
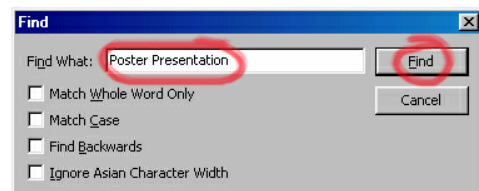
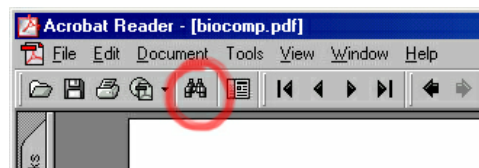


# Helpful Information For Using Acrobat Reader®

## SEARCHING PDF FILES





In order to search a pdf file:

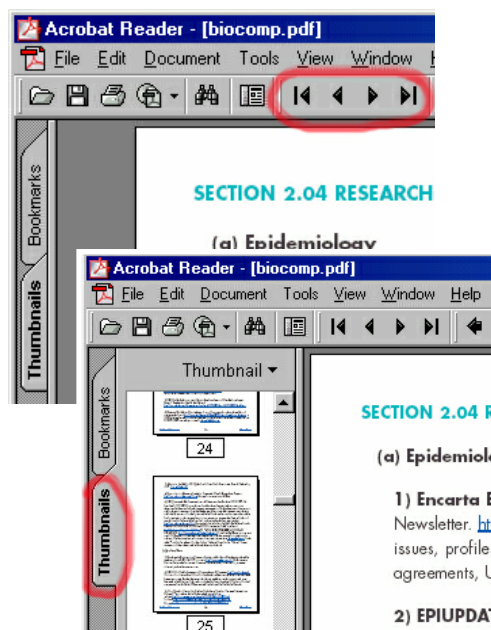
1. Locate the “Find” icon  at the top of the Acrobat Reader Window (as shown to the right).
2. Single left click the icon.
3. When the “Find” box appears, you may enter up to 26 characters and left click the “Find” button (as shown to the right).



## NAVIGATING PDF FILES


In order to navigate a pdf file:

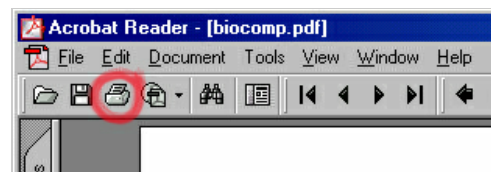
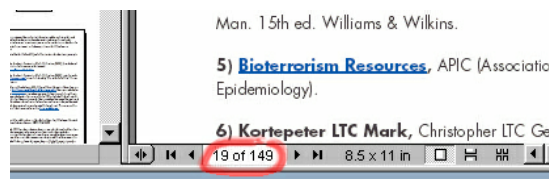
1. Locate the “Navigation” icons at the top of the Acrobat Reader Window (as shown to the right).
2. The  button moves forward one page.
3. The  button moves back one page.
4. The  button moves to the end of the document.
5. The  button moves to the beginning of the document.
6. Note: You may also view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



## PRINTING A SINGLE PAGE FROM A PDF FILE

In order to navigate a pdf file:

1. Locate the “Page Indicator” section at the bottom left of the Acrobat Reader Window (as shown to the right). Make a note of the page number you are viewing.
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 (\$)**  
**7:00 am – 12:00 pm, Wednesday**  
**WildflowerA-C/2**

**Basics Seminar: Content, Application & Process**  
(Adult/Organizational Learning Principles)

**Diana Durham, PhD (Chair and Moderator)**

Audio Digest Foundation, tel: 818/240-7500, ext. 241, mailto:[ddurham@audio-digest.org](mailto:ddurham@audio-digest.org)

**Eliana Campbell, MA**

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**Maureen Doyle-Scharff, MBA**

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**Jeanette Harmon, MBA**

American Medical Association, tel: 312/464/4677, mailto:[Jeanette.Harmon@ama-assn.org](mailto:Jeanette.Harmon@ama-assn.org)

**James Leist, EdD**

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**Jane Mihelic, MA**

The FCG Institute for Continuing Education, tel: 215/412-4532, mailto:[jmihelic@fcgint.com](mailto:jmihelic@fcgint.com)

**Michael Saxton, MEd**

Pfizer, tel: 212/733-1342, mailto:[mike.saxton@pfizer.com](mailto:mike.saxton@pfizer.com)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Audience response technology to be provided by Audience Response Systems**

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

**Objectives:** After this intensive, you should be able to: **1)** Use an effective CME Vocabulary; **2)** Identify the ACCME's accreditation system: Essential Areas, Elements, and Standards for Commercial Support; **3)** Describe the *AMA PRA*™ credit system; **4)** Utilize the ACME's CME competencies to help *you* as a CME professional; **5)** Describe effective adult learning experiences; and **6)** Using a case-study about a CME activity, identify challenges and discussing potential solutions.

**Methods:** Experienced CME professionals will provide short lectures, followed by audience interaction using Audience Response System technology and Q & A sessions. Participants will then work interactively in CME case study groups.

**Key Points:** You will identify key strategies to take back and apply in your own CME setting; gain an overview of accreditation essentials, credit systems, and competencies; and select sessions that best fit your own learning needs.

**Recommended Reading:** Davis, Barnes & Fox, Continuing Professional Development of Physicians: From Research to Practice, 2003; AMA, Physician's Recognition Award and credit system 2006; ACCME New System of Accreditation; ACME Competencies.

**W2, Memorial Lecture  
12:00 – 12:30 pm, Wednesday  
WildflowerA-C/2**

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

**Patricia Spencer, PhD**  
Ariston Associates, tel: 815/943-4415, <mailto:pespencer@earthlink.net>

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

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

**Methods:** The Frances M. Maitland Memorial Lecture was established in 2000 as a way to honor Frances and continue her legacy. 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 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.

**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.

**Recommended Reading:** "...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.

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**NOTES**

**W3, Provider Section Meeting (Health Care Education Association)  
1:30 – 5:00 pm, Wednesday  
Grand Sonoran J/1**

**Update on the Pharmaceutical Industry CME Grant Process  
(Partnering)**

**Mark Evans, PhD**

American Medical Association, tel: 312/464-5990, mailto:[mark.evans@ama-assn.org](mailto:mark.evans@ama-assn.org)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** Members of the Health Care Education Association Provider Section and all CME professionals interested in the pharmaceutical industry educational grant process.

**Objectives:** At the completion of this session, participants will have a better understanding of: **1)** how the pharmaceutical online grant system works; **2)** the elements of a successful grant submission; **3)** what metric does pharma look for when evaluating the program outcome (live meetings, enduring materials, online programs), and **4)** pharma expectations for CME provider reporting/recordkeeping.

**Methods:** Brief informational presentations will be made followed by an interactive panel discussion with an extended question and answer period with the goal of permitting all attendees to have their questions addressed.

**Key Points:** Independent educational grants from the pharmaceutical companies are a major source of support for CME programs developed by health care education associations. Fundamental changes in how funds are awarded by industry thus have a significant impact on many of these CME providers. Based on feedback received at the 2006 section meeting, improved understanding of the grant review process at major pharmaceutical companies remains a major goal of health care education associations.

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**NOTES**

**W4, Provider Section Meeting (Hospitals and Health Systems)  
1:30 – 5:00 pm, Wednesday  
Grand Canyon 9-11/1**

**Collaborating with Other CME Professionals to Identify Solutions to Common Concerns and Challenges  
(Partnering)**

**Judy Gould, AA**

Rhode Island Hospital, tel: 401/444-4260, mailto:[Jgould@lifespan.org](mailto:Jgould@lifespan.org)

**Linda DuPont, BA**

Aurora Health Care, tel: 414/529-9131, mailto:[Linda.sue.Dupont@aurora.org](mailto:Linda.sue.Dupont@aurora.org)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The target audience is all CME Professionals working in hospitals and health systems.

**Objectives:** At the completion of this session, participants will be able to review problems and solutions identified in breakout and whole group sessions attended by members of other hospitals and health systems.

**Methods:** Break out session participants will discuss solutions to problems encountered by CME professionals at other hospitals and health systems and contribute findings to the entire group. Facilitators will lead a focused discussion and make notes that can be made available to participants at a later time.

**Key Points:** Collaboration with other CME professionals who work in similar settings can provide insight and to challenges encountered in the delivery of CME programs.

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**NOTES**

**W5, Provider Section Meeting (Medical Education & Communication Company Alliance [MECCA])  
1:30 – 5:00 pm, Wednesday  
Grand Canyon 1-5/1**

**Improving Collaboration among CME Stakeholders: A Journey through Partnerships and Processes  
(Partnering)**

**Michael Lemon, MBA**

Postgraduate Institute for Medicine, tel: 720/895-5329, mailto:[mlemon@pimed.com](mailto:mlemon@pimed.com)

**Marissa Seligman, PharmD**

Pri-Med Institute, tel: 616/406-4288, mailto:[mseligman@mc-comm.com](mailto:mseligman@mc-comm.com)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This provider section meeting should be of interest to first-time conference attendees, as well as veteran CME professionals.

**Objectives:** Upon conclusion of the session, participants should be better able to: **1)** Identify characteristics of a responsible and effective partner; **2)** Describe how short- and long-term collaboration enhances the effectiveness of CME activities; and **3)** List ways partnering has changed between CME providers and grantors in the continually changing CME environment.

**Methods:** Didactic presentations, followed by interactive workshop discussions.

**Key Points:** The benefits of any quality CME activity depends upon its contributors. This session is designed to create a forum to openly discuss the issues surrounding partnerships and collaborations among and between stakeholders in CME activities. Participants will be encouraged to join the discussion and identify, highlight and evaluate key issues by providing and detailing their own experiences in collaborative CME.

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**NOTES**

**W6, Provider Section Meeting (Medical Schools)**  
**1:30 – 5:00 pm, Wednesday**  
**Grand Sonoran H-I/1**

**Medical Schools Provider Section Meeting**  
(Administrative/Management)

**Melinda Steele, MEd**

Texas Tech University Health Sciences Center, tel: 806/743-2226, mailto:[melinda.steele@ttuhsc.edu](mailto:melinda.steele@ttuhsc.edu)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** Faculty and staff from medical school providers

**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.

**Methods:** Through the use of expert panel discussions, small group interactive sessions and informal question and answer sessions 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.

**Key Points:** Participants should become aware of the current critical issues and concerns facing medical school CME professionals and develop strategies to address them.

**Recommended Reading:** ACCME Essentials and Standards and list serv discussions throughout the previous year

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**NOTES**

**W7, Provider Section Meeting (Medical Specialty Societies)**  
**1:30 – 5:00 pm, Wednesday**  
**Grand Sonoran C-D/1 (Main)**  
**Grand Sonoran A/1 (Breakout)**  
**Grand Sonoran B/1 (Breakout)**

**Medical Specialty Societies Provider Section**  
(Self-Assessment & Life-Long Learning)

**Rachel Makleff, PhD**

American Thoracic Society, tel: 212/315- 8644, mailto:[rmakleff@thoracic.org](mailto:rmakleff@thoracic.org)

**Alice Henderson, MEd**

American Urological Association Education and Research, Inc., tel: 410/689-3712, mailto:[ahenderson@auanet.org](mailto:ahenderson@auanet.org)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**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 his 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.

**Recommended Reading:** Alliance for Continuing Medical Education, [www.acme-assn.org](http://www.acme-assn.org).

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**NOTES**



**W8, Provider Section Meeting (Pharmaceutical Alliance for Continuing Medical Education [PACME])**  
**1:30 – 5:00 pm, Wednesday**  
**Grand Sonoran K/1**

**Best Practice Review**  
(Adult/Organizational Learning Principles)

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

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** PACME members only

**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.

**Recommended Reading:** ACCME Standards for Commercial Support, PhRMA Code, AdvaMed.

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**NOTES**

**W9, Provider Section Meeting (Federal Health Care Educators)  
1:30 – 3:30 pm, Wednesday  
Grand Canyon 13/1**

**Current Issues in CME for Federal Providers  
(Systems Thinking)**

**Lorraine Bem, EdD**

Veterans Affairs Employee Education System, tel: 205/731-1812, ext. 313, mailto:[lorraine.bem@lrn.va.gov](mailto:lorraine.bem@lrn.va.gov)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** Federal Health Care Educators

**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.

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

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**NOTES**

**W10, Provider Section Meeting (State Medical Societies)**  
**1:30 – 3:30 pm, Wednesday**  
**Grand Canyon 12/1**

**State Medical Societies Accreditation of Intrastate Sponsors**  
(Administrative/Management)

**Robert Addleton, EdD**

Medical Association of Georgia, tel: 404/881-5070, mailto:[bob@mag.org](mailto:bob@mag.org)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**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.

**Objectives:** By the end of this activity, participants should be able to **1)** 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. And **2)** receive updates on trends and policies relevant to the State Medical Society role in CME delivery.

**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.

**Recommended Reading:** Essentials and Standards for Continuing Medical Education. Accreditation Council for Continuing Medical Education (ACCME), Chicago, IL, <http://www.accme.org>.

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**NOTES**

**W11, Meeting (Mentor/Mentee Program)**  
**5:00 – 6:00 pm, Wednesday**  
**WildflowerA-C/2**

**Mentor/Mentee Program**  
(Self-Assessment & Life-Long Learning)

**Lawrence Sherman (Moderator)**

Physicians Academy, tel: 212/984-0711, mailto:[LS@physiciansacademy.com](mailto:LS@physiciansacademy.com)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**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; **2)** CME professionals seeking early career development; or **3)** experienced CME professionals willing to share expertise and resources.

**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 and early career development.

**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 time to meet and discuss objectives. The mentoring relationship may continue on after the Annual Conference, if the experience is positive and the Mentor and Mentee are willing.

**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.

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**NOTES**

**P1, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**Dinner Dialogues®: An Approach to Live Dinner Meetings**  
(Educational Interventions)

**Sylvia Razzo, MA**

Thomson Professional Postgraduate Services®, tel: 201/271-6023, mailto:[sylvia.razzo@pps.thomson.com](mailto:sylvia.razzo@pps.thomson.com)

**Steven Rifkind, MS**

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**Denise Frontin**

Thomson Professional Postgraduate Services®, tel: 201/271-6088, mailto:[denise.frontin@pps.thomson.com](mailto:denise.frontin@pps.thomson.com)

**Luciano Passador, PhD**

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**Genevieve Romano, MFA**

Thomson Professional Postgraduate Services®, tel: 201/271-6073, mailto:[genevieve.romano@pps.thomson.com](mailto:genevieve.romano@pps.thomson.com)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** CME professionals at all experience levels and healthcare providers involved in managing patients with chronic insomnia

**Objectives:** The DINNER DIALOGUES® were designed to:

- Heighten awareness of the impact of chronic insomnia as a comorbid condition on general health, to better equip primary care physicians and health professionals to identify patients potentially at risk for chronic insomnia, and to offer safe and effective therapeutic options
- Develop a learning paradigm based on the NIH State of the Science Conference Statement on chronic insomnia
- Develop an interactive format that is relevant and transferable to daily practice

**Methods:**

- Nationally recognized physician experts with clinical experience in the management of patients with chronic insomnia were enlisted.
- To validate both clinical relevance of the curriculum and the impact of the case-based format, the initial curriculum was developed with the faculty experts via Web conference, followed by beta testing via two live pilot programs.
- Assessment input from both the faculty beta presenters and the attendees was discussed during a live curriculum development meeting to address issues and incorporate refinements.

**Key Points:**

- The curriculum and activity format were created, refined, and validated by an expert advisory team of insomnia experts with relevant clinical practice experience.
- Comprehensive didactic sections on patient assessment and therapeutic management, including important drug and side effects tables, were offered to provide a comprehensive understanding to clinicians.
- Two interactive case studies were redesigned and integrated into the presentation to offer attendees the opportunity to respond to specific patient profiles and issues that they may encounter in their practices.

**Recommended Readings:**

- Davis DA, O'Brien MA, Freemantle N, Wolf FM, Mazmanian P, Taylor-Vaisey A. Impact of formal continuing medical education: Do conferences, workshops, rounds, and other traditional continuing education activities change physician behavior or healthcare outcomes? JAMA 1999;282:867-874.
- National Institutes of Health State of the Science Conference Statement. Manifestations and Management of Chronic Insomnia in Adults. Sleep. 2005;28:1049-1057.

**P2, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**Fostering Collaborative Partnerships through an Educational Program for Better Health Care in Rheumatology**  
(Educational Interventions)

**Francine Borduas, MD**

Laval University, tel: 418/656-5958, mailto:[francineborduas@videotron.ca](mailto:francineborduas@videotron.ca)

**Angèle Turcotte, MD**

Centre d'ostéoporose et de rhumatologie de Québec, tel: 418/656-5958, mailto:[angele.turcotte@grmo.net](mailto:angele.turcotte@grmo.net)

**Carlos Brailovsky, MD**

Université Laval, tel: 418/656-2131, ext. 2762, mailto:[cbrailovsky@cessul.ulaval.ca](mailto:cbrailovsky@cessul.ulaval.ca)

**Michel Rouleau, MD**

Laval University, tel: 418/656-5958, mailto:[michel.rouleau@fmc.ulaval.ca](mailto:michel.rouleau@fmc.ulaval.ca)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** After reviewing this poster, participants will be able to **1)** examine useful means to improve physicians' skills in rheumatology, and **2)** discuss effects on clinical practice of an advanced educational program and partnerships related to this program.

**Methods:** An advanced program was developed for family physicians interested in musculoskeletal disorders. Rheumatologists, healthcare professionals specialized in musculoskeletal disorders and trained patient partners participated in a 4-day educational program. Satisfaction, self-confidence and clinical reasoning of the participants were evaluated.

**Key Points:** An advanced program for family physicians interested in musculoskeletal disorders significantly improved participants' skills and self-confidence regarding clinical situations in rheumatology. The partnerships that were developed through this program fostered the development of a powerful and effective network for better access to healthcare in rheumatology.

**Recommended Reading:** Effective Health Care, Getting evidence into practice, The University of York, NHS Centre for Reviews and Dissemination, February 1999, volume 5, number 1, 16 pages.

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**NOTES**

**P3, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**An All-Inclusive Approach to Teaching Prevention via Interactive Case-Based Learning with the PCP and Specialist**  
(Educational Interventions)

**Steven Rifkind, MS**

Thomson Professional Postgraduate Services®, tel: 201/271-6150, mailto: [steven.rifkind@pps.thomson.com](mailto:steven.rifkind@pps.thomson.com)

**Sylvia Razzo, MA**

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**Genevieve Romano, MFA**

Thomson Professional Postgraduate Services®, tel: 201/271-6073, mailto: [genevieve.romano@pps.thomson.com](mailto:genevieve.romano@pps.thomson.com)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** CME professionals who develop educational programs for various physician audiences, who are at any experience level

**Objectives:** Enable participants to:

- Assess the benefits of using one thematically consistent program through a longitudinal case study for primary care and specialist audiences
- Make effective use of case-based video vignettes embedded in PowerPoint presentations
- Identify effective strategies to encourage physicians to take proactive and aggressive approaches to prevention
- Engage the audience in a dynamic and interactive dialogue during a weeknight educational program

**Methods:**

- An innovative learning methodology, the Prevention Model, integrates flashback and fast-forward techniques to drive home the message of the importance of early diagnosis and aggressive treatment of hypertension to prevent poor outcomes.
- It describes how the utilization of one hypothetical, but typical, longitudinal case study can be used to actively engage the primary care audience in identification of strategies to prevent kidney disease, and then for specialists (cardiologists, endocrinologists and nephrologists) to prevent the progression to renal failure. The transition occurs when the patient progresses to the point at which he requires referral to a specialist.
- Primary care physicians who attend the program are invited to attend the specialist meeting, to participate in the discussion and understand the specialists' perspectives of how best to treat the patient with diabetes, hypertension, and chronic kidney disease.

