46. Schein EH. Organizational psychology (3rd ed) Englewood Cliffs, NJ: Prentice Hall, 1980. Wheelan SA, Burchill CN, Tilin F. The link between team work and patients' outcomes in intensive care units. American Journal of Critical Care 2003; 12(6):527–534. Wheelan SA. Group processes: a developmental perspective (2nd ed.) Boston: Allyn and Bacon, 2005.

F2, Intensive
8:30 am – 12:15 pm, Friday
Grand Salon 4, 7, & 10/Street; Theatre/210

Linking Needs, Objectives, Educational Format & Outcomes: The State of the Art
(Adult/Organizational Learning Principles; Basics Track)

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***No Relevant Financial Relationship(s)**

Relevance: ACCME mandates that CME providers seeking accreditation or re-accreditation link needs, learning objectives, methodology and outcomes together in a planning process (Elements 2.1-2.4).

Target Audience: This intensive will be of interest to all provider groups. In addition, it will be applicable to all levels of CME professionals responsible for the planning of activities.

Purpose: The instructors have previously developed individual breakout sessions on the elements of Essential Area 2. In this intensive, these elements have been combined to provide the learner knowledge and skills that will enable them to plan outstanding activities that not only comply at an exemplary level with ACCME Essential Area 2, but also are based on sound adult learning principles.

Objectives: By incorporating what is learned, participants will improve their ability to plan CME activities in an exemplary fashion. As a result of linking the components within the planning process, CME providers will consistently offer activities that translate identified needs into physician behavior and patient health status.

Methods: Using didactic, interactive, and hands-on teaching methods, the instructors of this intensive will: (1) review and analyze various needs assessment methods, (2) provide expertise in writing learning objectives that are based on physician performance or patient health outcomes, and (3) demonstrate evaluation methods that document educational effectiveness. As a result, the learner will become proficient in linking identified needs, desired educational results, learning objectives, educational methodology, and outcomes questions.

Key Points: The following key points will be addressed: optimally identify needs, write exemplary objectives, effectively measure educational impact, and document linkage within Essential Area 2.

Expected Outcomes: Ability to achieve exemplary status in ACCME Elements 2.1, 2.2, 2.3, and 2.4.

Potential Participant's Self Assessment Question: Have I successfully linked identified needs, desired educational results, learning objectives, educational design and outcomes in activities I plan?

F3, Intensive
8:30 am – 12:15 pm, Friday
Melrose/Third; Hollow Square/40

Advanced Presentation Skills for Physicians and CME Professionals
(Adult/Organizational Learning Principles; Advanced Track; Physician's Track)

John Warren, MS

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No Relevant Financial Relationship(s)

Lead Trainer and Coach, PowerSpeaking, Inc.

Relevance: How often have you seen content experts give presentations that are dull and boring? The tragedy of this common situation is that new and important information is either not absorbed by the learners or they are not inspired to incorporate the knowledge into their practice. This intensive will combine all three waves of CME in the area of presentation skills: **what** we know about building audience attention and retention, **how** to present with greater impact, and how to better manage the staging of **where** we learn.

Target Audience: This intensive is for anyone who must be effective in front of groups to convey important content and enhance personal and professional credibility.

Purpose: The session will cover three basic elements of successful presentations which relate to the theme of the conference: **substance**, which is about what you want to say; **style**, which is about how you convey the message; and **staging**, which is about the way you manage the process of both the people and the environment.

Objectives: At the end of this intensive participants will be able to:

- Develop a well-organized, systematic presentation that guides the audience easily.
- Create a clear core message that is the driving force of the talk.
- Use stories, analogies, and metaphors to dramatically increase retention.
- Incorporate visual aids strategically, remembering that the speaker is always more important than the visuals.
- Project personal confidence and credibility through effective style.
- Respond to impromptu speaking situations with confidence.
- Handle hostile and challenging questions with ease.
- Use pattern disruption for greater attention and retention.
- Reduce nervousness under pressure.

Methods: This session takes a presenter to new levels of competence through a step-by-step building block process using behavior modeling techniques. Once the presenter organizes the talk and gets specific feedback, the presenter goes to the next challenge (organization plus visual aids), and then the next challenge. The activity is supplemented with both video and live demonstrations of effective presentations. The atmosphere is one of support, fun, growth, and pushing to new levels of skill development.

Key Points: Three major aspects of a successful live presentation will be discussed, demonstrated and practiced by the participants. Models of effective presentations will be supplemented by current research on adult attention and retention. An organizational template will be utilized to build an effective presentation that is clear, concise and effective.

Expected Outcomes: Participants will construct and practice an effective two minute talk that could be expanded into a full-length presentation. This will include a blend of analytical and narrative evidence, a clear core message, and integrating the elements of a powerful delivery style.

Reference: PowerSpeaking: How Ordinary People Can Make Extraordinary Presentations, Frederick Gilbert, Ph. D.

Potential Participant's Self-Assessment Question: When you are called upon to speak do you have an efficient model to organize a talk coupled with a strategy for effective delivery?

**F4, Mini-Plenary
8:30 – 9:30 am, Friday
Grand Ballroom D/Street; Theatre/560**

Fraud, Funding, and the First Amendment: How Did CME Get Caught Up in National Healthcare Debates?
(Administrative/Management; Advanced Track)

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***No Relevant Financial Relationship(s)**

Relevance: In the current environment CME activities, providers, and commercial supporters have been under increased scrutiny from government agencies such as the FDA, HHS-OIG, and state attorneys general. Fines and penalties exceeding \$2Billion have been collected by government agencies since 2000 and CME providers have had their CME files subpoenaed in the process. The CME community needs to know current trends, and the healthcare policy issues that are driving them at national and state levels, in order to collaborate responsibly as educational partners and commercial supporters.

Target Audience: This mini-plenary will be of interest to CME professionals at advanced levels in all provider groups that grant or receive educational funding from commercial interests.

Purpose: The purpose of this session is to describe how CME is viewed in healthcare policy debates, and to raise awareness of larger issues affecting CME at the national level.

Objectives: As a result of this session participants will be able to: 1) identify sources of federal guidelines relevant to their CME activities; and 2) describe why the HHS-OIG and the FDA's DDMAC are concerned about commercial funding of CME.

Methods: The presenters will give examples of legal cases involving providers and supporters of CME activities, and will provide test cases for the audience to analyze. Handouts will include online sources for relevant guidelines.

Key Points:

- The CME community is affected by healthcare policies and debates taking place at the national level;
- No sector of the CME community is immune from federal scrutiny;
- Compliance with HHS-OIG and FDA guidances is essential for developing and funding independent educational activities.

Expected Outcomes: Participants will acknowledge that CME Programs can be affected by system-level health policy issues, and will be more knowledgeable about compliance with national guidelines.

Reference: Nahra, KJ. Changing roles for today's corporate compliance programs. The Metropolitan Corporate Counsel, Vol. 12, No. 12; December 2004. <http://s106604692.onlinehome.us/pdfs/2004/December/07m.pdf>.

Potential Participant's Self-Assessment Question: Which guidelines are relevant to my CME Program or Medical Affairs Department and what do I need to know to maintain compliance?

F5, Breakout
8:30 – 9:30 am, Friday
Grand Salon 13 & 16/Street; Theatre/170

Relating CME to a Maintenance of Certification Program
(Performance Measurement)

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***No Relevant Financial Relationship(s)**

Relevance: The American Board of Medical Specialties' mandate of Maintenance of Certification Programs for all physicians with time-limited certification provides both a challenge and an opportunity to CME providers. The challenge is to use and/or develop CME programs to specifically meet the requirements of the last three components of a MOC Program (evidence of lifelong learning and self-assessment; evidence of cognitive expertise; and evidence of performance in practice). If this opportunity is not embraced, current CME providers may see their audiences dwindle. This session will focus on the sharing of strategies for creating CME that specifically addresses MOC components.

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

Purpose: The presenters of this breakout session will facilitate a sharing of what is currently being done and what can be done to meet the requirements of the last three components of MOC. Problems encountered and practical means of solving them will be addressed.

Objectives: At the conclusion of this session, participants should be able to state a minimum of four ideas or means of adapting current CME ventures or developing new CME programs specifically related to the last three components of MOC. Emphasis will be placed on the practical applications of ideas that can be implemented with little or no cost.

Methods: This session will provide a very brief overview of MOC as it relates to the requirements of certification boards. The majority of the time will be spent on the sharing of what is currently being done in the field and what can be done to adapt current CME programs to MOC specifications. The presenters will also provide ideas related to the core competencies, which should be incorporated into all aspects of MOC programming.

Key Points: Physicians holding time-limited certificates must participate in MOC programs in order to maintain their certification. A CME provider who understands MOC requirements and can assist physicians in meeting these requirements will have a strategic edge over other CME providers offering "generic" CME.

Expected Outcomes: Rolling over CME programs from year to year is no longer the way to meet physicians' needs. This session will focus on tailoring CME for physicians who need to meet MOC standards. Suggestions and helpful hints will be provided for those at all levels.

References: Batmangelich, S and Adamowski, S. Maintenance of Certification in the United States: A progress report. The Journal of Continuing Education in the Health Professions 2004, 24(3):134-138.
American Board of Medical Specialties (ABMS), Evanston, IL, <http://www.abms.org>.

Potential Participant's Self-Assessment Question: Are the CME activities of my organization meeting the needs of physicians who are required to participate in MOC programs as well as they might?

F6, Breakout
8:30 – 9:30 am, Friday
Grand Salon 19 & 22/Street; Theatre/170

Cardiosource: Life-Long Learning Made Easier - for the Physician and the CME Professional
(Self-Assessment and Life-Long Learning)

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***No Relevant Financial Relationship(s)**

Relevance: The ACC designed innovative web property, Cardiosource, addresses several common obstacles to physicians attaining CME: 1) **Lack of time:** with more and more demands being placed on their time, physicians are finding it increasingly difficult to find time to stay up to date. Cardiosource addresses this need by offering “CME on the Fly,” consisting of small “tidbits” of information. If a busy physician has only fifteen minutes to spare, s/he can login to Cardiosource and complete one case study, one hot topic essay, or one expert interview and receive 15 minutes of credit. 2) **Information Overload:** Information overload is another common problem for physicians, who are constantly bombarded with new knowledge and developments. Cardiosource addresses this problem, too, by offering content that is “comprehensive but concise” and developed by teams of experts in the field. This content is housed within ACC’s various self-assessment programs (SAPs) that outline the core curriculum in various fields such as adult clinical cardiology, interventional cardiology, and electrophysiology. 3) **Documentation of Practice Improvement as a Result of a CME Activity:** With the movement towards outcomes based CME, physicians and providers are both challenged by how to document practice improvements as a result of any given CME activity. Cardiosource again helps physicians with this daunting task by offering a “Personalized Learning Module” that lets physicians identify knowledge gaps, providing them with resources to minimize the gaps, testing them again to demonstrate whether the gaps actually lessened, asking the commit to some type of change in their practice, and finally following up with them several months later to find out if they actually did change their practice. 4) **Not Knowing What You Don’t Know:** One of the biggest challenges to adult learning is identifying what it is that you don’t know. If you think you’re competent in a certain area, you are unlikely to engage in any education in that area. Through its Personalized Learning Modules, Cardiosource helps physicians identify areas in which they have a knowledge gap and provides them with resources to minimize it.

Target Audience: This breakout will be of interest to CME professionals, physicians and health providers at all levels.

Purpose: Provide an overview of a web-based learning system specifically designed to meet the different learning needs of our membership.

Objectives: At the end of this session participants will be able to 1) appreciate how technology can facilitate effective learning experiences.

Methods: The session will include a web overview/demonstration of the educational product and learning management system.

Key Points: (1) A custom web site can overcome many of the obstacles CME professionals deal with when trying to meet physician’s learning needs. (2) Technology can facilitate physician learning and behavior change.

Expected Outcomes: Participants will have a better understanding of how the ACC used technology to provide their members with educational tools to help them overcome obstacles to learning.

Potential Participant’s Self-Assessment Question: How can my organization create a unique learning management system to help meet the needs of my constituency?

F7, Breakout
8:30 – 9:30 am, Friday
Grand Salon 21 & 24/Street; Theatre/195

Daily Stresses: Who Is Conflicted?
(Leadership)

Susan Grady, MSN*

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Kathleen Boyle, PhD*

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***No Relevant Financial Relationship(s)**

Relevance: The new ACCME Guidelines require that continuing medical education (CME) providers identify and resolve conflicts of interest. Identifying “real” conflicts and resolving them satisfactorily with regard to various circumstances present an ongoing challenge. CME providers need to establish processes to ensure that CME content is free from bias and that it serves to improve the quality of health care offered to the public.

Target Audience: This session is suitable for all CME professionals who would like to participate in an active discussion of the daily challenges of addressing conflicts of interest and the possible paths of action to take to resolve these conflicts and deliver educational content in line with ACCME Guidelines.

Purpose: This session will address the challenges of obtaining the materials and information needed to determine if a potential conflict of interest exists and how to then resolve such conflicts in light of real-life schedules, timeframe, and constraints.

Objectives: At the conclusion of this breakout session, participants should be able to identify (1) who has conflicts and what information is needed to identify such conflicts of interest; (2) what content demonstrates conflicts of interest; and (3) possible resolutions to existing conflicts of interest.

Methods: This session will present a series of real-life conflict-of-interest situations to stimulate discussion among participants to suggest potential means of identifying and resolving conflicts of interest, whether those conflicts are identified a week or a day (or less) before presentation of the educational program.

Key Points: With the rollout of new guidelines, providers are facing challenges to deliver educational content to meet the needs of health-care providers. The involvement of faculty in clinical trials; advisory boards; or their personal finances—including investments, stock, stock options, or partnership/ownership of medical centers or medical-equipment supply providers—presents potential conflicts of interest. How these are identified and resolved under various scenarios constantly presents challenges that must be addressed.

Expected Outcomes: CME professionals should be able to return to their practice environments and establish policies to respectfully address and resolve potential conflicts of interest.

Reference: 2004 ACCME Standards for Commercial Support: Standards to Ensure the Independence of CME Activities

Potential Participant’s Self-Assessment Question: How do I find out if CME activity faculty have conflicts of interest? What can I do if a conflict is discovered immediately prior to the start of the activity?

F8, Breakout
8:30 – 9:30 am, Friday
Grand Salon 15 & 18/Street; Theatre/195

Overcoming Obstacles to Outcomes Measurement by Using a Targeted Online Approach
(Performance Measurement)

James Gantenberg, CHE*

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***No Relevant Financial Relationship(s)**

Relevance: While measuring outcomes of educational activities is a fundamental enabler of the third wave of CME, achieving accurate results must overcome several barriers. Chief among these obstacles are unreliability of self-assessment, resistance of physicians to being evaluated, and proving a direct link between the educational activity and the reported outcomes. This breakout session will focus on how to use an education management database, combined with electronic communication tools can help overcome the barriers.

Target Audience: This breakout session will be of particular interest to CME professionals at all levels within medical specialty societies, and have general interest to CME professionals and health providers at all levels in all provider groups.

Purpose: The presentation will examine how an online education management approach can enable more effective outcomes measurement by integrating learning objectives with expected outcomes, targeting specific educational sessions and participants, tracking outcomes measures, and incorporating specific measures into needs assessment for future sessions.

Objectives: At the conclusion of this breakout session, participants will be able to 1) identify the key strategies for targeting efforts to measure outcomes, 2) understand how to effect these strategies using a database and web/email communication tool, 3) begin a process to develop a paradigm for evaluating the suitability for incorporating specific outcomes measures into the needs assessment process.

Methods: Illustration of two case examples, brief presentations of recommended approaches, short group exercise, group discussion.

Key Points: Increased reliability of outcomes measurement can be achieved by 1) storing learning objectives and expected outcomes at the appropriate level (individual speakers, sessions, groups of related sessions), 2) linking and reinforcing the learning objectives and expected outcomes throughout the education process, 3) targeting appropriate sessions and identifying and preparing participants, and 4) directing the outcomes measures into the data set used to prepare needs assessment. The session will emphasize how using an integrated education management database that supports email and web interfaces to communicate with participants can play a vital role in enabling successful outcomes measurement.

Expected Outcomes: Participants will be able to incorporate the approaches suggested in this session into their own education planning practices. Successful implementation will result in obtaining a set of reliable outcomes measures. While the session content is based on an educational setting via the annual meetings of medical specialty societies, the basic principles will be applicable to other CE activities that incorporate online database and electronic communication tools.

Reference: Grant, J. Measurement of learning outcomes in continuing professional development. J Contin Educ Health Prof; 1999; 19(4):214-221.

Potential Participant's Self-Assessment Question: Do you need to learn more about how you can obtain more reliable outcomes measures?

F9, Forum
8:30 – 9:30 am, Friday
Grand Salon 9 & 12/Street; Theatre/195

Handheld CME: Riding the Mobile Wave that Transformed Medical Practice
(Educational Interventions; Physician's Track)

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***No Relevant Financial Relationship(s)**

Relevance: Handheld devices used primarily as drug references have changed the way physicians practice medicine. Their widespread adoption demonstrates that physicians will employ technology, if that technology offers solutions that are convenient, easy to use and compatible with physician concerns and work style (e.g. patient safety, time constraints, more paperwork). Given the adoption of mobile platforms for quick clinical reference, the platforms have now reached critical mass and can be used as adjunct or replacement for other approaches for delivering CME as well. The opportunity to impact physician learning, behavior and performance can be enhanced by harnessing physicians' preference for the portability and ease of access associated with mobile technology. Using a case-based approach, this session will examine (1) factors impacting on physician preference for handhelds (2) how and why mobile learning impacts performance differently than online or print CME (3) mobilization of faculty in developing handheld CME.

Target Audience: This forum 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 examine why current physician healthcare practices makes handheld devices desirable as a medium for CME delivery.

Objectives: At the end of the session, participants will be able to (1) describe how and why handheld content is adopted by physicians, (2) explain how handheld CME differs from other forms of CME delivery, and (3) describe how CME providers can create CME programs for mobile delivery.

Methods: Presenters will utilize case studies and also solicit answers and comments from the attendees.

Key Points: Due to managed care, physicians' incomes are falling, time spent with each patient is shorter, and more time is required for paperwork and documentation. This means that finding adequate time to pursue CME, whether by attending conferences, going online or reading print materials, becomes more difficult. CME delivery via mobile devices, which are already used to access drug reference information, enables physicians to more easily pursue their CME requirements and stay abreast of recent advances in medicine.

Expected Outcomes: Participants will understand the role mobile devices play in medical care and in CME.

Reference: Doctors' experience with handheld computers in clinical practice: qualitative study. McAlearney AS, Schweikhart SB, Medow MA. BMJ 2004;328(7449):1162.

Potential Participant's Self-Assessment Question: What types of educational activities are best suited for mobile delivery?

F10, Breakout
8:30 – 9:30 am, Friday
Grand Salon 3 & 6/Street; Theatre/195

Competency Training through Online Learning Modules
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: Online options for continuing education continue to increase in number, and clinicians are earning a higher proportion of their credits through the Internet. Content developers and accrediting bodies are adapting their traditional approaches and instructional methods to this new medium. Tufts Health Care Institute has offered CME-accredited online learning modules addressing the new ABMS competencies since 2001. The content relates especially to the competencies of Systems-based Practice and Practice-based Learning and Improvement, and covers aspects of health care quality measurement and improvement; evidence-based medicine and clinical guidelines; and care management (disease management, case management, and other tools and techniques). The “Online Learning Campus” contains a self-assessment and e-portfolio as well. Lessons learned indicate some keys to successful online learning.

Target Audience: All experience levels in all provider groups.

Purpose: The session will help CME organizations and professionals to plan and oversee the development of online learning activities that can help physicians master the six competencies required by ABMS. It will highlight ways of framing the content and providing instruction that engage the learner, make it easy to use the resource, and take advantage of the internet medium.

Objectives: At the conclusion of the session, participants will be able to: 1) advise content experts on designing web-based instructional activities; and 2) set a competency context for online courses and activities.

Methods: Presenters will discuss keys to providing online CME to address ABMS competencies. Presenters will draw upon the experiences of Tufts Health Care Institute in working with content experts, and will report the results of evaluations completed by learners, including online CME evaluations. Session participants will share their successes and challenges with online learning.

Key Points: Recommendations to engage learners in online CME include: Inform learners how the topics covered relate to the six ABMS competencies. Make the learning modules interactive, and enhance didactic content requiring reading with interactive exercises and cases. Insert links to online articles and websites to allow further, deeper investigation. Enable learners to bookmark and exit so they can complete the activity over multiple sessions.

Expected Outcomes: Participants will gain insights into successful online learning approaches and will be able to apply this new knowledge in their own CME work as both content developers and accreditors.

References: 1) Sklar B. An introduction to online CME. Family Practice Management. 2003;10(3):59-60.
2) ACCME Annual Report 2003, Summary of Annual Data Collected Regarding Internet CME.
3) American Board of Medical Specialties, Maintenance of Certification.

Potential Participant’s Self-Assessment Question: Are you better equipped to develop and accredit online learning activities that help physicians meet their competency requirements?

F11, Breakout
8:30 – 9:30 am, Friday
Rosedown/Third; Theatre/140

Introduction to Evidence Based Medicine (EBM): How Can EBM Be Applied to CME
(Adult/Organizational Learning Principles)

Paul Minicozzi, PhD

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No Relevant Financial Relationship(s)

Relevance: As published in the *British Medical Journal* (1996), David Sackett stated “Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.” Since then, EBM has developed into a systematic, stepwise process to assist in making treatment decisions for the patient.

A presentation on this topic is in line with the The Third Wave of CME theme of the conference. The teaching of EBM meets the highest standards of the type of continuing education that may possibly *change practices and improve outcomes*. Becoming familiar with the principles of EBM is essential to planning the optimum educational content for CME.

Target Audience: All provider group(s) at all experience level(s).

Purpose: To expose individuals involved in CME to EBM principles and their applications to content development.

Objectives: At the end of this session the participants will be able to: 1] Understand the basic principles and practice of EBM, 2] Be knowledgeable in some common definitions and calculations for interpreting study results, and 3] Understand the application of EBM principles to CME content development.

Methods: Individual presentation with a question and answer period to follow.

Key Points: Explanation of the definition, background information (including Cochrane Collaboration), available libraries and databases, and methods to evaluate evidence.

Expected Outcomes: Participants will have a basic understanding of available resources for study information, the 5 steps process in EBM and the combined use of current research evidence and clinical expertise in decision making for the patient. Use of these resources for content development will be understood.

Reference: Users’ Guides to the Medical Literature; AMA Press: 2002.

Potential Participant’s Self-Assessment Question: Is EBM incorporated as a part of the planning process for activities in my organization? Are EBM principles currently being applied to CME content? Should CME about EBM principles be offered at my institution?

**F12, Breakout
8:30 – 9:30 am, Friday
Magnolia/Third; Theatre/140**

**Creating Partnerships, Strengthening CME
(Partnering)**

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Barbara Crim, MBA*

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***No Relevant Financial Relationship(s)**

Relevance: With the new ACCME Standards for Commercial Support and the mandates from the Office of Inspector General (OIG), it is clearly time to implement new models for academic, industry and CME provider collaboration that safeguard the unbiased nature of the medical information disseminated.

Target Audience: This breakout session will be of interest to CME professionals and health providers at an intermediate level in all provider groups.

Purpose: The presentation identifies an innovative approach to providing curriculum-based, self-paced, unbiased and clinically applicable CME through a unique collaboration of academia, CME providers and industrial services in order to provide continuing educational development.

Objectives: At the end of this session, participants should be able to 1) discuss the impact of the curriculum-based approach on CME, 2) identify the advantages to multiple commercial supporters for an entire curriculum as well as potential future funding models, 3) identify the advantages of applying the basic tenets of learning methodology to the acquisition, retention and utilization of learning objectives in order to build core competencies, 4) discuss the application of multiple educational platforms in a manner that optimizes customizing the participant's approach to CME, and 5) examine the initial educational outcomes measurements for the curriculum content.

Methods: Based on the Massachusetts General Hospital Psychiatry Academy's model, the session will take participants from initial idea to outcomes. Presenters will discuss the key components that went into the planning and implementation of the curriculum.

Key Points: The model is based on creating a curriculum independent of and prior to any commitment of commercial support. The educational grants were sought from sources willing to adopt an approach to continual professional development that affirms that only a broadly and exquisitely well-educated provider base will ensure optimal patient care and inevitably yield the greatest rewards for every constituency.

Expected Outcomes: Participants should be able to discuss the Massachusetts General Hospital Psychiatry Academy's approach to answering the call for CME reform.

Reference: Alguire, P. C. (2004). The future of continuing medical education. The American Journal of Medicine, 116(11), 791-5.

Potential Participant's Self-Assessment Question: Are you looking for ideas on how to create innovative models for CME funded through multiple grantors that will encourage the development of participants' core competencies?

**F13, Breakout
8:30 – 9:30 am, Friday
Jasperwood/Third; Theatre/140**

**Collaboration Based CME between Psychiatry and Family Medicine: Pragmatics and Pitfalls
(Educational Interventions)**

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***No Relevant Financial Relationship(s)**

Relevance: Shared Care models of collaboration have evolved from the need for improved communication, access to psychiatric care/consultation and enhanced inter-disciplinary mutual respect. Family physician/specialist relationships can be enhanced through a collaborative at a distance mentorship program. The Ontario College of Family Physicians – Collaborative Mental Health Care Network (CMHCN) has developed and implemented a provincial mentoring program that links psychiatrist and GP psychotherapist mentors with Family Physicians to provide clinical support in the area of mental health. The program is easily accessible to those in under serviced areas such as rural and inner city physicians and increases their comfort in dealing with serious and persistent mental illness. The opportunity for growth of knowledge, skills and attitudes related to mental health care is inherent to the mentoring program. The CMHCN model seamlessly weaves CME into the fabric of the family physician's clinical practice using leading edge adult education principles.

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

Purpose: This session will examine the process and challenges associated with the development and functioning of a mentoring program that provides Family Physicians with one-to-one email, telephone and face to face clinical support in addition to large and small group educational activities. Facilitators will also focus on the evaluation process/component and illustrate how to effectively monitor program success and impact on physician practice. Facilitators will report evaluation results to date.

Objectives: At the end of this session, participants will be able to recognize the benefits and impact of collaboration between family physicians and specialists; apply this mentoring model to other clinical areas and recognize the common challenges of operating such a program.

Methods: Facilitators will provide an overview of the CMHCN and review Shared Care literature. Participants will be placed into groups to focus on specific areas for developing a clinical mentoring program. Audience participation will be strongly encouraged.

Key Points: Facilitators will concentrate on three elements that are most important to consider when seeking positive outcomes in this kind of wholistic CME: duration of the educational intervention, active participation of the learners and the integration of educational interventions into the physician's clinical context.

Expected Outcomes: Participants will have an understanding of the benefits and utility of collaboration between family physicians and specialists especially in regards to CME. They will also have the ability to apply this model to other clinical areas to foster collaborative professional relationships.

Reference: Hodges B, Inch C, Silver I. Improving the Psychiatric Knowledge, Skills and Attitudes of Primary Care Physicians, 1950-2000: A Review. American Journal of Psychiatry 2001; 158:1579-1586.

Potential Participant's Self-Assessment Question: Are there clinical areas in which a collaborative multifaceted CME program between primary care providers and specialists would increase physician satisfaction with specialist relationships and improve clinical outcomes?

F14, Breakout
8:30 – 9:30 am, Friday
Oak Alley/Third; Theatre/140

Speakers Bureaus: Are They Still Viable?
(Administrative/Management)

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***No Relevant Financial Relationship(s)**

Relevance: 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) Define "speakers bureau"; 2) Identify and describe the key characteristics of a well-designed speakers' bureau; 3) Review and discuss funding issues for speakers' bureaus; 4) Describe strategies for the local CME provider to make use of speakers' bureaus while ensuring compliance with ACCME Essentials and Standards; 5) Discuss anti-kickback issues (CMS/OIG).

Methods: Didactic presentations, question and answer sessions

Key Points: Ensuring compliance with ACCME Essentials and Standards.

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 in at your institution?

**F15, Breakout
8:30 – 9:30 am, Friday
Elmwood/Third; Theatre/140**

American Academy of Family Physicians (AAFP) CME: Accreditation Basics (Part 1)
(Administrative/Management)

Nancy Davis, PhD*

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***No Relevant Financial Relationship(s)**

Relevance: AAFP CME accreditation ensures the relevance of CME content for family physicians. New criteria for evaluating and categorizing clinical content will encourage CME providers to incorporate principles of evidence-based medicine into their CME activities on an optional and incremental basis. Existing criteria also allow for the accreditation of non-clinical content including practice management, teaching skills, ethical and social issues, professional development, and leadership skills.

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 session, 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 AAFP CME credit.

Key Points: The AAFP has over 94,000 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 AAFP Prescribed credit for your activities that are targeted to family physicians?

F16, Breakout
8:30 – 9:30 am, Friday
Belle Chasse/Third; Theatre/140

Continuing Medical Education, Systems Thinking, Quality Improvement, and Transfer of Practice
(Systems Thinking; Research to Practice Track)

David Price, MD

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No Relevant Financial Relationship(s)

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 systems thinking, 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 asked 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: Price D. Continuing Medical Education, Quality Improvement, and Organizational Change: Implications of Recent Theories for 21st Century CME. Medical Teacher (in press)

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?

**F17, Mini-Plenary
10:00 – 11:00 am, Friday
Grand Ballroom D/Street; Theatre/560**

Educational Outcomes Measurement: What We've Learned; What's Ahead
(Performance Measurement)

Derek Dietze, MA

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No Relevant Financial Relationship(s)

Audience response technology to be provided by Meridia Audience Response

Relevance: Significant advancements have been achieved over the past few years in the application of Educational Outcomes Measurement (EOM) to CME activities. This mini-plenary will review the current status of EOM and provide insight into its potential role in shaping CME in the future. Insight from working on an editorial panel that is updating the Alliance for CME's e-workbook on evaluating educational outcomes will be combined with discussion of higher levels of measurement, as implemented by different providers across the United States. An example would be measurement of the AMA's new performance improvement form of CME.