**Key Points:**

- While the educational needs of primary care physicians and specialists may be different, one effective strategy utilizing video, flashback and fast-forward techniques, with a strong story line, can be effectively utilized for both audiences.
- The flashback technique enables the primary care physician to start the program with the understanding that the patient has progressed to having kidney disease. The audience then critiques the physician's approach to management of the patient at key time points, knowing that treatment has not been adequate.
- The fast-forward technique is used as the specialist audience is advised, through brief video vignettes, on the manner in which the patient progressed to kidney disease. The challenge is to prevent progression to end-stage renal disease.

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**NOTES**

**P4, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**Enhancing and Sustaining Learning: A Model for Integrating Interactive Components into Live CME Activities**  
(Educational Interventions)

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** CME professionals at all experience levels and healthcare providers involved in managing patients with pain

**Objectives:** Enable participants to:

- Describe an interactive model for educating healthcare professionals about the benefits and risks of opioid analgesia and how to apply the basic documentation and medico-legal requirements necessary to support appropriate opioid prescribing
- Demonstrate helpful teaching methods through a treatment algorithm, clinically useful tools, case studies, and an audience response system (ARS)

**Methods:** Various interactive components are integrated via electronic links into the Advances in Opioid Analgesia slide module, an innovative modularly constructed slide module with versatile and flexible navigational capabilities, for presentation at live meetings.

- The National Initiative on Pain Control® Opioid Analgesia Tool Kit can be accessed from any slide within the module and navigated to demonstrate the entire kit or to focus on a specific section or tool.
- Additional interactive links are inserted into key content data slides and, when accessed, open an associated opioid analgesia component tool or resource that relates to a specific point in the presentation or stage of the core opioid treatment algorithm.
- Case vignettes demonstrating key elements of the core treatment algorithm can be accessed from any point in the module with audience response questions inserted throughout to facilitate interactive discussion.
- Participants at each live activity receive a syllabus with all slides and case vignettes in the module, as well as samples of the clinical tools demonstrated during the live activity.
- Participants also receive a CD-ROM containing the Opioid Analgesia Tool Kit, which includes all the tools demonstrated and discussed during the activity plus other relevant resources, all of which can be downloaded for customizing for use in the clinical setting.

**Key Points:** Interactive components in live CME programs increase participation and discussion and thereby enhance learning by providing exceptional opportunities to address critical decision points, change behavior, and reinforce these changes to ultimately improve patient outcomes.

**Recommended Reading:** Mazmanian PE, Davis DA. Continuing medical education and the physician as a learner. JAMA. 2002;288:1057-1060.



**P5, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**Postoperative Pain Management: Meeting Unmet Needs Following Major Surgery (CD-ROM)**  
(Educational Interventions)

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** CME professionals at all experience levels and healthcare providers involved in managing patients with pain.

**Objectives:** The CD-ROM self-study program seeks to: Educate nurses on the magnitude of postoperative pain, instruct them on how to better assess postoperative pain, and offer proven strategies for postoperative pain management that are patient-directed versus technology-directed.

Furnish nurses and other healthcare professionals with an interactive, on-demand educational CD-ROM that incorporates a useful *Patient Care Continuum* into the didactic assessment and medications content and provides interactive case studies and resources

**Methods:** Nationally recognized nurses with relevant clinical experience in postoperative pain management were enlisted, as well as scientific advisors (physicians) who recognize the gaps in nursing education for postoperative pain.

A *Patient Care Continuum* guideline was created for pain management from pre-op to transition to home or other facility. The *Patient Care Continuum* was incorporated into the didactic portions, as well as the interactive case studies.

**Key Points:** Created by an expert advisory team of nurses with relevant clinical practice experience in the management of postoperative pain, the CD-ROM provides an innovative and interactive educational approach to assessment and monitoring of patients in the critical 48 hours following major surgery.

A step-by-step *Patient Care Continuum* guides the user through a patient's hospital visit from pre-op to transition to home or other facilities.

Comprehensive didactic sections on assessment as well as medications and delivery systems, including important drug and side effects tables, are invaluable in understanding the latest postoperative pain medications and delivery systems.

Three interactive case studies follow patients through the *Patient Care Continuum* stages of care. The cases offer the user the opportunity to respond to new postoperative pain management challenges.

Resources include practical assessment and clinical tools, patient and family education handouts, useful links, and pain guidelines.

This education tool allows for a flexible learning format that permits the user to access information as needed.

**Recommended Reading:** Apfelbaum JL, Chen C, Mehta SS, Gan TJ. Postoperative pain experience: results from a national survey suggest postoperative pain continues to be undermanaged [abstract]. *Anesth Analg*. 2003;97:534-540. Viscusi ER. Emerging techniques in the treatment of postoperative pain [abstract]. *Am J Health Syst Pharm*. 2004;61(suppl):S11-S14.

**P6, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**Building Upon Knowledge: Measuring the Value of Sequential Learning Among Multidisciplinary Professionals  
in the Managed Care Setting**  
(Educational Interventions)

**Michele Kaufman, PharmD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This poster will interest all CME providers and health professionals who want to determine if a sequential learning model is an effective way to deliver CME to their intended audience.

**Objectives:** After viewing this poster, participants will be able to **1)** Understand the application of the sequential learning model to the CME participant, **2)** Create and implement a sequential learning model, **3)** Demonstrate application of the sequential learning model to the managed care setting, and **4)** Recognize the potential impact such an educational model might have on population health.

**Methods:** This poster presentation will describe in detail how the presenting organization researched, designed, implemented, and measured the outcomes of a sequential learning model on topics of high interest in the managed care setting. Data and relevant outcomes from multi-channel activities will be presented.

**Key Points:** Sequential learning allows the participant of a CME activity to build upon knowledge already gained from previous activities, therefore affording the ability to produce learners with higher levels of expertise in a given subject area. With careful preparation, the design and implementation of such a model is an achievable goal for CME providers.

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**NOTES**

**P7, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**Response to an Adverse Event: A Model for Sharing Information across Medical Centers**  
(Educational Interventions)

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** After reviewing this poster, participants will be able to **1)** identify current medical center responses to sentinel events, **2)** examine a revised educational format for addressing sentinel events that can be shared across institutions, and **3)** discuss how CME professionals can position themselves in their organizations to turn a sentinel event into a learning experience.

**Methods:** The poster will present a case study of an adverse event at one academic medical center, the current institutional response, and a proposed mechanism to expand that response to benefit multiple stakeholders.

**Key Points:** It is acknowledged that mistakes occur in medical care, but with the hope that the medical specialty learns from each mistake to prevent future problems. Sentinel events are an ideal source of need-based learning. Education and training that occurs in response to an adverse event must be collaborative and multifaceted to address various stakeholders (e.g., CME-driven web-based education can be shared across institutions). Future adverse events can be prevented.

**Recommended Reading:** JCAHO Sentinel Event Resource Index [www.jcaho.org](http://www.jcaho.org).  
WHO Draft Guidelines for Adverse Event Reporting and Learning Systems [www.who.int/patientsafety](http://www.who.int/patientsafety).

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**NOTES**

**Evolution of Accredited Courses of the CME Department and their Results**  
(Educational Interventions)

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** Any professional in the field of CME and Continuing Professional Development

**Objectives:** To describe the profile of accredited activities, education hours, students and Continuing Medical Education (CME) credits given between 1998 and 2005 by the CME Department of the College of Physicians of Barcelona.

**Methods:** The study and analysis of data obtained from the accredited activities and their participants, taken from the annual reports of the CME Department between 1998 (beginning accreditation of activities) and 2005.

**Major Results:** Between 1998 and 2005 a total amount of 293 courses were accredited from the 535 educational activities offered by the CME Department. In the year 2000, were accredited the greatest number of courses (65 courses (85.5%).

During these 7 years, there were 11,982 education hours and from the 8,793 students registered, 6,699 were given credits for the activities they took part (between 60.60% in 2005 and the 88.6% in 1999). There were given a total amount of 55,749 credits in the period, being 1999 the year with more credits given (11,092).

**Recommended Reading:** <http://cec.comb.es>.

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**NOTES**

**P9, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**Assessing the Educational Needs of Indiana Physicians**  
(Educational Interventions)

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** Upon reviewing data presented on this poster, participants will have a better understanding of changing needs of physicians and how the results can be incorporated in their CME planning.

**Methods:** Based on the results of the comprehensive needs assessment conducted in 2004-2005, a 13-item questionnaire was developed and distributed to participants of CME conferences and the Indiana State Medical Association Annual during Fall of 2005 and will continue to Spring of 2006. The purpose of the study is to determine format preferences, areas of interest, degree of practice change and potential barriers to practice change. The results will be compiled during Summer of 2006 and will be compared with the previous study.

**Key Points:** In a rapidly changing practice environment, and advances in information technology, it is expected that educational needs of physician learner change accordingly. It is well documented that when adult learners are directly involved in identification of their educational needs, and CME programs are developed and offered based on well conducted needs assessments, CME interventions are more effective in changing physician's behavior.

**Recommended Reading:** Grant Janet, Learning Needs Assessment: Assessing the Need, BMJ 2002; 324:156-159.

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**NOTES**

**P10, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**Online CME and Information Seeking: Readers and Credit Seekers**  
(Educational Interventions)

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This poster will interest CME professionals at all levels who are concerned with enduring materials.

**Objectives:** After reviewing this poster, participants will be able to **1)** compare readers and credit seekers for selected online CME programs, **2)** assess those results in comparison to live CME programs, **3)** draft an approach to defining a metric beyond CME credit that describes the ‘reach’ of online CME programs

**Methods:** The poster will provide a description of methods used to compare readers and credit seekers in effectiveness of the educational activity. Data will be provided on 2200 online participants and their responses to clinical scenarios designed to measure effective application of content from 6 online CME programs. This data leads to implications for online program design, reporting of metrics, and the actual impact of a program on physician learning. The data will be used to define approaches to the development of a more robust metric to describe ‘reach’ for use of online CME.

**Key Points:** A better understanding of the ways that users gather information from online CME activities provides ideas for the way we think about the design of enduring materials and how we report their ‘reach’.

**Recommended Reading:** Bennett N, Casebeer L, Zheng S, Kristofco R. Information seeking behaviors and reflective practice. Journal of Continuing Education in the Health Professions, In press, 2006.

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**NOTES**

**P11, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**Impact Reports: Validating Learning Objectives by Analyzing Participants' Responses**  
(Performance Measurement)

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This poster presentation will interest continuing medical education (CME) providers and supporters.

**Objectives:** After evaluating this poster presentation, participants will be able to **1)** explain how impact reports can be used to validate learning objectives, **2)** describe the utilization metrics of an eCME program, **3)** demonstrate how impact reports add value by accurately measuring participant responses, and **4)** recognize how impact reports can identify subsequent gaps in physician knowledge and identify topics for additional educational activities.

**Methods:** When a predetermined number of participants (250) have completed an eCME activity, an impact report is prepared. Impact reports provide quantitative and qualitative data on participants, completers, and CME credits over time. A question-by-question analysis is performed and the information gathered is presented both graphically and in writing. Impact reports provide valuable information identifying areas of unmet patient needs and feedback on the general effectiveness and interest in the case.

**Key Points:** Analysis of participants' responses to a variety of CME activities is often not possible. For example, when physicians attend a live event, it is difficult to measure whether physician knowledge has been changed. When CME is presented as a monograph, although the number of participants may be known, data are not always gathered to indicate responses to particular questions. An impact report on case-based eCME activities provides a question-by-question analysis of participant responses. The number of correct answers and/or the spread of responses allow for interpretation of the value of the question and provide a measure of whether learning objectives have been validated. Coupled with faculty input, impact reports are a reliable format to convey the success of an educational program and a means to explore subsequent topics.

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**NOTES**

**P12, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**Improving the Doctor-Patient Relationship: A Program of Popular Workshops for Physicians**  
(Performance Measurement)

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** For all CME participants

**Objectives:** After reading our poster, the participants will be able to develop interactive workshops to help physicians in their communication skills.

**Methods:** Based on educational needs, 7 different interactive workshops of 90 minutes each, have been developed to help physicians in their communication skills.

These workshops were offered, free of charge, to groups of 10 to 30 physicians all over the Province of Quebec. These interactive workshops used role play.

**Key Points:** From March 1992 to October 2005, 442 workshops were presented to 5,815 physicians.

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**NOTES**



**P13, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**Who are the Physicians Having Performance Problems in their Practice?**  
(Performance Measurements)

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** CME professionals at an intermediate level within health systems and state medical societies

**Objectives:** To identify the characteristics of physicians who have performance problems in their practice.

**Methods:** From 1993 to 2004, 369 physicians completed a remedial professional program. They were divided in 3 categories: disabled (ill), incompetent or unprofessional behavior physicians. Their characteristics were compared to those of a control group of 165 physicians randomly chosen.

**Key Points:** More male physicians were observed in the incompetent and unprofessional behavior groups (90% vs 66%); ill physicians were younger and incompetent physicians were more often graduated outside of Canada or the United States.

For physicians in the three groups, none had more incompetence or behavior problems during their residency training or failed clinical rotations. More than a third of the specialists in the group of incompetent physicians were surgeons and 55% of the specialists in the group of unprofessional behavior physicians were psychiatrists.

Incompetent and unprofessional behavior physicians tended to be more isolated and have a private practice. Finally, all physicians with competence problems had less hospital privileges in comparison to those of the control group.

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**NOTES**

**Validating *AMA PRA Category 1 Credit*™ Hours and Post-Test Questions for Enduring Activities  
Using a Field-Testing Process  
(Performance Measurement)**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** After reviewing this poster, participants will be able to **1)** discuss methods for determining the number of *AMA PRA Category 1 Credit(s)*™ for enduring activities, and **2)** outline a process for validating post-test questions for enduring activities.

**Methods:** The poster will present one provider's method of validating post-test questions and the number of credits prior to launch/publication of an enduring activity through a "field-testing" process. Results of a survey of CME providers' practices for assigning the number of *AMA PRA Category 1 Credit(s)*™ credits for enduring activities and validation of post-test items will also be summarized.

**Key Points:** Physicians utilize a variety of delivery methods to obtain their CME credit, including enduring formats such as printed, audio, video, online, or electronic. Data from the ACCME Annual Report indicated that over 19,000 enduring and Journal CME activities were offered by accredited providers in 2004. The AMA does not specifically outline methods for assigning credit for enduring materials, but the guidelines indicate that a "good faith estimate" should be used to determine the amount of time that a physician will need to complete the activity. This poster will summarize providers' practices for assigning CME credits and validation of post-test questions. ASHP's process for "field testing" post-test questions will be described. The field-testing process was implemented to document the true number of hours that a physician would need to complete the activity and to validate post-test questions. Because ASHP requires successful completion of the post test in order to obtain CME credit for enduring activities, it is essential to have a valid test. The field-test process "tests" the test items with sample end users for clarity of the question and answer options. This process has enabled us to determine the appropriate number of CE credits to award an activity and to validate the test items prior to the launch/publication of an enduring activity.

**Recommended Reading:**

1. Mergener, MA. Preliminary Study to Determine the Amount of Continuing Education Credit to Award for Home Study Programs. *Am J Pharm Educ*; 1991; 55(3); 263-6.
2. The Physician's Recognition Award and credit system: Information for accredited providers and physicians. AMA, 2006 revision.

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**NOTES**

**P15, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**Attitudinal Issues in Physician Professional Development**  
(Performance Measurement)

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**Seema Nagpal, MSc**  
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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** Intermediate, Advanced

**Objectives:** To illustrate the impact of physician values upon their willingness, commitment and readiness to engage in their own professional development.

**Methods:** Dynamic and emerging needs are best and most appropriately examined with mixed-model research that is primarily qualitative in design. This study employed intensive investigation with focus group, causal analysis, clinical mapping, and gap analysis questionnaire methods. A triangulated analysis involved using both quantitative (SPSS) and qualitative (NVivo) statistical software and structured multidisciplinary analysis and interpretation.

**Key Points:** Key findings indicated that four critical value dimensions influence physician commitment, interest, and readiness to engage in professional learning and change. Those value dimensions included an emphasis on the continuum from science to humanism of medicine, individualization to standardization, oversight to self-regulation, and professional development as separate from clinical practice to integrated into clinical practice.

**Recommended Reading:** Johnson, R. B. and A. J. Onwuegbuzie. Mixed Methods Research: A Research Paradigm Whose Time Has Come, Educational Researcher (2004) 33(7): 14-26.

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**NOTES**

**P16, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**Assessing Behavioral Changes Following Participation in Educational Programs**  
(Performance Measurement)

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This poster will be of interest to all CME professionals and health providers at who are interested in assessing how their educational activities impact an attendee's behavior.

**Objectives:** This poster will assist participants to: **1)** identify efficient methods for assessing changes in physician behavior (disease knowledge, barriers to adoption, practice pattern differences) following participation in an education activity; and **2)** assess the impact of physician practice differences resulting from education.

**Methods:** Two methods are used to assess effectiveness and impact of education on physician knowledge, behavior and practice patterns. First, participants were asked to complete a survey immediately following the live activity to evaluate the extent to which each educational objective was met, whether the information learned increased their professional knowledge, whether they would change their disease management approach, and whether they would start new research based on the acquired information. Three months following the activity, a second survey was sent to participants asking them about similar questions. Responses from the second survey were then compared to the first. A second case-based method was used to assess differences in practice patterns between participants and non-participants. A case-based survey was administered to a sample of participants and non-participants within 60 days of the live activity. The case-based survey was developed by physician experts and measured diagnostic and management choices related to educational objectives. Responses between participants and a similar group of non-participants were compared for statistical significance.

**Key Points:** Results from a variety of methods provide useful information about changes in knowledge and differences in practice patterns associated with educational participation. One method of evaluating the long term success of an educational activity is to determine the impact of this activity on the professional behavior of those who attended or participated in the activity versus those who do not. Behavioral impact includes changes in patient management, increase in clinical knowledge, and the stimulation of new research activities as a result of new information learned. The two methods decided here assess outcomes by very different but complementary approaches. The final decision by a provider to use any given methodology will depend on benefit/cost analysis. However, in order to obtain the most accurate outcome the methodology of outcomes measurement should be determined prior to execution of an event.