Target Audience: This mini-plenary session will be of interest to all CME professionals in all provider groups.

Purpose: This presentation will motivate CME professionals to advance the integration of EOM into their overall CME program by providing a context, rationale, and vision for EOM. The impact of EOM on the future of CME will also be addressed.

Objectives: At the end of this session, participants should be able to (1) evaluate their organization's EOM in the context of others' efforts, (2) identify opportunities to advance EOM, and (3) describe the potential impact of EOM on the future of CME.

Methods: The presenter will describe the past and current national status of EOM based on competency, methodology, and needs assessment information collected by an editorial panel during the process of updating the Alliance for CME's e-workbook on evaluating educational outcomes. An audience response system will be used to compare these findings to the experiences of CME professionals in the audience. Audience responses will also facilitate a discussion of the potential role of EOM in shaping CME in the future, and to actually measure knowledge acquisition during the session.

Key Points: In combination with other internal and external pressures, the advent of the "performance improvement" form of CME will require CME professionals to further advance their competencies in the area of EOM. Expertise in EOM can be enhanced when providers share their methodologies, successes, failures, and results. EOM will have a significant role in shaping CME in the future.

Expected Outcomes: Participants will be motivated to further integrate EOM into their own overall CME program, and to take an expanded view of how EOM can advance the value of CME as a benefit to our society.

Reference: Harrison RV. Systems-based framework for continuing medical education and improvements in translating new knowledge into physicians' practices. J Contin Educ Health Prof. 2004;24(suppl 1):S50-S62.

Potential Participant's Self-Assessment Question: How can educational outcomes measurement advance your overall CME program and the value of CME to our society?

F18, Breakout
10:00 – 11:00 am, Friday
Grand Salon 13 & 16/Street; Theatre/170

The Performance Improvement System and CME Certification
(Performance Measurement)

Sheldon Putterman, MD*

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***No Relevant Financial Relationship(s)**

Relevance: Up to this time, CME certification has been based upon a recognized adult education learning experience. Education theory has shown that an educational experience of a community of healthcare providers at their workplace is a most effective means of changing behavior. Through the addition of the quality assurance paradigm, CME certification can be extended over a much longer time sequence. This will enable more meaningful outcomes studies to be undertaken.

Target Audience: This breakout session will be of special interest to CME professionals who wish to learn more about performance improvement systems.

Purpose: This presentation will discuss the influence of the IOM focus on patient outcomes and how it can be linked to the new AMA PRA guidelines on performance improvement activities.

Objectives: At the end of this session, participants will be able to educate physicians in the new opportunities for earning CME credit through performance improvement activities at their workplace.

Methods: Through relevant case studies, the barriers to effective consolidation of lifetime learning and quality assurance activities will be discussed.

Key Points: Quality assurance activities, including development of patient guidelines, have been evolving over the past decade. For the first time, long-term participation in such activity could generate meaningful CME credit based upon patient outcomes.

Expected Outcomes: Participants will be able to support quality assurance managers in the CME process.

References: 1) Agency for Healthcare Research and Quality, <http://www.qualitytools.ahrq.gov>
2) Ludmerer, K. Time to Heal 1999, Oxford University Press, New York, NY

Potential Participant's Self-Assessment Question: Will the linkage of CME credits to performance improvement activities improve the quality of patient outcomes studies?

F19, Breakout
10:00 – 11:00 am, Friday
Grand Salon 19 & 22/Street; Theatre/170

Protecting Your Enduring Materials: When and How to Copyright Your Creations
(Administrative/Management)

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***No Relevant Financial Relationship(s)**

Relevance: Many CME professionals are involved with the creation of tangible products such as interactive computer programs, videos, audios, and printed material. When distributed, these materials may enter the public domain with no rights remaining for the creator or owner. The question of who has ownership of CME materials and how to protect associated intellectual property rights are of interest to creative CME professionals. Knowing the differences between trademark and copyright protection and how to secure those rights may benefit an individual's career or an organization's success.

Target Audience: Creators and owners of CME materials at all levels of experience.

Purpose: This session will explain basic intellectual property legal concepts behind trademark and copyright law. Practical aspects of the registrations and filings necessary to obtain trademark and copyright protection will also be outlined.

Objectives: At the conclusion of the session learners should: 1) state if an idea can be protected or not, 2) determine if an enduring material can be protected by trademark, copyright, or both; 3) assess when it is practical to pursue protection of Intellectual Property.

Methods: Introductory didactic presentation and hypothetical case analysis.

Key Points: Some educational materials are worth copyright protection. Some educational programs are worth trademark protection. The issue of who can claim ownership of intellectual property rights needs to be determined in each case.

Expected Outcomes: Participants will be able to recognize situations when pursuing intellectual property rights may be a good idea and other situations where pursuing intellectual property rights is not worthwhile.

Reference: Beezy, MC. IP Value 2005: Building and Enforcing Intellectual Property Value. London, UK: Globe-Whitepage, 2004, 95-98.

Potential Participant's Self-Assessment Question: Who owns the rights to materials that I develop?

F20, Breakout
10:00 – 11:00 am, Friday
Grand Salon 21 & 24/Street; Theatre/195

Towards a Paperless CME Office
(Administrative/Management)

John Pent, MA

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No Relevant Financial Relationship(s).

Relevance: Anyone who has been in CME for even a short time knows our profession uses an enormous amount of paper. Whether it's for activity planning, evaluation, peer review, or the documentation required for accreditation, we employ numerous forms and documents that end up in files we must retain for several years. Paper files and forms are inherently inefficient, vulnerable to loss and damage, and require considerable space to store. Simple and inexpensive PC and web-based solutions are available that address many of the shortcomings of our paper files, and can help us to reduce cost and increase efficiency.

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 is to demonstrate how one CME provider has been able to do away with most paper files and to explore various additional options that CME professionals can use to replace paper files, faxes, and forms. The importance of a structured electronic naming and filing strategy, file compatibility, and options for a scheduled, automated backup plan will also be addressed.

Objectives: At the conclusion of this session, participants should be able to: 1) Understand the fundamental advantages and disadvantages of retaining material electronically and be able to reduce the risks associated with electronic document storage; 2) Discuss several PC and web based products that can be used to create, manipulate, and retain documents in an accessible electronic form; 3) Discuss strategies for naming and filing electronic documents that are necessary to make an electronic filing system useful and effective.

Methods: A basic overview of several widely available PC and web based technologies will be discussed using Adobe Acrobat® as a foundation for managing documents electronically. Examples of electronic forms, faxes and documents will be shown.

Key Points: A variety of options exist to help us use and retain forms and documents electronically. These simple solutions require only the most basic computer skills and can be easily integrated into a CME office to whatever degree is appropriate. A paperless solution has to be more than just electronic documents, however, and requires a disciplined electronic filing strategy and a consistent file backup plan in order to be successful.

Expected Outcomes: Participants will be able to examine their own CME offices and consider ways in which electronic forms and files may be an advantage to them. They will also understand how to maximize the advantages of an electronic filing system and minimize the risks associated with electronic filing.

Reference: Adobe Creative Team. Adobe Acrobat 7 classroom in a book. San Jose, CA. Adobe Press, 2005.

Potential Participant's Self-Assessment Question: Are you looking for ways to reduce the amount of paper files in your office but don't know where to begin?

F21, Breakout
10:00 – 11:00 am, Friday
Grand Salon 15 & 18/Street; Theatre/195

Improving Systems of Care: A1R 1000 – AHEC Asthma Initiative (Part 1)
(Educational Interventions)

Dawn Carpenter, MHA*

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***No Relevant Financial Relationship(s)**

Relevance: At the 2005 Annual Conference of the Alliance for CME substantial emphasis was placed on the core competencies of practice based learning and improvement and systems based care. The Alliance Center for Learning and Change is developing demonstration projects in physician self assessment and quality improvement. In follow-up to previous practice-based interventions in North Carolina, the North Carolina Area Health Education Centers System (NC AHEC), in collaboration with the Center for Children's Healthcare Improvement (CCHI) has initiated a 17 county project to transform asthma care for children through practice-based interventions. In order for CME professionals to support these activities and design them for credit in accordance with new AMA-PRA CME/CPD guidelines for the purpose of lessening the gap between knowledge and performance, they must develop partnerships in the practice environment designed to achieve desired health care outcomes. A1R 1000 is a project designed to decrease the incidence of childhood asthma hospital admissions from 2.2 per 1000 to 1 per 1000 by practice-based analysis and redesign and spreading well tested strategies for excellent asthma care through established physician networks and opinion leaders. The AHECs are providing continuous assessment and monitoring of groups of practices in their regions. These methods could apply to other chronic conditions such as diabetes and ADHD.

Target Audience: CME professionals at the beginning level in all provider groups interested in improving their knowledge and competence in designing practiced based learning and improvement and systems based care.

Purpose: To provide the background for the development of skills in the area of quality improvement through a project designed to improve pediatric asthma care.

Objectives: Participants in this session should be able to: 1). Describe quality improvement methodology. 2). Identify and initiate partnerships with teams involved in quality improvement. 3). Design and implement a quality improvement CME activity.

Methods: This session will review the office systems approach to improvement methodology, gathering baseline data, reviewing current systems, toolkit development, changes through PDSA cycles, tracking improvements, and re-measurement.

Key Points: Collaboration is essential in re-designing systems of care; therefore, CME providers must have knowledge of quality improvement methodology, partner with others who are doing this work in their organizations, and seek novel mechanisms to fund these activities.

Expected Outcomes: Participants will return to their CME practice environment, identify one clinical intervention, and implement one QI activity for credit.

References: Moore DE, Green JS, Jay SJ, Leist JC, Maitland FM. Creating a New Paradigm for CME: Seizing Opportunities Within the Healthcare Revolution, JCEHP 1994; 14 (1): 4-31.

Tu, K, and Davis, D. Can we alter physician behavior by educational methods? Lessons learned from studies of the management and follow-up of hypertension. JCEHP 2002; 22: 11-22.

F22, Breakout
10:00 – 11:00 am, Friday
Grand Salon 9 & 12/Street; Theatre/195

HyperCD: A New Technology to Optimize CME Design, Delivery, and Evaluation
(Performance Measurement; Advanced Track)

Cira Montreys, PhD

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No Relevant Financial Relationship(s)

Relevance: The value of such CME principles as evidence-based medicine, education at point-of-care, and self-directed learning is well established. Major challenges in the design of educational programs that fully incorporate these principles include the ability to continuously provide the most current evidence as it is needed and to optimize the selectability/navigability of learner information-seeking. Measuring educational outcomes related to these learning principles has also been limited, typically to multiple-choice posttests and other self-reported measures. New technology can significantly expand the quality and accessibility of the educational information communicated and can revolutionize our assessment of educational outcomes. This breakout session presents a case study and interactive analysis of the use of HyperCD technology in the development and evaluation of a CME program.

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

Purpose: The presentation will introduce session participants to a new CME technology and, specifically, to the advantages of the HyperCD in measuring the educational outcomes of programs designed to be optimally evidence based, accessible at point-of-care, and self-directed.

Objectives: At the end of this session participants will be able to 1) examine the benefits of HyperCD technology in the development, delivery, and evaluation of CME programs and 2) conceptualize additional applications for HyperCD technology.

Methods: Based on a recent case, the presenter will describe the design, launch, and assessment of a CME program that used HyperCD technology to optimize essential CME principles, including the collection of meaningful educational outcomes data. Facilitated discussion will then enable session participants to consider the adaptation of this new CME approach to the audiences, topics, and settings that are most relevant to their needs.

Major Results: To date, 22,093 learners have participated in the educational activity featured in this presentation. The program is evidence based and includes the ability to continuously update educational content; it is also initiated by the participant, accessible at point-of-care, and navigable. Ratings of program quality across 21 categories were overwhelmingly “very good” to “excellent”. Data are also available to assess the following unique criteria: average length of learning session, dates and times of learning sessions/probable locations, and number of learners who re-access the educational program over multiple sessions.

Expected Outcomes: Awareness of a new tool for implementing CME best practices and assessing their impact will enable participants to design future programs that are more likely to achieve desired educational outcomes.

Reference: Zeiger RF. Toward continuous medical education. J Gen Intern Med 2005; 20(1):91-94.

Potential Participant’s Self-Assessment Question: Do you need to learn about a new CME technology that offers advantages in program design, delivery, and assessment?

F23, Breakout
10:00 – 11:00 am, Friday
Grand Salon 3 & 6/Street; Theatre/195

Physician, Resident, and Pharmacist Knowledge Regarding CME “Regulations”
(Adult/Organizational Learning Principles)

Brooke Johnson, BS*

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***No Relevant Financial Relationship(s)**

Relevance: Recent literature indicates that industry gifts influence the prescribing patterns of physicians; can have a negative impact on physicians’ knowledge, attitudes, and behaviors; and results in increasing costs of patient care. National guidelines and position statements have addressed the physician-pharmaceutical industry interaction; however, published reports suggest physicians are not very knowledgeable about these guidelines/regulations.

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

Purpose: To present the methods and results of a survey of physicians, residents, and pharmacists regarding their knowledge of CME “regulations.”

Objectives: At the conclusion of this session, participants should be able to identify knowledge gaps relative to CME “regulations” in the physicians, residents, and pharmacists surveyed.

Methods: A 21-item online questionnaire was completed by a subset of physicians, residents, and pharmacists at an academic medical center and a vertically integrated healthcare delivery system to assess their knowledge regarding CME regulations.

Key Points: There are definite gaps in physicians, residents, and pharmacists’ knowledge of CME “regulations.”

Expected Outcomes: Accredited CME providers will utilize this information to design appropriate education on CME “regulations” for physicians, residents, and pharmacists.

Reference: Watkins RS and Kimberly Jr. J. What residents *don’t* know about physician-pharmaceutical industry interactions. Acad Med 2004;79(5):432-437.

Potential Participant’s Self-Assessment Question: Do you need to know more about what your physicians, residents, and pharmacists know or don’t know about CME accreditation and AMA guidelines?

F24, Breakout
10:00 – 11:00 am, Friday
Rosedown/Third; Theatre/140

Translating Research into Practice: Using What we Know
(Adult/Organizational Learning Principles; Research to Practice Track)

Linda Casebeer, PhD*

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***No Relevant Financial Relationship(s)**

Relevance: One of the ongoing questions we discuss is why we do not routinely translate important research findings into our daily work. Many findings provide exciting presentations at national meetings or provoke discussion, but the practices we use in CME do not change in response. To address this problem, CME professionals must define the reasons for the gap between current and desired practice, identify barriers to using new research findings, and discuss strategies to find, assess and incorporate selected findings. Changing the systems used in CME may be problematic in that they require support at many levels, additional funding, faculty support, new resources and new skills for those in CME. At the same time, the demand for effective CME increases the need to use what we find from the expanding body of research.

Target Audience: This breakout session will interest CME professionals at all levels who want to use research results to inform their work.

Purpose: Using examples from the literature, participants in the interactive session will design an approach to the assessment, review and implementation of research findings.

Objectives: At the end of this session, participants will be able to 1)describe sources of research results, 2)assess barriers to use, 3)define an approach to translating research findings into practice, and 4)outline at least one finding to consider for use

Methods: The group will evaluate and apply examples that translate research to practice. Participants will define their current approach to use of research findings and describe changes they will make to their usual practices through an action plan.

Key Points: Providing excellence in CME demands that we use all the available findings from the research in our field. Critical to use of research is the identification of barriers that practitioners face. Defining a strategy creates an approach that will facilitate action to work in new ways.

Expected Outcomes: Participants will begin to develop a strategy to define and implement research findings in their own work.

Reference: Grimshaw J, Eccles M, Tetroe J. Implementing clinical guidelines: current evidence and future implications. JCEHP. 2004 Fall; 24 Suppl 1:S31-7.

Potential Participant's Self-Assessment Question: What strategies will I use to evaluate research findings that will improve my work and the quality of CME in my system.

F25, Breakout

(Cancelled)

Partnering: Creating a Useful Framework for Collaboration

(Partnering)

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***No Relevant Financial Relationship(s)**

Relevance: Multiple changes in the CME environment are reshaping the way all CME enterprises do business forcing providers and commercial entities to redefine their relationships. Despite these challenges, partnering with external entities can be a creative, successful way for organizations to meet both their educational missions and financial mandates.

Target Audience: Intermediate/Advanced – This breakout will be of interest to all provider groups who (1) are seeking partnerships with external organizations for the first time, and looking for a framework for the decision-making process, or (2) have experience with partnerships, but are looking to understand more fully the options available for collaboration, and the challenges and considerations involved.

Purpose: This interactive session will offer a framework for the partnership process, from planning through evaluation.

Objectives: At the conclusion of this session, participants will be able to (1) list practical considerations in partner selection, (2) describe ways to accommodate the challenges and complexities related to collaboration, (3) identify key logistical/contractual issues and (4) specify the desired outcomes of the relationship

Methods: (1) A basic framework for partnership decision-making, partner selection, and process development will be presented. (2) Participants with experience in developing successful partnerships are strongly encouraged to bring their collaboration “experiences” for group discussion and incorporation into the decision-making framework. (3) The revised framework will be made available online after the conference.

Key Points: (1) As CME evolves, providers and their relationships with external partners must also adapt and evolve. (2) Successful partnership requires thoughtful consideration, planning, and implementation.

Expected Outcomes: As a result of participation in this breakout session, participants should have a clearer understanding of potential partners, the conditions for developing successful collaborative relationships with them, and challenges that may be encountered in the process.

Reference: Van Harrison, R. (2003). The uncertain future of continuing medical education: commercialism and shifts in funding. *Journal of Continuing Education in the Health Professions*, 23(4), 198-209.

Potential Participant's Self-Assessment Question: How can you develop constructive CME partnerships with a variety of organizations and societies in a mutually beneficial way?

F26, Breakout
10:00 – 11:00 am, Friday
Jasperwood/Third; Theatre/140

Professional Development of Interpersonal Skills
(Educational Interventions)

Mindi McKenna, PhD

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No Relevant Financial Relationship(s)

Relevance: Interpersonal skills are now recognized as physician core competencies, yet most medical education is still designed to transfer knowledge to individual physician learners rather than facilitate development of interpersonal skills. CME professionals should know the characteristics of interventions that optimally facilitate physicians' development of interpersonal skills.

Target Audience: This session will benefit CME professionals at all experience levels from all settings.

Purpose: The session will provide practical suggestions for incorporating interpersonal skill building into the medical education continuum by summarizing evidence-based best practices in interpersonal skill development and interactively demonstrating some of those methods.

Objectives: After this session participants will be able to 1) compare characteristics of interpersonal skill development from individual-oriented knowledge transfer 2) summarize key considerations in designing and delivering interpersonal skill building programs and resources 3) develop an actionable plan for offering interpersonal skill building opportunities for physician learners.

Methods: The evidence-basis and current best practices for physicians' interpersonal skill development will be highlighted; then participants will be guided through a demonstration of how the concepts can work in onsite and online education. Participants will receive a handout that includes an extensive reference list, and practical tips for developing an actionable plan to apply these concepts.

Key Points: Educational interventions that are optimally designed for the development of interpersonal skills are different in several important respects from those designed for knowledge transfer to individual learners. Such differences should be considered in the design and delivery of onsite and online education. Because interpersonal skills are now recognized as physician core competencies, all CME professionals should understand how physicians' development of interpersonal skills is best facilitated.

Expected Outcomes: Participants will incorporate current best practices for physicians' development of interpersonal skills into the medical education continuum.

References: Grol, R. (2002). Changing physicians' competence and performance: Finding the balance between the individual and the organization. *Journal of Continuing Education in the Health Professions*, 22:244-251.

Kidd, J., Patel, V., Peile, E. & Carter, Y. (2005). Clinical and communication skills. *British Medical Journal*, 330:374-375.

Stoller, J.K., Rose, M., Lee, R., Dolgan, C. & Hoogwerf, B.J. (2004). Teambuilding and leadership training in an internal medicine residency training program. *Journal of General Internal Medicine*, 19(6): 692-697.

Potential Participant's Self-Assessment Question: Do I need to understand how to provide (or equip CME faculty to provide) interpersonal skill development opportunities for physician learners?

F27, Breakout
10:00 – 11:00 am, Friday
Oak Alley/Third; Theatre/140

Assessing & Developing Professionalism: Implementing Continuous Multi-Source Feedback among Colleagues
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: As one of the competencies promoted by ACGME, professionalism has gained increased attention, though the utility of such assessment in professional settings has not been reported. While initial reports have described systems of assessment for medical residents, use of professionalism assessment as a CME tool has not been adequately explored. Colleagues in Alberta Canada have implemented a system of assessment wherein each physician is assessed every five years by colleagues (physicians and allied health professionals) and patients. Continuing medical education relies on addressing areas identified as needing improvement, and therefore systems that provide useful feedback from colleagues on various elements of professionalism are needed. While the Alberta system provides an excellent beginning assessment model, a complete system of implementation will need to be developed for our own clinical settings. Obstacles to developing such an implementation system for U.S. physicians may include inadequate assessment technology systems, the need to enhance/adapt current instruments, concern over the results of such information/feedback, and a lack of clarity about how to best use such information in order to achieve performance improvement among participating physicians.

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

Purpose: The presentation will focus on the creation and implementation of an assessment and feedback system within a division of Family Medicine, though application of this system to other cohorts will also be described. Challenges and solutions to the collection and use of professionalism questionnaires from colleagues, coworkers, and patients will be described in order to promote similar systems at institutions of attendees.

Objectives: At the end of this session participants will be able to 1) identify elements of professionalism that are important to assess in their system/cohort, 2) construct a data collection system for professionalism assessments, and 3) understand the issues to be resolved in providing peer feedback to medical colleagues on issues of professionalism.

Methods: Presenters will briefly describe the literature on professionalism assessment. Data will be presented on the development of a feedback mechanism, as well as the scientific study of the assessment tool. Experiences with this system and evaluation of its use in faculty development and promotion will be reviewed.

Major Results: A total of 22 faculty physicians and 18 family medicine residents were subjected to a multi-source feedback assessment. Ratings by peers, medical staff (e.g. nurses), and patients on several sub-scales (e.g., communication, addressing patients' psychosocial needs) were compared to each target physician's self assessment. When significant self-other discrepancies were noted, these were correlated with other measures that characterize physician self-assessment (e.g., Paulhus Self-Deception scale). Qualitative and quantitative analysis of the physician feedback sessions with a clinical psychologist and of the value of the overall professionalism assessment project will be reported.

Expected Outcomes: Participants will discuss strategies learned from this division-wide process to inform future efforts to assess and promote professionalism among their medical staff.

Reference: Arnold, L. Assessing professional behavior: Yesterday, today, and tomorrow. Acad Med 2002;77(6): 502-515.

Potential Participant's Self-Assessment Question: Are you in the position to inform and initiate a system of assessing physicians' professionalism in a health care system (improve professionalism)?

F28, Breakout
10:00 – 11:00 am, Friday
Elmwood/Third; Theatre/140

American Academy of Family Physicians (AAFP) CME: Integrating Evidence-Based Medicine Principles into CME (Part 2)
(Educational Interventions; Physician's Track)

Nancy Davis, PhD*

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Susan Tyler, MEd*

American Academy of Family Physicians, tel: 913/906-6000, ext. 6540, <mailto:styler@aafp.org>

***No Relevant Financial Relationship(s)**

Relevance: With recent initiatives by AAFP and ACCME to encourage scientifically sound content validity in CME, there is an increased interest in evidence-based medicine by CME providers. Evidence-based medicine has been integrated into medical school and residency curricula over the past few years. With today's practicing physicians and health systems, payers, and the public demanding evidence-based medicine, the next step is integration into CME.

Target Audience: This session 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; 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?

F29, Breakout
10:00 – 11:00 am, Friday
Belle Chasse/Third; Theatre/140

Facilitating Physician Access to the Medical Literature: The Role of Information Technicians and Expert Panels
(Educational Interventions)

Joanne Bond, MS

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No Relevant Financial Relationship(s)

Relevance: The last 100 years has seen tremendous advances in industry, education, communication, transportation, science and medicine. An early application of computing in medicine involved the establishment of a national bibliographic resource and retrieval system, currently known as Medline, which was first introduced in the early 1950's by the National Library of Medicine. Its purpose was to provide a service by which medical personnel and researchers could more easily access the scientific literature. Today, Medline processes more than 330,000 articles per year, all of which can be accessed by anyone with a computer and modem. While scientific documents can be recognized and retrieved with increasing frequency and ease, progress in extracting, organizing and displaying this information in a formalized, organized fashion has proceeded slowly. While the Cochrane Collaboration provides systematic reviews on numerous topics in medicine, and InfoPOEMS summarizes patient-oriented evidence for primary care physicians, oncology researchers and specialists still must search the scientific literature monthly, or rely on professional meetings and newsletters to keep up-to-date in their field.

Target Audience: This presentation will be of interest to experienced CME professionals and health providers at intermediate to advanced levels working in hospitals, medical schools and medical specialty societies.

Purpose: This session will outline the development of an alternative approach to text analysis titled *author semantic indexing* (ASI) that sets the stage for development of a new system approach to continuing medical education. Computer software and technical algorithms can be employed to rapidly and accurately identify, extract and organize conceptual themes from scientific reports. These methods provide accurate, comprehensive descriptions of new scientific reports as they appear in the literature.

Objectives: At the conclusion of this breakout, participants will be able to: 1) explain the difference between author semantic indexing (ASI) and latent semantic indexing (LSI); 2) describe how information technicians can be employed to identify, extract and report factual material accurately; 3) evaluate the utility of concept maps in describing disease states; and 4) identify the immediate benefits in freeing the medical professional to focus more of his/her effort on the higher cognitive activities of synthesis, evaluation and application of new knowledge.

Methods: The presenter will outline the development of computer, technical and professional procedures to appropriately meet the challenge of coping with the scientific literature in a timely fashion. Handout materials will be provided to participants.

Key Points: This system involves computer, technical and expert performance of tasks best suited to each. The computer software accomplishes the mechanical and clerical tasks. The information processing technicians take the original authors' sentences and organize them as summary reports describing results and methods. These summaries are presented to an expert panel using web-based technology. Those summaries identified as important by the panel are incorporated into new instructional modules for dissemination using web-based methods. The advantages of this system are seen in reduced processing time of new literature, more comprehensive and accurate extraction and organization of the conceptual themes, and attention to the higher cognitive activities by the specialists. The result is a quality-controlled process providing web instruction with its freedom of restriction and capability for assessment of recipient performance.

Expected Outcomes: This model can be applied to other areas of medicine and research to provide timely and accurate information that is easily accessible on the web.

Reference: Weiner, JM, Schuster, JHR, Horowitz RS, McAfoos WP, Piniewski-Bond J. *Fantasies in Processing*. 2004, American Literary Press Baltimore.

F30, Mini-Plenary
11:15 am – 12:15 pm, Friday
Grand Ballroom D/Street; Theatre/560

A 2005 Update to the AMA Physician Recognition Award Credit System
(Administrative/Management; Physician's Track)

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***No Relevant Financial Relationship(s)**

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. With several recent changes and additions to AMA PRA guidelines, CME providers have increasing opportunities to relate CME directly to physician practice, and safety and quality more generally. Providers should be aware of these updates, as well as how they will affect their operating procedures and the physicians they target.

Target Audience: This session 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 PRA credit system. It will review the latest version (4.0) of the AMA PRA information booklet, highlighting and clarifying policies and issues that are new to providers. Specific topics that will be highlighted include implementation of new guidelines related to performance improvement and Internet Point of Care activities, as well as international initiatives, regional conference opportunities, resources available to providers, and a discussion of what is planned in 2006.

Objectives: At the conclusion of this mini-plenary session, participants will be able to:

- Describe the most recent changes with the AMA PRA category 1 credit system, and how they interact with the current healthcare environment
- Evaluate how these changes will impact CME providers, as well as the physician learners they target
- Define what processes CME providers can or need to pursue related to the AMA PRA credit system
- Identify resources for further information and education related to the AMA PRA credit system

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: CME providers will be able to take this information back to their organizations to discuss current and future AMA PRA processes and approved activities, and to educate the organization on how these changes could impact their CME Program and their physicians as learners and practitioners.

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?

F31, Breakout
11:15 am – 12:15 pm, Friday
Grand Salon 13 & 16/Street; Theatre/170

Improving Systems of Care: A1R 1000-AHEC Asthma Initiative (Part 2)
(Educational Interventions)

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Laura Noonan, MD*

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***No Relevant Financial Relationship(s)**

Relevance: At the 2005 Annual Conference of the Alliance for CME substantial emphasis was placed on the core competencies of practice based learning and improvement and systems based care. The Alliance Center for Learning and Change is developing demonstration projects in physician self assessment and quality improvement. In follow-up to previous practice-based interventions in North Carolina, the North Carolina Area Health Education Centers System (NC AHEC), in collaboration with the Center for Children's Healthcare Improvement (CCHI) has initiated a 17 county project to transform asthma care for children through practice-based interventions. In order for CME professionals to support these activities and design them for credit in accordance with new AMA-PRA CME/CPD guidelines for the purpose of lessening the gap between knowledge and performance, they must develop partnerships in the practice environment designed to achieve desired health care outcomes. A1R 1000 is a project designed to decrease the incidence of childhood asthma hospital admissions from 2.2 per 1000 to 1 per 1000 by practice-based analysis and redesign and spreading well tested strategies for excellent asthma care through established physician networks and opinion leaders. The AHECs are providing continuous assessment and monitoring of groups of practices in their regions. These methods could apply to other chronic conditions such as diabetes and ADHD.

Target Audience: CME professionals at intermediate to advanced levels in all provider groups interested in improving their knowledge and competence in designing Practiced Based Learning and Improvement and other quality/performance improvement CME activities.

Purpose: To provide a specific case example of a collaborative PBLI/QI CME activity. Information will include review of current outcomes based approach to training physicians to implement evidenced based care using QI strategies such as the Model for Improvement, the Chronic Illness Model, and Diffusion Theory (Spread of Innovation).

Objectives: Participants in this session should be able to: 1). describe current QI methodology into CME planning, implementation, and evaluation; 2). identify potential collaborative partners in the design of PBLI/QI CME activities, and 3). design educational interventions leading to improved provider performance and patient health outcomes.

Methods: 1). Brief, didactic review of QI methodology and discussion of current case example. 2). Small groups will discuss and design an activity utilizing materials provided by the presenters.

Key Points: CME professionals must be able to lead the change in the design and delivery of more effective educational interventions in the practice environment in order to facilitate continued professional development for physicians. They must develop skills to lead physicians and other health care professionals in increasing their expectations of the meaning and effectiveness of CME through activities that actually result in an improvement.

Expected Outcomes: Participants will return to their CME practice environment, identify one clinical intervention, and implant one QI activity for credit.

References: Berwick, D. Disseminating Innovations in Health Care, JAMA 2003: 289
Davis et al. The Case for Knowledge Translation: Shortening the Journey from Evidence to Effect. BMJ; 327

F32, Breakout
11:15 am – 12:15 pm, Friday
Grand Salon 19 & 22/Street; Theatre/170

Partnering for Success: Creating Those Win-Win Joint/Co-Sponsorship Relationships
(Partnering)

Nathalie Harden*

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***No Relevant Financial Relationship(s)**

Relevance: As academic CME offices continue to see their budgets reduced, their ability to work successfully and profitably with joint/co-sponsors is essential to their financial viability.

Target Audience: This breakout session will be of interest to CME professionals in accredited and non-accredited medical education companies as well as those in academic medical centers.

Purpose: This session is designed to review and discuss the “best practices” of working with joint/cosponsors.

Objectives: At the conclusion of this session, participants should be able to 1) identify and describe the key components of a successful joint/co-sponsorship relationship, 2) discuss common challenges in working with co-sponsors (both perspectives), and 3) delineate the key characteristics of a good joint/co-sponsor; 4) list the advantages and disadvantages of joint/co-sponsorship between a medical education company and an academic medical center.

Methods: Didactic presentation with Q&A.

Key Points: Working with joint/co-sponsors requires 1) selecting the right organizations; 2) written agreements, 3) task lists, 4) communication skills, 5) money flow management and accountability, and 6) flexibility.

Expected Outcomes: Participants will begin to assess how to begin, maintain, or improve their relationships with joint/cosponsors.

Reference: Bailey A, Passin S. Practical Tips on Successful Joint Sponsorships. Almanac 2000; 22: 1-4.

Potential Participant’s Self-Assessment Question: Do you have the need to learn how to successfully collaborate with other accredited and non-accredited providers?

F33, Breakout

(Cancelled)

Measuring Patient Level Outcomes: A Case Example

(Performance Measurement)

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***No Relevant Financial Relationship(s)**

Relevance: Demonstrating outcomes from continuing medical education (CME) activities has become increasingly important for grantors, accreditation organizations, and providers. There are many levels of outcomes related to CME; participation, satisfaction, knowledge, performance, and patient health. Measuring the impact of CME becomes increasingly difficult when trying to move up each level, especially when trying to quantify the effects of education on patient health outcomes. Determining what patient level outcomes are appropriate and measuring the effect of CME on physician practice behaviors related to patient health is resource intensive. This presentation will offer an example of how patient health outcomes can be associated with CME.

Target Audience: This session will be of interest to all CME professionals interested in conducting outcomes studies.

Purpose: This session will show outcomes at various levels of an evaluation study that was conducted. It will show the different levels of commitment that were needed to get outcomes at various levels.

Objectives: Participants who attend will be able to understand the different levels of outcomes and the resources required to conduct a high level evaluation study

Methods: This session will give a description of the methodology used and the outcomes that were found at each of the outcome levels. It will give participants information they need in order to plan for an outcomes study to be conducted on their programs.

Key Points: Measuring patient level outcomes is possible and meaningful, but it requires planning and commitment of resources. A variety of patient level outcomes can be assessed using data from payers, health systems, and patient self-reports. Evaluators need to consider HIPAA and IRB requirements before collecting patient level data.

Expected Outcomes: Participants will understand the planning and commitment required to get the level of outcomes measures they desire.

Potential Participant's Self-Assessment Question: What level of outcomes measurement do I need?

F34, Breakout
11:15 am – 12:15 pm, Friday
Grand Salon 15 & 18/Street; Theatre/195

Linking CME with Performance Improvement
(Performance Measurement)

Barbara Barnes, MD

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No Relevant Financial Relationship(s)

Relevance: As CME providers seek to achieve higher levels of outcomes, as measured by enhanced physician competency and improved patient outcomes, it is important to understand the value of integrating CME interventions into the performance improvement (PI) process. For those providers who have relationships with clinical delivery systems, PI can provide valuable data for needs assessment and activity planning. In addition, many PI interventions have some form of educational component that can be met by CME activities. It is critical for CME professionals to understand the inherent synergy between education and performance improvement.

Target Audience: This breakout session will be of interest to CME providers who work in organizations that undertake performance improvement activities. The presentation will be of most interest to those at the intermediate to advanced levels and may be of particular relevance to physicians.

Purpose: The session will review the conceptual interface between CME and PI and, through small group discussion and case studies, explore practical strategies that CME providers can employ to improve their relationship with PI activities.

Objectives: At the end of this session, participants should be able to: 1) Articulate the similarities between models for changing physician competency and the PI process; 2) Delineate issues identified in the PI process that can be addressed by CME; 3) Develop practical strategies for integrating CME with PI within their own institutions.

Methods: The session will begin with a brief overview of the PI process, conceptual linkages between CME and PI, and a few examples of how the CME office can become better integrated with PI efforts. Small groups will discuss case studies addressing opportunities and barriers for integration of CME with PI.

Key Points: CME providers who work within clinical delivery systems should actively seek out opportunities to integrate with PI efforts. In order to integrate with PI, CME offices must create appropriate organizational structures; procure institutional financing; and identify champions who can lead the process.

Expected Outcomes: Participants should be able to assess their own organization's capability for integrating CME with PI efforts and delineate strategies to effect this, including mechanisms by which barriers can be overcome.

Reference: Barnes BE. Linking CME with clinical performance improvement. Alliance for CME Almanac 2005;27:3-7.

Potential Participant's Self-Assessment Question: Does your organization have the potential to more closely integrate CME into performance improvement efforts? If so, how would you accomplish this?

F35, Breakout
11:15 am – 12:15 pm, Friday
Grand Salon 9 & 12/Street; Theatre/195

Whaddya Mean You Mean You Don't Know? Practical Tips for Interpreting the Guidelines between the Lines
(Administrative/Management)

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***No Relevant Financial Relationship(s)**

Relevance: Many times in CME professionals' careers, they are stumped by a question or situation that cannot be answered by directly quoting the ACCME guidelines. Additionally, even years in the CME trenches cannot prepare you for an educational collaborator questioning your interpretation of a guideline. We are often left to our own devices to not only uphold the "spirit" of the guidelines, but to defend our stance as well.

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 generate ideas for handling the situations that arise for which you are not able to prepare by being versed in the ACCME guidelines.

Objectives: At the conclusion of this breakout you will be able to 1) more confidently interpret the spirit of the ACCME guidelines and 2) develop resources for providing solutions to not so common questions or problems.

Methods: Slide presentation followed by Q & A.

Key Points: Even seasoned CME professionals encounter messy situations, but there are ways to overcome the difficulties.

Expected Outcomes: Providers will gain insight about how to approach different types of problems or tough questions regarding CME issues and develop contingency plans for addressing them.

F36, Forum
11:15 am – 12:15 pm, Friday
Grand Salon 3 & 6/Street; Theatre/195

The Future of CME Funding: Who, What, How, Balance?
(Administrative/Management)

Marcia Coleman, MD* (Moderator)

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Van Harrison, PhD* (Panelist)

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***No Relevant Financial Relationship(s)**

Relevance: The funding of continuing medical education (CME) has increasingly become dependent on the pharmaceutical and devices industries. Arnold Relman, MD, editor emeritus of the New England Journal, takes both the pharmaceutical industry and academic medicine to task. “The pharmaceutical industry has gone too far. It is assuming a role in [CME] that is inappropriate for an industry with a vested interest...If medicine wishes to continue as an autonomous profession, it should at least reclaim its full responsibility for CME.” The dominance of industry funding raises questions of industry influence. The ACCME Standards for Commercial Support, adopted in September, 2004, were intended to improve the assurance of independence of CME activities. But, as Robert Steinbrook, MD, notes in the New England Journal “...given the underlying economics of CME ...the goal of independence from commercial interests may be difficult to achieve...If the new standards make support for CME seem less valuable to industry...the medical profession may have to assume more of the true cost of its own continuing education.” The reliance on pharmaceutical and device industry funding places ACME members in a difficult position. Can programs remain independent if a provider or Medical Education Company (MEC) is dependent on supporters for future revenues? Will industry continue to fund programs at the previous levels? If not, where will funding come from? Are there other sources of funding that can provide balance to the system?

Target Audience: Providers and CME stakeholders at all levels

Purpose: To examine and debate the present and anticipated future sources of CME funding.

Objectives: At the end of this session the participants will be able to: 1] identify the level of industry funding for CME; 2] identify the pros and cons of reliance on industry funding, and 3] identify alternate sources of funding for the future.

Methods: Presenters will individually present the perspectives of academic medicine and industry and the moderator will facilitate questions and answers.

Key Points: Systems based thinking and leadership will be needed to identify additional sources of funding to restore balance to the profession.

Expected Outcomes: Participants will identify the major reliance on industry funding as a weakness in the present CME funding system. Improved understanding of industry and provider views and trends on the rising importance of balanced funding.

References: 1] Relman, A. S. (2001). Separating continuing medical education from pharmaceutical marketing. JAMA, 285, 2009-2012. 2] Steinbrook, R. (2005). Commercial Support and Continuing Medical Education. The New England Journal of Medicine, 352, 534-535. 3] Susman, J. L. (2004). Commercial sponsorship of CME: There are alternatives. J Fam Pract, 53, 676-690. 4] Van Harrison, R. (2003). The uncertain future of continuing medical education: commercialism and shifts in funding. J.Contin.Educ.Health Prof., 23, 198-209.

Potential Participant's Self-Assessment Question: What percent of my institutions funding is derived from commercial support and how is this percent reflective of my parent organization's mission?

F37, Breakout
11:15 am – 12:15 pm, Friday
Rosedown/Third; Theatre/140

E-Learning in System Design Improvement: A Case Study of Group Practice Diabetes Care
(Systems Thinking)

Carl Patow, MD*

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***No Relevant Financial Relationship(s)**

Relevance: Providing timely CME that improves clinical care in a large multi-specialty group requires careful coordination between the CME provider and clinical leadership. Medical group leadership is interested in effecting rapid change of its clinical processes across the organization so that care becomes more standardized and effective. CME offers the promise of assisting in rapid clinical redesign, but only if it is able to reach the entire medical group with a consistent message that supports the intended design improvements. Customized e-learning is one way for CME providers to assist in systems improvement. E-learning, easily scalable, can be complemented with face to face strategies at each local site, protects the subject matter expert from road trip exhaustion, and is available around-the-clock to time-stressed learners. E-learning alone, however, is not sufficient to create the clinical improvements that are desired. To be effective the CME provider must assume a new role by understanding the objective of the clinical systems change, integrating the system redesign features into the program content, and providing ongoing support for the clinical leadership until the clinic systems improvement is accomplished. Measures of the effectiveness of the CME initiative and the clinical redesign should be included in the outcomes evaluation. For CME providers, assisting in systems change may require significant transformation from historical roles.

Target Audience: Advanced CME professionals as well as health providers working within large health systems

Purpose: The presentation familiarizes participants with essential educational and operational elements required to successfully implement an integrated program of clinical systems redesign with a system-wide e-learning experience.

Objectives: At the close of this session, participants will be able to describe the characteristics of effective e-learning when used to support clinical system redesign.

Methods: Presenters will review the experience of the presenters in preparing, disseminating and evaluating the outcomes of a system-wide initiative to improve diabetic care across 29 clinics and a large medical group. Included will be key features of the planning, implementation and outcomes evaluation processes. Participants will be asked to engage in discussion of the example, and to raise questions about similar educational challenges pertinent to their organizations.

Key Points: To support the clinical systems improvement objectives of a large medical group a CME approach is needed that provides rapid dissemination of information to all care providers. Customized e-learning is well suited to this task, but to be effective tight coordination is required with the medical group leadership and clinics. The content of the e-learning program must mirror the systems redesign that is simultaneously occurring in the clinics. Strong medical and CME leadership is required to successfully link the clinical redesign with the CME initiative.

Expected Outcomes: Participants will have a working knowledge of the planning, operations and leadership issues in providing a large scale customize e-learning activity coupled with a medical group clinical improvement initiative.

Reference: Barnes, Barbara E. Evaluation of Learning in Health Care Organizations. The Journal of Continuing Education in the Health Professions, Volume 19, pp. 227-233, 1999.

Potential Participant's Self-Assessment Question: After participating in this session are you able to describe barriers and advantages to effective use of customized e-learning to improve patient care systems?

F38, Breakout
11:15 am – 12:15 pm, Friday
Magnolia/Third; Theatre/140

Creation and Improvement of a Quality CME Advisory Committee
(Leadership)

Amanda Pauley, BA*

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***No Relevant Financial Relationship(s)**

Relevance: A CME advisory committee serves as an independent, impartial body of scientific and education advisors that provides guidance and evaluation of a CME program. By keeping a few key elements in mind during the creation and/or improvement of an advisory committee, a provider can create a mutually beneficial relationship between themselves and the committee that will lead to improvements of the overall CME program.

Target Audience: This breakout session will be of interest to CME professionals who are responsible for overseeing the CME advisory committee function.

Purpose: The presentation will provide detailed explanations of a few key elements that define a quality CME advisory committee. Using these elements as a guide, a provider will be able to measure the strengths and weaknesses of its advisory committee.

Objectives: At the conclusion of this breakout session participants should be able to: 1) assess the CME program's need for creation or improvement of a new or existing CME advisory committee; 2) develop a practical plan to fulfill this need.

Methods: Didactic presentation and group discussion.

Key Points: The quality of a CME advisory committee depends, in part, upon the following elements: criteria for selecting new committee members (consideration given to compatibility with existing members), processes in place for inviting and dismissing committee members, inclusion of key opinion leaders from a variety of relevant fields (clinicians as well as educators), clearly outlined committee member roles and responsibilities, committee meeting format and frequency, development of loyalty by involvement, level of interest committee members have in the CME program, methods employed by the provider to demonstrate an appreciation of the committee members' contributions.

Expected Outcomes: Participants will be able to return to their individual CME programs with a practical plan to create or improve a new or existing advisory committee.

Reference: No published references seem to be available at this time.

Potential Participant's Self-Assessment Question: How can I create or improve my program's CME advisory committee?

F39, Breakout
11:15 am – 12:15 pm, Friday
Jasperwood/Third; Theatre/140

A Roadmap to Developing Educational Multimedia Products (What I Learned Creating an Interactive CD-ROM to Teach Ultrasound)
(Educational Interventions)

Scott Cooper, MD

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No Relevant Financial Relationship(s)

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; 4) describe criteria for selecting certain types of medical skills that lend themselves to interactive multimedia learning; 5) 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.

References: 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 Participant’s Self-Assessment Question: Did I learn what tools are available for me to learn multimedia programming?

F40, Breakout
11:15 am – 12:15 pm, Friday
Oak Alley/Third; Theatre/140

Transcending PowerPoint®: Complexity, Learning, and the Art of Engaging Data
(Educational Interventions; Advanced Track)

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No Relevant Financial Relationship(s)

Relevance: One might consider it heretical to suggest that the ubiquitous PowerPoint® slide presentation, the essential tool of clinicians and CME professionals alike, is antithetical to “systems thinking” and detrimental to true learning. Systems thinking, at its essence, is a multivariate understanding of how complex problems (eg, disease, patient health) are solved through the interventions (and interactions) of multiple stakeholders. Communication is at the heart of these interactions; specifically, the communication of data that inform practice improvement for better patient outcomes. Data provide evidence of what we’re doing well, and what needs to change. But, inadequate communication of data fails to inform and engage learners, distancing them from the insights and motivations that drive practice change. In this session, we’ll critically evaluate familiar methods of communicating data to determine whether we succeed or fail with these approaches. Further, we’ll explore novel approaches that may help us to communicate (and educate) more effectively.

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 and interactive session will focus on (1) developing criteria to assess the efficacy of different approaches to communicating data, and (2) providing tools to better communicate data to learners and stakeholders.

Objectives: At the end of the presentation, participants should be able to apply critical thinking and creative problem-solving to the instructional design and content of educational curricula to ensure optimal learning in diverse clinical settings.

Methods: The presenter, through a facilitated discussion with participants, will first solicit criteria for what constitutes the effective presentation of data. Next, in small groups, participants will be tasked with addressing challenges in communicating clinical data. Finally, the presenter will provide some brief examples of novel approaches that may inspire new ideas that participants can apply to their own communications.

Key Points: Data is the essential tool of medical education. At best, it resolves complexity and enables evidence-based clinical decision-making. As educators, we do not spend enough time or effort ensuring that the methods we use to communicate data serve our curricular goals—to challenge, inspire, and motivate clinicians to improve their practice. Effective communication of data enables dynamic learning and requires the application of diverse skills, from art design to statistics to adult education.

Expected Outcomes: Participants will be motivated to reexamine their methods of communicating data and evidence-based content to multiple audiences. By adopting novel communication approaches, participants will achieve greater educational impact with clinician learners.

References: Altschuld, JW, Witkin, BR. From needs assessments to action: transforming needs into solution strategies. Thousand Oaks, CA. Sage Publications, Inc, 2000.

Tufte, Edward R. Envisioning Information. 2nd ed. Cheshire, Conn.:Graphics Press, LLC; 1990.

Tufte, Edward R. Visual Explanations. 2nd ed. Cheshire, Conn.:Graphics Press, LLC; 1997.

Tufte, Edward R. The Visual Display of Quantitative Information. 2nd ed. Cheshire, Conn.:Graphics Press, LLC; 2001.

Tufte, Edward R. The Cognitive Style of PowerPoint. Cheshire, Conn.:Graphics Press, LLC; 2003.

Seth M. Powsner and Edward R. Tufte, “Graphical Summary of Patient Status”, The Lancet 344 (August 6, 1994), 386-389.

Seth M. Powsner and Edward R. Tufte, “Summarizing Clinical Psychiatric Data”, Psychiatric Services 48 (November 1997), 1458-1461.

Potential Participant’s Self-Assessment Question: Is there room for improvement in the way in which you communicate complex data in an engaging way to learners?

F41, Breakout
11:15 am – 12:15 pm, Friday
Elmwood/Third; Theatre/140

What You Still Need to Know About HIPAA Compliance
(Administrative/Management)

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***No Relevant Financial Relationship(s)**

Relevance: 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 HIPAA and 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; 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 HIPAA in CME activities

Expected Outcomes: Improved compliance with HIPAA in 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?

F42, Breakout
11:15 am – 12:15 pm, Friday
Belle Chasse/Third; Theatre/140

Individual Education Plans for Physicians: Meeting Maintenance of Certification (MOC) Requirements and Emphasizing Systems-Based CME

(Adult/Organizational Learning Principles)

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***No Relevant Financial Relationship(s)**

Relevance: In 2002, the American Board of Medical Specialties (ABMS) began to require that medical specialty boards implement a maintenance of certification (MOC) program for their respective physician constituents. The common components of the MOC program for all medical specialties emphasize the importance of providing evidence of professional standing, lifelong learning and self-assessment, cognitive expertise, and performance in practice. An element of the lifelong learning component is the development of an individual education plan (IEP) for participating physicians. In order to assist radiologists in complying with this element, the American Roentgen Ray Society (ARRS) and the Radiological Society of North America (RSNA) worked collaboratively on the development of an Individual Education Plan (IEP) template for their members.

Target Audience: This breakout session will be of interest to physicians participating in MOC and CME professionals charged with assisting physicians in meeting the requirements of MOC.

Purpose: Although this presentation will begin with a brief overview of the collaborative relationship between ARRS and RSNA, the primary focus of the presentation will be the development and distribution of an IEP template for physicians.

Objectives: Upon attending this session, participants will 1) increase their knowledge of the MOC program as implemented by the ABMS, 2) recognize the need for the development of an IEP template for their area of practice and/or that of their physician constituents, and 3) identify the relevant components of an IEP template that emphasize the choice of specialty-specific and systems-based CME activities.

Methods: Throughout this session, the presenters will discuss the components of an IEP template while encouraging discussion among participants regarding the identification of the components as well as the development and distribution of an IEP template.

Key Points: An IEP template aids physicians in identifying key components of their practice profiles and then facilitates the physicians' choice of appropriate practice-specific and systems-based CME activities in order to best meet their educational needs.

Expected Outcomes: Participants will be encouraged to assess their environment and identify potential partners within their specialty area with whom to collaborate on the development of a specialty-specific IEP template.

References: Madewell JE, Hattery, RR, Thomas SR, Kun LE, Becker GJ, Merritt C, Davis LW. American Board of Radiology: Maintenance of Certification. American Journal of Roentgenology 2005; 184:3-10, RadioGraphics 2005; 25:285-296, Radiology 2005; 234:17-25.

Potential Participant's Self-Assessment Question: Is there a need to develop an IEP template in my specialty area and, if yes, what are the essential components of an IEP template?

S1, Breakfast and Intensive – Physician’s Seminar
8:00 am – 12:15 pm, Saturday
Fountain/Third; Theatre/95

Best Practices for Physician Leaders from Small Institutions: Lessons for and from Micro-Providers
(Leadership; Physician’s Track)

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***No Relevant Financial Relationship(s)**

Relevance: Many physicians practice in hospitals that have less than 100 beds. As such, they receive the bulk of their continuing medical education credits from CME providers with small staffs and part-time physician leaders (i.e. micro-providers). Physician leaders and CME staff affiliated with such organizations face many challenges including (1) minimal staff support, (2) limited budgets, and (3) reliance on harried and overcommitted physician volunteers. Such persons have different needs than professionals that work in CME units based in large teaching hospitals, academic medical centers, or specialty societies.

Target Audience: This intensive will be of interest to physicians and other CME professionals at all levels who work in small organizations, particularly small hospitals.

Purpose: Persons who lead CME programs in the microprovider setting face unique challenges. This intensive session is designed to address the needs of physicians and staff that work in such environments.

Objectives: The objective of this session is to provide tips, methods, and resources to persons that work in small organizations so that participants will be able to improve their microprovider’s ability to provide high quality CME activities on a consistent basis.

Methods: This intensive will consist of several components. First, a networking breakfast will help participants meet other professionals that work in similar settings. Second, the faculty will provide an overview of the challenges and opportunities that are unique to microproviders. Third, a physician panel will give brief presentations that highlight best practices in the CME microprovider setting. Fourth, there will be a question and answer session so that participants can interact with the panel and determine whether they can transfer these best practices to their own organizations.

Key Points: The following key points will be addressed: (1) how to measure meaningful outcomes that impact clinical practice; (2) how to harness resources by promoting the value of CME; (3) how to produce and deliver innovative CME activities that impact health; (4) how to secure internal as well as external funding in support of local CME activities; and (5) how to promote the development of speakers and teachers at the local level.

Expected Outcomes: By sharing best practices with each other, physicians and other CME professionals that work in institutions with limited resources will adopt new strategies that will lead to improvements in their own continuing medical education programs.

Potential Participant’s Self-Assessment Question: What are the three major challenges that you face on a daily basis? What solutions to these challenges have you developed?

S2, Intensive
8:30 am – 12:15 pm, Saturday
Grand Salon 4, 7, & 10/Street; Theatre/210

Understanding Commercial Support 2006: Avoidance of the Pain, Perils and Pitfalls While Staying Safe?
(Partnering)

Lawrence Sherman* (moderator)

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***No Relevant Financial Relationship(s)**

Audience response technology to be provided by Interactive Media Solutions

Relevance: It is widely agreed that commercial support is necessary to offset many of the costs of CME. The constantly changing regulatory environment has led to a change in policies, procedures and functioning by all stakeholders, most notably by CME providers and commercial interests. Representative panels of commercial interests will utilize audience response technology to address questions concerning the roles of the commercial interests in CME. Substantive discussions will be led by the panel in response to the specific needs and questions of the attendees. Similar sessions at the ACME meetings in 2004 and 2005 were both provocative and informative.

Target Audience: This intensive will be of interest to CME professionals that interact with or serve as commercial interests.

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

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

Methods: The moderator will lead the panel through a series of questions on the topic, as well as engage the audience directly and indirectly (through audience response) to stimulate discussion and comment from the panel.

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

Expected Outcomes: Participants will be better able to address issues involving commercial support in CME.

Reference: http://accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf.

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

S3, Breakout
8:30 – 9:30 am, Saturday
Grand Ballroom D/Street; Theatre/560

New AMA PRA Guidelines for Internet Point of Care CME
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: The AMA continuously reviews the AMA PRA Category 1 credit system. As the AMA Council on Medical Education considers and approves changes to the Category 1 credit system, these in turn become binding for accredited providers who choose to designate these activities for this credit. The changing physician practice environment includes extensive technology which can and does deliver clinical information at the point of care. As a result of this technology, and physicians' need to access an ever increasing body of clinical literature, the AMA worked to identify and evaluate what changes were necessary for the AMA PRA credit system to accommodate these electronic clinical resources, 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 project designed to assess real world data on how the AMA PRA could fit physician-directed interactive Internet CME for Category 1 credit. This pilot sought to identify how a physician, using the Internet outside of formal activities, could have this activity designated for Category 1 credit. In early 2005, the AMA's Council on Medical Education will consider adoption of AMA PRA rules for this activity. This session will discuss the rules governing the Internet Point of Care (PoC) learning, and explore how both providers and physicians can creatively adapt these clinical databases as a CME activity. The new guidelines will be integrated with the next version of the *AMA Physician's Recognition Award: Requirements for Accredited Providers* booklet.

The American Academy of Family Physicians (AAFP) participated throughout with the AMA's pilot project and conducted parallel work of their own. As a result, both organizations developed equivalent recommendations for Internet PoC activities, greatly simplifying the CME landscape as providers look to incorporate the requirements for this newly recognized form of physician learning.

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 this pilot project, and what the new AMA PRA rules for Internet PoC learning mean for the physicians and providers.

Methods: The presentation will consist of a didactic portion, with time provided for audience interaction, and questions and answers.

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

Expected Outcomes: The future of CME lies in adapting the system to the changing environment in which physicians learn and practice. By understanding the genesis of the Internet PoC pilot project, providers will better grasp the recommendations and be better equipped to successfully apply rules changes approved for the AMA PRA credit system.

Reference: The American Medical Association Physician's Recognition Award: Requirements for Accredited Providers, Version 3.2.

Potential Participant's Self-Assessment Question: Are you a CME professional interested in learning how to develop or implement Internet Point of Care for your shop?

S4, Breakout
8:30 – 9:30 am, Saturday
Grand Salon 13 & 16/Street; Theatre/170

CME as a Continuum
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: A large percentage of today's continuing medical education (CME) consists of individual educational activities that address a topic of need for physicians. Yet we recognize that for behavioral change to occur, multiple interventions are often necessary. From information about learning preferences, we also know that the presentation of information in multiple formats/styles is important to learning. Finally, we realize that physician perceived need is not always the same as patient perceived need in CME. Therefore, an accurate needs assessment includes not just physician information but also patient information. To take that a step farther, meaningful CME would also include (whenever possible) multiple interventions in multiple formats. Finally, to complete the continuum, valid outcomes must be measured that both show the effectiveness (or lack thereof) of the interventions and present needs data for future activities.

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

Purpose: This presentation examines the educational continuum for CME. It reflects the need for multifaceted educational interventions on topics of need to benefit physicians and, through the physicians, benefit patient health. Lastly, it demonstrates the importance of longitudinal outcomes measurement.

Objectives: At the conclusion of this activity, participants should be better able to 1) understand CME as a continuum, 2) describe patient based needs assessment, 3) assess the value of a multifaceted educational initiative as opposed to a single CME event, and 4) identify and utilize outcome measurement tools to objectively document program effectiveness.

Methods: The presenters will offer present theory and offer examples from research and experience, including outcomes studies of a specific case example. Audience discussion will be encouraged.

Key Points: Along with other traditional sources, patient assessment can be a good source for needs assessments in CME. That information, when taken together, can provide guidance for an educational initiative that takes into account different learning style preferences for physicians and the need to reinforce educational interventions several times for behavioral change to occur.

Expected Outcomes: Participants will develop a greater appreciation of CME as a multifaceted continuum as opposed to a single intervention. This concept allows for the possibility of greater behavioral change and patient benefit.

Reference: Towle A. Shifting the culture of continuing medical education: what needs to happen and why is it so difficult? J Contin Educ Health Prof. 2000;20:208-18.

Potential Participant's Self-Assessment Question: Do you want to provide educational interventions that meet the needs of physicians and patients in effective ways? Do you want to be able to objectively document the effectiveness of your educational activities?

S5, Breakout
8:30 – 9:30 am, Saturday
Grand Salon 19 & 22/Street; Theatre/170

Effective Systems for Performance of Needs Assessment
(Administrative/Management)

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***No Relevant Financial Relationship(s)**

Relevance: As a CME provider, the organization is continually looking for ways to further improve needs assessment practices. In addition, we seek to better utilize the data we collect to determine activity learning objectives and provide a link between needs assessments and the evaluation of activities. The organization's CME mission statement identifies the target audience for whom all educational efforts are coordinated. Each educational activity has a planning/design committee, either the organization or a joint sponsor, that uses needs assessment data to plan for those target audiences. The leadership of the organization recognized that there was a significant duplication of efforts when conducting needs assessment from activity to activity by each planning/design committee. In response the organization has developed an effective system for performing needs assessment that: 1) Allows for the sharing of information throughout its CME system; 2) Allows for oversight of uniform mechanisms to assess educational needs; 3) Uses data to develop quality education that produces desired outcomes; 4) Enhances accountability by emphasizing the best utilization of available resources.