**Recommended Reading:** 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.

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**NOTES**

**P17, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**Partnering in Response to a Provincial Health Need: The Design, Development, Delivery, and Evaluation of Socially Accountable Continuing Education**  
(Partnering)

**Fran Kirby, MEd**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This poster presentation will be of interest to continuing medical education (CME) professionals and physicians at all experience levels and in all provider groups (public and private).

**Objectives:** The purpose of this poster is to describe the continuing education (CE) initiatives and partnership which resulted from the recommendations of a Task Force established to analyze the abuse of an opioid analgesic in Newfoundland and Labrador, Canada in 2003. Participants will have the opportunity to: **1)** increase their knowledge of the design, development, delivery, and evaluation of the CE initiatives established in response to a public health need; **2)** increase their knowledge of the challenges to partnering and implementing such initiatives; and **3)** reflect on the value of partnering and the key factors for successful collaboration.

**Methods:** The Task Force identified a need for continuing education on chronic pain management and related abuse and addiction issues. Memorial University, with the funding from Purdue Pharma and the support of the provincial government, provides this CE to physicians and health professionals across the province. Various delivery methods were used including: **1)** public forum; **2)** three regional programs; **3)** teleconference session; and **4)** online course. The poster will summarize the program content and delivery methods used, the evaluation findings for each initiative, and the results of follow-up with program participants (conducted to assess whether the reported knowledge gain is impacting their practice).

**Key Points:** Memorial University and Purdue Pharma partnered in order to respond to an identified health challenge. Socially accountable CE was developed and delivered to an interprofessional audience in a province where, given its geographic diversity, delivering CE is challenging. Preliminary evaluations show that the programs met the educational needs of its audience. The programs were timely; addressed respondents' learning needs; and enhanced their knowledge in this area.

**Recommended Reading:** Lanier DC, Roland M, Burstin H, Knittner JA. Doctor performance and public accountability. *Lancet* 2003;362(9393):1404-8.

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**NOTES**

**P18, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**Working with Competing Organizations on Successful CME Events**  
(Partnering)

**Bonnie Bixler, MEd**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This poster may interest CME professionals from all provider groups and at all levels, particularly those who have competing hospitals/organizations in their areas vying for patients and education.

**Objectives:** Upon reviewing this poster, participants should be able to: **1)** describe the benefits of collaborating, even with competing organizations; **2)** identify potential collaborative partners within the competing organizations; **3)** list ways to leverage resources among collaborators, and **4)** discuss ways to enhance CME partnerships based on community assets and needs.

**Methods:** The poster will present case studies based on the experience of the Penn State College of Medicine CME office. Case studies will include identification of partners, enrollment data, financial and educational impact upon the partners, and conclusions about the success or failure of each activity.

**Key Points:** When common educational issues and potential collaborative partners are identified, even competing institutions/organizations can successfully partner to meet broad CME goals which result in a win-win situation.

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**NOTES**

**P19, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**Academic Excellence Day: Improving Collaboration in a Citywide Focus**  
(Partnering)

**Michael Grossman, MD**

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**Leanne Andreasen**

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**Phyllis Thackrah**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This poster presentation will be of interest to CME professionals and health care providers in all levels of experience and all provider groups.

**Objectives:** Participants will be able to enhance educational collaboration; build relationships with internal and external stakeholders; and encourage academic and research development in their community.

**Methods:** Academic Excellence Day requires individuals to prepare a relevant abstract; produce a poster on their work or compete in an oral presentation. Participants are judged on clarity, delivery, design, originality, relevance, methodology, organization, and literature review.

**Key Points:** Academic Excellence Day offers a combination of oral and poster presentations on both clinical case reports and research studies. The program originally began with two institutions in the Phoenix Metropolitan area and has now expanded to 9 training programs with a combination of academic, private, community hospitals and medical centers. The effort is now organized through AzMEC (Arizona Medical Education Consortium) in collaboration with Maricopa Integrated Health System, Mayo Clinic, St. Joseph Hospital and Medical Center/Barrow Neurological Institute, Banner Good Samaritan Medical Center, Scottsdale Healthcare, Phoenix Baptist Hospital, and Phoenix Children's Hospital.

**Recommended Reading:** ACGME requirements for scholarly activity at [www.acgme.org/ac.website/home/home.asp](http://www.acgme.org/ac.website/home/home.asp).

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**NOTES**

**P20, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**Collaborating with Risk Management Professionals to Enhance CME Programs**  
(Partnering)

**Lois Booth, BA**

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**Judy Gould, AA**

Rhode Island Hospital, tel: 401/444-4260, mailto:[jgould@lifespan.org](mailto:jgould@lifespan.org)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The target audience is CME professionals seeking information regarding the benefits to physicians of collaborative efforts with Risk Management professionals to provide education and heighten awareness of the causes and prevention of malpractice actions.

**Objectives:** After reviewing this poster, participants will be able to summarize the benefits to physicians of risk prevention, and describe how this knowledge and awareness can be integrated into a medical practice environment.

**Methods:** The poster will illustrate the qualities of CME professionals and Risk Management professionals that blend each other's skills and knowledge in developing an educational forum on risk prevention that will improve patient care, reduce risk and provide knowledge to benefit patient-physician relationships and quality care. Potential topics will be suggested and examples of needs assessments will be delineated. A flow chart of the contributions of CME and Risk Management professionals will provide guidelines for assessing compliance with accrediting criteria, the awarding of credits and reducing the frequency and severity of malpractice actions and improving patient satisfaction.

**Key Points:** The collaboration between CME professionals and Risk Management professionals can provide an educational opportunity in risk prevention that will benefit society, patients and physicians.

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**NOTES**



**P21, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**Does Regionalization of Education Programs Better Enable Focused Learning?**  
(Leadership)

**Christopher Bolwell, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This poster will be of interest to CME professionals and health providers at all levels of experience who are interested in understanding the impact of regional meetings in the education of physicians.

**Objectives:** After reviewing this poster, participants will be able to: 1) understand the different approaches and strategies to developing regional meetings compared to national events; and 2) determine the advantages and disadvantages of delivering education via a regional versus national event.

**Methods:** National events were defined as events that were disease specific 2-day events covering all aspects of the disease area. Local events were defined as 2-3 hour events which discussed key subjects within a specific disease area. We compared evaluation data from national conferences to those obtained from a regional meeting series. The parameters surveyed included: participants perceived increase in knowledge; willingness to change patient management strategies based on information learned at the CME event; willingness to start new research; and costs of developing and implementing the activity. Data was obtained from evaluation forms completed by attendees at the conclusion of each educational event and from a 3-month follow-up evaluation. For the regional series, evaluation data was compiled into one report encompassing responses from attendees to all of the regional series.

**Key Points:** Regionalized meetings attract local audiences who don't usually have the time or money to travel to national events. In contrast, national meetings attract participants from all over the country. National meetings are excellent forums for giving a good overview of a disease area covering all aspects from diagnosis to new treatment options; whereas regional events allow the presenters to focus more on the local issues and practices.

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**NOTES**

**P22, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**Funding CME in a Community Hospital Setting**  
(Administrative/Management)

**Sharon Wilson, BAS**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This poster presentation will be of interest to CME professionals at all levels working in a community hospital setting

**Objectives:** After reviewing this poster presentation, participants should have numerous working ideas they can take back and use at their institutions to explore alternatives and secure additional funding for their CME programs.

**Methods:** This poster will identify collaborative methods to secure internal and external stakeholders for financial support of CME using PowerPoint design to present.

**Key Points:** Using these ideas, participants should be able to increase funding for their CME programs.

**Recommended Reading:** S. Pelletier, The Frustration, Med Meetings, March/April 2004, 34-40. C.T. Meyer, The Century Club: A Model for Staff-Supported Medical Education. J Am Osteopath Assoc, May 1990; 90:439.

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**NOTES**

**P23, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**The Catalan Council of CME as Trigger of Spanish Developments in CME**  
(Administrative/Management)

**Helios Pardell, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This poster will interest to professionals involved in the development of CME accreditation systems at national level.

**Objectives:** After the poster presentation the CME professional should be able to: **1)** understand the implementation process of CME accreditation systems; **2)** foster the leading initiatives in CME accreditation, and **3)** use this model for other European initiatives in CME accreditation at national level.

**Methods:** The poster will present a brief description of the process by which different CME accreditation system have been implemented in Spain.

**Key Points:** The CCCME was created in 1989, patterned after the US CME accreditation system, centred on providing institutions accreditation and the CME events certification-accreditation. The CCCME's accreditation system was implemented in 1997.

In 1997 the Spanish Commission of Continuing Education of Health Professionals (SCCEHP) was created and its accreditation system for all health professions started in 1999.

In 2003, the Spanish Accreditation Council of CME (SACCME) was set up, being its accreditation system implemented by the same year.

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

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**NOTES**

**P24, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**JCAHO (Joint Commission on Accreditation of Health Care Organizations) – Is JCAHO Your Stakeholder?**  
(Administrative/Management)

**Nancy DeRita**

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**Steven Minnick, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** After the poster presentation, the CME professional should be able to understand that participation in continuing education and continuous professional practice evaluation is considered in decisions about reappointment to membership on the medical staff or renewal or revision of individual clinical privileges. To involve members of the organized medical staff in activities to measure, assess, and improve performance on an organization wide basis, including a focused practitioner review process. To **balance** compliance with JCAHO and the upcoming proposed revisions.

**Methods:** The poster will present a review of existing information as well as dissemination of new information from JCAHO. Participants can share their experiences.

**Key Points:** (1) JCAHO's new proposed standards will allow organization's to monitor clinical practice trends and to intervene as soon as issues surface that impact on the quality and safety of care. (2) CME participation is vital to practitioners. (3) The organized medical staff is involved in evaluation of individuals with clinical privileges whose performance is questioned as a result of the measurement and assessment activities.

**Recommended Reading:** Joint Commission on Accreditation on Health Care Organizations. <http://www.jcaho.org>.

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**NOTES**

**P25, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**Web-Based RSC: Managing RSC and Related Conflict of Interest Issues Using a Unique Tracking System**  
(Administrative/Management)

**Jeanne Cole, MS**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This poster will be of interest to CME professionals of all experience levels who work with RSC's.

**Objectives:** At the end of this poster presentation, participants should be able to: **1)** Explain how a web-based RSC system streamlines documentation and improves communications; **2)** Describe the impact of improved RSC tracking and monitoring on COI management and compliance, and **3)** List the benefits and pitfalls of a web-based RSC tracking system.

**Methods:** Jefferson introduced a web-based management process for its RSC in July 2005. All individual RSC sessions are pre-registered on the web by sponsoring department administrators. COI information for individual sessions are reviewed by CME staff and stored in the database. The electronic format is sorted to identify and monitor sessions which have COI issues requiring intervention. The data are regularly reviewed to assure sessions are in compliance. Information is integrated with our registration management database as well.

**Key Points:** The RSC online processes have streamlined documentation, improved the tracking and sessional monitoring of RSCs, and improved communications with RSC planners and administrators, enabling the Office of CME to appropriately manage RSC COI issues. Ongoing internal reviews as well as user feedback have resulted in improvements to the system, including automatic reminders to departmental administrators. What started out as an internal tracking system has evolved into an institutionally shared tracking system for RSCs and their compliance with COI.

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**NOTES**

**P26, Poster Presentation**  
**7:30 am – 4:00 pm, Thursday; 7:30 – 11:30 am, Friday; 7:30 – 10:30 am, Saturday**  
**Grand Sonoran Foyer/1**

**The Development of an Initiative**  
(Self-Assessment and Life-Long Learning)

**Steven Rifkind, MS**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** CME professionals who create and develop educational programs for various physician audiences, who are at any experience level

**Objectives:** Enable participants to:

- Recognize the difference in planning the development of an initiative vs a one-off program
- Identify the incremental process necessary in the development and expansion of an initiative over several years
- Describe the various strategies that can be employed in developing an initial needs assessment and then utilizing data from the annual re-assessments to encourage audience participation in multiple activities
- Maximize reach and impact of the initiative through the use of various formats and the cross-promotion of activities

**Methods:**

- Expert faculty were recruited and utilized extensively in development of ongoing needs assessment analysis, and subsequent content development for all activities. Faculty included representation from various specialties, including the target audience of primary care physicians, nurses, and pharmacists.
- While achieving attendance that exceeded goal for five different modules during live events, enduring materials were used to both reach a different audience and promote the live events to the target audience.

**Key Points:**

- Now in its fifth year, the Initiative has grown from a small series of dinner meetings to a comprehensive multi-modular, multi-component branded commodity, with credibility and name recognition.
- Development costs for the live events have been amortized by the use of spin-off Web-based certified activities.
- Responding to the needs of live-event attendees has generated an audience that participates in multiple events. Participation in multiple events increases the likelihood of physician practice changes following the activities.

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**NOTES**

**T1, Plenary  
8:30 – 10:00 am, Thursday  
Grand Canyon 1-8/1**

**Collaborating and Balancing Stakeholder Interests: Provocative Strategic Imperatives  
(Partnering)**

**Joseph Green, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Audience response technology to be provided by Audience Response Solutions**

**Target Audience:** This plenary session is designed for all levels of CME professionals from all types of CME providers.

**Objectives:** At the conclusion of this session, participants should be able to: **1)** develop strategies to balance stakeholder interests in collaborative arrangements, **2)** apply principles of successful collaboration to current efforts with stakeholder groups, **3)** use information from different type of CME providers to target new collaborative efforts, **4)** develop strategies to deal with the three provocative strategic imperatives in their CME organization, and **5)** select the best possible sessions at the Alliance for CME Annual Conference to meet individual and organizational needs.

**Methods:** After introductory remarks for the Annual Conference, a brief presentation will be made outlining several provocative strategic imperatives. The participants will vote using an ARS system (provided by Audience Response Solutions) and the panel will discuss implications for different CME provider organizations. In addition, conceptual underpinnings of successful collaboration will be provided and specific relevant sessions during the Annual Conference will be provided to all.

**Key Points:** Understanding how to establish and maintain successful collaborative arrangements with various stakeholder groups benefits both CME professionals and the CME provider within which they work. Selecting appropriate partners, balancing stakeholder interests and sustaining mutually beneficial relationships all contribute to successful ventures.

**Recommended Reading:** Cervero RM, Wilson AL. Working the Planning Table (2006) Jossey-Bass, San Francisco.

**T2, Breakout  
10:30 – 11:30 am, Thursday  
Grand Canyon 1-8/1**

**AMA PRACredit System Revisions: One Year Later &  
Introduction to the Physician Consortium for Performance Improvement  
(Administrative/Management)**

**Alejandro Aparicio, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

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

- Cite the most recent changes with the *AMA PRA Category 1 Credit™* system and explain how these changes have impacted CME providers and physician learners
- Describe the role of the Physician Consortium for Performance Improvement and discuss how the Consortium's performance measures can be utilized to structure a performance improvement (PI) CME activity
- Identify resources for further information related to the AMA PRACredit system and the Physician Consortium for Performance Improvement

**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:** This session will provide the most recent information about the AMAPRA credit system, highlighting policies and issues that are new to providers, as well as providing answers to frequently asked questions. The session will also introduce the work of the Physician Consortium for Performance Improvement and relate how performance measures developed by the Consortium can be utilized to develop performance PI CME activities.

**Recommended Reading:** The American Medical Association Physician Recognition Award: Requirements for Accredited Providers, 2006 Revision.

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**NOTES**



**T3, Breakout  
10:30 – 11:30 am, Thursday  
Desert Suite I/2**

**Skill Sets Comprised by the Alliance's Competencies for CME Professionals**  
(Self-Assessment and Life-Long Learning)

**Richard King, PhD**

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MVG Consulting, tel: 512/343-0030, mailto:[mgregg@mvgconsulting.com](mailto:mgregg@mvgconsulting.com)

**Bruce Bellande, PhD**

Alliance for Continuing Medical Education, tel: 205/824-1355, mailto:[bbellande@acme-assn.org](mailto:bbellande@acme-assn.org)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** The purpose of this session is to share the findings of research to identify the specific knowledge, skills, and attitudes comprised by each of the Alliance's 48 Competencies for CME Professionals. In keeping with the theme of this year's conference, Improving Collaboration to Balance Stakeholder Interests, the session will highlight the findings from Competency Area 5, Partnering. 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 researchers used to identify and define the specific skill sets for each Competency; **3)** discuss the knowledge, skills, and attitudes which experts agreed are required to perform selected Competencies; and **4)** use the "skill sets" as a tool to assess their achievement of the Competencies.

**Methods:** This session will consist of interactive presentations by, and discussion with, the research team which conducted the Alliance's Competencies research.

**Key Points:** The Alliance's 48 Competencies for CME Professionals (published in June 2003) delineate the specific abilities that CME professionals should possess to be most effective in their jobs. They provide a benchmark for supervisors, accrediting organizations, associations, and the individuals themselves, to assess and develop professional capabilities. 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 (knowledge, skills, and attitudes) will assist CME professionals in assessing their performance and implementing programs for professional development.

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**NOTES**

**T4, Breakout  
10:30 – 11:30 am, Thursday  
Grand Canyon 9-10/1**

**New to CME? How do you Identify and Collaborate with Key Partners and Stakeholders and  
Still Accomplish the CME Mission?  
(Partnering)**

**Michelle Bartolone, BS**

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**Kevin Harty, MBA**

CME Pro Inc., tel: 858/220-0003, <mailto:kevin@cmepro.com>

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will be of interest to those who are new to the CME enterprise and may also be of interest to those with more experience who are looking to improve their ability to partner and collaborate.

**Objectives:** Upon completion of the session, participants will be able to:

- 1) Identify critical internal and external stakeholders
- 2) Address the needs and issues of each stakeholder in the CME enterprise
- 3) Review opportunities for developing best practices in partnership and collaboration

**Methods:** Brief (20 minutes) informational presentations by instructors will introduce new material, 25 minutes for a case study, followed by 10-15 minutes of Q&A.

**Key Points:** Successful CME activities occur when CME Providers collaborate with external stakeholders (faculty, learners, educational partners, commercial supporters, vendors). CME professionals that can identify, address, and resolve critical issues by better partnering and collaboration will provide exemplary CME activities that benefit all stakeholders.

**Recommended Reading:** Weiss J, Business Ethics - A Stakeholder and Issues Management Approach (2003) Thomson Learning, South-Western.

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**NOTES**

**T5, Breakout  
10:30 – 11:30 am, Thursday  
Desert Suite II/2**

**Copyright, Fair Use and Permissions: A Primer for the CME Professional  
(Administrative/Management)**

**John Pent, MA**

Center for Continuing Professional Education, tel: 301/990-6234, mailto:[alliance@ccpe.com](mailto:alliance@ccpe.com)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will be of interest to CME professionals at all levels, working in a variety of provider group settings.

**Objectives:** At the conclusion of this session, participants will be able to: **1)** Explain the basic history and purpose of copyright law, and recognize the material to which copyright applies; **2)** Discuss the four criteria of the fair use principle and apply this to specific CME 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 organization.