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

Purpose: The purpose of this breakout is to share the strategies for the oversight, integration, and coordination of diverse and systematic assessment techniques to determine the educational needs of the identified target audiences and improve the overall CME program.

Objectives: At the end of this session participants will be able to: Identify systems for the oversight and integration of assessment techniques; Determine the educational needs of target audiences identified in your organizational mission statement; Coordinate educational activities based on the results of systematic assessment(s); Improve the overall CME program with regard to ACCME Element 2.2.

Methods: A needs assessment task force was developed to assess the needs of its target audiences and recommend how to incorporate these needs into overall educational planning. The assessments consisted of: 1) Definition of Mechanisms used to Assess Educational Needs, 2) Collection and Analysis of Data, 3) Validation of Data, 4) Development of Final Report, and 5) Use of Data Contained in the Final Report. The presentation, through the use of tables and text, will show how each the above areas were conducted to promote generalization to others' organizations.

Key Points: Administrative/management systems developed to perform effective needs assessment can be designed to reduce duplication of efforts, utilize uniform and valid mechanisms to perform needs assessment and promote savings of the organization's critical resources.

Expected Outcomes: Participants will discuss the use of a systematic, coordinated needs assessment process instead of individual, activity to activity assessment to provide more targeted, relevant education and enhance overall educational outcomes.

Reference: Lockyer, J, Hanley, D, Fidler, H., Toews, J., Lysholm-Andrews, E., Physician Educational Needs in Osteoporosis: An Approach to Needs Assessment, Journal of Continuing Education in the Health Professions, 1998; 18-03:185-190

Potential Participant's Self-Assessment Question: Do you have the need to learn more about ensuring, as a CME provider, that your organization has effective systems in place for the performance of needs assessment?

S6, Breakout
8:30 – 9:30 am, Saturday
Grand Salon 21 & 24/Street; Theatre/195

On-line Evaluation: A Systems Tool with Many Uses
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: Activity evaluation and needs assessment data collection from live activity has been historically difficult to collect, transcribe and distill into meaningful reports in a timely manner. Also it is difficult to physically manage individual pre/post test comparisons. The online evaluator allows the activity sponsor to: 1). Measure the need for and measurement of learning with required pre and post tests; 2). Require progressive levels of participation in completion of activity evaluations and needs assessment; 3). Enable the faculty to facilitate learning by adjust the delivery and emphasis on objectives with electronic notice of pre-test aggregate scores in advance of the activity; 5). Filter and synthesize data into reports immediately after the activity and send results electronically to faculty.6). Allow participants to produce their own CME certificates and maintain their private record on line.

Target Audience: This breakout will be of interest to all CME professionals at the intermediate/ advanced level

Purpose: This presentation will focus on demonstrating the on-line evaluation and needs assessment process, producing instant, real time results that enhance program development in a more comprehensive and timely manner.

Objectives: At the end of this session participants will be able to 1). Identify the attendee benefits of an on-line evaluation system, 2) Identify the provider benefits of an online evaluation and needs assessment system, 3) Understand the uses of data reports and dissemination, 4) Examine add-on uses of the on-line evaluator to extend to outcomes surveys and performance improvement initiatives.

Methods: Presenters will discuss and demonstrate the Medical Education Evaluator as developed by the American Epilepsy Society from activity building to participant use, to data collection and to report writing and dissemination. The presentation will consist of an interactive look at the on-line program through a PowerPoint presentation and experience the actual building of a conference activity and its events.

Key Points: As learning and its reinforcement becomes more individual centered structured tools assist with the development of programming and collection of data that can be easily benchmarked and translated into trend analysis. Evaluation collection has left the paper age for good, cost effective and efficiency reasons.

Expected Outcomes: Participants will come away with a clear set of sponsor advantages and customer training issues with conversion to online activity evaluation.

Reference: A curriculum for Change: Making Learning the Metric that Matters Most, PCMA Convene, May 2004

Potential Participant's Self-Assessment Question: Do you have the need to collect more data to demonstrate learning and substantiate future needs without costly, time consuming translation and data entry activities.

S7, Breakout
8:30 – 9:30 am, Saturday
Grand Salon 15 & 18/Street; Theatre/195

Rich Media CME: Implications for Providers and Physicians
(Adult/Organizational Learning Principles)

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***No Relevant Financial Relationship(s)**

Relevance: CME delivery to physicians and non-physicians always has been a conference-centric activity. However, advances in technology, from high-speed Internet to the evolution of rich media, have enabled forward-thinking CME providers to consider Web-based delivery as part of rich media cme delivery mechanism. Utilizing technology comes with associated hidden costs such as staff and support requirements, scalability of the infrastructure and flexibility the delivery vehicle provides to physicians and non-physicians. Many CME providers face significant internal challenges in terms of budgeting, and gaining technical support in delivering CME outside of traditional delivery modalities. One of key requirements is the CME consumer's access to real-time CME information that evolves at the rate of discovery. Rich Media CME offers major CME providers with a cost-efficient alternative in creating CME content and quickly delivering it to a broad and time-congested audience. For many providers the choices in pursuing Rich Media CME will be predicated on understanding scalability, rate of information change, delivery options, and cost reduction. Using a best practices approach, this breakout session addresses these information gaps in the industry.

Target Audience: This breakout session will be of interest to major CME providers including hospitals, HMOs, specialty associations, and university medical centers.

Purpose: The presentation will focus on strategies to successfully manage, scale, and implement a Rich Media CME environment. For providers it will showcase how the Charleston Area Medical Center (CAMC) successfully transitioned to a Web-based rich media CME program, including technical deployment and resulting economic benefits. For physicians, it will demonstrate the convenience and flexibility benefits of Rich Media CME.

Objectives: Provide a coherent framework for organizations to understand how to implement Rich Media CME.

Methods: Based on a case study, presenters will dissect CAMC's approach to the problem and their implementation strategy. Presenters will outline a replicable core framework for other CME providers to follow.

Key Points:

- Rich Media CME is a reality in many organizations now
- Providers need to have an online strategy that will help reduce delivery costs
- Providers need to deliver information at the rate of discovery
- Providers need to fulfill an education deficit in a flexible delivery modality

Expected Outcomes: At the end of this session participants will be able to 1) identify organizational requirements in creating Rich Media CME 2); create a basic implementation plan mapped against organizational and consumer requirements, and 3) understand how cost savings can be achieved in the process.

Reference: EHealthcare Strategies & Trends. Vol. 7, number 1. Jan. 2005. Gothberg, Mark S.
West Virginia System Affiliate Develops Certified Online Diabetes Education Program

Potential Participant's Self-Assessment Question: Does your CME delivery method offer real-time CME content that is created at the rate of discovery?

S8, Breakout

(Cancelled)

Shorten Your Learning Curve! A Systems Approach to CME Workflow for New CME Professionals (Systems Thinking; Basics Track)

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No Relevant Financial Relationship(s)

Relevance: As part of the “Third Wave of CME,” CME professionals are beginning to examine their place in the complex system of health care and physician lifelong learning. One way to develop a systems-thinking viewpoint is for CME organizations to turn the systems “lens” on their own practices. Professionals new to CME often experience a prolonged skills acquisition phase because of the multiple components of the CME system – both internal and external – that they are required to learn. One way to minimize the learning time and maximize efficiency is to provide new employees with a systems-based framework for analyzing and internalizing their workflow.

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

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

Objectives: At the conclusion of this session, participants will be able to (1) apply the systems analysis tool(s) presented to their own workflow, (2) identify knowledge gaps for system components relevant to their individual role(s), and (3) develop an initial plan to remedy those gaps.

Methods: A “see one, do one” methodology will be used; participants will be presented the tool(s) via example, and then will be encouraged to complete the initial sections of the tools for take-home use.

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

Expected Outcomes: New CME professionals will use the systems tool provided to accelerate acquisition and application of the core functions of their role(s).

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

Potential Participant’s Self-Assessment Question: Are you looking for ways to map out the variety of roles and functions in your CME office?

**S9, Forum
8:30 – 9:30 am, Saturday
Grand Salon 3 & 6/Street; Theatre/195**

Educational Outcomes Measurement: What Are Commercial Supporters' Expectations?
(Performance Measurement)

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***No Relevant Financial Relationship(s)**

Audience response technology to be provided by Meridia Audience Response

Relevance: Educational outcomes measurement (EOM) is no longer optional; it is essential. Commercial supporters are now requiring evidence that the CME initiatives they underwrite are educationally effective. Supporters use measurement to establish priorities for CME expenditures and to justify the costs. With this growing emphasis on EOM, CME providers must incorporate sound evaluative mechanisms into their proposed initiatives and familiarize themselves with increasingly sophisticated EOM methodologies and applications. Understanding potential supporters' reasonable expectations is required to make wise use of EOM; in turn, wise use of EOM enhances the value of CME initiatives.

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

Purpose: The presentation is designed to increase participants' awareness of commercial supporters' expectations concerning (1) measuring the effectiveness of CME activities, (2) identifying the types and uses of EOM data, and (3) interpreting those data to improve subsequent CME activities.

Objectives: At the end of this forum participants will be able to (1) describe commercial supporters' expectations concerning EOM and reporting, and (2) suggest ways that their organizations can advance EOM of their CME activities.

Methods: After providing insights into the current status of EOM for commercially supported CME activities, presenters will facilitate a discussion and a question-and-answer session involving participants and panelists—several professional education/marketing staff associates from 3 or 4 commercial supporters with EOM experience. The presentation will reflect the perspectives of a CME provider and CME professionals who have conducted EOM on commercially supported CME activities during the past 3 years.

Key Points: Despite requests for more rigorous measurement, many CME providers supply commercial supporters with only participation and satisfaction outcomes data. To identify higher level outcomes data that are becoming required by supporters, panelists will describe their own expectations concerning planning, implementing, and reporting of EOM initiatives. They will also discuss their degree of comfort with various categories of EOM data.

Expected Outcomes: Participants will improve the quality and rigor of the EOM data that they report to commercial supporters.

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

Potential Participant's Self-Assessment Question: How do my current EOM activities compare with commercial supporters' expectations?

S10, Breakout
8:30 – 9:30 am, Saturday
Rosedown/Third; Theatre/140

Evaluating Physician Performance: A Step-Wise Approach for CME Providers
(Performance Measurement)

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No Relevant Financial Relationship(s)

Relevance: In March of 2000, the ABMS adopted the Maintenance of Certification (MOC) program and tasked their member boards to submit final plans for incorporating MOC into their structures by the end of 2004. The MOC is comprised of four components including evaluation of physician performance in practice. Therefore, most practicing physicians will need to participate in some performance improvement (PI) activity at least once during their cycle of certification. Just recently, the AMA approved awarding PRA credit for PI activities and is collaborating with the ACCME to develop provider guidance on documentation for these activities. Now CME providers have a perfect opportunity to develop programs that can help physicians meet these new requirements while improving patient outcomes.

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

Purpose: This presentation will document the PI components for various certification boards and outline the AMA PRA /ACCME policies for awarding credit for PI activities. In addition, a stepwise approach to developing cost-effective PI activities will be presented.

Objectives: At the end of this session, participants will be able to 1) list the AMA rules for awarding PRA credit for PI activities 2) summarize the ACCME guidelines for documenting CME for PI activities, and 3) outline a framework for developing cost-effective PI activities for their practicing physicians.

Methods: Presenter will provide a summary of requirements of ABMS, AMA and the ACCME. Based on a current literature, presenter will provide participants a step-wise approach to developing PI CME activities and will summarize relevant case studies that demonstrate usefulness.

Key Points: CME providers have the opportunity to develop PI activities that can enable physicians to improve their patient outcomes while satisfying their certification requirements.

Expected Outcomes: Participants will implement action plans to develop CME activities centered on helping physicians improve the quality of their patient care.

Reference: Staker, LV. Teaching performance improvement: an opportunity for continuing medical education. J Contin Educ Health Prof 2003; 23(suppl):S34-S52.

Potential Participant's Self-Assessment Question: How can I develop cost-effective PI CME activities to enable physicians to improve their patient outcomes while satisfying their certification requirements?

S11, Breakout
8:30 – 9:30 am, Saturday
Magnolia/Third; Theatre/140

Supporting Best Practices through Knowledge Communities: A Systems Approach
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: A number of provinces in Canada are moving to an inter-professional approach, ensuring that the patient is at the centre of the health care system. This will require innovative approaches to professional development, as current approaches do not generally lead to significant improvements in practice or patient outcomes. One powerful way of improving continuing medical education and affecting patient care is to create a web-based knowledge community.

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 engage participants in an interactive discussion of the concept and benefits of knowledge communities and how they are constructed and managed.

Objectives: By the completion of the session, participants should be able to;

- describe successful strategies in other sectors, e.g., the corporate world
- identify the parts of the system from the perspective of all healthcare providers, caregivers and patients
- explain how health care providers interact within the system
- discuss how to build and sustain a knowledge community through the blending of face-to-face contact and appropriate use of technology

Methods: (1) Mini lecture on core concepts (20 min); (2) Small group discussion - one key question (20 minutes); (3) Reports to large group (20 min). A resource handout will be provided.

Key Points: Knowledge communities have been successful in other sectors such as business. These are web-based virtual communities that enhance knowledge acquisition, creation, transfer and translation into practice. A number of key guidelines need to be observed in order to be successful.

Expected Outcomes: Participants will be invited to join a knowledge community of experts and practitioners to apply what they have learned and to report the results to ACME in 2007.

Reference: Collins J and Porras J. Built To Last, successful habits of visionary companies, New York, NY: Harper Business Essentials, 2002.

Potential Participant's Self-Assessment Question: How would joining this knowledge community help me in my practice?

S12, Breakout
8:30 – 9:30 am, Saturday
Jasperwood/Third; Theatre/140

Continuing Medical Education Accreditation in Iran
(Administrative/Management)

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***No Relevant Financial Relationship(s)**

Relevance: A 13-year record of continuing medical education in Iran has brought with itself lots of experiences. This gained experiences encouraged relevant authorities in charge of this section of health care to embark upon streamlining CME accreditation system in Iran. There are about 1000 annual continuing medical education programs on the average, nevertheless, on the basis of the relevant study, satisfaction of the programs participants has not completely been secured and the effect of these programs on the participants, and also on the public health, is unknown.

Target Audience: This breakout session will be of interest to CME professionals & health providers at all levels in all providers group.

Purpose: The presentation will focus on how streamlining CME Accreditation in Iran.

Objectives: At the end of this session, the participants will be able: 1) to introduce standards of Iran at Continuing Medical Education. 2) To discuss about process of CME accreditation in Iran.

Methods: Standards of Iranian Continuing Medical Education have chiefly been taken, reassessed and benefited from and on the basis of ACCME and those standards that routinely employed in the State of California. In a way that the standards in question (while being adjusted to the conditions prevailing in the country) have been held in 12 expertise meetings attended by learned lecturers dealing with continuing medical education process and those authorities in charge of executive aspect of the contents of the programs. Therefore, any reform or changes made in ACCME standards has been based on the condition in which CME is being carried out in the State. The result of the assessment was then sent to a bigger gathering (40 persons) of experts dealing with continuing medical education. Some governmental centers and some non-governmental centers will be selected for pilot implementation of standards programs.

Key Points: 30 standards, out of 32 standards of the State of California that have been introduced for continuing medical education, have been considered for Iran. Four levels (categories) have been defined for each 30 standard. Some standards have been defined as necessary standards out of the said 30 standards to the effect that not benefiting even from a single *necessary standard* is interpreted as denying credibility of the center. Therefore, minimum level requirement was decided and promotion to higher levels from basic level was introduced.

Expected Outcomes: Achieving national standards in a way that while befitting from highly enforceable capability, should also be approved and confirmed by learned authorities dealing with the State's CME. Streamlining accreditation process based on the State's requirements is a difficult task because the process of accreditation will bring about some changes at the level of centers dealing with continuing medical education that there would be the fear of facing resistance.

Reference: ACCME website data

S13, Breakout
8:30 – 9:30 am, Saturday
Oak Alley/Third; Theatre/140

Take Control of Your Professional Development: Using the Results of the CME Library Delphi Study
(Self-Assessment and Life-Long Learning)

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***No Relevant Financial Relationship(s)**

Relevance: Professional competency is not just an important issue for health professionals; it is critical for CME practitioners as well. In the CME Library Delphi Study 44 experts in the US and Canada identified a list of essential books and journals for the CME practitioner covering eight competency areas: adult/organizational learning principles, educational interventions, performance measurement, systems thinking, partnering, leadership, administration/management, and self-assessment and life-long learning. These resources can be used by CME practitioners to acquire the knowledge and skills needed to improve their practice and advance their careers.

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

Purpose: This session will demonstrate ways to use the results of the CME Library Study to develop and implement an individualized professional development plan.

Objectives: At the conclusion of the session, participants will be able to 1) use a variety of resources to assess their professional development needs, 2) formulate learning goals, 3) identify books and/or journals to use in reaching their learning goals, and 4) develop a plan to use those resources in their professional development.

Methods: In this highly interactive hands-on session, participants will 1) hear a brief presentation on the results of the CME Library Delphi Study, 2) complete a self-assessment instrument based on the eight competency areas for CME professionals, and 3) construct a professional development plan that includes learning goals; books, journals, and other resources to be used; the learning activities they will engage in; and how they will assess their learning.

Key Points: The competencies needed by CME professionals vary depending on their role, level of responsibility and organizational setting. Individualized professional development plans can be used to enhance learning, improve skills, and fulfill the responsibility that all professionals have to maintain and update their proficiency through continuing education. The CME Library Delphi Study produced a list of resources that can be used for self-directed professional development.

Expected Outcomes: By the end of the session, each participant will develop a preliminary self-initiated learning plan that fits their context and professional development goals. The plan will identify specific CME competency areas they want to develop or improve on and describe appropriate and practical learning activities for accomplishing their goals (including reading the relevant literature).

Reference: Brockett, RG, Hiemstra, R. Self-Direction in Adult Learning: Perspectives on Theory, Research, and Practice. London: Routledge, 1991.

Potential Participant's Self-Assessment Question: Can you assess your own professional development needs and develop a realistic and focused self-learning plan that includes your learning goals, the resources you'll use including highly regarded books and journals, the learning activities you will engage in, and a plan for demonstrating what you have learned?

S14, Breakout
8:30 – 9:30 am, Saturday
Elmwood/Third; Theatre/140

Using General Systems Theory to Do Systems Thinking
(Systems Thinking; Advanced Track)

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No Relevant Financial Relationship(s)

Relevance: Systems thinking is an essential element in the “knowledge exchange” or “knowledge to practice process” frameworks that guide our work as continuing medical education specialists. For us, this kind of thinking correctly postulates that practicing clinicians are but one element in a complex system of forces that serves to enhance or minimize individual attempts to change practice behavior. Two corollaries of this postulate are that interventions at the individual level are necessary but insufficient features of a behavior change intervention; that effective interventions will also require interventions at the systems level. When the meaning of systems thinking is explored in our literature it is evident that, for most of us, systems thinking is interpreted to mean something like “seeing the big picture”. Often we equate the word “system” with the word “organization” and organizational theory becomes our tool for thinking about systems. But there are other tools, and one that is often overlooked is General Systems Theory itself; a theory about systems that emerged in the 1930’s and has been elaborated since. In this presentation several of the core ideas of General Systems Theory will be explained and the implications of these ideas for CHE will be explored. We will find new meanings for ideas that we use every day and we will generate hypotheses arising from these ideas that are interesting and that sometimes seem counter-intuitive.

Target Audience: CME professionals at advanced levels in all provider groups

Purpose: To assist CME professionals in their systems thinking by bringing a formal theory of systems to their attention.

Objectives: At the end of the presentation, participants will have several new concepts with which to guide their systems thinking.

Methods: A review of the interpretations of systems thinking in the CME literature will be followed by a brief overview of General Systems Theory before participants will be asked to focus on several key general systems theory concepts and their implications for the planning and delivery of CME.

Key Points: Often overlooked, general systems theory provides many useful concepts to assist the systems thinking of CME professionals.

Expected Outcomes: Participants will have several new ideas to guide their systems thinking and reinterpretations of concepts in common use.

Reference: Weinberg, G. (1975) An introduction to General Systems Thinking (1975 ed., Wiley-Interscience) (2nd ed. 2001, Dorset House).

Potential Participant’s Self-Assessment Question: Can you think of a systems intervention you have made that General Systems Theory would help you to think about somewhat differently?

S15, Breakout
8:30 – 9:30 am, Saturday
Belle Chasse/Third; Theatre/140

I Want to Get Published, but I Have Too Many Excuses (Part 1)
(Administrative/Management)

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***No Relevant Financial Relationship(s)**

Relevance: There is a lack of published CME literature for research or study. The CME field is replete with seasoned, knowledgeable, creative professionals who have not shared their successes or learnings through publication. The reasons for this deficit are many, including lack of time, the perception that no one will be interested in what the writer has to say, and the perception that what the writer has done in the CME practice setting is unimportant, uninteresting or unexciting. Mechanisms to enhance publication in this area are required.

Target Audience: This breakout session will be of interest to CME professionals with intermediate to advanced experience in all provider sections who are wondering if they could write and would like to get published.

Purpose: This session will focus on writing resources and skills sets for the first-time CME writer.

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

1. Understand the barriers to getting published
2. Identify skills required to write successfully for publication
3. Identify and avoid common mistakes in medical English usage
4. Recognize the publications associated with the Alliance for CME

Methods: Information will be presented through discussion with opportunities for the participants to interact via group exercises and shared experiences.

Key Points: Many CME professionals are reluctant to write for publication because they do not know how to begin an effective and successful process.

Expected Outcomes: CME professionals will be better equipped to initiate the publication process.

Reference: Gartland JJ. Medical Writing and Communicating. 1993. University Publishing Group: Frederick, MD.

Potential Participant's Self-Assessment Question: Am I interested in continuing my professional development through writing and publication?

S16, Mini-Plenary
10:00 – 11:00 am, Saturday
Grand Ballroom D/Street; Theatre/560

Resolving Conflict of Interest without Exclusion: Best Practices from the CME Enterprise
(Administrative/Management; Basics Track)

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No Relevant Financial Relationship(s)

Relevance: The seven member organizations of the ACCME unanimously approved the *2004 Updated ACCME Standards for Commercial Support: Standards to Ensure the Independence of CME Activities* at the end of September 2004. For most organizations, the deadline for fully complying with these new standards was May 1, 2005. While any effort to ensure fair and balanced CME is good, the new standards also caused great debate within our field. One of the biggest areas of concern, and receiving significant attention among medical education organizations, has been “conflict of interest” and the new requirement to resolve it. Surveys, studies, and analysis conducted analyze what obstacles CME organizations faced, as well as the specific actions that were taken to successfully address and resolve conflict of interest.

Target Audience: This mini-plenary 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 a critical topic affecting current and future CME practices and the core competencies needed to address standards that will affect organizations, processes, and delivery methods for CME.

Objectives: At the conclusion of this mini-plenary session, participants will be able to 1) recognize the specific standards and mechanisms for understanding conflict of interest, 2) identify specific hurdles faced by a multitude of other CME organizations, as well as the action steps they took to resolve conflict of interest, and 3) improve competencies of CME professionals in the area of managing conflict of interest.

Methods: Presenter will discuss results of surveys and an environmental scan of the CME field taken after the ACCME Commercial Support Standards deadline. Participants will share in the discussion by providing examples of their own steps to recognize, address and resolve conflict of interest in their CME practice.

Key Points: In order to be successful, CME organizations must be able to learn from colleagues the collective practices and problem solving strategies that have been put in place to address emerging guidelines from the ACCME, OIG, and other organizations. As CME providers adapt to the new landscape in which we operate, understanding best practices will improve compliance, education, and healthcare.

Expected Outcomes: This mini-plenary session will provide survey and research results regarding best practices for addressing conflict of interest. With changes in guidelines and certification organizations, coordinators and managers in the field will need to adapt practices to meet or exceed standards and other requirements in order to increase overall CME effectiveness.

Reference: Telephone and mail-based surveys to CME organizations and practitioners, as well as research review results, compiled by *MarketSpark* (5/2005 – 10/2005).

Potential Participant’s Self-Assessment Question: What specific steps can I take as a CME professional to better recognize, address, and resolve conflict of interest?

S17, Breakout
10:00 – 11:00 am, Saturday
Grand Salon 13 & 16/Street; Theatre/170

Using Logic Models for Outcome Measurement
(Performance Measurement)

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No Relevant Financial Relationship(s)

Relevance: As providers of CME, we must continually ask ourselves if our efforts are making a difference. We are expected to design and implement courses based on performance-based objectives and to evaluate how well participants are able to use new or enhanced skills and knowledge in authentic ways. We are challenged to measure outcomes of our programs at several levels: acquisition of new knowledge and skills, change in behavior, and change in condition. The use of Logic Models as part of a broader Outcome Measurement process assists with thinking through a CME program, from initial idea to far beyond the end of the event.

Target Audience: This session will be of interest to CME professionals who are involved in designing and evaluating CME courses. Attendees are invited to bring materials related to real CME courses to use as the topic for their Logic Model. Attendees are invited to bring their own materials to use as the topic for their Logic Model building practice.

Purpose: This session focuses on how to create and use a logic model as part of the instructional design process, and especially for evaluation of a CME program.

Objectives: At the end of this session participants will be able to 1) build a logic model for a sample CME course (live or online), 2) identify ways to use the logic model as part of the planning, design, and development stages of CME instructional design, and 3) discuss ways to apply the logic model to outcome measurement.

Methods: This session will combine theory and practice. Participants will receive key information about logic models and their application within CME, and will practice building a logic model for a sample CME offering. The facilitator will guide participants through a step-by-step process for identifying inputs, activities, outputs, and 3 stages of outcomes. Participants will also examine assumptions and external factors that impact the components.

Key Points: The Logic Model is the **core** of program planning, evaluation, program management and communications. A logic model serves as a framework and a process for planning to bridge the gap between where you are and where you want to be. It provides a structure for clearly understanding the situation that drives the need for an initiative, the desired end state and how investments are linked to activities for targeted people in order to achieve the desired results. A logic model is the first step in evaluation. It helps determine when and what to evaluate so that evaluation resources are used effectively and efficiently. Through evaluation, we test and verify the reality of the program theory – how we believe the program will work. A logic model helps us focus on appropriate process and outcome measures.

Expected Outcomes: Participants will gain knowledge, skills, and tools that will enable them to use Logic Models within their organizations.

Reference: University of Wisconsin Extension. Enhancing Program Performance with Logic Models.
<http://www.uwex.edu/ces/lmcourse/#>

Potential Participant's Self -Assessment Question: What are the potential benefits to you, your program, your organization, and your constituents due to the use of Logic Models?

S18, Breakout
10:00 – 11:00 am, Saturday
Grand Salon 19 & 22/Street; Theatre/170

The CME Faculty: Selection, Guidance, and Use of Educational Outcomes Measurement to Improve Performance
(Partnering)

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***No Relevant Financial Relationship(s)**

Audience response technology to be provided by Meridia Audience Response

Relevance: The quality of any CME activity depends on its faculty members. CME providers need to develop a positive relationship with the faculty early in the process in order to effectively communicate the objectives and to ensure that the program will be of high quality. This process starts during recruitment: prior to enlisting proposed faculty's participation, CME providers must assess their expertise in the area of interest and their teaching ability, including their effectiveness in the selected medium (eg, oral presentation, written piece). Early attention to identifying and addressing conflicts of interest—an ACCME Standards of Commercial Support requirement—is the best way to ensure their proper resolution. Delays in identifying a conflict can lead to additional stress and distract from developing the activity as deadlines approach. Finally, evaluation of faculty performance using educational outcomes measurement (EOM) can improve the quality of presentation as the activities progress.

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

Purpose: This breakout session will help participants learn how to maximize their interactions with faculty to develop a positive rapport and relationship, with the mutual goal of effectively communicating the CME activities' educational messages to health care providers.

Objectives: At the end of this breakout session, participants should be able to (1) develop methods for assessing faculty expertise in therapeutic areas of interest, (2) assess faculty communication skills prior to approaching them to participate in an activity, (3) develop an approach for identifying conflicts of interest early in a program's development and resolving them, and (4) use EOM to improve faculty performance.

Methods: This session will be an interactive lecture with many opportunities for audience feedback.

Key Points: Faculty management makes an important impact on the success of a CME activity. Many important factors are sometimes overlooked, such as a faculty member's specific comfort in a given medium. Early resolution of conflicts of interest ensures smoother program development. EOM is an important tool to evaluate and enhance faculty performance.

Expected Outcomes: Participants will be able to work effectively and efficiently with faculty to develop optimal CME activities.

Reference: Hartley, DE. The need for speed. T + D [American Society for Training & Development]. October 2004:22-23. Available at: <http://www.astd.org/NR/rdonlyres/EE4C6DDE-A31E-4B32-8445-E877DE9554D3/4691/76041022.pdf>. Accessed February 24, 2005.

Potential Participant's Self-Assessment Question: How can I recruit appropriate faculty members for CME activities?

S19, Breakout
10:00 – 11:00 am, Saturday
Grand Salon 21 & 24/Street; Theatre/195

Innovation in Online CME: Convergence of Clinical Practice Data and CME in “Real Time”
Via an Embedded eCME Interactive Program Component
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: The application of new technologies is needed to advance the educational effectiveness of online CME, in order to impact provider practice behavior and to efficiently measure clinical outcomes. Research has demonstrated that physician engagement in CME activities improves as interactivity increases. Specific to online CME, the S.C.O.P.E. (Study of Continuing Online Physician Education) study (Casebeer, L., et al.) established that interactivity is a key ingredient for online learning and demonstrated that online CME can benefit physicians' knowledge, as well as perceived practice behavior. This study provides a solid foundation for the development of the logical next step in the evolution of the interactive CME process; the integration and presentation of “real-time” clinical practice data to the learner as an embedded component within the CME event. This CME project was designed to provide dynamic feedback to the learner, based upon their actual clinical practice data culled from their own patient population, in order to strongly impact the teachable moment. During this session, the technical process will be presented, demonstrated, and its advantages and disadvantages discussed.

Target Audience: All

Purpose: This session will increase knowledge regarding advancements in online CME technology and their design.

Objectives: At the conclusion of this breakout session, the participant should be able to 1) describe the design and utility of integrating physician practice and peer benchmark data into an online CME activity, 2) discuss the physician response and acceptance of this new technology, and 3) describe the advantages and limitations of this approach.

Methods: Presenters will describe the overall design and integration of “real time” physician practice and peer benchmark data into an online CME activity, explain the process used to develop such technology, and review its advantages and limitations. Presenters will also describe physician response and satisfaction.

Key Points: The convergence of clinical data, benchmarks and medical education can be a powerful tool in bridging the gap between perceived and actual clinical practice behavior. Combining such information with Internet-based technologies provides a scalable, affordable and practical method to allow participating physicians to update their clinical problem solving skills, reinforce current practices, measure personal progress and identify gaps in patient care.

Expected Outcomes: Participants will have an understanding of the design and utility of converging clinical practice data and online CME programming in a single event.

Reference: Casebeer L., et al. Standardizing Evaluation of Online CME: Physician Knowledge, Attitudes and Reflection on Practice. The Journal of Continuing Education in the Health Professions, 2004, Volume 24, No. 2.

Potential Participant's Self-Assessment Question: What are some advantages of incorporating practice and peer benchmark data with medical education via an online CME platform?

S20, Breakout
10:00 – 11:00 am, Saturday
Grand Salon 15 & 18/Street; Theatre/195

Effective Point-of-Care Learning Tool within the Medical Society Setting: American Society of Clinical Oncology's (ASCO's) Oncology Compendium
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: Point-of-care learning is an exciting delivery option for the CME professional. Although point-of-care learning is not a new concept, advancing technology allows providers to explore a variety of new delivery options. One such option is a web-based tool connecting society members to educational content. In support of advancing the education of physicians and other professionals in the care of patients with cancer, the Oncology Compendium links users from an outline to the latest educational content. The outline was designed for oncology training program directors in developing the educational framework for oncology fellowships. Through the outline the tool provides quick access to updated information that will answer clinical questions in an individualized manner, ultimately improving physician performance, patient care and offering point-of-care education.

Target Audience: This breakout session will be of interest to CME professionals and healthcare providers at intermediate and advanced levels in all provider groups with a focus on medical specialty societies.

Purpose: The presentation will explore the challenges and successes of creating a web-based point-of-care tool.

Objectives: At the end of the session, participants will be able to: 1) explore the challenges and successes in creating a web-based point-of-care learning tool, and 2) apply techniques to develop point-of-care tools for their physician audience.

Methods: Presenters will describe how the Compendium was created from both a technology and an association-management perspective and will address questions at the end of the breakout session.

Key Points: Point-of-care learning via the Internet is a viable alternative to traditional CME opportunities. Associations and hospitals are exploring the options for delivery methods regarding point-of-care learning tools.

Expected Outcomes: CME professionals will have explored the process of developing a web-based point-of-care tool. They will be able to apply the information obtained from this presentation in developing their own web-based point-of-care tool.

References: Trend 2004: Point-of-Care CME. Medical Meetings, Jan 1, 2004, Edited by Sue Pelletier.

Peterson MW, Rowat J, Kreiter C, Mandel J. Medical Students' Use of Information Resources: Is the Digital Age Dawning? Academic Medicine 2004; 79: 89-95.

Sectish TC, Floriani V, Badat MC, Perelman R, Bernstein HH. Continuous Professional Development: Raising the Bar for Pediatricians. PEDIATRICS 2002; 110(1): 152-156.

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

Potential Participant's Self-Assessment Question: What are the resources needed to create your own point-of-care tool?

S21, Breakout
10:00 – 11:00 am, Saturday
Grand Salon 9 & 12/Street; Theatre/195

NetTalks: Improving Live CME with Web-Based Methods and Technologies
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: Despite some attempts at integration, CME professionals largely see “live” and “online” activities as separate realms with distinct theoretical underpinnings, methods, and problems. However, Web-based methods and technologies—with their focus on self-direction, interactive experience, and immediate feedback—not only can serve online audiences but can improve *live* activities, as well, if integrated early within the planning process.

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

Purpose: This presentation will describe how Web-based methods and technologies can improve live activities and will list the steps necessary for successful integration of live and online CME.

Objectives: At the end of this session, participants will be able to 1) describe the process of converting a live conference to online CME, 2) list ways of enhancing live content so as to make it congruent with an online environment, 3) discuss how the addition of an online component improves the organization and educational quality of live activities, and 4) itemize the cost centers for this process.

Methods: Using a sample conference as a model, the presenters will describe the development process for a sample course, provide user statistics, and field questions from the audience.

Key Points: The Internet remains the most technologically advanced and cost-effective method for disseminating both research findings and educational content. As more physicians use the Internet for professional reasons, it will become harder for CME providers to maintain an artificial barrier between live and online education. The integration of the two opens up many possibilities for the improvement and growth of the entire CME enterprise.

Expected Outcomes: Participants will consider integrating online components into their live activities so as to transform what was previously a one-time event into an enduring and edifying learning experience.

Reference: Tello R, Davison BD, Blickman JG. The virtual course: delivery of live and recorded continuing medical education over the Internet. *AJR* 2000;174(6):1519-1521.

Potential Participant’s Self-Assessment Question: Could an online component enhance both the delivery and quality of my live activities?

S22, Breakout
10:00 – 11:00 am, Saturday
Grand Salon 3 & 6/Street; Theatre/195

Demonstration of Clinical Outcomes in CME
(Performance Measurement)

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***No Relevant Financial Relationship(s)**

Relevance: Health care providers are constantly being asked to demonstrate the value of medical education in improving the health outcomes of individuals and populations. As medicine advances at an unprecedented rate and competition among health care organizations becomes more active, providing cutting edge medical knowledge to physicians impacts both our care processes and our management structures. Outcome based medical education involves utilizing a data driven needs and sound learning strategies in the design and delivery of CME programs. This session will define the role of team members, the educational process and the data sources employed in achieving clinical improvements in CME programming.

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

Purpose: This breakout section is designed to demonstrate the selection and application of clinical decision data tools along with effective learning principles to design programs that have the potential of achieving clinical outcome.

Objectives: At the conclusion of the breakout session, participants would be able to: 1) state how to use clinical data tools to facilitate learning, and 2) apply outcomes based measurement to demonstrate the effectiveness of CME programs.

Methods: Utilizing a best practice case study, the presenters will delineate the data sources, systems tools and staff roles in from problem identification and to problem resolution. Facilitators will use an interactive learning method to deliver the content and provide participant with tools that can be used at their work place.

Key Points: Selection and utilization of current, accessible data tools in program planning, and application of team-based learning has the greatest impact on physician practice behavior change.

Expected Outcomes: Selection and use of clinical data tools that are available, accessible and applicable can serve both as a source of information and as a performance measure. Knowing how to integrate the tools into physician learning can enhance the outcome of a project. Participants will be able to use the presented template to replicate similar designs in CME.

Reference: Davis, D., M.A. Thompson, A.D. Oxman, and R.B. Haynes. Changing physician performance: a systematic review of the effect of continuing medical education strategies. JAMA 274 (9): 700-705, 1995.

Potential Participant's Self-Assessment Question: How can data be accessed and used to plan an effective CME intervention?

S23, Breakout
10:00 – 11:00 am, Saturday
Rosedown/Third; Theatre/140

Staff Competencies – Overcoming Obstacles to Systems Thinking
(Systems Thinking)

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***No Relevant Financial Relationships**

Relevance: As the definition of CME for physicians continues to evolve as a life long process, so too, does the continual professional development of the CME provider. While the ACCME has realized the importance of competencies for the CME professional, there has been little information concerning the application of these competencies in the provider workplace. This workshop will examine the practical application of competencies in the provider milieu, define barriers to implementation (eg. time, cost, staff levels, and employee churning) and examine a method to address these challenges as part of an annual staff review process.

Target Audience: This breakout session will be of interest to all CME professionals and health providers in all provider groups especially those tasked with staffing, and also those who are newcomers to the CME profession.

Purpose: The presentation will focus on strategies to identify a full range of potential obstacles to and barriers to implementing the CME competencies and learning contracts to resolve those obstacles.

Objectives: At the end of this session participants will be able to 1) outline competency areas for improvement, and 2) develop a learning contract to set goals for implementation of new skills.

Methods: Presenters will review the application of the CME Competencies in the workplace. Participants will work in small groups to identify challenges germane to their experience and lastly, a working document for a practical resolution will be reviewed for application to their work environment.

Key Points: Assist the participants in determining which competency areas are critical to their workplace, are critical to their individual professional development, and provide the means and metrics to address the above challenges.

Expected Outcomes: Participants will be able to identify systemic and personal barriers to optimal staff competencies, and implement a method to address those challenges within their workplace.

References: Casebeer L, Jay SJ, Leist JC, Brink T, Miller V. Skills and Knowledge Needed by the CME Professional in the Twenty-First Century, JCEHP 1995; 15(4): 227-230
The Alliance for Continuing Medical Education, Competency Areas for CME Professionals.

Potential Participant's Self-Assessment Question: What new skills have you implemented in your CME office? What obstacles have you identified and resolved?

S24, Breakout
10:00 – 11:00 am, Saturday
Magnolia/Third; Theatre/140

**Pearls and Pitfalls of Regularly Scheduled Conferences (RSCs) in a Decentralized CME Setting:
Interactive Case Studies**
(Administrative/Management)

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***No Relevant Financial Relationship(s)**

Audience response technology to be provided by Mayo School of Continuing Medical Education

Relevance: Many CME offices rely on coordinators from other departments within their institution to assist in monitoring ACCME compliance for Regularly Scheduled Conferences (RSC's). Practical case studies regarding common issues and problems encountered in a decentralized CME setting will be presented to the audience for discussion. This session will provide participants with the opportunity to hear from their peers about resolution strategies involving RSC's in a decentralized CME setting.

Target Audience: This breakout session is targeted to CME professionals within all provider groups at all experience levels.

Purpose: This session is designed to identify issues and problems associated with RSC's in a decentralized CME setting and to provide resolution strategies.

Objectives: At the end of this session, participants should be able to: 1) recognize common issues and problems associated with RSC's in a decentralized setting, 2) discuss lessons learned, and 3) implement resolution strategies to increase efficiencies and optimize ACCME compliance in their own CME setting.

Methods: Interactive Case Studies will be used with an audience response system. Discussion, questions and answers will follow the results of audience polling. Audience participation is encouraged.

Key Points: By examining case studies involving pitfalls that can arise during RSC planning and implementation and how they are resolved, pearls of wisdom will be shared to help participants avoid issues in their own organization.

Expected Outcomes: CME professionals should be able to identify challenges in RSC planning and gain knowledge through shared experiences from peers and colleagues to provide resolutions.

Reference: ACCME Policy 2003-A-08.

Potential Participant's Self-Assessment Question: Do you offer RSC's in a decentralized CME setting and need to gain a better understanding of how to manage logistics and implement ACCME's policy on RSC's?

S25, Breakout
10:00 – 11:00 am, Saturday
Jasperwood/Third; Theatre/140

**The Role of the CME Provider in Quality Improvement in the Practice Setting:
Lessons from Alliance Center for Learning and Change (ALCLC) Demonstration Projects**
(Educational Interventions)

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No Relevant Financial Relationship(s)

Relevance: Physicians are being expected by their specialty boards to demonstrate 6 new competencies as part of Maintenance of Certification with their board. One of those competencies is practice based learning and improvement which requires a physician to be able to assess performance in practice, make and document the improvements. As a compliment to those expectations of the specialty boards, the AMA has approved a Performance Improvement process that a physician can use to in their practice and earn Category 1 credits. At the same time, educational research suggests that physicians learn and improve their performance when their education is closer to their practice. The Alliance Center for Learning and Change has established several demonstration projects to help CME providers apply the evidence-based educational research in the practice of CME and to quality improvement in the practice setting. The results of those projects need to be shared and implemented by CME providers to enhance CME's value to the profession of medicine and healthcare in general.

Target Audience: This breakout session will be of interest to CME professionals and health providers at the middle to upper level of practice and all provider venues.

Purpose: This presentation will share of the results of the Demonstration Projects to date and enable participants to learn how to apply the evidence-based educational research of Quality Improvement in the physician practice setting.

Objectives: At the conclusion of the session, the learner will be able to 1) describe the results of the demonstration projects to date and 2) identify key educational practices that they can apply in their setting to assist physicians with establishing quality improvement programs in their practice setting (where they learn).

Methods: Through brief interactive lectures this session will review the evidenced base educational research that is used and using small group work with the demonstration project teams illustrate how the research is applied, the tools used and suggestions on how to implement in practice.

Key Points: CME providers must change their practices to focus on where the most effective learning occurs and how they can contribute to the learning process in the practice setting. Quality improvement in the practice setting will become a major tool for physicians to use as they expand their thinking and effectiveness of their practice systemically. Quality Improvement processes are key new skills that CME providers must develop to assist the physician with practice based learning.

Expected Outcomes: It is expected that the learner will become aware of the evidence-based learning needed to be applied in practice, agree that it is an important new skill that must be developed, adopt the research and the practices that need to be implemented and adhere to the application of the evidence in their setting.

Reference: Staker LV, Teaching Performance Improvement: An Opportunity for Continuing Medical Education, JCEHP, 23(Supplement 1), S34-S52

Potential Participant's Self-Assessment Question: What is quality improvement and how can a CME provider implement that process in a CME Program?

S26, Breakout
10:00 – 11:00 am, Saturday
Oak Alley/Third; Theatre/140

Laissez les bon temps rouler: Using Enjoyable Activities to Train Your Staff about CME
(Adult/Organizational Learning Principles; Advanced Track)

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***No Relevant Financial Relationship(s)**

Relevance: In the current environment, the CME professional cannot survive in a silo within his or her organization. All employees involved in a CME Program need to contribute to compliance and Program improvement. In the process of planning and/or implementing CME activities, employees benefit in efficiency and efficacy by being trained in the ACCME and other regulatory guidelines. Your CME Program benefits from your employees being empowered to make decisions and accepting responsibility for adherence to the ACCME Essential Areas, Policies, and especially, the Standards for Commercial Support. Team building, staff morale, and CME Program improvement (Element 2.5) are all fringe benefits of such a mechanism.

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 practical tips on how to make learning about CME enjoyable, interactive, and the subject of a continual learning process.

Objectives: At the conclusion of this breakout you will be able to 1) take away tips and tools to implement in your organization, 2) adjust the information to conform to your provider type, and 3) develop mechanisms to implement a system of continued learning for all employees involved in your CME Program.

Methods: Slide presentation, games, surveys, quizzes, low-tech audience response, toolkits, and other engaging educational formats.

Key Points: CME office employees are crucial to aiding in ACCME compliance and CME Program improvement. It is important to develop practical applications to not only train staff about CME, but effectively engage them in your CME Program.

Expected Outcomes: CME professionals will take information and tools back to their offices in order to implement their own continuing training mechanism that will result in increased compliance with ACCME guidelines and improvement of their CME Programs.

Reference: ACCME Essential Areas and Standards for Commercial Support.

http://www.accme.org/dir_docs/doc_upload/f4ee5075-9574-4231-8876-5e21723c0c82_uploaddocument.pdf. Accessed February 25, 2005.

Potential Participant's Self-Assessment Question: Why does your staff leave the entire burden of CME decisions up to you? Why do they not contribute more to the improvement of the CME Program?

S27, Breakout
10:00 – 11:00 am, Saturday
Elmwood/Third; Theatre/140

Making CME More Evidence-Based: A Debate You May Have Missed
(Performance Measurement; Research to Practice Track)

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No Relevant Financial Relationship(s)

Relevance: Much emphasis is being placed making CME practice more evidence-based. In 2005 an interesting debate took place in the medical education literature that outlined two fundamentally different approaches to generating and using evidence to improve CME interventions .

This presentation discusses implications of this debate for how CME professionals might approach planning CME interventions and evaluating educational outcomes of CME activities.

Target Audience: This presentation will be of interest to CME professionals at intermediate to advanced levels in all provider groups.

Purpose: To summarize the debate over how best to go about designing and evaluating interventions aimed at improving practice and discuss the implications for practice.

Objectives: At the conclusion of the talk, participants will be able to describe two distinctly different approaches to creating and using evidence in planning and evaluating CME activities.

Methods: The content described above will be communicated through a brief presentation accompanied by a handout.

Key Points: We need to make our practice more evidence based, but there are different views on how evidence should be developed and used. CME practitioners can be producers of evidence as well as consumers. Helping to build a useful evidence base requires making the logic behind your intervention explicit and conducting evaluations that include the direct measurement of important outcomes.

Expected Outcomes: By the end of the presentation, each participant will be able to describe two general approaches to developing and using evidence to improve the impact of CME activities.

Reference: Eccles, M., Grimshaw, J., Walker, A., Johnston, M., & Pitts, N. (2005). Changing the behavior of healthcare professionals: The use of theory in promoting the uptake of research findings. *Journal of Clinical Epidemiology*, 58, 107-112.
Oxman, A. D., Fretheim, A., & Flottorp, S. (2005). The OFF theory of research utilization. *Journal of Clinical Epidemiology*, 58, 113-116.

Potential Participant's Self-Assessment Question: Are you interested in using 'evidence' to improve the impact of your CME activities but are unsure about how to proceed?

S28, Breakout
10:00 – 11:00 am, Saturday
Belle Chasse/Third; Theatre/140

I Want to Get Published, But What Do I Do Next? (Part 2)
(Administrative/Management)

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***No Relevant Financial Relationship(s)**

Relevance: There is a lack of published CME literature for research or study. The CME field is replete with seasoned, knowledgeable, creative professionals who have not shared their successes or learning through publication. The reasons for this deficit are many, including lack of time, the perception that no one will be interested in what the writer has to say, and the perception that what the writer has done in the CME practice setting is unimportant, uninteresting or unexciting. Mechanisms to enhance publication in this area are required.

Target Audience: This breakout session will be of interest to CME professionals with intermediate to advanced experience in all provider sections that attended Part I and still want to get published.

Purpose: This session will focus on article planning and application for the first-time CME writer.

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

1. Understand the process of article planning from concept to publication
2. Identify appropriate tools to utilize in article planning
3. Recognize the various writing formats
4. Develop an article plan

Methods: Information will be presented through discussion with opportunities for the participants to interact via group exercises and shared experiences.

Key Points: Many CME professionals are reluctant to write for publication because they do not know how to complete a comprehensive publication process.

Expected Outcomes: CME professionals will be better able to navigate the publication process and contribute their expertise to the CME literature.

Reference: Gartland JJ. Medical Writing and Communicating. 1993. University Publishing Group: Frederick, MD.

Potential Participant's Self-Assessment Question: Am I ready to write an article for publication?

S29, Mini-Plenary
11:15 am – 12:15 pm, Saturday
Grand Ballroom D/Street; Theatre/560

Hot Topics in CME

(Administrative/Management; Basics Track; Advanced Track)

Bruce Bellande, PhD

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No Relevant Financial Relationship(s)

Relevance: CME professionals are experiencing continuous change as a result of the changing healthcare marketplace. Many of these changes occur rapidly and therefore it is important to offer timely “just-in-time” information as a part of the annual conference program.

Purpose: The purpose of this educational activity is to keep CME professionals apprised of the latest changes impacting the provision of CME and the CME profession.

Objectives: By the end of this activity, participants should be able to: identify timely changes that have occurred and assess their impact on the provision of CME and the CME profession; determine the implications of recent changes on CME programs and activities, and develop appropriate strategies to respond to changes in CME practice.

Key Points: 1) Identify late breaking issues, actions and policies of impacting CME providers, 2) present key elements of these issues with relevance to CME providers, 3) discuss implications of these elements on the CME enterprise, and 4) consider strategies to respond to these issues.

Expected Outcomes: Participants will be able to interact with faculty by posing questions, expressing concerns and engaging in dialogue with faculty and other participants. Moreover, participants will not only be aware of “late breaking” information and its implications but also be empowered to develop proactive strategies and action plans.

Note to Learners:

The specific topics and faculty will appear in the final annual conference program. Disclosure and resolution of conflicts of interest (if relevant and applicable) will also be addressed prior to final publication.

S30, Breakout
11:15 am – 12:15 pm, Saturday
Grand Salon 13 & 16/Street; Theatre/170

Publicity and Promotion of a CME Activity
(Administrative/Management; Basics Track)

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***No Relevant Financial Relationship(s)**

Relevance: While quality CME remains of the utmost importance, a CME program cannot be called a success if the message fails to reach its intended audience. By understanding the various elements that must be considered when planning an event, and applying the principles of publicity and promotion, CME planners will be able to better attract the audience they seek for their various CME events.

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

Purpose: The presentation will focus on identifying the principles of publicity and promotion, the elements to consider in promoting a CME event, and on the basic graphical elements of CME promotion.

Objectives: At the end of this session participants will be able to:

- Identify and discuss the overriding principles to consider in the publicity and promotion of CME activities, including means of persuasion, types of messengers, adherence to a message and methods of diffusion
- Identify and discuss the elements that must be considered when promoting a CME activity; including audience, competition, obstacles and methods of diffusion
- Identify and discuss graphic elements to consider in the promotion of a CME activity
- Discuss the promotion of CME activities in the Quebec market

Methods: This breakout will be an interactive presentation. The session facilitator will present information and experience, and will promote discussion based on the experiences of the audience.

Key Points: There are several elements that CME planners must consider when promoting a CME activity:

- Word of mouth communication is effective, especially if one uses particularly sociable personality types to spread a message
- Retention of a message is as important as the diffusion of a message
- CME planners must know their public, their competition and the obstacles they face
- The look of your communications tools can affect the size of your audience
- There are various proven keys to promotional success that apply to the promotion of CME activities

Expected Outcomes: Participants will discuss ways to apply the principles of publicity and promotion in order to better promote their own CME activities.

Reference: Jacques, A, Hallé, I. Publicity and Promotion of a CME Activity. Presented at the Quebec Council for Continuing Medical Education, August 2004. This presentation was prepared based on need to learn proven and innovative ways to promote CME activities, as expressed by the CME community. The abstract has been submitted for CACHE 2005.

Potential Participant's Self-Assessment Question: Did you know that the promotion of your CME activity can have a direct impact on participation and, therefore, on outcome?

S31, Breakout
11:15 am – 12:15 pm, Saturday
Grand Salon 19 & 22/Street; Theatre/170

An Innovative Online CME Activity Case Study: Achieving Multi-Layer Outcomes Using a Dynamic, Data-Driven Interactive Approach in Online CME
(Performance Measurement)

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***No Relevant Financial Relationship(s)**

Relevance: Educational mandates, media attention, and the court of public opinion are holding physicians to unprecedented levels of accountability with an increased emphasis being placed on measuring and improving the clinical outcomes of medical care. The CME industry must evolve into an entity that will actively assist physicians practice more effectively and efficiently. However, prior to the advent of web-based technology, multi-layer outcome studies in a CME environment have not been practical. Through a multi-stakeholder collaboration, an interactive online CME activity was designed and delivered through an innovative online CME system, which presents a physician's own clinical practice data in real-time through an embedded eCME interactive program component. The goal was to highly impact an ongoing series of teachable moments, based in the context of the learner's own practice patient population, in order to appropriately enhance the provider's practice behavior, and to track and measure "real" patient data in order to ratchet up the level of outcome achieved from lower level results (e.g. attendance, satisfaction and learning) to upper level results (e.g. performance and patient health status). During this session, the design, methods, process, advantages, disadvantages and outcomes of that CME activity will be presented and discussed.

Target Audience/Purpose: This session is designed for CME professionals at all levels to increase their knowledge of a state-of-the-art, interactive CME learning process which has the ability to measure level I through IV outcomes.

Objectives: At the conclusion of this breakout session, the participant should be able to 1) discuss the design and utility of an innovative, interactive CME process, and 2) describe the methodology for measuring comprehensive CME outcomes.

Methods: Presenters will offer a CME activity case study, which describes the design of an innovative online CME learning model and the integration of a medical/pharmacy claims database, designed to achieve and measure high level outcomes from an online CME activity in management of hyperlipidemia.

Key Points: Providing "real time" practice and peer benchmark data, within an online CME activity, can be a powerful tool in bridging the gap between clinical practice, perception and practical application.

Expected Outcomes: Participants will have an understanding of how they can design CME activities to take advantage of online CME technology and clinical data to measure advanced CME outcomes. Data and outcomes collected through 2005 will be analyzed, detailed and submitted for publication in peer review journals.

Reference: Davis D, Taylor-Vaisey A. Two Decades of Dixon: The Question(s) of Evaluating Continuing Education in the Health Professions. J Cont Educ Health Prof 1997; 17:207-213.

Potential Participant's Self-Assessment Question: How do I apply this model of measuring higher-level outcomes to implement more effective strategies for determining the educational impact of CME activities?

S32, Breakout
11:15 am – 12:15 pm, Saturday
Grand Salon 21 & 24/Street; Theatre/195

The Strategic Value of Educational Outcomes Measurement in CME Planning
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Audience response technology to be provided by Meridia Audience Response

Relevance: CME activities must meet a number of criteria, including accountability, internal and external regulatory transparency, knowledge transfer, behavior change, and, above all, improved patient care. Educational outcomes measurement (EOM) is a tool to demonstrate the achievement of these goals. It is virtually impossible to address so many factors effectively in individual, standalone programs: these programs must be part of an overall strategy in which the CME provider and grantor cooperate to address outstanding educational needs as they become evident. Measuring a single program provides opportunities to assess its individual effectiveness (in satisfying needs assessment and learning objectives) and, through rigorous gap analyses, to “report back” on the overall educational strategy. These steps, in turn, permit measuring and reinforcing the validity of the strategy and identifying additional needs (consistent with short- and long-term objectives). Thus, CME measurement supports and leads educational strategy and can be considered a strategic discipline.

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

Purpose: To help participants understand how to use interim program measurement to rapidly assess and improve the effectiveness of an individual program, and to validate the overall educational strategy through ongoing gap analyses. To enable CME professionals to adjust their current programs, and to suggest additional data that can support subsequent needs assessment. This approach ensures that CME begins with prospective, anticipated outcomes and remains patient-focused.

Objectives: At the end of this session, participants should be better able to (1) understand the place of an individual program in relation to an overarching plan, (2) create specific learning objectives for a single program that correspond to the needs articulated in the educational and global plans, and (3) use carefully linked measurement indices and analyses to evaluate both the effectiveness and the strategic integrity of the program.

Methods: This breakout session will use an interactive format that stimulates audience participation. Audience response systems (ARS) will be used to elicit audience reactions and demonstrate immediate learning. Case-based examples will allow participants to distinguish global, strategic, and program plans and illustrate their interrelationship. A brief overview of CME measurement indices (immediate, persistent, applied) will be presented, and an example of how specific indices are applied for optimal educational outcomes will be discussed. Ways in which both an individual program and an educational strategy can be measured simultaneously will be illustrated and discussed.

Key Points: CME measurement can be used to evaluate individual programs and educational strategy. Gap analyses and feedback allow program measurement to be employed as a strategic tool by providing the basis for new needs assessment, learning objectives, and content. To the extent that measurement validates educational strategy, findings can be used to influence other global plan stakeholders, such as medical and scientific publishers.

Expected Outcomes: Participants will understand the value of measurement from various perspectives. CME providers and medical education entities will collaborate more effectively to develop programs as part of an overall plan.

Reference: Robertson, MK, Umble, KE, Cervero, RM. Impact studies in continuing education for health professions: update. J Contin Educ Health Prof. 2003;23:146-156.

Potential Participant’s Self-Assessment Question: How can I use CME measurement to improve medical education, validate ongoing educational needs, and identify new ones?

S33, Breakout
11:15 am – 12:15 pm, Saturday
Grand Salon 15 & 18/Street; Theatre/195

Failure to Use Principles of Adult Learning in CME and How to Fix It?
(Adult/Organizational Learning Principles)

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***No Relevant Financial Relationship(s)**

Relevance: Despite extensive and expensive effort and investments into CME, healthcare providers rarely change their practice behaviors. CME sessions which used adult learning principles such as interactive teaching, however, may change professional practice. CME planning incorporates several important guidelines except suggestions for the speaker to apply principles of adult learning into the presentation. At our institution, although the audiences frequently rate highly the presentations, they consistently gave low marks when asked about the presenter's compliances with adult learning principles such as: 1) defined goals/ objectives, 2) simple conceptual approach, 3) use of contrast viewpoints, 4) practice opportunities, and 5) slow paced learning style. Only 20 % of presenters applied four or more listed principles of adult learning. Training of the presenters on principles of adult learning has substantially enhanced their performance. This breakout session will address the prevalence of unawareness on principles of adult learning in CME presenters at a university teaching institution and strategies to effectively address the problem.

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

Purpose: The presentation will demonstrate a deficiency within the planning procedure to assure of the quality of the presentation as well as the outcomes. In addition, we discuss strategies to overcome the identified problems.

Objectives: At the end of this session, participants will be able to 1) identify their CME presenters' competencies in using principles of adult learning, 2) demonstrate the audiences' preference to new format of CME presentations, 3) interventional strategies to effectively address the problems.

Methods: Presenters will share the method of observing, collecting and interpreting data on compliance with principles of adult learning, as well as strategies to implement corrective measures. Presenters will facilitate interaction with pre-prepared cases for small group discussion.

Key Points: Effective use of principles of adult learning is critically important in CME. The CME office should routinely include an evaluation of the presenter skill on principles of adult learning, and be pro-active if problem is identified.

Expected Outcomes: Participants will discuss about "key elements" of adult learning, share their perceptions on the "missing elements" at their institutions, and design a workable strategy to fix the problem.

Reference: Davis D, O'Brien MAT, Freemantle N, et al. Impact of formal continuing medical education: do conferences, workshops, rounds, and other traditional CME activities change physician behavior or health care outcomes? JAMA 1999;282:867-874

Potential Participant's Self-Assessment Question: How many CME presenters in my institution routinely and effectively employ principles of adult learning in their presentations?