**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 responsibility should be considered an important element of our CME programs and having a clearer understanding of the issues, the fair use principle, and how to ask for permission will assist us in avoiding the pitfalls we may encounter.

**Recommended Reading:** Pent, J. Fair use: a primer for CME professionals. Almanac of the Alliance for Continuing Medical Education 2003, 25(8):1-4.

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**NOTES**

**T6, Breakout  
10:30 – 11:30 am, Thursday  
Grand Sonoran A-B/1**

**COI: Automating the Vetting Process - Where Are We Now?**  
(Administrative/Management)

**Jeffrey Melin, MEd**

American Epilepsy Society, tel: 860/586-7505, ext. 562, <mailto:jmelin@aesnet.org>

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout will be of interest to all CME professionals at the intermediate/advanced level.

**Objectives:** At the end of this session participants will be able to **1)** Identify the need to manage and vet reoccurring disclosures through an online survey process, **2)** Understand the AES disclosure rating categories and formula relationships built in to make ongoing review easier, **3)** Understand the flexibility of maintaining a speaker report list that can be updated, and **4)** Understand how activity chairs and liaisons can securely and conveniently review pertinent disclosures.

**Methods:** Presenters will provide an overview of the development and use of the AES COI rating instrument through a PowerPoint presentation and involve learners in an interactive exercise to demonstrate derivation of a COI rating

**Key Points:** The American Epilepsy Society (AES) is as a medical society of 3000 members, which has turned the faculty disclosure process into an online survey, capable of streamlining the disclosure review process with a COI rating system, secure online access and flexibility for faculty report updating.

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**NOTES**

**T7, Breakout**

**(Cancelled)**

**Learning Medicine Without Patients: Are We There Yet?**

(Educational Interventions)

**Yuri Millo , MD**

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**Joyce Donnellan, RN**

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**Ellen Cohen, DipEd**

Washington Hospital Center, tel: 202/877- 8201, mailto:[ellen.l.cohen@medstar.net](mailto:ellen.l.cohen@medstar.net)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** Advanced level in all provider groups

**Objectives:** At the completion of the session, participants will be able to:

1. Describe 3 types of computer simulation that serve as education tools
2. Describe 3 advantages of virtual decision making simulators for medical students and physicians
3. Differentiate between the 3 types of serious game simulations

**Methods:** Brief informational presentations of the theory behind serious games for education, following by case study of the Code orange simulator for hospital management during Mass casualty incidents developed at the Washington Hospital for CME purpose.

**Key Points:** Maintaining the knowledge of how to or react to low frequency high impact events were always a challenge for the long life learning experience of the medical professionals, technology today is able to provide tools that enable us to learn and practice this situation and understand the impact and the outcome on patients, staff and health systems in a learning experience that is definable, quantifiable and measurable.

**Recommended Reading:**

1. Simulations: The Next Generation of E-learning, Sarah Boehle, Training Magazine, March, 2005.
2. Video games and the future of learning, David Williamson Shaffer, University of Wisconsin-Madison, December 2004.
3. Are Computer Games Rebooting Our Minds?, David Secko, Published: June 16, 2005.
4. Video Games and the Attack on America, Marc Prensky 2001.

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**NOTES**

**T8, Breakout  
10:30 – 11:30 am, Thursday  
Grand Canyon 13/1**

**Physicians in CME: A Primer  
(Leadership)**

**George Mejicano, MD**

University of Wisconsin School of Medicine and Public Health, tel: 608/263-4591, mailto:[Mejicano@wisc.edu](mailto:Mejicano@wisc.edu)

**No Relevant Financial Relationships**

**Target Audience:** This breakout session will interest physicians new to CME and others who desire to recruit more physicians into CME and improve their effectiveness.

**Objectives:** At the completion of this session participants should be able to: **1)** Discuss the basics of selection, design, and evaluation of educational activities, **2)** Identify key sources of information on adult learning principles, **3)** Identify and use diverse sources of needs data, **4)** Lead the development of effective accreditation and re-accreditation efforts in their CME unit, and **5)** Properly position the CME unit within the administrative structure of the work environment

**Methods:** This session will primarily be didactic with ample opportunity for questions and discussion.

**Key Points:** Completion of the component sessions of the Physician Track should provide physicians and others in leadership positions within CME unit with basic information to improve their effectiveness in key competency areas within CME.

**Recommended Reading:** Alliance for CME – Competency Areas for CME Professionals.

Davis, D, Barnes, BE, and Fox, R. The Continuing Professional Development of Physicians. AMA Press, Chicago, 2003.

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**NOTES**

**T9, Breakout  
10:30 – 11:30 am, Thursday  
Grand Sonoran C-D/1**

**Designing Significant Learning Experiences  
(Adult/Organizational Learning Principles)**

**Beverly Wood, MD**

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**Win May, MD**

University of Southern California, tel: 323/442/2381, mailto:[winmay@usc.edu](mailto:winmay@usc.edu)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will be of interest to all CME teaching professionals.

**Objectives:** As an outcome of this session, participants will be able to:

1. Design creative learning activities to achieve different categories of objectives.
2. Differentiate between knowledge-based activities and skill-based interactive learning.
3. Develop strategies for teaching attitudinal objectives using standardized persons

**Methods:** Initial introduction of each concept in learning will be followed by learner experimentation with the strategy: competitions, role play, standardized persons and cases. Participants will develop learning experiences with active learning. Debriefing will be part of each activity.

**Key Points:** Learning is most effective and long-lasting when the content is meaningful and learners are able to actively process it. Strategies include recall, integration, organization, elaboration and practice. Learners need to actively apply and reflect on what they are learning.

**Recommended Reading:** Morrison GR, Ross SM, Kemp JE designing Effective Instruction. 2004, John Wiley & Sons, Inc.

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**NOTES**

**T10, Breakout  
10:30 – 11:30 am, Thursday  
Grand Sonoran H-I/1**

**Block Grants: Collaboration between State Medical Societies and Pharmaceutical Companies in Support  
of Intrastate Providers of Continuing Medical Education  
(Partnering)**

**Robert Addleton, EdD**

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**Caroline Carregal, BS**

Massachusetts Medical Society, tel: 781/434-7302, mailto:[ccarregal@mms.org](mailto:ccarregal@mms.org)

**Anne Wilson, BA**

Colorado Medical Society, tel: 720/858-6309, mailto:[anne\\_wilson@cms.org](mailto:anne_wilson@cms.org)

**Tim Holder, MD**

Oklahoma Medical Society, tel: 918/682-4318, mailto:[tholder@mfpcclinic.com](mailto:tholder@mfpcclinic.com)

**Melissa Carter, MA**

Florida Medical Society, tel: 850/224-6496, mailto:[mcarter@medone.org](mailto:mcarter@medone.org)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will interest CME professionals associated with the intrastate system of accreditation including providers, pharmaceutical companies, and medical educational companies.

**Objectives:** At the completion of the session participants will have learned about: **1)** the rationale behind the collaborative appeal of block grants; **2)** how to foster collaborative partnerships between medical societies, providers in the state system of accreditation and pharmaceutical companies; **3)** the design of outcomes-based CME is an essential ingredient, and **4)** early data from projects conducted under this partnership.

**Key Points:** Collaboration between pharmaceutical companies and state medical societies is a powerful way to ensure the continuation of CME at the local level. Collaboration can drive the adoption of outcomes-based educational methods. Multiple stakeholders can best achieve success through collaboration.

**Recommended Reading:** Davis, D, Barnes, B, Fox, R. The Continuing Professional Development of Physicians (2003) AMA Press, Chicago.

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**NOTES**



**T11, Breakout**  
**10:30 – 11:30 am, Thursday**  
**Pinnacle Peak 2/2**

***Greatness, the hard way...because there is no easy way!***  
(Systems Thinking)

**Carl Patow, MD**

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**Dan Johnson, MA**

HealthPartners Institute for Medical Education, tel: 952/883-7197, mailto:[dan.a.johnson3@healthpartners.com](mailto:dan.a.johnson3@healthpartners.com)

**Debra Curran, MA**

HealthPartners Institute for Medical Education, tel: 952/883-6221, mailto:[debra.m.curran@healthpartners.com](mailto:debra.m.curran@healthpartners.com)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will be relevant to continuing medical education (CME) professionals and teaching health care professionals at all levels and from all categories of CME related organizations.

**Objectives:** Following this session, participants will be able to **1)** describe the four stages of development successful organizations follow in advancing from Good to Great (*Collins, 2001*), **2)** list and describe the key principles that support an organization's advancement through those stages of development, **3)** identify specific ways to apply these principles to the progressive improvement of the participant's own organization, and **4)** propose how use of Good to Great organizational thinking could more effectively align the work of a CME provider with the goals of the medical groups they seek to serve.

**Methods:** Teaching methods include presentation of key concepts as well as structured small group discussion as a means of assisting participants in exploring how these ideas might be applied in their own setting.

**Key Points:** What kind of a CME provider organization do our stakeholders want to be aligned with? ...a *great one*! It is what we all aspire to be a part of. What does it take to become great? This presentation applies the work of Jim Collins (as described in his book, *Good to Great*) to the development of CME provider organizations. Included are the four stages of development and key principles that have guided those organizations that have become truly great. Presenters will suggest how this model could be applied within continuing medical education and illustrate those ideas with stories of their own efforts at attempting the journey. Specific topics, among others, include refining your focus, planning, prioritizing activities and outcomes measurement.

**Recommended Reading:** **1)** Collins, James C. *Good to Great: Why some companies make the leap...and others don't* (HarperCollins Publishers, Inc. 2001). **2)** Collins, James C. *Good to Great and the Social Sectors: Why Business Thinking Is Not the Answer* (Jim Collins, 2005).

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**NOTES**

**T12, Breakout  
10:30 – 11:30 am, Thursday  
Desert Suites IV & VI/2**

**Can we make it Easier to do the Right Thing? Creating Toolkits and Hubs for Primary Care to  
Make Best Practice Easier  
(Educational Interventions)**

**Michael Evans, MD**

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**Tupper Bean, MBA**

Centre for Effective Practice, tel: 416/ 978-5605, mailto:[tupper.bean@effectivepractice.org](mailto:tupper.bean@effectivepractice.org)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** CME professionals and interdisciplinary healthcare providers interested in multifaceted tools for primary care

**Objectives:** **1)** To expose participants to a number of barrier-sensitive tools to improve practice, **2)** to examine success and failures of the tools, and **3)** to improve insight into how one group (the Centre for Effective Practice) works with various stakeholders and end-users to facilitate design, disseminations, and uptake of toolkits.

**Methods:** Participants will get copies of the various tools (diabetes flowsheets, wound care cards, flu shot one-pagers, benign uterine conditions handouts for patients, etc.) and review data on design and implementation. There will be some overview of current evidence in enabling best practice as well as creating a “buffet” of options for various users and styles. Discussion will follow about the “business” of keeping the resources current and available at the point of curiosity in multiple media.

**Key Points:** Most resources have focused on knowledge alone – our goal is to create products that are sensitive to the clinical barriers of multiple stakeholders in the “real world”. Our goal is to make it easier to do the right thing.

**Recommended Reading:** Davis D. Evans M. Education and Professional Development. Chapter 15. Oxford Textbook of Primary Medical Care; 2005.

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**NOTES**

**T13, Breakout**  
**10:30 – 11:30 am, Thursday**  
**WildflowerA-C/2**

**Assessing Outcomes Begins with a Needs Assessment**  
(Performance Measurement)

**Thomas McKeithen, Jr., MBA**

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Healthcare Performance Consulting, Inc., tel: 317/733-9816, mailto:[larrison@changingperformance.com](mailto:larrison@changingperformance.com)

**Mary Ales, BA**

Interstate Postgraduate Medical Association, tel: 608/231-9045, mailto:[males@ipmameded.org](mailto:males@ipmameded.org)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** At the end of this session, participants will be able to **1)** identify the steps in a behavior change project, **2)** identify different levels of outcome measurement, **3)** list several strategies for collecting data for analysis and relating it to needs, and **4)** determine appropriate measurement(s) for current programming.

**Methods:** A practical example will be the framework for emphasizing the process of outcomes measurement and the relationship to needs assessment. Planning, budgeting, and implementation of outcomes measurement will be discussed. At the conclusion of the session, outcomes will be measured and offered to participants.

**Key Points:** Outcomes measurement of CME interventions can and should be developed in the planning phases of the event. Only through thorough planning can effective measurement be done.

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

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**NOTES**

**T14, Breakout  
10:30 – 11:30 am, Thursday  
Grand Sonoran J-K/1**

**Overview of CME Outcomes Methods, Including Discussion of New and Validated Learning Assessment  
and CME Outcomes Tools  
(Performance Measurement)**

**Timothy Adams**

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**Douglas Pousma, MD**

Metrixx, LLC, tel: 720/771-4567, mailto:[dougousma@metrixx.net](mailto:dougousma@metrixx.net)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** All, including all levels of experience

**Objectives:** 1) Summarize and compare CME outcomes methods; 2) Discuss attributes of an effective CME outcome tool; 3) Discuss the value of objectively measuring confidence during learning assessment; 4) Describe and demonstrate new and validated learning assessment tools, and 5) Cite specific CME outcomes examples. At the end of this session, attendees will be able to discuss and compare available CME outcomes tools, make more informed decisions about reporting on the efficacy and value of CME, and provide a mechanism for learners to achieve 100% mastery over CME content.

**Methods:** Brief information and PowerPoint presentations by instructors will introduce and discuss concepts. An interactive demonstration of performing a CME learning assessment is planned.

**Key Points:**

- There are strengths and weaknesses with CME outcomes methods.
- There are effective learning assessment tools outside of CME that could be applied to healthcare professional learning.
- Novel and validated learning assessment tools and systems have been shown to differentiate and identify learners that are masterful, doubtful, guessing, or uninformed.
- There are effective ways to remediate identified knowledge and confidence gaps.

**Recommended Reading:**

- Peabody JW, Luck J, Glassman P, Dresselhaus TR, Lee M. Comparison of vignettes, standardized patients, and chart abstraction: a prospective validation study of 3 methods for measuring quality. JAMA. 2000;283(13):1715-22.
- Peabody JW, Luck J, Glassman P, et al. Measuring the quality of physician practice by using clinical vignettes: a prospective validation study. Ann Intern Med. 2004;141(10):771-80.
- Anderson R. Computer-based confidence testing: alternatives to conventional, computer-based multiple-choice testing. J Computer-Based Instruc, 1982;9(1):1-9.
- Hunt DP. Effects of human self-assessment responding on learning. J Applied Psychol, 1982;67(1):75-82.
- LeClercq D. Confidence marking, its use in testing. In B. Choppin and N. Postlethwate ed. Evaluation in education, an international review Series, 1982;6(2):161-287.
- Rippey R, Voytovich A. Linking knowledge, realism and diagnostic reasoning by computer-assisted confidence testing. J Computer-Based Instruc, 1983;9(3):88-97.
- Shuford E, Brown T. Elicitation of personal probabilities and their assessment. Instruct Sci, 1975;4(2):137-188.
- Mathewson, S. Designing human resource and staff development programs in information dependent organizations: an application of periodic information audits of critical care nursing personnel. Unpublished doctoral dissertation, University of California, Los Angeles, Los Angeles, CA. On file at Metrixx, LLC.

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**NOTES**

**T15, Breakout  
10:30 – 11:30 am, Thursday  
Grand Canyon 11-12/1**

**Who are These People and Why are They Here?**  
(Partnering)

**Gordon West, PhD**

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**James Rosenberg**

CogniMed Inc., tel: 973/758-0050, mailto:[jrosenberg@cognimed.net](mailto:jrosenberg@cognimed.net)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** At the conclusion of this activity, participants should be better able to **1)** describe the varied interests of different stakeholders in the CME process, **2)** utilize input from a variety of sources to create high quality CME activities, and **3)** appreciate the role of various stakeholders in the educational process.

**Methods:** The presenters will discuss the involvement of multiple stakeholder groups in CME, including sponsor, joint sponsor, steering committee, faculty, audience, and grantor. The ongoing interaction between these stakeholders throughout the educational continuum encourages consistent high quality educational activities. Specific examples of stakeholder interaction will be presented. Audience examples and questions will be encouraged.

**Key Points:** A number of different groups involved in the needs assessment, concepting, development, presentation, logistical execution, and outcomes assessment of educational activities have a stake (an investment) in CME. As such, all have a positive role in and perspective of the process as well. Quality education recognizes and utilizes these roles as much as possible.

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**NOTES**

**T16, Breakout  
10:30 – 11:30 am, Thursday  
Pinnacle Peak 3/2**

**Expand the Scope of Your CME Program through Effective Joint Sponsorship  
(Partnering)**

**Deborah Samuel, MBA**

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**Julie Sohlberg**

American Academy of Pediatrics, tel: 847/434-4320, mailto:[jsohlberg@aap.org](mailto:jsohlberg@aap.org)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will be of interest to CME professionals at all experience levels working for accredited providers that jointly sponsor CME activities with non-ACCME accredited providers.

**Objectives:** At the conclusion of this breakout, participants will be able to:  
Identify essential components of a joint sponsorship model that supports collaboration among CME providers;  
Discuss challenges that accredited providers face when working with non-ACCME accredited providers; and  
Develop processes for resolving concerns that arise in planning and implementing jointly sponsored CME activities.

**Methods:** A brief didactic presentation outlining the American Academy of Pediatrics (AAP) Joint Sponsorship Program will be followed by a case-based discussion of potential challenges and viable solutions that accredited providers may experience when working with non-ACCME accredited providers. Opportunities for learners to share their own experiences and ask questions and answers will be incorporated throughout this session.

**Key Points:** Jointly sponsored CME activities can serve as a successful means of extending the scope of an accredited provider's CME program. In order to ensure this success, accredited providers must effectively collaborate with non-ACCME accredited providers and develop a structure under which this relationship can flourish to meet the needs of individual learners.

**Recommended Reading:** Putnam M, Chandonnet H. Building effective joint sponsor relationships. Almanac 2005; 27(7):1-3.

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**NOTES**

**T17, Breakout  
10:30 – 11:30 am, Thursday  
Desert Suites III & V/2**

**The Marriage of Quality Improvement and CME: Match made in Heaven or Shotgun Wedding?**  
(Partnering)

**Robert Meinzer, BS**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will interest all stakeholders involved in changing physician behavior, improving collaboration, and measuring outcomes

**Objectives:** At the completion of this session, participants will be able to **1)** identify the organizations on a national and state level that are focused on quality improvement in healthcare, **2)** list the clinical performance measures and quality initiatives that have been targeted for improvement, and **3)** recognize the interface and partnering opportunities for CME providers and commercial supporters.

**Key Points:** The federal government is actively involved in changing physician behavior to improve the quality of patient care and measuring the outcomes. This quality improvement movement has been embraced by specialty societies and certification boards, as well as managed care and non-profit quality improvement coalitions. CME providers and commercial supporters can play a part in this marriage of CME and Quality Improvement, but only if they are familiar with the stakeholders, the clinical focus and the opportunities for collaboration.

**Recommended Reading:**

[www.cms.hhs.gov/QualityImprovementOrgs/4\\_sow.asp](http://www.cms.hhs.gov/QualityImprovementOrgs/4_sow.asp)

[www.ncqa.org/Programs/HEDIS/](http://www.ncqa.org/Programs/HEDIS/)

[www.ahrq.gov/qual/aqastart.htm](http://www.ahrq.gov/qual/aqastart.htm).

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**NOTES**

**T18, Provider Section Follow-up Meeting (Medical Schools)**  
**12:00 – 1:00 pm, Thursday**  
**Grand Canyon 13/1**

**Medical Schools Provider Section Meeting**  
(Administrative/Management)

**Melinda Steele, MEd**

Texas Tech University Health Sciences Center, tel: 806/743-2226, mailto:[melinda.steele@ttuhsc.edu](mailto:melinda.steele@ttuhsc.edu)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** Faculty and staff from medical school providers

**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.

**Methods:** Through the use of expert panel discussions, small group interactive sessions and informal question and answer sessions 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.

**Key Points:** Participants should become aware of the current critical issues and concerns facing medical school CME professionals and develop strategies to address them.

**Recommended Reading:** ACCME Essentials and Standards and list serv discussions throughout the previous year

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**NOTES**



**T19, Provider Section Follow-up Meeting (Pharmaceutical Alliance for Continuing Medical Education [PACME])**  
**12:00 – 1:00 pm, Thursday**  
**Grand Canyon 11-12/1**

**Best Practice Review**  
(Adult/Organizational Learning Principles)

**Maureen Doyle-Scharff, MBA**  
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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** PACME members only

**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.

**Recommended Reading:** ACCME Standards for Commercial Support, PhRMA Code, AdvaMed.

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**NOTES**

**T20, Intensive**  
**1:15 – 5:00 pm, Thursday**  
**Desert Suites III & V/2**

**Addressing Health Care Disparities & Cultural Competence through Innovative CME/CPD Programs**  
(Partnering)

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Audience response technology to be provided by Audience Response Systems**

**Target Audience:** This intensive will be useful to all CME/CPD professionals, who enjoy learning interactively.

**Objectives:** Following this Intensive, CME professionals will be able to: **1)** acquire skills and knowledge on health care disparities and culturally competent care for their own learning organizations; **2)** develop their own CME Theatre and related activities, **3)** use a dramatic interactive education format in their own settings, using CME planning as a problem-solving tool; and **4)** utilize jeopardy game, role-playing and audience response technology as educational tools.

**Methods:** This Intensive will feature an interactive cultural jeopardy game to assess learners' knowledge and sensitivity to culture and health, then the CME THEATRE PLAYERS 2007 will present "Why won't you listen to me—Lessons in Cross-cultural Communication" with audience participation, and finally an Expert Panel with Q & A interaction with audience.

**Key Points:** **1)** Illustrate how CME can dramatize the importance of cultural awareness and competence in working toward eliminating healthcare disparities. **2)** Model the use of structured role-play, interactive audience polling, learning resources, hands-on tools to enliven and inform quality CME activities, and to enhance CME outcomes measurement.

**Recommended Reading:** 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.

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**NOTES**

**T21, Breakout  
1:15 – 2:15 pm, Thursday  
Grand Canyon 1-8/1**

**Accreditation for Learning and Change  
(Administrative/Management)**

**Murray Kopelow, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session is designed for all CME professionals who are interesting in learning more about how ACCME accreditation supports quality and safety in healthcare through CME that is linked to practice-based learning and change and incorporating valid content that is developed independent of commercial interests.

**Objectives:** After this session, participants should be able to **1)** discuss recent issues and developments with ACCME's system of accreditation; and **2)** describe how ACCME and accredited providers can respond to environmental trends that are impacting accreditation and CME.

**Methods:** This session will include a presentation accompanied by an interactive discussion in which participants will engage with ACCME staff to explore examples of how CME providers have already responded to expectations of CME.

**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 because such discussions can serve as a needs assessment for individual providers.

**Recommended Reading:** See [www.accme.org](http://www.accme.org).

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**NOTES**

**T22, Breakout  
1:15 – 2:15 pm, Thursday  
Grand Canyon 9-10/1**

**Peer Review of CME Content: Different Perspectives  
(Administrative/Management)**

**Jacqueline Parochka, EdD**

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**Jane Ruppenkamp, BA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Audience response technology to be provided by Meridia Audience Response**

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

**Objectives:** At the conclusion of this session, participants should be able to **1)** identify current trends in the use of peer review of CME content, **2)** compare and contrast stakeholder perceptions of peer review, and **3)** discuss current best practices for a peer review process.

**Methods:** Presentation of results of an 11-question on-line survey that was administered to a subset of accredited providers, commercial supporters, and consultants to assess their current practices and perceptions of peer review of CME content.

**Key Points:** Among key stakeholders, there is distinct variation in the definition of peer review and definite misperceptions about the utilization of a peer review process for CME content. This discussion will provide insight as to the status of the CME industry's adoption of peer review as an integral part of the activity planning process.

**Recommended Reading:** Reforming and Repositioning Continuing Medical Education, Conjoint Committee on Continuing Medical Education. Available at: [http://www.jcehp.com/vol25/2503\\_CMEReport.pdf](http://www.jcehp.com/vol25/2503_CMEReport.pdf). Accessed March 24, 2006

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**NOTES**

**T23, Breakout**  
**1:15 – 2:15 pm, Thursday**  
**Desert Suite I/2**

**Raising the Bar on Behavioral Learning Objectives**  
(Educational Interventions)

**Anastasia Wilczynski, MEd**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will interest beginning and intermediate CME professionals in all provider groups that use behavioral learning objectives.

**Objectives:** At the completion of the session, participants will be able to:

1. Recall the form and function of behavioral learning objectives.
2. Differentiate strong and weak behavioral learning objectives.
3. Recognize appropriate action words to address individual learning domains.
4. Construct valuable behavioral learning objectives that address specific CME outcomes.

**Methods:** The session is navigated by the shared experiences and challenges facing participants in their CME environments. Practical information regarding the components of behavioral learning objectives will be offered through a brief presentation followed by interactive group discussion and activities. Handouts will provide valuable resources and quick reference guides to enhance the construction of quality behavioral learning objectives.

**Key Points:** Writing quality behavioral learning objectives creates challenges in any field and may be left as an afterthought in the CME planning process. Yet objectives navigate education events by closing the gap between learning needs and performance outcomes. Bloom's taxonomy is the standard guide for selecting the objectives verbiage but how do we know we've selected the correct action words to accurately describe and measure successful performance? This session removes the mystery and enables participants and their stakeholders to raise the bar on designing clear and valuable behavioral learning objectives.

**Recommended Reading:** Rothwell WJ, Kasnas H.C. .Barkley E, Cross K, Major C. Mastering the Instructional Design Process: A Systematic Approach (1992) Jossey-Bass, San Francisco.

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**NOTES**

**T24, Breakout  
1:15 – 2:15 pm, Thursday  
WildflowerA-C/2**

**Grant Submissions We Commercial Supporters Would Like to See: General Guidelines A Commercial Supporter's  
Viewpoint  
(Performance Measurement)**

**David Schlumper, MS**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will interest intermediate and advanced CME professionals and Pharmaceutical Alliance for CME (PACME) members.

**Objectives:** At the completion of this session, participants will be able to **1)** Describe the metrics that a commercial supporter might consider during a grant review, **2)** Re-state the elements that should make a review decision more timely, and **3)** Describe those features which differentiate a “same-old” educational provider from a cutting-edge provider.

**Methods:** Informational instruction will illuminate various factors important within the consideration of a grant request. Interaction between faculty and the audience will be encouraged as better comprehension of the grant review process is explored.

**Key Points:** Grant requesters often voice frustration with the grants review process in that they do not understand how a grant request is evaluated. This educational session seeks to provide context and understanding, from one commercial supporter's viewpoint, of the evaluation method that commercial supporters may use in reviewing that goes into each grant request. As the medical education industry continues to evolve, it is important that the commercial supporter offer education and seek feedback in an effort to improve understanding and ultimately improve patient health through better medical education.

**Recommended Reading:** Waxman H. Using Outcomes Assessment for Quality Improvement. In: Sederer LI, Dicker B, eds. Outcomes Assessment in Clinical Practice. Baltimore: Williams and Wilkins, 1996: 25-33.

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**NOTES**

**T25, Breakout  
1:15 – 2:15 pm, Thursday  
Desert Suite II/2**

**Meeting the Education Needs of International CME Professionals  
(Self-Assessment and Life-Long Learning)**

**Martin Cearnal, BS**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** All International attendees and those interested in the education needs of International CME professionals

**Objectives:** During this session attendees will: gain a clear understanding of current education needs of International CME professionals and have the opportunity to add their opinions; increase their awareness of on-going and proposed education activities and offer suggestions for new activities; and improve their understanding of the similarities and differences in the US domestic and International CME environments.

**Methods:** Brief presentations by the panel will set the stage for interaction with the audience using both questions and comments from the floor. The audience will be able to compare their responses on education priorities with those from a 2005 survey by the ACME International Strategy Committee and provide input to help prioritize potential action plans to meet education needs.

**Key Points:** CME is expanding worldwide to meet the education needs of physicians as medical science advances. More attention to the education needs of those providing CME serves two purposes; it will enrich the jobs of CME providers and contribute to improving the impact of the programs they create. Understanding CME Providers' education needs is a vital first step.

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**NOTES**

**T26, Breakout  
1:15 – 2:15 pm, Thursday  
Grand Canyon 13/1**

**ePortfolios: A Self-Directed Learning Method for Improving Performance**  
(Educational Interventions)

**Mindi McKenna, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will benefit CME professionals of all experience levels/practice settings.

**Objectives:** After this session participants will be able to **1)** describe advantages and challenges associated with use of e-portfolios for self-directed learning and improvement, **2)** identify potential criteria to consider when selecting or designing an e-portfolio system, and **3)** develop an action plan for selecting or designing, implementing, and measuring the benefits of e-portfolios for self-directed learning and improvement.

**Methods:** The presenter will demonstrate various e-portfolio systems, highlighting advantages and challenges they offer when used as a tool for self-assessment, learning and performance improvement. Potential criteria for evaluating their utility will be suggested, and considerations for use by physician learners and by CME professionals will be explored. Participants will reflect and discuss how they can select or design, implement, and measure the impact of an e-portfolio system in their own context. The handout will include a recap of key concepts, an extensive reference list including many e-portfolio vendors and practical tips about gaining support for their use among physician learners and CME professionals.

**Key Points:** To engage in self-directed, lifelong learning, physicians and CME professionals need tools that enable them to efficiently and appropriately assess their learning needs; set learning goals and performance improvement goals; and track progress toward those goals. Electronic portfolios are gaining popularity as a tool for doing just that. CME professionals have a responsibility to consider the potential utility of such tools for use by physicians and for their own self-assessment and lifelong learning.

**Recommended Reading:** Parboosingh, J. T. Learning portfolios: Potential to assist health professionals with self-directed learning. (1996) Journal of Continuing Education in the Health Professions, 16: 75-81.

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**NOTES**



**T27, Breakout  
1:15 – 2:15 pm, Thursday  
Desert Suite VII/2**

**Remaining Current on the CME Literature: A Self-Competency Assessment for CME Professionals  
How do you Know What you're Supposed to Know and do?  
(Adult/Organizational Learning Principles)**

**Sean Hayes, PsyD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** All

**Objectives:** To interpret and understand the relevance for attendees on scoping and selecting the areas of literature that could fulfill the requirement for the competency area 1.4 Remaining Current on the CME literature, proposed by the Alliance. Attendees will respond to a self-assessment that will guide them in the literature requirements that would be most pertinent to their respective needs as CME professionals.

**Methods:** The multidisciplinary faculty will provide literature domains and basic theory on Adult/Organizational Learning principles, followed by group interaction utilizing a self-assessment and framework tool to facilitate and monitor their continuous development of this competency requirement. Furthermore, mini breakouts will enhance individuals' levels of understanding and confidence in how to *translate* Competency 1.4 in their respective CME context.

**Key Points:** CME professionals face an abundance of literature in the areas of Adult and Organizational Learning Principles, and are often left to interpret the scope and focus that would respond to a specific competency requirement such as the first (1.0) competency area for CME professionals recommended by the Alliance. To optimize the effectiveness of the searches and selection of the most relevant literature to consider when addressing this competency (1.4), a self-assessment and review of the literature areas will be explored in this session.

**Recommended Reading:** Miller JG. Living System, New York, McGraw-Hill, 1978.

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**NOTES**

**T28, Breakout  
1:15 – 2:15 pm, Thursday  
Pinnacle Peak 2/2**

**Strategies for Successful Management of Today's CME Office and CME Program  
(Administrative/Management)**

**Debra Gist, MPH**

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**Mila Kostic, BA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will be of interest primarily to CME professionals who direct or manage a CME office in any setting.

**Objectives:** At the completion of the session, participants should be able to **1)** list and assess the necessary skills for successful management of a CME Office and a CME Program in the current environment; **2)** review strategies and tools that they can apply to effectively manage their CME Office; **3)** discuss the rationale for performance-based job descriptions and list the attributes of a well-written job description; **4)** delineate key strategies for managing employees; **5)** build successful internal and external partnerships to advance their individual CME Programs; and **6)** share experiences with peers to advance their own skills and contribute to the success of the CME community;

**Methods:** Didactic presentation with questions and answers; hypothetical cases will be presented in an interactive session with attendees.

**Key Points:** Continuing medical education professionals should be aware of the importance of effective management systems but also of the specific and multifaceted expertise needed to successfully and effectively manage a CME office as well as a CME Program.

**Recommended Reading:** Goffee R, et al: Harvard Business Review on Managing People. February 1999. Harvard Business School Press.

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**NOTES**

**T29, Breakout**  
**1:15 – 2:15 pm, Thursday**  
**Grand Sonoran A-B/1**

**Using High-Fidelity Simulation to Fill the Skills Gap**  
(Educational Interventions)

**Beth LaVelle, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will be relevant to CME providers from health systems, hospitals, medical schools, health care education associations, and medical specialty societies at all levels.

**Objectives:** At the completion of this session, the participant will be able to: **1)** describe the drivers of simulation in continuing medical education, **2)** identify guiding principles for use of simulation in CME activities, **3)** explain the differences between using simulation for teaching and simulation used to evaluate competency, and **4)** describe the process of developing simulation-based scenarios.

**Methods:** Join educators from the HealthPartners Simulation Center for Patient Safety at Metropolitan State University to experience via video and discussion how levels of simulation may be used to teach and evaluate healthcare professionals. Then, let's brainstorm about how concepts from your areas of specialty may be incorporated into healthcare education and how you, too, might utilize simulation in your teaching.

**Key Points:** High-fidelity simulation is increasingly being used in medical education as a safe, effective, and efficient tool for learning, teaching, and evaluating many cognitive, psychomotor, and affective aspects of healthcare. Simulation offers the opportunity to:

- 1)** Efficiently expose learners to high risk or unusual scenarios without relying on chance or endangering patients,
- 2)** Repeat scenarios until the learner feels confident and meets accepted levels of proficiency, AND
- 3)** Recreate patient care situations in which performance issues arise, allowing observation with immediate, objective feedback and opportunities to address any deficiencies.

Faculty and staff can create realistic scenarios using high-fidelity manikins to educate and evaluate critical aspects of medical education including technical skills, critical thinking, teamwork, protocols, and standing orders. Presenters will share how aspects of IHI Initiatives, National Patient Safety Standards, and JCAHO recommendations have been incorporated into the continuing education of practicing professionals via simulation.

**Recommended Reading:** Beaubien, J.M. & Baker, D. P. (2004). "The use of simulation for training teamwork skills in health care: how low can you go?" *Quality & Safety in Health Care*, 13 (supp 1) i51-i56.

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**NOTES**

**T30, Breakout**  
**1:15 – 2:15 pm, Thursday**  
**Grand Canyon 11-12/1**

**Repositioning Educational Programming for Maximum Physician Behavior Impact:  
The Next Wave of CME Systems Thinking**  
(Systems Thinking)

**Steven Passin, (Moderator)**

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**Michael Bloch, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The presentation will be of interest to CME providers at all levels of experience.

**Objectives:** At the completion of the session, participants will be able to **1)** Identify at least two current roles of CME in relation to self-assessment (for both CME providers and physician learners) that implement fundamental change, **2)** Analyze at least two readily available methods of linking CME with practice performance and quality improvement through curriculum design and development, and **3)** Define at least two primary factors that mandate linking CME to quality and safety through measurement of knowledge, competence and performance.

**Methods:** Presenters will explore and discuss key components of CME systems thinking now and projecting into the future through panel discussion and question and answer opportunities.

**Key Points:** This session explores the major challenges and opportunities facing the CME system today and the role of CME for the future. Special emphasis will be placed on educational program design to capture and report on performance change in physician practice, the roles and importance of partnership collaboration in design and implementation, identifying areas for improvement through tracking performance over time, and the use of data to help facilitate communications among providers and learners of CME.

**Recommended Reading:** Trusky, S. Repositioning CME Summit: Commitment, Communication and Collaboration. The Alliance for CME Almanac. 2006; 28:3: 2-6.

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**NOTES**

**T31, Breakout**  
**1:15 – 2:15 pm, Thursday**  
**Grand Sonoran C-D/1**

**From Zero to Ninety: Increasing Effectiveness of Physician Surveys for CME Assessments**  
(Performance Measurement)

**Carol Havens, MD**

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**Philip Bellman, MPH**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout is designed for all CME professionals and health providers who use surveys or evaluations to assess physician learning needs and CME outcomes.

**Objectives:** Participants will be able to: **1)** apply surveys more effectively to assess learner needs and measure self-reported behavior change, **2)** motivate physician learners to participate in surveys, **3)** utilize effective survey design and methods that result in more useful results, and **4)** recognize when and when *not* to use physician surveys in evaluation.

**Methods:** Effective methods for surveying physicians will be filtered into practical steps that can be applied to any type of CME program. Principles, techniques, and strategies applicable to CME assessments will be illustrated through an interactive presentation, case studies, take-home resources, and group discussion. Participants will identify weaknesses in their own assessments and ways to enhance performance of future surveys.

**Key Points:** Physician surveys are an essential tool among many options for assessing learner needs and measuring CME outcomes. Yet many surveys are fundamentally flawed and yield poor quality or meaningless results. Physicians pose distinct challenges that must be addressed in the design, pre-testing, and implementation of any successful survey. This session will examine proven strategies to create compact surveys that ask clear questions, achieve high response rates, and generate valid and useful results. Combined with objective clinical measures, good-quality survey data provide CME providers rich information about the needs of learners and the impact of our CME activities.

**Recommended Reading:** Dillman DA. Mail and internet surveys: the tailored design method. New York: John Wiley & Sons; 2000.