S34, Breakout
11:15 am – 12:15 pm, Saturday
Grand Salon 9 & 12/Street; Theatre/195

New AMA PRA Guidelines for Performance Improvement Activities
(Performance Measurement)

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***No Relevant Financial Relationship(s)**

Relevance: The AMA continuously reviews the AMA PRA Category 1 credit system. As the AMA Council on Medical Education considers and approves changes to the Category 1 credit system, these in turn become binding for accredited providers who choose to designate these activities for this credit. The changing physician practice environment now features many tools, such as hospital based quality assurance initiatives, that make it possible for providers and physicians to design and implement sustained performance improvement activities. The AMA has approved changes to the AMA PRA credit system that accommodate learning through performance improvement activities. As a result, providers can now design structured, data driven processes by which physicians can systematically assess and improve their practices.

Target Audience: This breakout session will be of interest to all accredited CME providers of all experience levels.

Purpose: In 2001, the AMA Division of Continuing Physician Professional Development initiated a pilot project designed to assess real world data on how the AMA PRA could fit structured performance improvement activities for Category 1 credit. The Performance improvement pilot project evaluated how physicians could use individual and aggregate performance data to learn and ultimately improve their clinical outcomes. The Council on Medical Education approved AMA PRA rules for performance improvement (PI) activities in September 2004. The new guidelines will be integrated with the next version of the *AMA Physician's Recognition Award: Requirements for Accredited Providers* booklet. This session will focus on developing examples of how providers and physicians can work together to develop effective PI interventions for chronic disease management, systems based education and community based interventions.

The American Academy of Family Physicians (AAFP) participated throughout with the AMA's pilot project and conducted parallel work of their own. As a result, both organizations developed equivalent recommendations for performance improvement activities, greatly simplifying the CME landscape as providers look to incorporate the requirements for this newly recognized form of physician learning.

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 this pilot project and the new rules, and how performance improvement can be effectively implemented as a recognized form of CME.

Methods: The presentation will consist of a didactic portion, with time provided for audience interaction, and questions and answers.

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

Expected Outcomes: The future of CME lies in adapting the system to the changing environment in which physicians practice. By understanding the performance improvement (PI) pilot project, providers will better grasp the AMA PRA rules for PI activities and be better equipped to successfully apply them in the development of their own performance improvement activities.

Reference: The American Medical Association Physician's Recognition Award: Requirements for Accredited Providers, Version 3.2. AMA PRA rules for Performance improvement activities.

Potential Participant's Self-Assessment Question: Are you a CME professional interested in learning how to develop performance improvement activities for your shop?

S35, Breakout
11:15 am – 12:15 pm, Saturday
Grand Salon 3 & 6/Street; Theatre/195

Incorporating Outcomes Evaluation into Business Systems and Strategy
(Performance Measurement)

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***No Relevant Financial Relationship(s)**

Relevance: Given increasing demand for more informative performance measurement, educational providers are beginning to incorporate more sophisticated educational outcome assessments into their programming. Educational outcome assessments for individual programs provide valuable information for program sponsors; however, the value of such data to the educational provider is more limited. Accordingly, a systematic approach to evaluation is needed in order to provide data from which educational providers can efficiently and effectively plan all future programming. Such data creates tremendous strategic value for the educational provider. For example, it can be used to establish benchmarks, track practice patterns overtime, create predictive models, and develop business strategies to achieve growth in specific areas. In order for educational providers to begin incorporating outcomes measures into their overall business strategy, they need to understand what meaning they can extract from outcomes studies and then how they can best create/incorporate an efficient evaluation model to achieve their strategic goals.

Target Audience: This presentation will be of interest to all CME professionals interested in evaluations and business development.

Purpose: To demonstrate how educational outcome data can be used in the development and formulation of business strategy.

Objectives: At the conclusion of this presentation, participants will be able to: 1) Understand how to extract meaning from their outcomes studies and 2) Understand how to incorporate outcomes information into the overall systems operations and business strategy.

Methods: The presenters will guide participants through an interactive presentation/discussion that will inform them of how to extract meaning from their outcomes studies and how to incorporate outcomes information into their business development plans. The presentation/discussion will be facilitated from the perspective of a medical educational provider and educational professionals who have conducted outcomes studies and who are incorporating them into their business models and systems of operations.

Key Points: The meaning of outcomes data will be addressed, in terms of what it means and how it can be used for educational planning. Secondly, how outcomes measurement is used for business planning and strategic growth will also be addressed. A variety of business models will be presented to show how to incorporate an educational outcomes measurement system and how the system can generate additional value for educational providers.

Expected Outcomes: CME professionals will gain a better understanding of how educational outcomes measurement can assist in developing business strategy and improving operating systems.

Reference: Gilman SC, Cullen RJ, Leist JC, Craft CA. Domains-based outcomes assessment of continuing medical education: the VA's model. Acad Med. 2002 Aug;77(8):810-7.

Potential Participant's Self-Assessment Question: How can outcomes studies create business value for our organization?

S36, Breakout
11:15 am – 12:15 pm, Saturday
Rosedown/Third; Theatre/140

Using Games and Simulations in CME
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: Games and simulations encompass a wide range of activities that can support play, entertainment and learning. Today's versions are based on earlier tools that have been widely used since the 1960s for education, training and performance assessment in military, aeronautical, business, health education, public health promotion and other disciplines. These environments would seem to offer unparalleled opportunities to support and extend what we know about learning effectiveness. Constructivist learning theorists argue that learners need context within which to explore, discover, communicate, practice, and create their own understandings of complex phenomena. Motivation to learn and to participate actively in learning communities is influenced by both the relevance and utility of the learning, and by learner enjoyment. Skill development is advanced by "learning by doing" including practice and feedback, with "failure" in a "safe" environment (with learning supports) being important for learning. Social cognitive theorists suggest that positive role models and opportunities for successful experiences help to develop self-efficacy and positive attitudes concurrently with knowledge and skills; reflection in practice and reflection-on-practice are seen as essential to the development of metacognitive skills and to the continual development of expertise. Networked, collaborative simulation and gaming environments can provide these capabilities, offering needed interactivity, immersion, motivation, and a high degree of learner control as well as repeated practice, feedback and the opportunity for reflection where authentic experiential learning is infeasible for reasons of cost, access or safety. A number of studies have demonstrated the effectiveness of games and simulations for cognitive, affective and psychomotor learning.

Target Audience: CME providers at all levels

Purpose: This session will address the use of highly motivational and engaging instructional methods that can enhance learning in CME, namely games and simulations.

Objectives: By the completion of this session, participants should be able to: (1) discuss the rationale for using games and simulations for CME; (2) describe a variety of models of games and simulations; (3) discuss ways in which games and simulations could be used in their CME offerings; (4) locate gaming and simulation resources for use in CME.

Methods: The presenters will begin this session by facilitating session attendees' participation (in teams) in one game and one simulation, both displayed through an LCD projector on a large screen. This session's presenters then will present an overview of games and simulations for learning, with relevant examples. The rationale for using games and simulations in higher education also will be discussed. Participants will work in small groups to discuss games and or simulations that could be used to enhance learning in their courses. Finally, numerous resources that are available for use will be described.

Key Points: Games and simulations can motivate learning, offer immediate feedback, consolidate knowledge, support skills development and application, aid learning transfer, and influence changes in behaviour and attitudes. There are many different types of games and simulations, as well as various ways to integrate them into CME activities. Numerous games and simulations are readily available to CME providers.

Expected Outcomes: CME providers will realize the power of games and simulations for learning, and will begin to introduce these into their CME practice.

Reference: Prensky M. Digital Game-Based Learning. New York:McGraw-Hill, 2001.

Potential Participant's Self-Assessment Question: How can I use games and simulations in my CME offerings?

S37, Breakout
11:15 am – 12:15 pm, Saturday
Magnolia/Third; Theatre/140

Using Interactive Technology to Plan Continuing Medical Education Activities
(Administrative/Management)

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***No Relevant Financial Relationship(s)**

Relevance: When working with a large CME activity planning committee, representing both national and international perspectives, it becomes a challenge to provide a planning environment that offers members both the tools, and the time, to thoughtfully and collaboratively plan effective CME activities. When the focus is a larger annual meeting, it can also be a challenge to maintain sufficient documentation on the planning process if that process is documented on paper. Using database-driven, interactive websites allows planning committee members the freedom and information they need to plan effective CME activities, while affording CME office staff the time-savings of having an easily documented planning process for filing purposes.

Target Audience: This breakout session will be of interest to CME professionals and health providers at all levels in all provider groups with a focus on medical specialty societies.

Purpose: The presentation will describe the database-driven, interactive websites that have been created to manage the development of both didactic and abstract-based sessions for a large annual meeting.

Objectives: At the end of the session, participants will be able to: 1) describe the database and website elements that can be used in the planning of CME activities, 2) discuss the challenges and opportunities in providing similar tools in their own CME program setting.

Methods: Presenters will describe the planning processes for both the Education (didactic) and Scientific (abstract-based) Programs of the ASCO Annual Meeting, and the database and website tools that have been developed to facilitate those processes.

Key Points: Using database and website technology can make the CME activity planning process both more efficient and more effective, improving collaboration and program knowledge among planning committee members and providing a useful communication and documentation tool for program staff.

Expected Outcomes: Participants will review the use of database and website technology in a CME activity planning process and how that use can foster ongoing collaborative program development among planning committee members. They will consider how such technology might be used to improve the administration of their own planning processes.

Reference: Cervero, R, Wilson, A. Responsible Planning for Continuing Education in the Health Professions. Journal for Continuing Education in the Health Professions 1995; 15(4): 181-188.

Potential Participant's Self-Assessment Question: Could your CME activity planning process be made both more efficient and more effective by using database and website technology solutions?

S38, Breakout
11:15 am – 12:15 pm, Saturday
Jasperwood/Third; Theatre/140

Utilization of a Multidisciplinary Expert Panel in CME Development and Implementation
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: A multidisciplinary expert panel was convened to analyze unmet education needs and develop appropriate programming to address these needs. The panel includes many different specialists such as basic scientists, cardiologists, surgeons, neurologists, psychiatrists, and obstetricians/gynecologists. Specialists are organized into groups, which consult and make recommendations for their particular area of expertise to the entire panel. The mission of the expert panel is to develop and disseminate accurate, balanced, and timely scientific information to health care professionals and their patients.

Target Audience: This session will be relevant to all continuing education professionals at all experience levels.

Purpose: This session will present the evaluation process of CME programs developed through the direction of working groups in an expert panel.

Objectives: Participants will be able to: 1) discuss the creation of an expert panel for CME program development, 2) understand the process for developing and utilizing a CME expert panel, and 3) assess the merits and difficulties of this process.

Methods: The presentation will evaluate and analyze different types of CME programs generated by the expert panel. Evaluations from programs, including a CME website, a distinguished professor lecture series, regional symposia, and newsletters, will be compared. A follow-up survey that was distributed to newsletter recipients will also be presented.

Key Points: An expert panel has been used to assess the educational needs of health care professionals for the past 4 years in a particular therapeutic area. The continuity of this panel has created an educational environment that complements and builds on previous educational objectives to promote learning. Repetition is important to adult learning and the connectedness of these programs may create synergies in the learning environment. An analysis of the various programs created by the group will be provided and the evaluations received will be compared.

Expected Outcomes: The CME professional should gain a better understanding of how an expert panel can support CME program development to change physician practice.

Reference: Melnick DE. Physician performance and assessment and their effect on continuing medical education and continuing professional development. J Contin Educ Health Prof. 2004;24:S38-49.

Potential Participant's Self-Assessment Question: Do you need to learn more about innovative methods of determining educational needs and program development?

S39, Breakout
11:15 am – 12:15 pm, Saturday
Oak Alley/Third; Theatre/140

Moving toward Innovation, Sustainability and Effectiveness: Re-conceptualizing the Continuum of Health Professional Training
(Systems Thinking)

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No Relevant Financial Relationship(s)

Relevance: Re-conceptualizing the continuum of health professional education can lead to new roles and purposes for continuing health education (CHE) and create funding opportunities to support program innovation, sustainability and improve health outcomes for the population.

Target Audience: This session will be of interest to CHE leadership, CHE professionals, health policy analysts and other stakeholders engaged or interested in the continuum of health professional education, health services research and population health.

Purpose: There are macro and micro challenges facing CHE. System theories and models provide opportunities to think out of the box as well as to strategically plan remedial action.

Objectives: To introduce principles and concepts underpinning system theories and models, and explore their potential application to revitalize CHE. Given the nature of the constraints facing CHE a system-based approach to reconceptualize CHE is proposed.

Methods: Using the PRECEDE-PROCEED Model as a strategic system-based intervention planning tool, major constraints facing the continuum of health professional education are identified and considered. Participants will be invited to identify additional factors contributing to CHE's failure to address macro-challenges and explicate working assumptions and relationships among factors considered.

Key Points: Incremental changes within the profession may have little impact on addressing major challenges facing CHE. Given the nature of these constraints well-intentioned evidence-based approaches to improve knowledge utilization and changes to CHE standards are insufficient to (i) revitalize the profession, (ii) positively impact population-based health outcomes, or, (iii) secure necessary funds for program innovation and sustainability.

Conclusions: Broad-based stakeholder engagement is needed to redefine roles and purposes of CHE and better integrate the health needs of the population. Failure to address macro-challenges impede CHE's goal to promote lifelong learning, improve patient health outcomes and secure needed funding for program innovation and sustainability. Key stakeholders outside of the profession need to participate as equal partners in creating a more coherent vision and operational plan for CHE.

Expected Outcomes: At the conclusion, participants will be able to: (1) identify principles and concepts underpinning the PRECEDE-PROCEED Model, (2) list predisposing, enabling and reinforcing factors that may inhibit or promote CHE revitalization, (3) begin to formulate a conceptual map to explicate factors and relationships that might contribute to or hinder desired outcomes, and (4) consider other roles and purposes for CHE.

Reference: White, M.I. Towards an evidence-informed, theory-driven model for continuing medical education. Doctoral Thesis, University of British Columbia 2003.

Potential Participant's Self-Assessment Question: What key factors contribute to CHE's failure to secure adequate funding for program innovation and sustainability?

S40, Breakout
11:15 am – 12:15 pm, Saturday
Elmwood/Third; Theatre/140

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

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No Relevant Financial Relationship(s)

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 IACET Authorized 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?

S41, Breakout
11:15 am – 12:15 pm, Saturday
Belle Chasse/Third; Theatre/140

Working with Physician Faculty: How Not to Make Waves
(Partnering)

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***No Relevant Financial Relationship(s)**

Relevance: Physician faculty can potentially make or break the success of a CME activity. They are the experts to whom we turn for high quality content development and target audience representation. However these extremely necessary, tremendously busy professionals often pose the most obstacles to CME compliance, documentation, content control, and fair balance.

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 practical tips on how to effectively communicate and collaborate with faculty during CME activity planning and implementation.

Objectives: At the conclusion of this breakout you will be able to 1) establish mechanisms for clearly informing faculty of CME guidelines and expectations of their role(s) in the activity development and implementation, 2) take steps to diplomatically surmount obstacles to compliance and documentation, and 3) develop devices to support adherence to guidelines and policies that are embraced by physician faculty.

Methods: Slide presentation followed by Q & A.

Key Points: CME providers need to establish clear communications with faculty and develop mechanisms to inform faculty of expectations.

Expected Outcomes: CME professionals will take the information back to their CME Programs and implement an effective communication/compliance plan to facilitate working with CME activity faculty.

S42, Intensive
1:30 – 5:00 pm, Saturday
Oak Alley/Third; Theatre/140

Activity Optimization Using Educational Outcomes Measurement
(Educational Interventions; Physician's Track)

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***No Relevant Financial Relationship(s)**

Audience response technology to be provided by Meridia Audience Response

Relevance: The CME community faces enormous external pressure to provide tangible evidence of the success of CME activities; participation and satisfaction surveys are no longer considered sufficient. Internally, there is the desire to earn ACCME Accreditation with Commendation by demonstrating exemplary performance in review and improvement of CME activities. This intensive session will respond to both concerns by demonstrating how activity effectiveness can be evaluated with educational outcomes measurement (EOM), using such parameters as changes in awareness and attitude toward clinical evidence, and differences between perceived and actual improvement in health care professionals' performance. Discussion will focus on use and interpretation of EOM data with regard to participants' learning preferences, new and emerging educational gaps, and ways to improve the performance of CME professionals and activity faculty. Participants will receive assistance in developing EOM implementation strategies and will be provided with measurement tools.

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

Purpose: This presentation is designed to (1) increase participants' awareness of EOM, (2) assist participants in developing implementation strategies, and (3) demonstrate the integration of EOM into the needs assessment, planning processes, and evaluation of CME activities.

Objectives: At the end of this intensive session participants should be able to (1) implement EOM in their own CME activities, (2) evaluate changes in health care professionals' knowledge and in the performance of CME providers and activity faculty, and (3) apply EOM data to future CME activities.

Methods: This intensive session will educate participants through interactive presentation and discussion combining real-life examples. The session will also give participants the opportunity to develop their own research questions and formulate plans for EOM implementation.

Key Points: Application of EOM data to improve the knowledge acquisition of health care professionals and the performance of CME professionals and activity faculty will be defined.

Expected Outcomes: Participants will begin or continue to apply EOM methodologies to their activities and will be empowered to evaluate changes in the performance of health care and CME professionals.

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

Potential Participant's Self-Assessment Question: How can I improve the CME activities I provide?

S43, Breakout
1:30 – 2:30 pm, Saturday
Grand Salon 4, 7, & 10/Street; Theatre/210

Establishing an Internal Compliance Program: Making Sense of OIG, PhRMA, and AdvaMed (Part 1)
(Leadership)

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***No Relevant Financial Relationship(s)**

Relevance: The advent of the PhRMA Code on Interactions with Healthcare Professionals (July 2002), the Office of Inspector General Compliance Program Guidance for Pharmaceutical Manufacturers (April 2003), and the AdvaMed Code of Ethics on Interactions with Health Care Professionals (January 2004) has heralded change for CME providers. “Business as usual” is no longer acceptable. To stay current, CME providers have to expand beyond the 2004 ACCME Standards for Commercial Support and the 1997 FDA Guidance to Industry to ensure not only compliant certified activities, but that their CME practices do not jeopardize their faculty or grantors.

This breakout session (part 1 of 2) will explain how you should interpret these codes and guidance tools and adapt your thinking to apply them to your day-to-day CME processes.

Target Audience: This breakout is intended for CME professionals who want more information about codes and guidance tools, as well as what their impact and implications may be to their CME offices.

Purpose: To provide a comprehensive summary of the codes and guidance tools that affect practicing health-care professionals; pharmaceutical, diagnostic, and device companies; CME programs.

Objectives: At the conclusion of this breakout, participants should be able to (1) explain how relevant sections of OIG, PhRMA, and AdvaMed will have on current processes; (2) compare and contrast the codes and guidance tools and provide a summary of their similarities; and (3) apply the AdvaMed Code appropriately when working on an activity funded by a device or manufacturing company.

Methods: A formal presentation will be followed with a question-and-answer session. Discussion throughout the session will be encouraged.

Key Points: Ensuring that a certified continuing education activity is truly in the safe harbor extends beyond the ACCME Essential Areas and Policies and the 1997 FDA Guidance to Industry, and considerations must be made to adapt your CME program. 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.

Expected Outcomes: After attending this session, participants will be familiar enough with the PhRMA and AdvaMed Codes and the OIG Guidance tool to be able to discuss, interpret, and implement changes within their CME practices to ensure compliant activities beyond the 2004 ACCME SCS and the 1997 FDA Guidance to Industry.

References: PhRMA Code 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 PhRMA Code, and the AdvaMed Code to discuss or provide counsel in their regard?

S44, Breakout
1:30 – 2:30 pm, Saturday
Grand Salon 13 & 16/Street; Theatre/170

Organizational Learning: Knowledge Management and Beyond
(Adult/Organizational Learning Principles)

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***No Relevant Financial Relationship(s)**

Relevance: Organizations that provide continuing medical education (CME) can be complex systems. CME is often not the only organizational function. The CME office, however, can play a key role in helping the entire organization identify and solve relevant problems. CME professionals have methods and resources to help their organizations learn and ultimately improve their performances.

Target Audience: This breakout is designed for CME professionals at all experience levels.

Purpose: This session will provide theories and models of organizational learning and offer learners the opportunity to discuss how various organizational learning techniques could be applied to their organizational settings.

Objectives: At the end of this session, participants should be able to: (1) identify models of organizational learning that could help their organizations improve their performances and (2) develop initial plans for implementing an organizational learning strategy in their organization.

Methods: Presenters will offer theories, models, and resources for organizational learning and identify how they relate to organizations that offer CME. The facilitators will utilize participants' own experiences in group discussions to work through how an organizational learning project could be implemented.

Key Points: Institutional change is evidence that organizations can learn. Models such as knowledge management and constructs like "learning from errors" are just some of the strategies that organizations can draw upon to help them improve their performance. It is very useful for CME professionals to have knowledge about various organizational learning theories and applications so that they can introduce and apply techniques most appropriate for their own work settings.

Expected Outcomes: The expected outcome is for participants to help their institutions improve their performances by implementing organizational learning techniques.

Reference: Choo, C.W. (1998). *The Knowing Organization: How Organizations Use Information to Construct Meaning, Create Knowledge, and Make Decisions*. Oxford University Press. New York, NY.

Potential Participant's Self-Assessment Question: Do you have a need to enhance your knowledge of how organizations can learn and how you can contribute to your own organization's performance improvement?

S45, Breakout
1:30 – 2:30 pm, Saturday
Grand Salon 19 & 22/Street; Theatre/170

Got Coordinator Nightmares? Ready, Get Set, Wake Up!
Diagnosis and Treatment Strategies from 75 Years of Coordination Experience
(Administrative/Management)

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***No Relevant Financial Relationship(s)**

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 AMA PRA 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.

S46, Breakout
1:30 – 2:30 pm, Saturday
Grand Salon 21 & 24/Street; Theatre/195

Conflict of Interest (COI) Data: Making Objective Judgments from Subjective Data
(Administrative/Management)

Jeffrey Melin, MEd*

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***No Relevant Financial Relationship(s)**

Relevance: Conflict of Interest is now a reality in determining fair balance in a CME activity. With minimal ACCME guidance, how do you develop and administer an objective analysis of speaker, planner, manager COI? The CME provider must set up elimination of COI through the establishment of thresholds which sometimes leads to unflattering categorizations. How can you achieve resolution of COI in an objective manner?

Target Audience: This breakout will be of interest to all CME professionals at the intermediate/advanced level.

Purpose: This presentation will focus on the development and implementation of an on-line speaker registration. The registration will include a COI measurement and disclosure instrument which will collect data to establish a COI level, feedback disclosure instructions based upon the computed COI level and signal the activity planner and manager of the level with any need for intervention to resolve the COI.

Objectives: At the end of this session the participants will be able to 1) Identify objective thresholds for COI 2) Understand the difficult position that planners and managers are put into in rating and resolving COI 3) Understand the advantages of building an online tool to assess COI level and dispense guidance objectively.

Methods: Presenters will gauge what constitutes a potential conflict with the participants, plan a COI assessment grid and then demonstrate an objective online version developed by the American Epilepsy Society.

Key Points: In order to operate in the public interest and provide unbiased, balanced and credible programming the provider has to further investigate COI, disclose fairly to the participants and make faculty adjustments if warranted.

Expected Outcomes: Participants will come away with a clear understanding of how to set up an objective approach to disclosure and resolution of COI.

Reference: Implementing the New standards, Part Two: Managing Conflict of Interest, Steven Passin, Steve Passin & Associates, Continuing Medical Education, December, 2004

Potential Participant's Self-Assessment Question: Do you think that the new level of scrutiny of disclosure in order to maintain fair and unbiased programming will put an embarrassing burden on the administrator, planner and/or manager?

S47, Breakout
1:30 – 2:30 pm, Saturday
Grand Salon 15 & 18/Street; Theatre/195

CME, the Office *and* Management: Oh My!
(Administrative/Management)

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No Relevant Financial Relationship(s)

Relevance: Operating an efficient, effective CME office is critical to the success of any CME enterprise. CME professionals have a variety of skill sets, but no one person has them all. The CME manager must have the vision, identify the needs of the practice and recognize the talents of staff to achieve their goals. Knowledge of the aspects of project management, the elements of office practice, the guiding principles of the regulatory environment and the resulting synergies are essential to succeed in any practice setting.

Target Audience: This breakout session will be of interest to CME professionals with 1 month-2 years experience as the manager of a CME office regardless of practice setting.

Purpose: This presentation will focus on the elements requiring the attention of a CME professional in the first 24 months in the role of manager.

Objectives: At the conclusion of the breakout session, participants will be able to:

1. Identify the management elements of the CME enterprise
2. Analyze the positions and roles of each staff member for relevancy in the practice setting
3. Assess the barriers to success in one or more of the management elements in the practice setting
4. Develop a strategic plan to improve an aspect of the CME enterprise within the next 6 months

Methods: Information will be presented with opportunities for the participants to engage in dialogue through case studies and shared experiences.

Key Points: The more recently appointed CME manager may not have developed the “big-picture” skills required to provide true vision and leadership to guide a truly successful CME enterprise.

Expected Outcomes: The CME professional, as a recently appointed manager, will identify an overall strategy to improve or enhance the CME enterprise

Reference: Manning, M, Haddock, P. Office Management: A Productivity and Effectiveness Guide. USA. Crisp Publications, Inc., 2001.

Potential Participant’s Self-Assessment Question: As a recently appointed manager do I have a thorough command of every aspect of my CME operation?

**S48, Forum
1:30 – 2:30 pm, Saturday
Grand Salon 9 & 12/Street; Theatre/195**

**Reality CME: SWOT (Strengths, Weaknesses, Opportunities and Threats) Analyses of the Practice of CME
(Systems Thinking)**

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No Relevant Financial Relationship(s)

Relevance: As CME professionals, one of our desired outcomes is ultimately to improve patient care through developing and implementing fair balanced, timely, and evidence based educational activities to physicians. Standards and guidelines that provide a starting point to achieve that goal have been developed, but they are often described and implemented in such a way that does not consider the system(s) in which CME and the practice of medicine exists. To better serve our physicians, and ultimately, the patient, CME professionals need to recognize what CME ultimately can and can not achieve on its own in the current environment.

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 CME professionals with an opportunity to discuss their thoughts on the strengths, weaknesses, opportunities, and threats of and to the practice of CME in the context of the system(s) in which CME activities takes place.

Objectives: Through participation in this session, participants will be able to describe strengths, weaknesses, opportunities and threats to various aspects of the practice of CME, including commercial support, conflict of interest, and the business of CME in the current landscape.

Methods: The presenter will utilize a combination of presentation and audience involved debate to prepare three SWOT analyses for different aspects of CME.

Key Points: There is no better method for evaluating the state of CME than an interactive survey of those involved in its provision. This session will allow CME professionals from all areas of CME to critically appraise the current state of CME. Individual opinions are important, but group assessment is relevant.

Expected Outcomes: Three SWOT analyses based on interaction among CME professionals.

Reference: Harrison RV. Systems-based framework for CME and improvements in translating new knowledge into physicians' practices. J Contin Educ Health Prof 2004; 24 (Suppl 1): S50-62.

Potential Participant's Self-Assessment Question: Is there a need to critically appraise the current state of CME?

S49, Breakout
1:30 – 2:30 pm, Saturday
Grand Salon 3 & 6/Street; Theatre/195

How to Navigate a Sea of Paperwork: Managing Documentation Compliance
(Administrative/Management; Basics Track)

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No Relevant Financial Relationship(s)

Relevance: “The more things change, the more they stay the same.” The role of Medical Education and the CME Office may be evolving in this “third wave of CME,” but on a day to day basis, the “wave” is also a sea of paperwork. The need for documentation remains constant and the documentation itself is increasing. Over time how can one ensure paperwork gathered is complete? Is there a system that ensures critical documents are gathered?

Target Audience: Coordinators in CME Programs; Continuing Medical Education Committee members

Purpose: This session will showcase the process behind an internal system initially developed to track Regularly Scheduled Conferences, but expanded to include all activity files. Examples of the various uses of a system that ensures a “closing of the loop” as well as providing regular (quarterly/annual) data results will be provided. Sample handouts will also be provided for referenced filing systems.

Objectives: Participants will be able to examine their internal processes and develop ideas for a mechanism that will meet their needs.

Methods: The presenter will describe the process and provide examples.

Key Points: The ACCME has identified specific elements for which documentation must be maintained. As a result of our self-study and reaccreditation, the Office of CME at Columbus Children's Hospital identified areas for improvement in the ongoing tracking and reporting of these elements, resulting in an improvement to an aspect of the overall CME program evaluation process.

Expected Outcomes: CME providers will review a data collection system that identifies unresolved documentation and identifies opportunities for process improvement.

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: Is your CME Office using a systematic approach to ensure compliance for your institution's activities? If not, can you be sure you will have all required documents come your next reaccreditation?

S50, Breakout
1:30 – 2:30 pm, Saturday
Fountain/Third; Theatre/95

Leadership Renewal: Mentorship as the Gold Standard

(Leadership; Advanced Track)

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***No Relevant Financial Relationship(s)**

Relevance: Mentorship has received little formal attention from institutional and educational leaders. The repositioning of new skills and roles to meet contemporary needs for leadership, including educational leadership, is imperative. Part of the responsibility of professional leadership is the obligation to foster leadership for the next generation. Many of us have been lucky enough to have had good mentors, but perhaps we haven't consciously thought about different facets of mentoring in order to be consciously aware of what we are now called on to do. This workshop will focus on five distinct aspects of mentoring and provide useful information for doing the best job of mentoring that we can.

Target Audience: This breakout session will be of special interest to those who have been in the CME profession for a number of years and who consciously choose to assist those new to CME to grow in their professional field.

Purpose: This breakout session will provide an objective look at where and how mentorship fits within leadership competencies, what mentoring is, different levels of mentorship, and the functions that mentors play. It will also serve as time for reflection for those of us who have been mentored to become more aware of the gifts provided to us.

Objectives: At the conclusion of this session, participants should be able to 1) discuss mentorship as an important component of leadership, 2) identify five different functions of mentorship, and 3) evaluate how they have been mentored in the past and how they want to mentor others in the future

Methods: This session will provide an objective look at mentoring based on the work of Laurent Daloz with specific application to CME professionals. Illustrations of mentors and mentoring will be taken from literature from the original Mentor in *The Odyssey* to mentors in popular films such as Yoda in the *Star Wars* trilogy. Participant discussion will conclude the session as time permits.

Key Points: Erik Erikson and other developmental psychologists have talked about the need for generativity in the lives of mature adults. Mentorship qualities are embodied in leadership traits articulated by distinguished thinkers on leadership such as Bennis, Senge, Peters, and Covey. This workshop will focus on discussing mentorship by providing practical information for CME professionals.

Expected Outcomes: Those of us who are at the stage to serve as mentors will come away from this session with definite ideas about how to go about the process. Those of us looking for mentors or already working with mentors will become more aware of what is often "an invisible process."

References: Daloz, Laurent A. Effective teaching and mentoring, 1986.

Murray, Margo. Beyond the myths and magic of mentoring, 1991.

Cohen, Norman. Mentoring adult learners, 1995.

Hesketh, EA, Laidlaw, JM. Developing the teaching instinct: Mentoring. Medical Teacher, 2003, 25, 9-12.

Bligh, J. Mentoring: an invisible support network. Medical Education, 1999, 33, 1, 2-3.

Potential Participant's Self-Assessment Question: Where do I start to foster and formalize a mentorship program in my CME/CPD organization?

S51, Breakout
1:30 – 2:30 pm, Saturday
Rosedown/Third; Theatre/140

Accreditation Council for Pharmacy Education (ACPE) Accreditation of Continuing Pharmacy Education
(Partnering)

Dimitra Travlos, PharmD

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No Relevant Financial Relationship(s)

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, and discuss ACPE's progress of its strategic plan.

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 share information with attendees and will provide a forum for addressing questions.

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 53 state boards of pharmacy including the U.S. territories.

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: Accreditation Council for Pharmacy Education (ACPE), Chicago, IL, <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?

S52, Breakout
1:30 – 2:30 pm, Saturday
Magnolia/Third; Theatre/140

Performance Change in the Ever-Changing Healthcare Environment
(Systems Thinking)

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***No Relevant Financial Relationship(s)**

Relevance: The rapid and continuous changes throughout the healthcare system require accelerated adaptation by healthcare practitioners. Assimilation of breakthrough knowledge, change in attitude and behavior, and development of new skills are critical to their evolution and survival in the ever-changing medical environment. Although it has been demonstrated that physicians use multiple types of learning resources selected according to the stage of change (Slotnick, 2001), physicians will often continue to resist actual clinical practice change. Moving to a systems approach demands understanding the dynamics of change at organizational and individual levels. CME professionals benefit from understanding how system change at one level can impact another. Models of change provide a structural framework for the development of CME interventions in order to identify development barriers, readiness to change/change resistance issues, potential solutions, and development enhancers.

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

Purpose: This breakout session will focus on the various models of change and their applicability in the development of CME interventions. Participants will examine multiple development barriers, potential solutions, and development enhancers.

Objectives: At the end of the session, participants will be able to 1) visualize change processes and challenges, 2) incorporate mechanisms to support change, and 3) identify interventions to challenge resistance to change.

Methods: First, models of change and barriers to development will be reviewed with all participants. Then, the audience will be divided into small groups to discuss their own experience, identify problems, and determine what is most applicable to their environment. Small groups will reconvene to share their observations and present their potential solutions to the large group.

Key Points: Practitioners' environment is ever-changing and development of new skills are critical to their evolution and survival. Change models proved to be a useful framework in the development of CME interventions allowing to assess development barriers, develop potential solutions that are innovative and effective, and identify development enhancers.

Expected Outcomes: Participants will discuss the implication of change management and development of innovative CME strategies to counter resistance and optimize performance change.

Reference: Kotter, J.P. Leading Change. Boston, MA. Harvard Business School Press, 1996.

Potential Participant's Self-Assessment Question: Do I believe that change models could be a useful framework for the development of innovative and effective CME interventions?

S53, Breakout
1:30 – 2:30 pm, Saturday
Jasperwood/Third; Theatre/140

Facilitating Change in Physician Performance
(Adult/Organizational Learning Principles)

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No Relevant Financial Relationship(s)

Relevance: Many CME interventions focus on the dissemination of information in the hopes that once physicians receive the relevant information, they will implement appropriate changes to their practice of medicine. However, implementing a change in behavior is a complex psychosocial phenomenon involving various processes, some of which are internal to the individual, while others are external and related to the environment in which the physician practices. When designing a CME intervention to effect change in practice behaviors, planners must address both these internal and external processes of change to achieve the desired outcome.

Target Audience: This breakout is designed for CME planners at intermediate levels.

Purpose: This breakout session will review a number of models of change, change strategies, and examine how changing practice behavior can be addressed in the design of an educational activity.

Objectives: At the conclusion of this session, the participant will be able to do the following: 1) summarize several relevant theories related to the ways in which individuals implement change, 2) identify and address barriers to change, 3) and identify strategies for facilitating change as part of CME activity design.

Methods: The session will use several short presentations followed by group discussion.

Key Points: The ways in which individuals decide to make and implement changes are complex, and involve individual psychological processes and factors related to the structure of the individual's social environment. Psychologists, social scientists, and educators have developed theories designed to explain and explore issues related to change, and have designed interventions to address these issues. When change in practice behavior is a desired outcome of a CME intervention, CME planners should be aware of this body of theory, research, and related practice so that they can address issues related to implementing change in the design of the activity.

Expected Outcomes: Participants will be familiar with several theories that address the ways in which individuals make change, and strategies designed to address barriers to change and/or to facilitate change.

References: Gardner, H. Changing minds: the art and science of changing our own and other people's minds. Boston. Harvard Business School Press, 2004.

Wakefield, JG. Commitment to change: exploring its role in changing physician behavior through continuing education. J Contin Educ Health Prof 2004; 24(4):197–204.

Prochaska JO, Norcross JC, DiClemente CC. Changing for good. New York: Perennial Currents, 1995.

S54, Breakout
1:30 – 2:30 pm, Saturday
Elmwood/Third; Theatre/140

Burnout in Academic CME: Results of a Survey
(Leadership; Advanced Track)

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***No Relevant Financial Relationship(s)**

Relevance: The environment in which individuals in leadership positions in academic CME work continues to change dramatically. Burnout, a situation in which high environmental demand meets low personal control, has been studied among physicians, but not among leaders in academic CME. Many of the same circumstances that lead to burnout in medical practice may also lead to burnout in academic CME. These circumstances include little control over a work environment that includes increasing regulatory requirements, e.g., ACCME requirements and standards for commercial support; increasing competition; in. Changes in accreditation requirements and the Standards for Commercial Support,

Target Audience: Advanced experience level for all provider groups

Purpose: The purpose of this presentation is to assess the degree of stress experienced by leadership in a rapidly changing CME environment and to determine the extent of impact this has on their ability to function effectively in those positions.

Objectives: 1) List the key stress factors that influence a CME leader's ability to function effectively. 2) Discuss the impact of accumulated stress on leadership effectiveness. 3) Identify methods for recognizing signs of burnout in CME leadership positions.

Methods: Develop an evaluation instrument for identifying key stress factors and the degree to which they effect CME leadership effectiveness and contribute to potential burnout.

Key Points: The rapidly changing CME environment has created a significant amount of stress for CME leaders in their ability to function effectively. As stress increases cumulatively, effectiveness is diminished. Burnout, which can seriously impair an individual's ability to function, is the result of accumulated stress over time. Signs of burnout can be identified and constructive responses developed to limits its' effect.

Expected Outcomes: CME leaders will better understand the specific factors associated with stress in their profession and the impact it can have on their effectiveness as CME leaders.

Reference: Physician Addiction and Burnout; Marc DesLauriers, PhD, Carle Selected Papers, Vol 46, Spring/Summer 2003

Potential Participant's Self-Assessment Question: Would I be able to recognize the early signs of burnout in my personal professional life?

S55, Breakout
1:30 – 2:30 pm, Saturday
Belle Chasse/Third; Theatre/140

Addressing Health Care Disparities and Cultural Competence in CME/CPD Programs
(Systems Thinking; Physician's Track)

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***No Relevant Financial Relationship(s)**

Relevance: A National Commission to End Health Care Disparities (<http://www.ama-assn.org/go/healthdisparities>) has been formed to address issues raised in the Institute of Medicine's Unequal Treatment report. CME/CPD training programs will be promoted to increase physicians' cultural competency in caring for diverse populations.

Target Audience: This session will be of interest to all levels of CME/CPD professionals interested in developing training programs for physicians about their role in helping to eliminate health care disparities and providing more culturally responsive and effective care.

Purpose: This session will provide an overview of the health care disparities literature and define the concept of and rationale for culturally competent service delivery. CME/CPD providers will become more knowledgeable about systems, organizational, and clinical cultural competencies that need to be addressed in training programs.

Objectives: By the end of this session, participants will be able to 1) describe a systems model for health care disparities/cultural competency education and training that can help guide curriculum development; 2) discuss content and strategies related to increasing cultural awareness, skills, and knowledge that need to be included in training programs; and 3) identify existing exemplary curricula, multimedia, and e-learning courses.

Methods: The presenters will make use of a variety of teaching strategies including mini-didactic lectures; videos about cross-cultural issues in health care; clinical case studies; and experiential small group exercises. Audience participation will be actively encouraged throughout the session.

Key Points: CME/CPD professionals have an important role to play in developing training programs for physicians about eliminating health care disparities and providing more culturally responsive and effective services.

Expected Outcomes: Participants will 1) increase their knowledge about educational initiatives relating to eliminating health care disparities and providing culturally competent care, and 2) improve their ability to integrate these subjects into current and planned CME/CPD programs.

Reference: Smedley BD, Stith AY, Nelson AR. Institute of Medicine. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, Washington, DC: National Academy Press, 2003.

Potential Participant's Self-Assessment Question: How can I address subjects relating to eliminating health care disparities and providing culturally competent care in CME/CPD programs?

S56, Breakout
2:45 – 3:45 pm, Saturday
Grand Salon 4, 7, & 10/Street; Theatre/210

Establishing an Internal Compliance Program: Practical Application of Codes and Guidance Tools (Part 2)
(Leadership)

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***No Relevant Financial Relationship(s)**

Relevance: In today's ever changing and increasingly conservative CME environment, it is more important than ever to ensure that CME activities are compliant. The lens through which educational activities are planned and developed has expanded beyond the ACCME Essential Areas and Policies and the 1997 FDA Guidance to Industry. Additional codes and guidance tools, such as the PhRMA Code on Interactions with Healthcare Professionals, the Office of the Inspector General Compliance Program Guidance for Pharmaceutical Manufacturers, and AdvaMed Code of Ethics on Interactions with Health Care Professionals, have changed the face of CME and how we practice it.

This breakout session (part 2 of 2) will discuss practical examples and identify different measures that CME professionals can take to establish an internal-compliance program that will lead to compliant CME activities within these codes and guidance tools.

Target Audience: This breakout is intended for CME professionals who want more information about establishing an internal-compliance program.

Purpose: To provide a look at a CME internal-compliance program with considerations and suggestions for policies and procedures, training, surveillance, detection, enforcement authority, and corrective action.

Objectives: At the conclusion of this breakout, participants should be able to (1) discuss how an internal-compliance program will protect grantors, faculty, and CME providers; (2) assess the measures you are currently taking and make further changes to your CME program; (3) describe specific examples of considerations and methods to help mitigate risk for faculty, grantors, and yourself; and (4) assess your CME program to determine if creating an internal CME office compliance program is appropriate for your organization.

Methods: A formal presentation with practical considerations, examples, and case studies will be followed with a question-and-answer session. Discussion throughout the session will be encouraged.

Key Points: As a result of codes and guidance tools that go beyond just the ACCME Essential Areas and Policies and the 1997 FDA Guidance to Industry, CME professionals need to develop and implement internal-compliance programs to help ensure that compliant CME activities that protect your grantors and your activity faculty are being produced. Implementing policies and procedures, enforcement authority, training, surveillance, detection, and corrective action are all measures that can be taken to make certain you are doing everything you can to keep your CME program compliant.

Expected Outcomes: It is expected that the participants will be familiar enough with some strategies and recommendations for establishing an internal-compliance program to be able to implement their own internal policies and procedures to ensure compliance.

References: PhRMA Code 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 strategies and elements presented to implement an internal-compliance program?

S57, Breakout
2:45 – 3:45 pm, Saturday
Grand Salon 13 & 16/Street; Theatre/170

Copyright, Permissions, and Fair Use: A Primer for the CME Professional
(Administrative/Management; Basics Track)

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No Relevant Financial Relationship(s)

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?

S58, Breakout
2:45 – 3:45 pm, Saturday
Grand Salon 19 & 22/Street; Theatre/170

Measuring, Evaluating & Translating Research into Care: Review and Analysis of a Web-Based Approach to Quality Improvement and Maintenance of Certification
(Performance Measurement; Research to Practice Track)

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***No Relevant Financial Relationship(s)**

Relevance: The American Board of Medical Specialties (ABMS), the umbrella organization for all approved medical specialty boards in the U.S. (<http://www.abms.org>), has introduced a four part program known as Maintenance of Certification (MOC). The MOC program mandates the ongoing assessment and improvement of practice performance by physicians, who are certified by these member boards. Part IV of the MOC mandate (MC-FP, Part IV), requires that physicians demonstrate that they can assess the quality of care that they provide to their patients, compare this information to their peers and national benchmarks, and then apply best evidence to improve that care using follow-up assessments leading to better patient healthcare outcomes.

The American Academy of Family Physicians (AAFP) has implemented an easy to use and cost-effective, web-based solution, to provide its members with a convenient means to engage, participate and interact, in this performance improvement (PI) process. As part of the PI experience, participants engage in a practice assessment and a retrospective chart review, they then select and implement interventions via an action plan, which is then followed by a reassessment process. The AAFP awards successful completion with twenty (20) prescribed credits of CME. During this session the design, methods, process, advantages, and disadvantages of this approach will be presented and discussed. A preliminary review of results, based upon data collected, will also be presented and discussed.

Target Audience: All

Purpose: This session will increase participant knowledge regarding the application of scalable web-based technologies in the area of performance improvement, data collection, reporting and outcomes processes and design.

Objectives: At the conclusion of the breakout session, participants will be able to 1) describe the process and methods used to facilitate access for physicians to easily and conveniently participate in performance improvement for MOC, 2) understand how the use of a web-based data system can streamline data collection and documentation of results, 3) discuss the physician response and acceptance of this new technology, 4) discuss how system and educational interventions can be linked to this approach, and 5) discuss the advantages of and limitations of this approach.

Methods: Presenters will describe and discuss the overall system design, process, and review of results.

Key Points or Major Results: In order to rapidly and cost-effectively engage physicians in performance improvement for MOC, technology and systems need to be designed and leveraged. The trial, error and resultant costs for research and development in this area can be prohibitive. By presenting successful models, a best practice approach can be identified and integrated into the healthcare system to streamline utilization and accelerate acceptance.

Expected Outcomes: Participants will have an understanding of the design and utility used to create this performance improvement model and underlying system. Through understanding, participants should be able to reflect upon their own approach and begin to evolve their model by incorporating best-practice features identified in this model.

Reference: The American Board of Medical Specialties, <http://www.abms.org>.

Potential Participant's Self-Assessment Question: How can we incorporate the best practice performance improvement designs identified during this session, into our own systems' thinking?

S59, Breakout
2:45 – 3:45 pm, Saturday
Grand Salon 21 & 24/Street; Theatre/195

CME Project, Data and Outcomes Management in the 21st Century:
Applying a Web-Based System to Track, Measure & Share Outcomes in a Multi-Stakeholder Collaborative
(Administrative/Management)

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***No Relevant Financial Relationship(s)**

Relevance: The Third Wave of CME seeks to pinpoint where physicians learn and how they interact within a complex healthcare system. There is an emphasis on the need for CME professionals to design educational activities that help change physician practice behavior, measure that change, and then quantitatively measure the impact on patient care and population health. In order for CME professionals to be able to adequately design educational programming and interventions that will have an impact at such an advanced level, will require that they be equipped with sophisticated tools to manage CME projects, collect data, and analyze the outcomes in order to develop a continuous quality improvement process. To date, this type of toolkit had been unavailable and the process for tracking and managing data has been costly and time prohibitive.

This session will focus on a multi-level, multi-modality (e.g. print and online) and multi-stakeholder CME program case study, in which a web-based system was utilized to manage all facets and stages of the CME program. The process involved in managing the CME project activity, collection of data across multiple channels, documentation of results and sharing of outcomes through distributed online reporting, will be described and discussed. In addition, the results of the CME activity will be presented and discussed based on this information, from both an educational and administrative perspective.

Target Audience: All

Purpose: This breakout session will provide 1) an overview of the process and systems thinking behind the technology required to support a multi-stakeholder, multi-venue CME project collaborative, 2) an understanding of how technology can be leveraged to simplify the collection of data and reporting of results in a complex CME system, 3) a review of the advantages and limitations that this approach offers to the advancement of CME project and data management, and 4) an interim review and discussion of the results of this CME program case study.

Objectives: At the conclusion of this breakout session, participants should be able to: 1) discuss the relationship between their organization's processes and what it would mean to automate the process through technology and 2) discuss how stakeholders in different locations can collaborate and maintain records without redundancy.

Methods: This interactive presentation will utilize a case-based approach.

Key Points: Systems-based approaches to CME will require the inclusion of stakeholders from many areas, including; CME, technical, clinical, etc. The ability to advance CME towards outcome-based programming, in these complex systems, particularly as the level of complexity increases, will mandate the need for appropriate use of technology.

Expected Outcomes: CME providers will engage in discussion about how to implement outcomes measurement and collection tools into their practice.

Reference: Casebeer L, et al. Standardizing Evaluation of Online CME: Physician Knowledge, Attitudes and Reflection on Practice. The Journal of Continuing Education in the Health Professions, 2004, Volume 24, No. 2.

Potential Participant's Self-Assessment Question: Are my organization's CME projects increasing in complexity (e.g. number of stakeholders) and would my organization benefit through the use of an automated and collaborative system for accreditation and compliance management?

S60, Breakout
2:45 – 3:45 pm, Saturday
Grand Salon 15 & 18/Street; Theatre/195

Disclosure and Conflict of Interest Resolution – One Healthcare System’s Journey
(Systems Thinking)

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***No Relevant Financial Relationship(s)**

Relevance: Each CME provider recognizes the importance of obtaining faculty disclosure and providing that specific information to the learners. With the 2005 ACCME standards for Commercial Support, having a process that recognizes the importance of receiving disclosure information at the very beginning of the planning process is critically important. Addressing any potential conflict of interest through a systems process in a timely manner will be key in successful educational outcomes for physician learners. What this means for the CME professional in the hospital or healthcare system is that a unique opportunity exists to examine and redefine the responsibilities of the CME professional, CME committee, program medical directors and faculty in making meaningful disclosure and resolving conflict of interest.

Target Audience: This breakout session will be of special interest to CME professionals based in hospitals or healthcare systems, at the beginner or intermediate level.

Purpose: The presentation will describe real challenges that a CME professional in a hospital or healthcare system faces in managing disclosure and conflict of interest resolution as well as providing some potential solutions.

Objectives: At the end of this session the learner will be able to: 1) describe a process to obtain disclosure information at the beginning of CME activity planning, and 2) discuss a systems process to manage conflict of interest.

Methods: Through the use of conference planning management case studies, the process implemented by a healthcare system, relying primarily on staff physicians as faculty, will be described. The cases will illustrate the obstacles and challenges system actions taken and the outcomes achieved.

Key Points: The presentation will discuss a healthcare system’s journey in revising processes and systems thinking in managing disclosure information and resolution of potential conflict of interests obtained through disclosure.

Expected Outcomes: At the conclusion of the session, the participants will be able to discuss system processes to manage disclosure and conflict of interest while maintaining positive relationships with faculty and learners.

Reference: Steward, David E. A Proposal to Enhance the Disclosure of Potential Conflict of Interest for Continuing Medical Education Events. *Teaching and Learning in Medicine* 2003; 15(4), 267-269.

Potential Participant’s Self-Assessment Question: Are you able to describe a process to obtain disclosure information in a timely manner and act on any potential conflict of interest?

S61, Breakout
2:45 – 3:45 pm, Saturday
Grand Salon 9 & 12/Street; Theatre/195

Adverse Drug Events: Engaging Physicians in a System Safety Initiative
(Educational Interventions; Physician's Track)

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***No Relevant Financial Relationship(s)**

Relevance: The literature of medical errors relates the majority of those errors to medication administration. Having identified maladministration of certain medications as a common source of added morbidity through quality monitoring, an institutions' leadership might ask—how does one design an educational activity that can have the effect of raising clinician awareness of the potential harm that may ensue from improper use of common medications, and ultimately, change physician prescribing? Using accepted adult learning principles and inexpensive communication media we designed an educational tool used throughout our delivery system that favorably impacted physicians' prescribing practice.

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

Objectives: At the end of this session participants will be able to describe the process of developing and implementing an enduring material designed to impact rates of adverse drug events in a hospital-based delivery system.

Methods: This presentation describes the development of an educational activity including enduring materials designed to raise clinician awareness of potential adverse drug reactions resulting from use of four common medications: nonsteroidal anti-inflammatory drugs, statins, intravenous contrast and dilantin. Through development of case studies for immediate small group review and discussion followed by facilitated expert panel discussion we were able to demonstrate specific intention to alter prescribing practice for one or more of the medications at the time of the activity, and on six month follow-up.

Key Points: Availability and influence of the activity throughout our delivery system was augmented by the production of a CD with audio, visual and print components, including a post-test and evaluation. The budget for the production of the CD was under \$500. Although completion of the activity was made mandatory for prescribing physicians in our hospital, physician satisfaction with the tool was high.

Expected Outcomes: Participants will discuss an affordable and well accepted method of disseminating information on prescribing hazards associated with common medications, one which demonstrated intention to change practice among a majority of physicians participating in the activity.

Reference: To Err is a Human: Building a Safer Health System. Institute of Medicine. National Academy Press, 1999

Potential Participant's Self-Assessment Question: Do you have the need to learn more about developing an educational intervention to impact care at the system level?

S62, Breakout
2:45 – 3:45 pm, Saturday
Grand Salon 3 & 6/Street; Theatre/195

Quest for Educational Outcomes Spark Collaboration between Industry and Medical Education and Communication Company (MECC): First Report of Research Project
(Partnering)

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***No Relevant Financial Relationship(s)**

Relevance: The mandate for collaboration among MECC's and pharma manufacturers was poignant during the ACME 2005 conference. All stakeholders in CME value creativity in education, and identifying process models that yield outcome data. Using a partnering approach, we designed a research project to define a model, address learning questions of merit and propose a financing model for multiple organizations to use when collaborating.

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

Purpose: This presentation will describe the methods utilized to create an effective outcomes model between industry and MECC's.

Objectives: At the conclusion of this program, participants will be able to: 1) describe the elements of a successful outcomes program among partnering organizations 2) analyze opportunities to develop partnership outcomes models and 3) utilize this model to create a collaborative outcomes project with multiple organizations.

Methods: Utilizing interactive tools, the presenters will coach the participants through the creation of a collaborative outcomes process strategy. Presenters will utilize the actual research project as a case-study throughout the program.

Key Points: This initiative is a "real life" example of multi-company collaboration that utilized an educational research question among healthcare providers. The participating companies were equally keen to develop a process and address a pertinent question regarding patient compliance. The education partner had access to a variety of healthcare providers, a key benefit of the partnership.

Expected Outcomes: Participants will be able to implement a process model for partnering between industry and education companies.

Reference: Terry, Bobbye R, Tearing down the barriers. Advance for Providers of Post-Acute Care: May/June, 2004. p 85.
Dietze, Derek, et al. Outcomes Measurement: Getting Started, Moving Forward, Alliance for CME, v.26n.9, Sept. 2004

Potential Participant's Self-Assessment Question: Are you interested in exploring collaborative opportunities for future research or outcomes initiatives?

S63, Breakout
2:45 – 3:45 pm, Saturday
Fountain/Third; Theatre/95

A Role for Retired Health Professionals in Continuing Medical Education
(Administrative/Management)

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No Relevant Financial Relationship(s)

Relevance: CME administrators who need help providing CME and are constrained by budget issues.

Purpose: To describe the experience of a non-paid retired health provider within a CME department and to suggest strategies for recruiting similar professionals.

Objectives: (1) Describe strategies for recruiting qualified or trainable retired health professional to work at providing CME.
(2) Understand the “currency” (other than money) that a retired person needs to receive in order to become committed to a project.
(3) Learn, from a four-year experience, what rewards exist, what barriers exist, and what strategies are most effective.

Methods: The presenter will describe the experience of an unpaid health professional in a CME office, what roles were taken, and what needs emerged. Subsequently, he will outline a proposal for a generic strategy that could attract much needed professional experience into the CME work force without straining budgets.

Key Points: The next decades will see many professional retirees who do not need monetary compensation to meet their personal needs. A significant number of these retirees will be in good health and would like to contribute from their experience. Healthy retirees have certain needs that may not be intuitive to younger CME administrators.

Expected Outcomes: CME professionals will be able to understand the needs of retired health professionals and therefore will be able to create a strategy that will help them recruit retirees to help them in the important task of delivering CME to health professions.

Reference: Marc Freedman Prime Time: How Baby Boomers will Revolutionize Retirement and Transform America. New York, NY, Public Affairs Books.

Potential Participant’s Self-Assessment Question: Out-line a strategy for recruiting retired health professionals to help you plan and deliver your Continuing Medical Education program at your institution.

S64, Breakout
2:45 – 3:45 pm, Saturday
Rosedown/Third; Theatre/140

Addressing Systemic Obstacles to Practice Performance Improvement
(Systems Thinking)

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No Relevant Financial Relationship(s)

Relevance: To be optimally effective in supporting the improvement of physicians' practice performance, CME should facilitate self-directed, practice-embedded lifelong learning that can be incorporated compatibly into current care processes and that does not succumb to the systemic dynamics that often impede sustained change in performance. Methods for accomplishing these ideals have not been clearly identified, or have not been feasible for widespread adoption. This session will highlight current best practices and offer practical methods for identifying and addressing the systemic obstacles that often impede improvement in physicians' practice performance.

Target Audience: This session will benefit CME professionals at all experience levels from all settings.

Purpose: The session will equip participants to more effectively identify and address systemic barriers to the improvement of physicians' practice performance.

Objectives: After this session participants will be able to 1) describe systemic dynamics that can act as barriers to the improvement of practice performance 2) recognize signs that systemic dynamics are in fact impeding performance 3) develop an action plan for addressing those systemic obstacles.

Methods: Drawing from the fields of complexity science, organizational behavior, adult learning, and innovation diffusion, the presenter will highlight key principles of systems thinking and suggest practical, actionable techniques for incorporating those principles into the medical education continuum. A handout will include an extensive reference list, practical tips and actionable tools to apply these concepts.

Key Points: Improvement in physicians' practice performance typically requires behavioral change beyond the acquisition of cognitive knowledge or expertise. Merely learning what to do and how to do it will be insufficient if systemic dynamics impede the behavioral changes required for performance improvement. CME professionals have a responsibility to help identify and address the systemic barriers that impede improvement in physicians' practice performance.

Expected Outcomes: Participants will more quickly identify and more appropriately address systemic dynamics that impede improvement in physicians' practice performance.

References: Harrison, R. (2004). Systems-based framework for continuing medical education and improvements in translating new knowledge into physicians' practices. *Journal of Continuing Education in the Health Professions*, 24:S50-S62.

Mazmanian, P.E., Daffron, S.R., Johnson, R.E., Davis, D.A. & Kantrowitz, M.P. (1998). Information about barriers to planned change: A randomized controlled trial involving continuing medical education lectures and commitment to change. *Academic Medicine*, 73(8):882-886.

Oxman, A.D., Thomson, M.A., Davis, D.A. & Haynes, R.B. (1995). No magic bullets: A systematic review of 102 trials of intervention to improve professional practice. *Canadian Medical Assn Journal*, 153:1423-1431.

Potential Participant's Self-Assessment Question: Do I need to identify and address systemic obstacles to improvement in physicians' practice performance?

S65, Breakout
2:45 – 3:45 pm, Saturday
Magnolia/Third; Theatre/140

“Honey, I Shrunk the Office!” Operations in a Virtual CME Organization
(Administrative/Management)

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***No Relevant Financial Relationship(s)**

Relevance: In the rapidly changing environment of healthcare delivery and, subsequently, CME, the ability to dynamically modify business processes to meet market demands and to define boundaries differently over time or for different customers or constituencies is critical. One means to accomplish this may be to rethink the traditional structure of CME provider organizations. Making it as a CME provider in the virtual marketplace however requires much more than linking geographically dispersed networks of specialists; it requires an unwavering commitment to and competence in four major aspects of virtual organization design: (a) highly dynamic processes, (b) contractual relationships among entities, (c) edgeless, permeable boundaries, and (d) reconfigurable structures.

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

Purpose: The presentation will allow participants to examine the benefits and challenges of building, staffing, and operating a virtual office that develops and delivers accredited CME activities.

Objectives: At the end of this session, participants will be able to 1) summarize the key characteristics of a virtual organization, 2) compare and contrast the virtual organizational model to a traditional office environment, and 3) contemplate changes in their own organizations for the purpose of optimizing existing resources.

Methods: Using examples from a real, 7-year old virtual organizational model, presenters will challenge participants to look for opportunities in their own organizations to capitalize on technology, teamwork, and trust and move toward a more flexible and nimble operating structure.

Key Points: The environment in which CME activities are planned and delivered is one that can be modified and adapted with an understanding of some key principles of organizational design.