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**NOTES**

**T32, Breakout  
1:15 – 2:15 pm, Thursday  
Grand Sonoran H-I/1**

**Evaluative Criteria: Physician and Provider Perspectives  
(Performance Measurement)**

**Richard Shewchuk, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This presentation will be beneficial to all CME professionals interested in learning about how and what information is most useful for assessing attendee perspectives of CME activities.

**Objectives:** At the conclusion of this presentation, participants will be able to: **1)** understand the differences in perspective between physicians and providers about what evaluative information is meaningful and relevant, and **2)** be better prepared to enhance outcomes measurement questions in future activities.

**Methods:** Two panels of physicians and providers were invited to participate in two online nominal group technique (NGT) sessions. The NGT moderator presented questions related to post-activity evaluation questions and controlled the flow of each phase of the sessions. Participants prioritized the importance and usefulness of all generated responses related to the question. The presenters will discuss the results from NGT sessions and synthesize the findings from using this approach. The presentation/discussion will be facilitated from the perspective of educational professionals who utilize this information to enhance evaluation questions and obtain meaningful outcomes data.

**Key Points:** Attendees and providers may have different perspectives about the various components of CME activities. Effective planning and delivery of CME should incorporate the perspective of both attendee and provider with regard to optimal design.

**Recommended Reading:** Kristofco R, Shewchuk R, Casebeer L, Bellande B, Bennett N. Attributes of an ideal continuing medical education institution identified through nominal group technique. J Contin Educ Health Prof. 2005 Summer;25(3):221-8.

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**NOTES**

**T33, Breakout**  
**1:15 – 2:15 pm, Thursday**  
**Grand Sonoran J-K/1**

**Beyond Theory: Practical Tools to Tackle Educational Outcomes Evaluation**  
(Performance Measurement)

**Wendy Turell, DrPH**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The target audience is any CME professional who desires to expand his/her knowledge of methods used to measure educational outcomes. No prior knowledge of statistical or methodological techniques is required.

**Objectives:** After attending this session, participants will be able to **1)** describe the benefits and drawbacks of various question designs, including both quantitative and qualitative question types; **2)** explain the usefulness and challenges associated with control groups and pre/post-testing; and **3)** design a basic educational outcomes evaluation study for a CME program

**Methods:** The presentation will guide participants through the basics of evaluation design, while elucidating the pros and cons of all methods discussed. Practical examples will be used to operationalize the multitude of options available for CME professionals in the assessment of educational outcomes.

**Key Points:** Much is theoretically discussed with regard to the need for educational outcomes evaluation and the general plans of action upon which we, as educators, should embark. However, practical measurement tools are often out of reach for CME professionals who lack formal methodological or statistical training. All CME educators can learn to construct a simple and effective outcomes evaluation study that can be tailored according to specific program needs and levels of financial and human resources.

The purpose of this session is to review some basic measurement tools that can be useful in the assessment of educational outcomes for CME programs. We will clearly demonstrate how individuals without extensive knowledge of statistics or study design can use basic measurement tools to help develop an outcomes evaluation program. Various options for survey design will be explored and the benefits and drawbacks of pre- and post-testing, control groups, and qualitative and quantitative research methods will be discussed.

It is clear to CME professionals that higher-level outcomes need to be assessed. The “how” of this mandate, however, is often left unaddressed. The participant will leave this session with easy-to-use methodological tools to apply in the development of a CME evaluation study. Participants will understand the strengths and weaknesses of different approaches to outcomes measurements. They will use this knowledge to construct new outcomes measurement programs, refine existing studies, and eventually obtain accurate feedback regarding their CME activities which they can use to optimize programming of future CME programs.

**Recommended Reading:** **1)** Di Iorio, CK. Measurement in Health Behavior: Methods for Research and Education. Calif: Jossey-Bass; 2005. **2)** Alan BK. Evaluation for Continuing Education: A Comprehensive Guide to Success. Calif: John Wiley & Sons; 2002. **3)** LeCompte, MD, & Preissle, J.. Ethnography and Qualitative Design in Educational Research (2<sup>nd</sup> ed.). Calif: Academic Press; 1993.

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**NOTES**

**T34, Breakout**  
**1:15 – 2:15 pm, Thursday**  
**Desert Suites IV & VI/2**

**From Chaos to Commitment: A Re-accreditation Story**  
(Leadership)

**Sereana Howard Dresbach, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** At the completion of the session, participants will be able to **1)** identify current organizational obstacles hindering compliance with ACCME guidelines, **2)** apply tactics used by The Ohio State University Medical Center (OSUMC) to their own organization in the areas of senior-level support and RSC coordinator development and empowerment, and **3)** and establish a plan for gaining support of CME efforts from all levels of their organization (stakeholder buy-in).

**Methods:** The presenters will share the history, challenges, strategy and outcomes of OSUMC's CME program. Immediately following will be a group discussion on how these strategies can be applied to other CME provider organizations looking to move from chaos to commitment. The session will close with a demonstration of OSUMC's online compliance tracking system.

**Key Points:** Organizational commitment is possible through relationship-building, regular one-on-one contact and the willingness to listen to and act on the needs of internal stakeholders.

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**NOTES**



**T35, Breakout  
1:15 – 2:15 pm, Thursday  
Pinnacle Peak 3/2**

**Successful Collaboration and Potential Challenges: The Pitfalls of Partnering to Provide  
Continuing Medical Education (CME)  
(Partnering)**

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**Elizabeth Lindsay, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will be of interest to continuing medical education (CME) professionals and physicians at all experience levels and in all provider groups (public and private).

**Objectives:** At the conclusion of this breakout session, participants will have increased their knowledge about the diversity of partnerships formed by CME providers, with public organizations (i.e. government or non-profit associations) or private industry (i.e. pharmaceutical industry). Participants will be able to discuss **1)** the guiding principles of partnering, **2)** the benefits of partnering, **3)** the ethical issues which might arise, **4)** the potential challenges and pitfalls, and **5)** the key factors for successful collaboration.

**Methods:** Presenters will provide participants with useful information about partnerships, using past and existing partnerships as examples. Presentations will focus on the five points outlined above, as presenters strive to guide participants through the challenges and pitfalls of partnering, i.e. ethical considerations, weighing the costs vs. the benefits, the challenges, and most importantly, some of the success stories. Participants will have the opportunity to question the presenters and debate the issues in small groups. Suggestions for best practices in partnering will follow.

**Key Points:** The primary goal of accredited CME is to address the educational and informational needs of physicians in order to improve the health care patients receive. To do this, CME providers often form a variety of partnerships. Of course, it is essential that these partnerships adhere to established standards, guidelines, or principles, especially when commercial support is involved. There is often a degree of uncertainty among CME providers and physicians as to whether certain relationships or actions might contravene these standards. This breakout session will serve as a means to specify and characterize relationships and actions which could contravene those principles, as well as to promote some best practices and guidelines for partnering.

**Recommended Reading:** Davis D. CME and the pharmaceutical industry: two worlds, three views, four steps. CMAJ 2004;171(2):149-150.

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**NOTES**

**T36, Breakout  
2:45 – 3:45 pm, Thursday  
Grand Canyon 1-8/1**

**Open Forum Addressing the ACCME's Updated Accreditation Criteria  
(Leadership)**

**Harry Gallis, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This mini-plenary will be of interest to CME professionals of all provider organizations who would like to dialogue on the opportunities and challenges presented by the new criteria for CME accreditation.

**Objectives:** At the completion of this session participants should be able to: **1)** Comprehend the scope and implications of change in the ACCME's updated accreditation criteria **2)** Relate to the concerns, problems and issues faced by CME professionals in implementing the new criteria **3)** Analyze the role of CME and its relationship to quality improvement in the practice environment that they serve **4)** Discuss strategies to integrate CME and other health professions education into the cultures of their respective venues **5)** Develop a personalized learning plan for the remainder of the Annual Conference with regard to collaboration and cooperation.

**Methods:** This session will be an open forum with question and answer and group discussion.

**Key Points:** The ACCME released its "Updated Accreditation Criteria" on September 5, 2006. In order to achieve accreditation with commendation beginning in 2008, providers will be required to implement strategies to integrate CME and other performance/quality improvement techniques into their CME practice, address and overcome systems issues that produce barriers to effective learning, collaborate with pertinent stakeholders and play a greater role in the scope and content of educational activities.

**Recommended Reading:**

1. Moore, DE et. al. Creating a New Paradigm for CME: Seizing Opportunities within the Health Care Revolution. J Contin Educ Health Prof; 14: 4-31, 1994.
2. Regnier, K, et al. Accreditation for Learning and Change: Quality and Improvement as the Outcome. J Contin Educ Health Prof; 25: 174-182, 2005.
3. Davis, D, Barnes, BE, and Fox, R – The Continuing Professional Development of Physicians. AMA Press: Chicago 2003.
4. Bennett, NL, et. al. – Continuing medical education: a new vision of the professional development of physicians. Academic Medicine. 2000;75:12:9-14.
5. Alliance for CME – Competency Areas for CME Professionals.

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**NOTES**

**T37, Breakout  
2:45 – 3:45 pm, Thursday  
Grand Sonoran A-B/1**

**Integrating e-Learning and Instructional Systems Design  
(Educational Interventions)**

**Gregory Long, PE**

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**Susan Ward**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The session will interest beginner and intermediate participants interested in the application of instructional systems design principles to the development of e-learning.

**Objectives:** At the completion of the session, participants will be able to perform the following terminal and enabling objectives:

**Terminal Objective:**

Apply the basic tenets of instructional systems design to develop a design plan for a simple e-learning course.

**Enabling Objectives:**

Define Instructional Systems Design

Explain the basic principles of adult learning

Describe each phase of the A.D.D.I.E model (Analysis, Design, Develop, Implementation, Evaluation)

Prepare a task analysis

Explain the importance of developing measurable learning objectives

Write a measurable learning objective

Write a criterion-based test question

Develop a high-level content outline/perform a content analysis

Describe the various e-learning modalities (CD-ROM, Web, PODcasts, Webinar, Audio CDs...)

Select an e-learning modality most appropriate for a specific subject-matter and audience

Construct the learning structure and hierarchy to teach the topic

List the various types of media that can be used in an e-learning program

Select media types

**Methods:** Combination of presentation and demonstration with interactive group exercises encouraging the participants to learn by doing.

**Key Points:** Instructional Systems Design is key to successful development of e-learning.

**Recommended Reading:** Clark, R.C. & Mayer, R.E. e-Learning and the Science of Instruction (2003) Pfeiffer, San Francisco, CA. Smith, PL, Ragan, T.J. Instructional Design (1993) MacMillan Publishing Company, New York, NY.

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**NOTES**

**T38, Breakout  
2:45 – 3:45 pm, Thursday  
Grand Canyon 13/1**

**Collaborating with Education Partners to Prevent the Appearance of Commercial Bias  
(Educational Interventions)**

**Karen Overstreet, EdD**

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**Jacqueline Parochka, EdD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Audience response system provided by Meridia Audience Response**

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

**Objectives:** At the conclusion of this session, participants should be able to **1)** discuss the importance of collaboration and selecting appropriate partners, **2)** create a context for CME activities to ensure fair balance and scientific validity across the activity, **3)** apply strategies for ensuring fair balance and scientific rigor to their own CME activities; and **4)** identify compliance violations related to the Standards for Commercial Support and other regulatory codes.

**Methods:** Participants will review several case studies focusing on planning and implementing CME activities, such as a dinner meeting series, monograph, audio-conference, Internet-based enduring material, and symposium. After the presentation of each case, the participants will note whether there are violations to the Standards for Commercial Support or other regulatory codes., exchange ideas and suggestions for producing quality education while complying with all relevant guidelines and cite best practices in the field of CME. Consensus and disagreement will be assessed by using audience participation methods. Group discussion will be used to generate ideas for framing the activities and building fair balance and rigor into them. Interactivity, including brainstorming and Q&A, will be encouraged.

**Key Points:** Partner selection is an important beginning step in the planning process for a CME activity. Requirements from several regulatory agencies must be kept in mind during this planning interval. This session examines how the CME professional handles multiple compliance factors at the same time. Strategies can be incorporated throughout a CME activity to ensure that participants recognize its balance, objectivity, and scientific rigor.

**Recommended Reading:** Overstreet KM. Partner selection in CME: shared values facilitate successful collaboration. Product Management Today. 2004; 15(12): 4.

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**NOTES**

**T39, Breakout  
2:45 – 3:45 pm, Thursday  
Pinnacle Peak 2/2**

**Innovation in Intervention (i2) Summit 2006: A Case Study in Stakeholder Collaboration  
(Partnering)**

**Amy Guberman**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will be of interest to intermediate and advanced CME professionals who work in medical specialty societies.

**Objectives:** Every specialty society must meet the learning needs of multiple subsets of members. At the completion of the session, participants will **1)** understand how needs assessment contributed to the development of a major education program for one significant subset of members in a specialty society; **2)** recognize the importance of the multiple stakeholders who contributed to the success of this program; **3)** be aware of barriers and strategies to overcome these barriers in meeting the diverse needs of multiple stakeholders; and **4)** appreciate the challenges as well as the opportunities in balancing the varied interests of all stakeholders in the planning and delivery of the program.

**Methods:** A case study approach will be used to illustrate the process of development, planning, implementation, and evaluation of this major program. All stakeholder groups will be identified, and the case study will illustrate the role of each group in these processes. The presenter will identify opportunities and barriers as part of the case study, and will discuss strategies that contributed to the success of the program. “Lessons learned” will be shared with the audience.

**Key Points:** As professional education continues to evolve, providers must further enhance and solidify their relationships with *all* CME stakeholders. Successful collaboration among various special interests requires a thorough assessment of need, as well as open and thoughtful planning, decision-making and implementation.

**Recommended Reading:** None

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**NOTES**

**T40, Breakout  
2:45 – 3:45 pm, Thursday  
Desert Suite I/2**

**When Less May be More: A Randomized Trial of a Simulated Case Based Diabetes Learning Intervention  
(Educational Interventions)**

**JoAnn Sperl-Hillen, MD**

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**Patrick O'Connor, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This learning session will interest more advanced participants seeking to teach improved diabetes care to physicians through residency programs, health systems, health care education associations, and pharmaceutical alliances.

**Objectives:** At the completion of this session, participants will be able to **1)** describe the unique aspects of the SimCare computer learning program, **2)** describe the relevant results of the randomized trial using the SimCare learning intervention, and **3)** understand the potential applications and advantages to this approach to learning.

**Methods:** A cognitive behavioral computer program, called SimCare, was developed to engage physicians in a customized learning experience using simulated diabetes cases. A set of outpatient diabetes cases is managed through a series of virtual patient-physician encounters, created for purposes of capturing physician treatment decisions regarding glycemic, blood pressure, and lipid management. Learning feedback to the provider is based on state-of-the-art cognitive science and human factors research. Two types of feedback were tested and compared to a control group in a randomized control trial. Each type of feedback was tailored to a physician user's current knowledge and diabetes practice patterns by observing and tracking physician performance on the cases. Group 1 received feedback at the conclusion of the cases provided through a process trace of the pharmacologic moves they made and a temporal graph of the resulting simulated patient's blood pressure, LDL cholesterol, and A1C (blood sugar average). The physician could compare their process trace to that of a diabetes expert who performed the same cases. In addition to the feedback of Group 1, Group 2 also had the same diabetes expert observe performance of the simulated cases and offer personalized feedback on how cases could be managed better. Results showed that compared to control, Group 1 physicians achieved significantly better A1c values in their real patients subsequent to the intervention ( $p=0.04$ ). Group 2 showed a change in drug use (were more likely to make medication changes,  $p=0.04$ ) but did not show better A1c values subsequently in their real patients. From the study, we concluded that relatively inexpensive, simulated, customized case-based learning interventions improved diabetes care relative to a control group. The personalized nature of the diabetes expert did not appear to contribute to the learning experience and may have detracted. The SimCare product developed is innovative and has the power to improve physician performance on diabetes care. It has potential application in 1) the pharmaceutical industry, helping providers learn to use new diabetes drugs 2) For quality improvement at the individual provider, medical group, or health plan levels and 3) for use with interns and residents to supplement "real" patient care experiences with a higher volume of simulated cases.

**Key Points:** Simulated case-based learning environments can improve physician diabetes care performance on real patients. More personal and expensive types of expert feedback were not more effective than inexpensive, less personal methods of expert feedback.

**Recommended Reading:** **1)** Dutta P, Biltz GR, Johnson PE, Sperl-Hillen JM, Rush WA, Duncan JE, O'Connor PJ. SimCare: A Simulation Model to Investigate Physician Decision Making Activity. In *Advances in Patient Safety: From Research to Implementation*. K. Henriksen, J. Battles, D. Lewin, and E. Marks (eds). Agency for Healthcare Research (AHRQ) 2005; vol 4; 179-192. <http://www.ahrq.gov/qual/advances/>. **2)** O'Connor PJ, Sperl-Hillen JM, Johnson PE, Rush WA, Biltz GR. Clinical Inertia and Outpatient Medical Errors. In *Advances in Patient Safety: From Research to Implementation*. K. Henriksen, J. Battles, D. Lewin, and E. Marks (eds). Agency for Healthcare Research (AHRQ) 2005; vol 2; 293-308. <http://www.ahrq.gov/qual/advances/>. **3)** O'Connor PJ, Sperl-Hillen JM, Johnson PE, Rush WA. Identification, Classification, and Frequency of Medical Errors in Outpatient Diabetes Care. In *Advances in Patient Safety: From Research to Implementation*. K. Henriksen, J. Battles, D. Lewin, and E. Marks (eds). Agency for Healthcare Research (AHRQ) 2005; vol 1; 369-380. <http://www.ahrq.gov/qual/advances/>.

**T41, Breakout  
2:45 – 3:45 pm, Thursday  
Grand Sonoran C-D/1**

**Integrating an Outcomes-Based Learning Model into Your Planning Process**  
(Educational Interventions)

**Joseph Green, PhD**

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**Jane Eckstein, MA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** All CME providers and health professionals who help create educational activities

**Objectives:** At the conclusion of this activity, participants will be able to create needs assessments that identify gaps in physician performance, create outcomes-based objectives that help physicians improve their performance, design appropriate educational activities, and measure how well physicians achieved the objectives.

**Methods:** The session will consist of a series of brief presentations that include examples of the concepts being taught. As the session proceeds, the presentations will be adjusted as necessary to meet the expressed needs stated in a self-assessment conducted at the beginning of the Intensive. Each lecture will be followed by a small-group practice session; the groups will be divided by provider type. During the practice sessions, each group will plan a relevant educational activity around a real-world case by using an integrated outcomes-based learning model. Participants will identify gaps in practice that could be addressed by an educational activity, create outcomes-based objectives that address the gaps, select a format and methodology for an educational activity intended to close the gaps; and design appropriate measures that will provide feedback on whether the objectives were met. Groups will receive immediate feedback from the larger group and from the faculty. After completing the activity, participants will be asked to list 3 changes they intend to make in their planning process as a result of this intensive.

**Key Points:** All facets of the planning process for educational activities should be linked together. The needs assessment should provide data that lead to the creation of outcomes-based objectives, the educational format and methodology should emanate from the objectives, and the evaluation should measure the outcomes established in the objectives.