Expected Outcomes: Participants will integrate some of the management principles commonly employed in virtual organizations into their existing operational systems to promote employee independence and creativity.

Reference: DeSanctis, G, Monge, P. Introduction to the special issue: communication processes for virtual organizations. Organization Science, Nov-Dec 1999 v10 i6 p693(13).

Potential Participant's Self-Assessment Question: Does your CME office have what it takes to “go virtual?”

S66, Breakout
2:45 – 3:45 pm, Saturday
Jasperwood/Third; Theatre/140

CME Coordinator Network: The Big Ten Experience
(Administrative/Management)

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***No Relevant Financial Relationship(s)**

Relevance: CME coordinators often practice in isolation, either independently or in an office with a small number of coordinators. In the current era of ever-changing rules and regulations in the arena of continuing medical education, CME coordinators are in need of a network to collaborate, and share ideas and information regarding their day-to-day activities.

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

Purpose: 1) Describe the need for a CME Coordinator Network and how one network evolved, 2) share ideas and information to alleviate the isolation factor, and 3) discuss “CME coordinator best practices” to improve the overall quality of activities.

Objectives: By the end of this breakout session, participants will be able to 1) recognize the importance of a CME Coordinator Network, and 2) develop a strategy to implement a CME Coordinator Network.

Methods: The presenters will lead a discussion describing the need for a CME Coordinator Network, and how one network was formed. Audience participation is encouraged.

Key Points: Guided discussion to illustrate the need for forming a CME Coordinator Network, and to encourage the sharing of novel, innovative ideas.

Expected Outcomes: Participants will begin the process of developing their own CME Coordinator Network.

Potential Participant’s Self-Assessment Question: Do I have a need to learn more about how to develop a CME Coordinator Network to better my CME practice?

S67, Breakout
2:45 – 3:45 pm, Saturday
Elmwood/Third; Theatre/140

Understanding the Professional Development Opportunities at Conferences: A Qualitative Approach
(Performance Measurement; Advanced Track)

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***No Relevant Financial Relationship(s)**

Relevance: Annual conferences and symposiums are designed to provide professional development (PD) opportunities, advocacy for members, and strive to improve health outcomes. However, “build it and they will come” has driven the agendas of many professional meetings as opposed to a true understanding of effective conference dynamics. Post session conference evaluations have provided little insight or information regarding needs of participants that would otherwise permit organizers to confidently plan next-year’s event. Thus it behooves the CPD to understand the ways that conference activities can promote member development, change clinical practice, and influence health outcomes. Understanding the conference dynamics opens the opportunity for attendees to increase PD benefits.

The College of Family Physicians of Canada annual meeting ‘Family Medicine Forum’ (FMF) attracts an increasing number of members. FMF 2004 attracted over 2500 participants. A qualitative study of the participants’ decision-making, goal setting, conference behavior, and outcomes forms the basis of extending our understanding of PD conferences.

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

Purpose: The session will highlight the qualitative evaluation design and results of FMF 2004. The evaluation study gathered data from three groups: a randomized sample (50) of attendees, an adhoc group (130) of participants who attended targeted activities, and a group of non-attendees. Participants were interviewed (1) pre-conference for baseline data including goals, plans, and reasons for attending, (2) during the 3-day conference for formative data including learning behaviors and outcomes of sessions, and (3) post-conference for outcome data including learning, change, and enabling conditions.

Objectives: At the end of this session participants will: (1) identify the value of conducting a qualitative evaluation, (2) rethink how conferences can be organized to enhance benefits, and (3) outline an alternative method to evaluating a conference.

Methods: Session leaders will review the design and results of an evaluation of FMF 2004. Participants will (1) reflect on the benefits of a qualitative compared to a quantitative approach to evaluation, (2) react to the findings in an interactive forum, and (3) critique the benefits and barriers identified for conference organizers and individual professional development.

Key Points:

- A qualitative approach to conference evaluation reveals the continuum of professional needs and activities.
- Professional development occurs in multiple ways during an annual forum
- Conference organization can be improved to increase professional benefits for attendees

Expected Outcomes: Participants will re-examine the organization and benefits of large conferences.

Reference: Denzin, N., K., & Lincoln, Y., S. (Eds.). (2000). Handbook of Qualitative Research. Thousand Oaks, CA: Sage

Potential Participant’s Self-Assessment Question: Are you seeking alternative ways to evaluate professional development

S68, Breakout
2:45 – 3:45 pm, Saturday
Belle Chasse/Third; Theatre/140

The Collaborative Learning Process in Continuing Medical Education
(Adult/Organizational Learning Principles)

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***No Relevant Financial Relationship(s)**

Relevance: Much of contemporary CME is still based on the traditional model of teaching and learning, “Teaching by Transmission, Learning by Reception,” which does not incorporate modern adult education practices and does not model the real world practice of CME participants (physicians and other healthcare providers). Collaborative Learning, “Learning through Co-construction of Knowledge,” more accurately mirrors the practice of CME participants and incorporates the learners’ knowledge and experience into the teaching and learning transaction of CME.

Target Audience: This breakout session will be of interest to CME professionals and health care providers of all specialties and experience levels.

Purpose: This session will expose participants to collaborative learning methods and give them ideas about how they can use collaborative techniques in their respective CME practices.

Objectives: Participants will learn the basic tenants of collaborative learning and identify ways they can incorporate collaborative learning techniques into their practice.

Methods: The session will begin with a brief didactic exchange followed by small group discussion about collaborative learning practices and experiences.

Key Points: Participants will learn how to move from traditional “transmission” of knowledge to a construction of knowledge consistent with a collaborative approach to learning.

Expected Outcomes: Participants will learn (acquire new knowledge of) new methods for CME.

Reference: Peters, J. and Armstrong, J. (1998). Collaborative Learning: People Laboring Together to Construct Knowledge. In Sitiel, I, and Brockett, R. (Eds) New Directions for Adult and Continuing Education, no. 79, pp 75-85. San Francisco: Jossey-Bass.

Potential Participant’s Self-Assessment Questions: 1.) How can the traditional paradigm of CME be strengthened with the implementation of collaborative learning techniques? 2.) What is the importance of implementing collaborative learning for both the planning process and program planners?

S69, Breakout
4:00 – 5:00 pm, Saturday
Grand Salon 4, 7, & 10/Street; Theatre/210

Practical Tips for Managing CME Documentation
(Administrative/Management; Basics Track)

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***No Relevant Financial Relationship(s)**

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, the Standards for Commercial Support, and the documents that are 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 documents 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 documentation 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 document management system based on “organizing from the inside out”. In addition, the basic filing system of a medical school provider and a medical specialty society provider will be shared. Presenters will encourage audience participation and discussion and will provide take home worksheets.

Key Points: Developing a document management system that works needs 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 document 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 options for organizing your CME activity documentation?

S70, Breakout
4:00 – 5:00 pm, Saturday
Grand Salon 13 & 16/Street; Theatre/170

Clinical Content Review: Build It and They Will Come
(Administrative/Management)

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***No Relevant Financial Relationship(s)**

Relevance: Clinical content review and validation is an essential tool that is used to examine CME content in order to assure that such content is free of commercial bias, fair balanced, evidence-based, and relevant to the target audience. The emergence of content review and validation as a useful method for resolving conflict of interest concerns in CME has increased awareness of the importance of having reliable and consistent processes in place. This breakout session shares the experience of the University of Wisconsin Medical School in organizing a long standing clinical content review service which utilizes the expertise of academic physicians as peer reviewers to provide timely and objective reviews of CME content.

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

Purpose: The presentation will outline the development of a clinical content review and validation process at a University Medical Center, and present the standardized procedures used to assure the quality and timeliness of reviews.

Objectives: At the end of this session participants will be able to 1) Identify the importance of clinical content review and validation as it relates to assuring the quality of CME content 2) Discuss the use of content review as a means to resolve conflict of interest 3) Outline systems to streamline the process of clinical content review and to assure quality and timely reviews.

Methods: Presenters will use examples of clinical content review to demonstrate relevant systems issues in the design of a clinical content review service.

Key Points: Using standardized review forms and providing training and feedback to faculty reviewers are essential components of a clinical content review service. Academic faculty reviewers who understand CME validation processes have a unique ability to examine content for bias that may be subtle, as they are intimately familiar with the published and unpublished data within a given field. A team approach is a critical element to assure that reviews are processed in a timely and reliable manner.

Expected Outcomes: Participants will identify the essential elements of a clinical content review and validation service.

Potential Participant's Self-Assessment Question: Do you have a need to integrate content review and validation in your program as a means of resolving conflict-of interest?

S71, Breakout
4:00 – 5:00 pm, Saturday
Grand Salon 19 & 22/Street; Theatre/170

Thinking Systemically about CPD: Let's Diagnose the System Variables for Alliance for CME 2006
(Systems Thinking)

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***No Relevant Financial Relationship(s)**

Relevance: Systems-based approaches are used to describe and analyze the processes involved in translating new information into physicians' practices (Harrison, 2004). The implications of this approach for CME include diagnosing systems issues and designing educational interventions that take these issues into account. This applies not only to efforts to enhance medical practice but also to continuing professional development for CME practitioners. CPD planners can use a systems thinking approach to 1) develop a richer understanding of the nature of the gap between desired and actual CME practice, 2) identify the often complex web of systemic factors that present challenges or obstacles to change, and 3) plan conference and other live events that are more likely to change CME practice.

The session leaders hypothesize that systems thinking can accelerate enhancement of the professional competencies of CME professionals. We need to reflect on our own continuing education practices and determine if there are system factors that frustrate efforts to make an impact on our own CME practice.

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

Purpose: The breakout session will focus on creation of a systems-thinking approach to conference and live event planning applicable to CPD and CME. CME providers will engage in discussion about strategies to apply a systems perspective to live events by focusing on the ALLIANCE 2006 Conference proceedings.

Objectives: At the end of this session participants will be able to 1) identify strategies for diagnosing systems issues, 2) identify major system barriers to change in CME practice, and 3) develop recommendations for improving the professional development value of next year's Alliance for CME Conference.

Methods: Based on a systems-thinking approach, presenters will facilitate participants' progression from identifying the systems involved in conference proceedings, developing an overall diagnostic strategy, reflecting on potential barriers to translation of knowledge into CME practice, and recommending remedial and reformatory strategies that reflect a systems approach. Take home guides and worksheets will be incorporated into the session.

Key Points: Systems-based diagnosis can help to transform our own CME activities. -Performance gaps (between actual and desired practice) in CME are caused by the complex interaction of several variables at the level of both individuals and systems (e.g., the CME office, health organization, professional community).

Expected Outcomes: CME providers will take home a better understanding of how systems thinking can be used to enhance live events and a plan for incorporating systems thinking principles into their own professional development efforts.

Reference: Harrison, RV. Systems-based framework for continuing medical education and improvements in translating new knowledge into physician's practice. JCEHP 2004; 24 Suppl 1: S50-S62.

Potential Participant's Self-Assessment Question: Are you concerned about improving your effectiveness within your own system?

S72, Breakout
4:00 – 5:00 pm, Saturday
Grand Salon 21 & 24/Street; Theatre/195

Joint Sponsorship: Building Effective Partnerships
(Partnering)

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***No Relevant Financial Relationship(s)**

Relevance: According to the 2003 ACCME Annual Report, 19% of all continuing medical education (CME) activities are jointly sponsored. There may be an increase in the number of jointly sponsored activities as the need to reach specialized audiences and the constraints of reduced budgets result in new partnerships. 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 entry-level CME professionals working in all types of CME settings as well as professionals in 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. We 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 effective 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 nonaccredited 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/dir_docs/doc_upload/97dd7a39-9746-4a5d-8c01-e56a9ffc0c8b_uploaddocument.pdf. Accessed on 2/23/05.

Potential Participant’s Self-Assessment Question: With limited resources available, does your CME office have systems in place to create not only compliant activities but also positive relationships and effective joint sponsorships to sufficiently meet the educational needs of physicians?

S73, Breakout
4:00 – 5:00 pm, Saturday
Grand Salon 15 & 18/Street; Theatre/195

Electronic Learner Response System: Educational Interventions that Lead to Change
(Educational Interventions)

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No Relevant Financial Relationship(s)

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 should provide physicians with the knowledge, skills and resources to effect change, enhance practice performance and improve outcomes. 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 documenting instantaneous feedback. Audience participation increases and cross pollination of ideas occurs. Just as hardier species of plants develop when bees leap from flower to flower, practice performance and outcomes will improve as new ideas are identified and documented.

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 enhance physician practice performance and improve outcomes .

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. In previous ACME conferences, 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?

S74, Breakout
4:00 – 5:00 pm, Saturday
Grand Salon 9 & 12/Street; Theatre/195

**Outcome Based Education: A Model for Systemic and Collaborative Approaches to Designing and Implementing
an Evidence-Based CME Intervention**
(Systems Thinking)

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***No Relevant Financial Relationship(s)**

Relevance: CME providers can serve as a primary catalyst for change as we effectively collaborate with Case Management, Nursing, Performance Improvement and other stakeholders that have the common goal of improving patient care. The specialized interests of many physicians, time constraints placed on most healthcare workers, and many organizational leaders not recognizing the role of CME as it relates to quality has created a silo-type environment causing many CME providers to operate independent of departments within the organization. Using an outcome-based educational model designed by the presenters, this session will introduce a systemic approach to planning, implementing and measuring the effectiveness of an evidence-based CME intervention.

Target Audience: This session is designed for all CME providers who share an interest in networking with other healthcare departments/providers in the development and implementation of needs-based educational activities.

Purpose: The presentation is designed to assist the listener in gaining a better understanding of evidence-based education and to provide the audience with tools that will assist in facilitating a systemic approach to CME design and implementation through collaboration with other organizational stakeholders and physician champions.

Objectives: At the end of this session participants will: 1) have a greater understanding of the importance and effectiveness of systems thinking, 2) develop strategies for communicating the need for organizational collaboration, 3) possess a greater understanding of Evidence-Based Medicine, and 4) leave with a tool designed for planning an outcome-based educational event.

Methods: The lecture format will be limited. The presenters will primarily provide an opportunity for small group discussion, interaction and case presentation.

Key Points: The quality of a CME event will increase as providers employ a systemic approach to planning and implementation. Initiating an open communication with key stakeholders and physician champions will increase the perceived value of CME across the organization. Applying a systemic approach will greatly enhance the needs assessment and allow a more focused approach to meeting the healthcare needs of our patient populations.

Expected Outcomes: Participants will recognize the benefits of collaboration and systemic planning while developing skills and tools that will enhance their ability to become successful as a systems-thinking CME provider.

Reference: Outcome-Based Educational Model. Designed by Todd Redden, NorthEast Medical Center – Concord, NC.
Gleeson, F. Educational Planning – A Systems Approach, Irish Medical Journal, 1978 Dec 21; 71(18): 609-12.

Potential Participant's Self-Assessment Question: Do you have a clear understanding of evidence-based education and a strategic approach to obtaining the organizational support necessary to successfully engage in systemic planning?

S75, Forum
4:00 – 5:00 pm, Saturday
Grand Salon 3 & 6/Street; Theatre/195

**Skill Sets Comprised by the Alliance's Competencies for CME Professionals: Preliminary Results
and Recommendations**

(Self-Assessment and Life-Long Learning)

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***No Relevant Financial Relationship(s)**

Relevance: The Alliance's 48 Competencies for CME Professionals (published in June 2003) have raised the standard of performance for those working in CME. By delineating the specific abilities that CME professionals should have, the Competencies provide a benchmark that supervisors, accrediting organizations, associations, and individuals themselves are using to assess and develop professional capabilities. To enhance the usefulness of the Competencies, the Alliance has undertaken a research project to break down each Competency into its component knowledge, skills, behaviors, experiences, and attitudes. Researchers and experts in the CME community are working to identify the specific "skill sets" comprised by each Competency. Preliminary results and recommendations derived from this research will be presented. Understanding the skills required for the achievement of each Competency will make it easier for CME professionals to self-assess and improve their performance, and it will enable the Alliance to develop educational products and services to assist them.

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

Purpose: The purpose of this session is to share preliminary research findings regarding the specific knowledge, skills, behaviors, experiences, and attitudes comprised by each of the Alliance's 48 Competencies for CME Professionals. In keeping with the theme of this year's conference, Competencies in the area of Systems Thinking will be addressed.

Objectives: At the end of this session, participants should be able to: 1) list the 8 Competency Areas and discuss the 48 individual Competencies for CME Professionals; 2) describe the process which researchers are using to identify and define the specific "skill sets" for each Competency; 3) discuss the skills, knowledge, behaviors, experiences, and attitudes which experts agree are required to perform selected Competencies; 4) use the "skill sets" as a tool to assess their achievement of the Competencies.

Methods: This session will consist of presentations by and discussion with individuals conducting the Alliance Competencies skill sets research.

Key Points: As helpful as they are in designating the required abilities of CME professionals, the Competencies alone present a challenge for individuals interested to develop their specific capabilities in these areas. Breaking down the Competencies into their component "skill sets" will assist CME professionals in assessing their performance and implementing programs for professional development.

Expected Outcomes: Participants will understand steps the Alliance is taking to support and facilitate the development of CME professionals. Participants will be able to use the "skill sets" for each Competency to assess their own performance and implement programs for professional development.

Reference: Alliance for Continuing Medicine Education Competencies for CME Professionals (June 2003).

Potential Participant's Self-Assessment Question: What specific knowledge, skills, behaviors, experiences, and attitudes do I need to do to increase my competency as a CME professional?

**S76, Geographical Group Meeting
4:00 – 5:00 pm, Saturday
Fountain/Third; Theatre/95**

**CME/CPD in the Eastern Mediterranean Region Countries
(Administrative/Management)**

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***No Relevant Financial Relationship(s)**

Relevance: Although representatives of the countries in the region have presented their reports at several regional conferences at the invitation of WHO “World Health Organization” (Tunis, Tunisia 1-4 June –1992) (Egypt, 24-27 July 1995) (Tehran, 16-19 August 1998) concerning continuing education in their countries, there is not yet any defined relation among continuing education systems of these countries. Continuing education of health personnel active in the countries located in East Mediterranean region (Iran, Iraq, Lebanon, Bahrain, Kuwait, Qatar, Pakistan, Oman, Yemen, Sudan, Egypt, Jordan, Djibouti, Morocco, Tunisia, United Arab Emirates, Palestine) for the year 2005 is explained in this study, while finding out present status of the continuing education in the said countries better, so as to determine future cooperation horizons among these countries.

Target Audience: This geographical group meeting will be of interest to CME professionals & health providers at all levels in all providers group.

Purpose: This presentation will focus on situation of CME/CPD systems in the Eastern Mediterranean region countries.

Objectives: At the end of this session participants will be able to: 1) describe CME/CPD system in the Eastern Mediterranean region countries; 2) identify common aspects, strength and weakness points of CME/CPD in the Eastern Mediterranean countries, and 3) discuss how to improve CME/CPD in the region and how can increase cooperation with together.

Methods: We will gather data from 1) website’s data of each country, and 2) a designed questionnaire that will send to Director of CME/CPD department of each country.

Key Points: Although there is a need for better organizational framework for arrangement of *a written policy strategy* and *a systematic structure* for continuing education in countries located in East Mediterranean region, availability and presence of continuing education in all of these countries is an admirable feat. Continuing medical education has not been linked to recertification and re-licensing in many of these countries. Distance learning through different means (telephone, internet ...) is one of the different methods of conveying continuing education that prevails in some countries of this region. Continuing medical education accreditation is something quite necessary for countries in the region.

Expected Outcomes: It is expected to gain access to suitable and more proper conditions for regional cooperation due to the existence of common religious and language aspects, as well as common health-care problems, among these countries. Establishment of a unified credit system in the whole counties located in this region, while bringing about integrity and solidarity, will lead to participation of more persons in other projects and programs of the region.

Reference: WHO Report on the symposium on improving continuing education for health personnel in the eastern Mediterranean region. EM/HPM/007/E/1.

S77, Breakout
4:00 – 5:00 pm, Saturday
Rosedown/Third; Theatre/140

Enhancing Cultural Competencies in Health Care Providers
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: By 2010, 38% of the American population will consist of ethnic minorities, a considerable increase from our present 29%. This increasing diversity signifies that the medical profession must adjust its process and methods for providing health care to meet the needs of patients with different cultural attitudes and health beliefs. Culturally competent care requires a commitment from physicians and other care givers to understand and be responsive to the different attitudes, values, verbal cues and body language that people look for in a physician's office by virtue of their heritage. Health care providers need to acknowledge and familiarize themselves with the cultural differences of their patients in order to improve the care experience and treatment outcomes. To ensure the provision of culturally competent care, we must utilize a system wide approach to establish care process and ensure that physicians and support staff are culturally competent.

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

Purpose: This session will focus on the process and training strategies employed in the provision of cultural competent training for physicians and other health care professional and how this impacts the overall care of the patients.

Objectives: At the conclusion of the session, participants would be able to 1) define the importance of cultural competency in health care delivery 2) describe process and strategies to facilitate system wide provision of cultural competent care.

Methods: Presenters will delineate the process for needs assessment, system support and training methodologies used for the provision of cultural competent care to a multi-ethnic and multi-lingual population. Facilitators will provide assessment tools, program templates and system check-list to participants for use in their facilities.

Key Points: In order to improve treatment outcomes and patient satisfaction among our multi-lingual and multi-ethnic populations, we must ensure that our systems are set up and our providers are trained to be culturally competent in care provision.

Expected Outcomes: CME providers will be able to assess their needs for the provision of culturally competent care and apply the information provided to assist them to develop interventions.

Reference: Kleinman, A, Eisenberg, L, Good B. Culture, Illness and Care: Clinical Lessons from anthropologic and cross-cultural research. 1987.

Potential Participant's Self-Assessment Question: How can we enhance our competency to deliver care to a multi-lingual and multi-ethnic patient population?

S78, Breakout
4:00 – 5:00 pm, Saturday
Magnolia/Third; Theatre/140

Women as Learners: Does the Mars-Venus Analogy Also Apply to Difference in Learning Styles?
(Adult/Organizational Learning Principles; Advanced Track)

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No Relevant Financial Relationship(s)

Relevance: In 2005, more than 50% of all medical school applicants were women, with continued steady growth in female applicants projected in the future. In addition, 95% of nurses and nurse practitioners and 65% of all physician assistant students are women. These data present huge opportunities for the redesign of adult learning programs that incorporate gender preferences. Women are different than men: are their learning and cognitive styles and preferences also different? Does this shift in gender mandate a change in the way education is oriented and constructed, or warrant creation of a new framework of continuing medical education? The most successful educational programs are those that are genuinely appealing to the learner, and prompt dissonance to change behavior. Perhaps the “gender-gap” has taken on new meaning in our delivery of programs in healthcare.

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

Purpose: This presentation will examine the significance of gender in adult learning and provide practical approaches to incorporating gender-diverse elements into program planning.

Objectives: At the conclusion of this program, participants will be able to: 1) identify the significance of gender based preferences in adult learning, 2) describe 3 ways to incorporate these preferences into curriculum design, and 3) apply this information into the development of future programs.

Methods: Utilizing interactive case examples and games, the presenter will lead the attendees through simulation and theoretical exercises related to gender-preferred learning. The presenter will assist the audience in creating tools for action within their organizations.

Key Points: Most literature on adult learning barely touches the concept of gender preference, yet the evidence illustrates the distinct experience of learning differs greatly between men and women. In healthcare, women will continue to be a significant audience for continuing education, and understanding their learning preferences is a prudent step in changing practice behavior.

Expected Outcomes: Participants will be able to include gender-based learning concepts in designing adult education programs.

Reference: Hayes, Elizabeth and Flannery, Daniele. Women as Learners. San Francisco, Josey-Bass, 2000.
Lee, Sharyn. New Directions in Medical Education, Pharmaceutical Executive supplement, March 2004.

Potential Participant’s Self-Assessment Question: Would your educational programs be more effective if they included gender preferences in the design?

S79, Breakout
4:00 – 5:00 pm, Saturday
Jasperwood/Third; Theatre/140

Collaborative Learning: Science and Practice
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: Powerful features of learning that are of significance to continuing medical educators are the intentional design of activities for collaborative learning, and engagement of group members in working together to achieve objectives. When much of our real-life work activity is team-based, it becomes more meaningful to learn as a group.

Target Audience: The breakout session will interest CME professionals and health providers who teach or train in their specialty at all levels.

Purpose: The presentation and group work will focus on ways in which collaborative groups perform to achieve objectives, improve their learning in the practice of medicine, initiate and analyze practice objectives, and influence health outcomes as a collaborative group.

Objectives: At the completion of the session, participants will be able to:

1. Form effective collaborative learning groups
2. Design collaborative learning methods and strategies
3. Foster collaborations for life-long learning activity
4. Assist collaborative analysis of shared problems and possible solutions

Methods: Brief informational presentations by instructors will introduce a variety of experiential small group discussion and problem solving sessions leading to the ability of participants to design collaborative learning experiences and apply the methods in educational settings and in extended learning situations.

Key Points: Collaborative learning occurs when learners and teachers work together to create knowledge. Learners who engage in collaboration produce and tune their knowledge as an activity among peers.

Expected Outcomes: Participants will develop methods by which their learners can work together to develop meaning from knowledge and compare their multiple experiences in relation to their knowledge.

Reference: Barkley E, Cross K, Major C. Collaborative Learning Techniques (2005) Jossey-Bass, San Francisco

Potential Participant's Self-Assessment Question: Do you wish to learn about introducing learners to collaborative learning in face to face and extended arenas for life-long learning?

S80, Breakout
4:00 – 5:00 pm, Saturday
Elmwood/Third; Theatre/140

Linking Identified Deficiencies with ‘Mini-Residency’ Experiences for Meaningful CME: The Experience of a Clinical Assessment Program Created for Disciplined Physicians
(Educational Interventions)

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***No Relevant Financial Relationship(s)**

Relevance: Two common criticisms of continuing medical education are that it is not tailored to the needs of the individual learner and that it does not occur in a system in which the physician must practice. Assessment of medical knowledge and clinical skill currently is conducted primarily only after problems in patient care have been identified (e.g., discipline by a state medical board, serious problems identified through peer review processes). While there exist several centers across the United States that perform such competency assessments, few if any offer structured remedial educational opportunities that focus on the deficiencies identified and do so primarily within a health care system, not in a classroom. Programs are needed that bridge the gap between identification of deficiencies and remediation of those deficiencies. Medical schools and academic medical centers would seem to be ideally suited for this endeavor, but the culture of medical schools to date has generally not included on-site, clinical post-licensure remedial education.

Target Audience: This session will be of interest to all CME/CPD provider groups with an interest in individualized clinical post-licensure remedial education.

Purpose: The presentation will focus on the assessment of medical education needs for individual physicians and the creation of individually-tailored CME/CPD programs to address identified needs. The UCSD Physician Assessment and Clinical Education (PACE) program will be described and the components of “Phase II” Clinical Education (on-site, individualized, remedial clinical experiences for post-licensure physicians at the UCSD Medical Center) will be delineated.

Objectives: At the end of this session participants will be able to 1) name important elements in the assessment of physician competency, 2) understand the components required to create learning opportunities based on these identified needs, 3) structure an assessment system to quantify outcomes of a tailored educational program, and 4) appreciate the shortcomings of currently available assessment methodologies.

Methods: Presenters will summarize the literature on methods of physician assessment, briefly describe the modalities used in the PACE Phase I Assessment, and then describe a process by which to address identified deficiencies by creating individualized, supervised medical practice experiences that directly follow from the assessment. Successes and challenges in establishing such a program as well as questions from participants will form the basis of discussion and will lead to planning for disseminating this model more widely.

Major Results: A total of 212 physicians have completed a comprehensive battery of tests and processes that assess the six components of the ACGME clinical core competencies. Of those completing “Phase I”, 91% completed a five-day intensive retraining, directed at the areas of deficiencies identified by the Phase I assessment or by some oversight or regulatory body.

Expected Outcomes: Participants will discuss strategies learned from this 9-year program experience to inform future efforts to promote customized continuing medical education and to assess their outcomes.

Reference: Melnick, DE, Asch, DA, Blackmore, DE, Klass, DJ, Norcini, JJ. Conceptual challenges in tailoring physician performance assessment to individual practice. Med Educ 2002;36: 931-935.

Potential Participant’s Self-Assessment Question: Are you in the position to initiate a system of linking a physician’s learning needs with supervised clinical experience in identified areas?

S81, Breakout
4:00 – 5:00 pm, Saturday
Belle Chasse/Third; Theatre/140

Linking to Graduate Medical Education: The LIFE Curriculum Project (Learning to Address Impairment and Fatigue to Enhance Patient Safety)

(Educational Interventions; Physician's Track)

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***No Relevant Financial Relationship(s)**

Relevance: CME departments in academic medical centers have opportunities to link to the continuum of medical education and thereby provide “added value” to their institutions.

Target Audience: This practical breakout session will be of interest to all CME professionals at all experience levels who work in an academic medical center setting.

Purpose: This session is designed to provide an interactive discussion of the how a CME office can link to educational needs across the continuum of medical education.

Objectives: At the conclusion of this session, participants should be able to: 1) Delineate the rationale for a continuum or “systems” approach to medical education in an academic medical center; 2) Discuss Duke’s LIFE Curriculum (Learning to address Impairment and Fatigue to Enhance patient safety) project; 3) Discuss “lessons learned” relative to the LIFE Curriculum project; 4) Describe strategies for linking to Graduate Medical Education; 5) Identify potential areas for collaboration across the continuum of medical education.

Methods: Didactic presentation, question and answer session.

Key Points: Linking to Graduate Medical Education can provide “added value” to the institution and improve patient safety.

Expected Outcomes: Improved linkage of academic CME office to continuum of medical education.

Reference: Yao DC, Wright SM: National survey of internal medicine residency program directors regarding problem residents. JAMA. 2000 Sep 6;284(9):1099-104.

Potential Participant’s Self-Assessment Question: Do you have a need to learn more about how you can link your academic CME office to the continuum of medical education at your institution?