**Recommended Reading:** Green J, deBoer PG. AO Principles of Teaching and Learning. (2005) AO Publishing , Thieme, Switzerland.

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**NOTES**

**T42, Breakout  
2:45 – 3:45 pm, Thursday  
WildflowerA-C/2**

**A Commercial Supporter's Perspective of Grant Proposal Quality for Independent Education  
(Partnering)**

**Jennifer Smith, PhD (Moderator)**

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**Hong Jin Na, MS**

Wyeth Pharmaceuticals, tel: 484/865-5412, <mailto:nah@wyeth.com>

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** Providers, Commercial Supporters, Administrators, and CME Stakeholders at all levels

**Objectives:** At the end of this breakout, participants will have a better understanding of the changing environment of commercial support, identify the key elements to a grant proposal for commercial support, gain insight on internal grant review/approval processes, and recognize how to improve grant proposals.

**Methods:** Presenters will individually present their perspectives on Independent Education grant proposal quality. Moderator will provide background and facilitate questions and answers.

**Key Points:** Many commercial supporters have revised their processes for review and approval of grant support for independent education to ensure compliance and better educational opportunities. Consequently, many commercial supporters are more selective on the kinds of activities that they are willing to support and require documentation previously not requested in the past. Communication from commercial supporters to the CME community providing information about process changes has not necessarily taken place. The purpose of the breakout is to provide the target audience with a better understanding of the key elements to a grant proposal for commercial support, how to improve the quality of a grant proposal, and provide insight on the grant review/approval process from a commercial supporter's perspective.

**Recommended Reading:**

1. Office of the Inspector General. Compliance Program Guidance for Pharmaceutical Manufacturers – 2003. Available at: <http://www.acme-assn.org/files/042803pharmacymfgnonfr.pdf>. Accessed March 10, 2006.
2. Accreditation Council for Continuing Medical Education (ACCME). Standards for commercial support. Available at: [http://www.accme.org/dir\\_docs/doc\\_upload/68b2902a-fb73-44d1-8725-80a1504e520c\\_uploaddocument.pdf](http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf). Accessed March 10, 2006.
3. Pharmaceutical Research and Manufacturers of America (PhRMA). PhRMA code on interactions with healthcare professionals. Available at: <http://www.phrma.org/files/2004-01-19.391.pdf>. Accessed March 10, 2006.

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**NOTES**



**T43, Breakout  
2:45 – 3:45 pm, Thursday  
Grand Sonoran H-I/1**

**Case-Based Online CME: Completion and Credit Rates**  
(Adult/Organizational Learning Principles)

**Destry Sulkes, MD**  
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**NaBrina Webb, MBA**  
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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** CME professionals, healthcare providers, and commercial supporters

**Objectives:** At the completion of the session, participants will be able to **1)** list the different formats of CME and describe how case-based programming meets adult learning requirements relative to the other formats, **2)** articulate how the educational goals and impact of each CME format can differ, and **3)** develop case-based programs when appropriate to the educational need, and set expectations with regards to participation, completion and credit rates.

**Methods:** A short presentation will precede an interactive discussion. The presentation will focus on **(a)** peer-reviewed publications on the role of online, case-based programming vs other formats, **(b)** aggregate participation/completion/credit rates for online, case-based vs other formats, and **(c)** appropriate situations where educational needs are best met through online, case-based programs. The discussion will be around a specific example of an online, case-based program and will encourage participants to debate the educational need, expected outcomes, and development standards with Faculty and Sponsors.

**Key Points:** Online case-based programming is increasing in popularity and there are many questions CME professionals are asking around when and how to implement this format. It is important to provide some structure to the environment and to initiate group discussions on how to most effectively design, develop and implement these programs.

**Recommended Reading:** Davis D, Thompson-O'Brien M, Freemantle N, et al. *JAMA* 1999;282:867-874. Fordis M, King JF, Ballantyne CM, et al. *JAMA* 2005;292:1043-1051.

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**NOTES**

**T44, Breakout  
2:45 – 3:45 pm, Thursday  
Grand Canyon 11-12/1**

**ACS Program for the Accreditation of Education Institutes and Maintenance of Certification: A Partnership  
(Self-Assessment and Life-Long Learning)**

**Kathy Johnson, EdM**

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**Ajit Sachdeva, MD**

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University of Washington, tel: 206/543-3106, mailto:[pellegrini@u.washington.edu](mailto:pellegrini@u.washington.edu)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will be of interest to CME and other professionals who are involved in implementing Maintenance of Certification programs in specialty societies, specialty boards, residency programs, medical schools, hospitals, academic medical centers, and other settings.

**Objectives:** At the conclusion of this session, the participant will be able to describe the overall aim and goals of the ACS Program for the Accreditation of Education Institutes. The participant will be able to discuss how the ACS Program could complement their own continuing education program to assist physicians in meeting their personal needs and their maintenance of certification requirements.

**Methods:** Didactic presentation with Question and Answer session

**Key Points:** The Accredited Education Institutes program can provide a value added service to providers of continuing medical education by offering their learners educational activities at regional or local level locations to obtain knowledge and skills or to demonstrate compliance with Maintenance of Certification requirements.

**Recommended Reading:** [www.facs.org](http://www.facs.org), Division of Education, ACS Program for the Accreditation of Education Institutes homepage. Pellegrini, C.A.; Sachdeva, A.K.; Johnson, K.A. (2006) Accreditation of education institutes by the American College of Surgeons: A new program following an old tradition. Bulletin of the American College of Surgeons. 91(3), 8-12.

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**NOTES**

**T45, Breakout  
2:45 – 3:45 pm, Thursday  
Pinnacle Peak 3/2**

**Portfolio Assessment: A Process for Analyzing Your Organization's Mix of CME Products and Services  
(Leadership)**

**Curtis Olson, PhD**

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**Richard Thomas, MBA**

University of Wisconsin School of Medicine & Public Health, tel: 608/265-8070, mailto:[rethomas@wisc.edu](mailto:rethomas@wisc.edu)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session is designed for CME leaders and professionals with an interest in procedures for making strategic decisions about the portfolio of educational products and services offered by their organizations.

**Objectives:** At the completion of the session, participants will be able to use a systematic process (Portfolio Assessment) to

1. evaluate the strategic importance and financial contribution of their current products and services
2. identify opportunities for new products and services
3. develop a balanced mix of offerings for sustaining and strengthening their unit's competitive position and meeting key stakeholder needs
4. develop strategies for each product and service

**Methods:** In early 2006 the presenters led a strategy forming process for leaders in the University of Wisconsin School of Medicine & Public Health's Office of Continuing Professional Development. A key step in the process was conducting an assessment of the office's existing portfolio of educational products and services. The portfolio assessment process and our experiences and reflections regarding its use and value will be relayed through informational presentations by the instructors using visual aids. This presentation will demonstrate how the process is used drawing upon actual case history and will be augmented by an interactive question and answer session to allow exploration of individual needs and concerns of participants.

**Key Points:** Developing, articulating and implementing an organizational strategy is key to efficiently aligning resources, making decisions across a spectrum of program and activity offerings, and affects a wide range considerations from staffing to marketing. The portfolio assessment process described in this session is a simple yet sophisticated tool for making critical program strategy decisions.

**Recommended Reading:** Rod Napier, Clint Sidle & Patrick Sanaghan, High Impact Tools and Activities for Strategic Planning (New York: McGraw-Hill, 1998).

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**NOTES**

**T46, Breakout  
2:45 – 3:45 pm, Thursday  
Grand Sonoran J-K/1**

**Managing Conflict of Interest: Stories of David and Goliath**  
(Administrative/Management)

**Luanne Thorndyke, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** Resolution of Conflicts of Interest takes more than a rock, a slingshot, and a prayer. At the conclusion of this break-out, participants should be able to: **1)** develop a comprehensive plan to identify and resolve conflict of interest for different types of educational activities, **2)** discuss techniques and essential points to educate faculty and course directors about conflict of interest, and **3)** implement tools and processes for staff in CME offices to ensure compliance with the Standards for Commercial Support.

**Methods:** Representatives from the Penn State College of Medicine Office of Continuing Education will present a comprehensive, multi-dimensional plan to obtain full and meaningful disclosure from faculty and course planners, resolve conflicts of interest based on the disclosure, review and monitor activities for educational balance and compliance, and recommend strategies based on lessons learned. Case studies illustrating challenges and successes will be discussed. The session will conclude with an invitation for participants to share their stories for discussion. The presentation and case studies will include examples from live courses (directly and jointly sponsored), commercially supported enduring materials, and regularly scheduled conferences.

**Key Points:** CME providers face many challenges to successfully implement the Standards for Commercial Support. Each educational activity presents a different challenge. A plan which works for a live, directly sponsored course may not work for a regularly scheduled conference series. Jointly sponsored commercially supported activities require more focused resources to ensure independence. A systematic, multi-dimensional plan is an important tool to develop activities that are independent, balanced, and non-biased. CE staff, course directors, and faculty all have an important role. Even the smallest CE warrior can take down the COI Goliath.

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**NOTES**

**T47, Breakout  
2:45 – 3:45 pm, Thursday  
Desert Suite II/2**

**Not Finding What You Need? Getting Your Hands on the Right Continuing Education Literature**  
(Performance Measurement)

**Laure Perrier, MEd**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will be of interest to those seeking relevant and easy-to-access continuing education literature to produce presentations, support planning innovative CE strategies, creating research proposals, thinking through a theoretical base for educational activities, or planning needs assessments and evaluations.

The Alliance for CME supports a database that houses a vast array of continuing education literature. This is a valuable, searchable resource where journal articles and materials are gathered and housed. This database, called the RDRB (Resource and Development Research Base), has recently gone through a re-development to improve its accessibility and reliability, as well as making it more user-friendly.

**Objectives:** Participants will: **1)** be introduced to the re-developed RDRB; **2)** become familiar with the RDRB and gain confidence in executing effective searches to find relevant materials in the continuing education literature; and **3)** identify pertinent and credible online CE-related tools.

**Methods:** This session is designed to focus on familiarizing participants with the re-developed RDRB and offer guidance through sample searches related to relevant topics in continuing education. As well, other pertinent websites and online tools will be examined in order to dialogue within the group about effectiveness, saving time, and which offer the best resources.

**Key Points:** The RDRB provides ‘one-stop shopping’ when looking for a comprehensive selection of literature in continuing education.

**Recommended Reading:** Garg A, Turtle KM. Effectiveness of training health professionals in literature search skills using electronic health databases—a critical appraisal. *Health Information and Libraries Journal* 2003;20(1):33-41.

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**NOTES**

**T48, Breakout  
2:45 – 3:45 pm, Thursday  
Desert Suites IV & VI/2**

**Exploring the Relationship between Self-Efficacy and Performance Outcomes  
(Performance Measurement)**

**Eric Peterson, EdM**

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**Armine Lulejian, MPH**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will be of interest to CME professionals who are interested in exploring the construct of self-efficacy and its potential for measuring the outcomes of educational activities.

**Objectives:** At the conclusion of this session, participants should be able to **1)** describe the construct of self-efficacy, **2)** summarize research literature linking measures of perceived self-efficacy to performance outcomes in both general and medical settings, **3)** describe the role of mastery experiences in transforming efficacy beliefs, **4)** distinguish educational activities where self-efficacy may serve as a useful measure from those activities where it may not be appropriate, and **5)** describe basic principles for constructing self-efficacy scales.

**Methods:** Using a combination of short didactic presentations and discussions, the presenters will summarize the construct of self-efficacy and research findings that demonstrate a relationship between self-efficacy and actual work performance in both general and medical settings. Data from several CME outcomes studies conducted from this theoretical perspective will be presented.

**Key Points:** Since the construct of self-efficacy was first proposed by Albert Bandura in 1977, researchers have used it to frame multiple investigations covering a wide range of human behavior and performance. Three insights from this research tradition make the self-efficacy construct particularly attractive in a CME context. They are as follows: **1)** measures of self-efficacy are predictive of the effort that individuals will expend to achieve specific goals or accomplish specific tasks, **2)** so-called “mastery experiences” as a form of education have been demonstrated to significantly restructure the efficacy beliefs of individuals, **3)** multiple investigations have found measures of self-efficacy to correlate positively to actual performance.

**Recommended Readings:**

1. Bandura A. Self-Efficacy: The Exercise of Control (1997) W.H. Freedman and Company, New York.
2. Stajkovic AD, Luthans F. Self-efficacy and work-related performance: a meta-analysis. Psychological Bulletin. 1998; 124(2) 240-261.
3. Opacic DA. The relationship between self-efficacy and student physician assistant clinical performance. J Allied Health. 2003;32(3):158-166.

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**NOTES**

**T49, Breakout  
2:45 – 3:45 pm, Thursday  
Desert Suite VII/2**

**Joint Sponsor Collaborative Relationships: Greater Than the Sum of Its Parts  
(Partnering)**

**Beth Brillinger, BS**

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**Karen Porrini, PharmD**

The FCG Institute for Continuing Education, tel: 215/412-4523, <mailto:kporrini@fcgint.com>

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session is relevant for all CME professionals who have an interest in joint sponsor relationships, and who are seeking to determine whether similar working relationships would be practical in their own situations.

**Objectives:** At the completion of the session, participants should be able to **1)** define joint sponsorship, **2)** list components of a successful joint sponsorship relationship, **3)** discuss benefits and challenges associated with jointly sponsoring activities, **4)** identify methods to build successful partnerships, and **5)** apply problem-solving techniques in the analysis of shared problems and potential solutions for joint sponsorship of CME activities.

**Methods:** Presentation and a case history discussion will be used to address principles of effective and mutually satisfying joint sponsor partnerships.

**Key Points:** How to optimize relationships with joint sponsors in order to enhance the effectiveness of a large multifaceted educational initiative. The evolution of the methods used to build rapport and trust amongst educational partners, and to foster collaborative efforts will be described from personal experience and from literature support. The presentation will review and discuss a case study of a unique joint sponsor relationship with multiple educational partners on a large educational initiative, [www.APOLLOlipids.org](http://www.APOLLOlipids.org). The evolution of team collaboration and personal experiences will be shared.

**Recommended Reading:** Bailey A.R., and Passin, S.M. Practical Tips on Successful Joint Sponsorship. Almanac 2000; 22(10): 1-4.  
Erickson, David. Make CME, Not War. Medical Meetings 2002; 29(2): 39-46.

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**NOTES**

**T50, Breakout  
2:45 – 3:45 pm, Thursday  
Grand Canyon 9-10/1**

**CMEOhio: Collaboration among Multiple Academic Medical Centers via a Centralized Learning Management System to Centralize, Automate, and Distribute Online CME Activities  
(Partnering)**

**Jack Kues, PhD**

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**Rick Whitbeck, MBA**

Case Western Reserve University School of Medicine, tel: 216/983-3149, mailto:[rick.whitbeck@uhhs.com](mailto:rick.whitbeck@uhhs.com)

**Lori Gourley, MBA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will be of interest to all CME professionals

**Objectives:** At the conclusion of this session, participants will be able to understand how they can participate in a collaborative process for the delivery, distribution and automation of their CME activities.

**Methods:** This interactive presentation will utilize a case-based approach.

**Key Points:** It is expensive and time-consuming for an individual CME provider to develop their own viable learning management system. Collaboration with technology solution providers and other CME providers can offer an opportunity to deliver online CME content through a learning management system platform that is cost-efficient, can be branded and integrated into the existing tracking systems of individual providers. Learners benefit from these types of collaborations because they have access to a broader library of materials through a single learning portal.

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**NOTES**



**T51, Mini-Plenary**

**(Cancelled)**

**Securing Alternate Sources of Funding for CME Programs**  
(Partnering)

**Michael Altmann, MEd**

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**Marjorie Merrick**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will be of interest to all providers and medical education and communication companies at all levels of experience.

**Objectives:** At the completion of this session, participants will be able to **1)** identify stakeholders outside of the pharmaceutical industry who can benefit from education for healthcare providers, **2)** approach grant sources with appropriate documentation to secure funding, and **3)** decrease reliance on the pharmaceutical industry for commercial support.

**Methods:** The instructors will present lectures and case studies, followed by an interactive question and answer period.

**Key Points:** Concerns about pharmaceutical industry influence or difficulty in securing pharmaceutical industry funding can be alleviated by creative approaches that require looking at the patient or societal benefits from having educated healthcare professionals. This viewpoint will reveal alternative sources of funding support and potential partnerships. Developing those partnerships and securing funding requires a major paradigm shift from traditional grant requests.

**Recommended Reading:** Alliance for Nonprofit Management, Carlson M. Winning Grants: Step by Step. (2002) 2<sup>nd</sup> ed. Jossey-Bass, San Francisco.

Brown LG, Brown MJ. Demystifying Grant Seeking (2001). Jossey-Bass, San Francisco.

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**NOTES**

**T52, Breakout  
4:00 – 5:00 pm, Thursday  
Grand Sonoran A-B/1**

**Practical Strategies and Resources for the Beginner to CME  
(Administrative/Management)**

**Lori Gourley, MBA**

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**Martha Silling, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will interest beginners in CME who work in all provider groups.

**Objectives:** In order to be successful as a CME professional, newcomers to CME need to develop many new skills. This session will assist you to identify stakeholders critical to your professional development. After attending this interactive session you will be able to:

- Relate the ACME competencies for CME professionals to your day-to-day job
- Determine and prioritize the skills you need to learn or improve
- Develop strategies to successfully address varied stakeholder expectations
- Assess resources available internally and externally to your organization to develop these new skills

**Methods:** This breakout will be an interactive presentation. The session facilitators will present information from their own experiences, provide a self-assessment tool, and discuss resources available for professional skill development.

**Key Points:** There are a number of skills that CME professionals need to be successful. These include:

- Identify CME stakeholders and what they expect from you
- Instructional design/adult learning strategies
- How to practically implement the CME guidelines
- Working in a medical setting without a medical background
- Collaborating to stretch your limited resources
- Budgeting, marketing and fundraising in today's CME environment
- Promoting the value of CME within your organization

**Recommended Reading:** Practical resources will be provided at the workshop.

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**NOTES**

**T53, Breakout**  
**4:00 – 5:00 pm, Thursday**  
**Grand Sonoran C-D/1**

**Behavioral Needs Assessment: How do you *Truly* find out What They Don't Know that They Don't Know?**  
(Systems Thinking)

**Sean Hayes, PsyD**

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**David Labiner, MD**

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**Jeffrey Melin, MEd**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This interactive session will be of interest to all CME professionals at the intermediate/advanced level

**Objectives:** At the end of this session participants will be able to: **1)** Understand how and why AES undertook this project; **2)** Identify the components of a needs assessment project; **3)** Understand what AES discovered about its membership, and **4)** Understand the value of a mixed method approach and how the results have begun to transform AES' education development and delivery.

**Methods:** Presenters will provide a PowerPoint overview of needs assessment project designed by AXDEV and the AES, and involve the learners through Q & A and group activities that familiarize the process of mapping out this approach.

**Key Points:** The American Epilepsy Society (AES) is a medical society of 3000 diverse provider members, which has collected and reviewed activity evaluations and involved learners in learning contract outcomes tracking. Deciding this was not enough to develop a proactive, strategic educational plan, the AES embarked upon a multifaceted membership needs assessment using a mixed methods approach that included qualitative and quantitative data collection techniques. First, structured discussion and clinical decision-mapping data was collected during focus groups. These findings were then used to develop a national survey distributed to the AES members. To enhance the reliability and validity of the analysis, triangulation was incorporated. Triangulation is a research design method that combines various methodologies and sources to assure a high degree of reliability and validity.

**Recommended Reading:**

1. Chatterji, M. (2005). "Evidence on "What Works": An Argument for Extended-Term Mixed Method (ETMM) Evaluation Designs." *Educational Researcher* 34(5): 14-24.
2. Creswell, J. W. (2003). *Research Design: Qualitative, Quantitative, and Mixed Approaches*. Thousand Oaks, CA, Sage.
3. Johnson, R. B. and A. J. Onwuegbuzie (2004). "Mixed Methods Research: A Research Paradigm Whose Time Has Come." *Educational Researcher* 33(7): 14-26.
4. Patton, M. Q. (1990). *Qualitative Evaluation and Research Methods* (2nd ed.). Newbury Park, CA: Sage Publications, Inc.
5. Tashakkori, A., & Teddlie, C. (1998). *Mixed methodology: Combining qualitative and quantitative approaches*. Applied Social Research Methods Series (Vol. 46). Thousand Oaks, CA: Sage.

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**NOTES**

**T54, Breakout  
4:00 – 5:00 pm, Thursday  
Pinnacle Peak 2/2**

**ACC-CathKIT®: Use of a Quality Improvement Tool for Physician Education and Certification  
(Performance Measurement)**

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**Mary Anne Elma, BA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will interest healthcare providers, quality improvement professionals, specialty societies, and educational groups who seek to implement a self-directed online educational tool. Additionally, CME professionals with an interest in the collaborative educational efforts between healthcare societies and external certification boards will want to attend the session. This session content is presented at the intermediate/advanced level.

**Objectives:** At the completion of the session, participants will be able to: **1)** design an evaluation program for an online training and resource tool, **2)** prepare and conduct pre- and post-assessments to measure knowledge obtained through an online educational program, and **3)** understand principles of psychometric analysis in validating an assessment tool's quality as an accurate measure of learner knowledge.

**Methods:** Instructors will present a case study based on outcomes of an evaluation and monitoring program of the ACC-CathKIT®, an Internet-based product designed to provide clinicians with knowledge about continuous quality improvement (CQI) methodology and resources to fully implement a CQI program at their site using the FOCUS-PDSA model. The case study will describe the development and implementation of an online quality improvement tool for healthcare professionals and the formal evaluation and monitoring program of this resource; the assessment of learner knowledge obtained through the tool through pre- and post-test methodology; and the application of psychometric analysis to evaluate the assessment tool's quality as an accurate measure of learner's knowledge. Instructors will conclude the session with a discussion of how the results of the evaluation and monitoring program fostered collaboration with the American Board of Internal Medicine (ABIM) to use the ACC-CathKIT® to meet Maintenance of Certification Part II requirements.

**Key Points:** Methods to assess learner knowledge also need to be evaluated to ensure the accuracy of the measurements. Evaluation of the methods to assess knowledge is an important component to fostering collaborations with external stakeholders.

**Recommended Reading:** Building High Quality Examination Programs [Available Online].  
[http://www.proftesting.com/test\\_topics/steps\\_9.shtml](http://www.proftesting.com/test_topics/steps_9.shtml).

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**NOTES**

**T55, Breakout  
4:00 – 5:00 pm, Thursday  
Desert Suite I/2**

**Understanding the Role of Involving Multi-country Stakeholders to Provide Cross Border CE/CPD Initiatives  
(Partnering)**

**Abi Sriharan, BSc**

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**Catherine Chalin, PhD**

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**Arnold Noyek, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** All CME providers, planners and researchers interested in providing CME programs across the region

**Objectives:** At the end of this session participants will be able to: **a)** identify various approaches to partner with multi-country stakeholders to enhance the effectiveness of educational opportunities; and **b)** explore the success factors and challenges in building relationships to facilitate educational and health care improvements.

**Methods:** Brief presentation of the Canada International Scientific Exchange program's experience in providing cross border CME program will set the stage for a small group discussion session to identify best practices to build relationships, understanding and cooperation between multi country stakeholders to deliver effective CME/CPD programs.

**Key Points:** The Canada International Scientific Exchange Programme (CISEPO) is a Canadian registered charitable, volunteer non-governmental organization (NGO) based at Mount Sinai Hospital, Toronto and the University of Toronto. For the past decade, CISEPO has been engaged actively at the center of the Middle East stage, successfully bringing together Israeli, Jordanian and Palestinian health professionals and their academic and medical institutions to deliver collaborative capacity building education activities. Through times of constant stress in the region, CISEPO continues to operate as an honest broker with a mission of building joint capacity through equity, mutual cooperation, trust, acceptance and respect. The CISEPO network in the region has proven durable and, indeed, has grown at a time when other networks have disappeared.

**Recommended Reading:** Noyek, A., Skinner, H., Davis, D., Clark, I., Sriharan, A., Chalin, C. Building Bridges of understanding through Continuing Education and professional development of Arabs and Israelis. Journal of Continuing Education in Health Professionals. Vol25, issue 2, summer 2005.

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**NOTES**

**T56, Breakout  
4:00 – 5:00 pm, Thursday  
Desert Suite II/2**

**Decreasing Disparities in Depression: Combining Continuing Medical Education and Action Research  
(Educational Interventions)**

**Donald Moore, PhD**

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**Robert Kristofco, MSW**

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**Karen Overstreet, EdD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session is planned for healthcare providers, CME professionals from across the provider spectrum, and community researchers interested in innovation in professional education and intervention combinations targeted at eliminating disparities in the provision of healthcare.

**Objectives:** At the conclusion of this session the participant will be better able to:

Describe the extent of the problem of disparities in the diagnosis and treatment of depression in racial and ethnic minority patients

Examine a combination of methods for narrowing the disparities gap

Discuss challenges in implementing and testing a multi-focused intervention to decrease disparities in care for this population

Review initial efforts of an initiative to address these disparities using CME and action research

Assess the feasibility and applicability of combination interventions in other disease areas

**Methods:** The presenters will employ multiple interactive methods in conducting this session. Following a brief overview of the project, participants will be asked to respond to general questions about disparities in depression treatment using an audience response system. The participants will then work in groups facilitated by the presenters to discuss elements of the CME action research combination. Scenarios will then be described that each group will address, employing what they have learned about CME and action research.

**Key Points:** Disparities in the provision of care to ethnic and racial minority patients for the treatment of depression are well documented. The project being discussed in this presentation will provide learners an opportunity to hear about a project that is using the latest information on best practices in depression treatment in minority populations in combination with information on evidence-based CME practice to design and test an intervention to address this problem. The participant will get an opportunity to employ this same information to design a strategy to take home and use to address this issue in their own setting.

Action research is a tested technique in use across a broad spectrum of fields that range from examining industrial production to facilitating change in educational settings. It is emerging as a discipline with potential to assist providers and others in understanding the learning context in healthcare and what it contributes to practice improvement.

**Recommended Reading:** Bloom BS. Effects of continuing medical education on improving physician clinical care and patient health: a review of systematic reviews. *Int J Technol Assess Health Care* 2005;21(3):380-5.

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**NOTES**

**T57, Breakout  
4:00 – 5:00 pm, Thursday  
Grand Canyon 13/1**

**Physicians as CME Leaders and Advocates  
(Leadership)**

**Harry Gallis, MD**

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**No Relevant Financial Relationships**

**Target Audience:** This breakout session will interest physicians in CME and others who desire to recruit more physicians into CME and improve their effectiveness.

**Objectives:** At the completion of this session participants should be able to: **1)** Assist their physician constituents in the meeting their responsibilities for continuing professional development, **2)** Lead their institution in the development of a model learning organization, **3)** Promote and support change and improvement in the practice environment that they serve, **4)** Advocate for their CME program, its mission and activities, and **5)** Develop a list of organizational attributes that promote excellence in CME

**Methods:** This session will primarily be didactic with ample opportunity for questions and discussion.

**Key Points:** Completion of the five sessions of the Physician Track should provide physicians and others in leadership positions within CME unit with basic information to improve their effectiveness in key leadership competency areas within CME.

**Recommended Reading:**

1. Alliance for CME – Competency Areas for CME Professionals.
2. Fox, RD, Mazmanian, PE, and Putnam, RW – Changing and Learning in the Lives of Physicians. Praeger: New York 1989.
3. Davis, D, Barnes, BE, and Fox, R – The Continuing Professional Development of Physicians. AMA Press: Chicago 2003.
4. Bennett, NL et. al. – Continuing medical education: a new vision of the professional development of physicians. Academic Medicine. 2000;75:12:9-14.
5. Kristofco, RW et al. – Attributes of an ideal continuing medical education institution. Journal of Continuing Education in the Health Profession; 25(3):Summer 2005.

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**NOTES**

**T58, Breakout  
4:00 – 5:00 pm, Thursday  
Grand Canyon 9-10/1**

**Making Sense of OIG, PhRMA, and AdvaMed: Establishing an Internal Compliance Program  
(Leadership)**

**Heidi Chandonnet**

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**Brian Russell, MBA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout is intended for CME professionals who want more information about codes and guidance—and—their impact and implications, and who want to develop policies and procedures to formally address them.

**Objectives:** At the conclusion of this breakout, participants should be able to **(1)** explain how relevant sections of OIG, PhRMA, and AdvaMed will influence and change their current processes; **(2)** compare and contrast the codes and guidance, and provide a summary of their similarities; and **(3)** establish an internal CME office-compliance program.

**Methods:** A formal presentation will be followed with a question-and-answer session. A case study will be presented. Discussion throughout the session will be encouraged.

**Key Points:** Ensuring that a continuing-education activity is truly in the safe harbor extends beyond the ACCME Essential Areas and Policies and the 1997 FDA Guidance to Industry. CME professionals need to be aware of—and be able to explain and provide counsel on—the Office of Inspector General Compliance Program Guidance for Pharmaceutical Manufacturers, PhRMA Code on Interactions with Healthcare Professionals, and the AdvaMed Code of Ethics on Interactions with Health Care Professionals. In addition, CME professionals need to develop and implement an internal compliance program to help ensure the CME safe harbor to protect you, your grantors, and your activity faculty.

**Recommended Reading:**

1. PhRMA Code on Interactions with Healthcare Professionals. July 2002.
2. Office of Inspector General Compliance Program Guidance for Pharmaceutical Manufacturers. April 2003.
3. AdvaMed Code of Ethics on Interactions with Health Care Professionals. January 2004.

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**NOTES**



**T59, Breakout  
4:00 – 5:00 pm, Thursday  
Desert Suites IV & VI/2**

**CME/Quality Management Planning Workshop: Integrating Organizational Priorities into CME  
(Partnering)**

**Daniel Keatinge, MD**

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**Luis Salazar**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** At the completion of the session, participants should be able to: **1)** identify internal and external stakeholders to partner with planning CME, **2)** cite various internal and external data sources to address stakeholders' interests in CME planning, **3)** describe an approach integrating multiple stakeholders' interests into CME planning through use of an educational session, and **4)** enumerate how the approach presented can help build and/or improve relationships within an organization.

**Methods:** This session will consist of a presentation on the process of developing a CME planning workshop involving multiple stakeholders within a hospital and the follow-up process for measuring outcomes from resulting activities. Audience participation will be encouraged.

**Key Points:** Our medical center convened a half-day planning session to which physician CME chairs and Quality Management delegates were invited. Participants were given department-specific needs assessment data from various sources and asked to develop CME activities designed to improve measurable patient care outcomes. More than thirty CME activities were developed during the planning session and implemented in the course of the following 14 months. The resulting activities improved patient care outcomes in multiple areas strategic to the organization.

**Recommended Reading:** Health Professions Education: A Bridge to Quality (Institute of Medicine) April 2003.

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**NOTES**

**T60, Breakout**  
**4:00 – 5:00 pm, Thursday**  
**Desert Suite VII/2**

**Reflecting on the Life of a CME Career**  
(Self-Assessment and Life-Long Learning)

**Terry Hatch, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will interest CME professionals at all experience levels and provider groups.

**Objectives:** At the completion of the session, participants will be able to:

1. Describe various educational and occupational backgrounds of CME professionals.
2. Evaluate the length of stay in the CME field and reasons why professionals remain or resign.
3. Specify transferable skills that may be learned or maintained throughout the CME career.
4. Reflect on professional goals and how CME fits into the career development plan.

**Methods:** Brief introductory remarks by the presenters make way for highly interactive large and small group discussions among participants. Participants are guided through an exploration of CME as a profession, how individuals arrive there, duration of stay and reasons why they leave. The energetic session concludes with a survey through which participants share their individual experiences and viewpoints on the topic.

**Key Points:** A wide range of people enter the CME field for assorted reasons. Many choose CME as their career, while others view it as a transitional period. What is the average length of stay in on the job for the average CME professional? What factors are involved in their arrival and departure? New and experienced CME professionals impact the CME field at different levels. What, then, happens when the old guard moves on? Where do they go and do the rookies naturally fill in the gaps? What professional skills are learned or maintained in CME that prepare an individual for future career paths? This session will address these questions and examine the history, longevity and destination of CME professionals at all stages of experience.

**Recommended Reading:** No relevant reading determined.

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**NOTES**

**T61, Breakout  
4:00 – 5:00 pm, Thursday  
Pinnacle Peak 3/2**

**Continuing Medical Education: A Multidimensional Mentoring Approach  
(Educational Interventions)**

**Patricia Rockman, MD**

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**Jose Silveira, MD**

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**Lena Salach, MA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will be of interest to any clinician, educator or administrator at all experience levels in all provider groups.

**Objectives:** At the end of this session, participants will **1)** understand the utility and benefits of a multi dimensional educational program occurring over time, **2)** understand the benefits and utility of collaboration between family physicians and specialists with respect to CME, **3)** know how to apply this model to other clinical areas, **4)** recognize the common challenges of operating such a program, and **5)** be able to apply a method to foster collaborative professional relationships.

**Methods:** Presenters will provide an overview of the Collaborative Mental Health Care Network and review current mentoring and Shared Care literature. Audience participation will be strongly encouraged.

**Key Points:** The OCFP Collaborative Mental Health Care Network model naturally integrates CME into the framework of the family physician's clinical practice using leading edge adult education principles. 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.

**Recommended Reading:** 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.

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**NOTES**

**T62, Breakout**  
**4:00 – 5:00 pm, Thursday**  
**Grand Sonoran H-I/1**

**Marketing Tool Kit**  
(Administrative/Management)

**Melissa Fiscor, CMP**

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**Gloria Cadden, BS**

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**Maggie Peterson, MBA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session is targeted to CME professionals within all provider groups at all experience levels.

**Objectives:** At the end of this session, participants should be able to: **1)** identify internal and external resources that could help market CME courses, **2)** design a marketing strategy that will help reach a wider or more targeted audience, and **3)** recognize cost-effective marketing tools that are available to all to use.

**Methods:** The presenters will use a lecture and panel discussion format accompanied by a PowerPoint presentation, while allowing participants to ask questions and participate in the discussion. Handouts will be distributed on-site.

**Key Points:** Learn successful approaches your peers and colleagues throughout the industry use to market CME activities. Come ready to share your organization's approaches and practical solutions to effectively market CME courses with limited budgets.

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**NOTES**

**T63, Breakout**  
**4:00 – 5:00 pm, Thursday**  
**Grand Canyon 11-12/1**

**Practical Management of RSC's in a Decentralized Setting**  
(Administrative/Management)

**Susan Calderone, CMP**

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**Sarah Myren, BA**

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**Sheila Newby**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session is targeted to CME professionals within all provider groups at all experience levels.

**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:** The presenters will use a lecture and panel discussion format accompanied by a PowerPoint presentation, while allowing participants to ask questions and participate in the discussion. Handouts will be distributed on-site.

**Key Points:** Learn successful approaches your peers and colleagues throughout the industry use to manage these activities. Come ready to share your organization's philosophies and practical solutions and bring your questions and dilemmas for discussion.

**Recommended Reading:** ACCME Policy 2003-A-08.

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**NOTES**

**T64, Breakout  
4:00 – 5:00 pm, Thursday  
WildflowerA-C/2**

**Standardizing Outcomes Methodologies for Large-Scale, Multi-Channel Educational Initiatives:  
A Practical Guide for CME Providers  
(Performance Measurement)**

**Anne Goodrich, BA**

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**Marissa Seligman, PharmD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** Upon completion of the session, participants will be able to: **1)** Design specific format-appropriate integrated outcomes methodologies based on activity type (live, on-line, print, etc.); **2)** Identify two outcomes methodologies that enable higher response rates among participants and non-participants of a CME activity, and **3)** Identify the minimum number of standard metrics across measurement tools that allows for normative benchmarking and longitudinal data analysis.

**Methods:** This presentation will detail and summarize key components of multiple outcomes methodologies across different large scale educational initiatives and CME activity types. Outcomes data results, trends, and predictive modeling examples will be presented through didactic lecture and small-group discussion.

**Key Points:** Standardizing outcomes methodologies and measurement metrics across various activity types will be emphasized. In addition, special emphasis will be placed on the statistical advantages of standard metric's measurement, acceptable to industry standards, across CME activities, across disease states.

**Recommended Reading:**

1. Green, J, Eckstein, J. A practical guide to integrating an outcomes-based learning model into your planning process. The Alliance for CME Almanac. 2005; 27:12, 1-3.
2. Haven, C, Bellman P, Jayachandran, K, Waters, S. Measuring higher-level outcomes. The Alliance for CME Almanac. 2005; 27:10, 1-4.
3. Peabody, J, Luck, J, Glassman, P, Jain, S, Hansen, J, Speel, M, Lee, M. Measuring the quality of physician practice by using clinical vignettes: a prospective validation study. American College of Physicians. 2004;141: 772-780.

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**NOTES**

**T65, Breakout  
4:00 – 5:00 pm, Thursday  
Grand Sonoran J-K/1**

**Collaborate with our Competitors – Are You Kidding? How to Benefit from each Other's CME Experiences  
(Partnering)**

**Debra Curran, MA**

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**De Granstrom**

HealthEast Care System, tel: 651/232-5104, <mailto:dgranstrom@healtheast.org>

**Ginny Jacobs, MEd**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will interest CME professionals who are willing to challenge the traditional views of business competition, are aware of our need to simplify or standardize interpretations of CME policy and application of CME practices, and seek to create a collaborative environment across their State or regional CME providers.

**Objectives:** At the completion of this session, participants will be able to: **1)** Identify and explore potential opportunities for establishing common ground and sharing experiences across numerous CME providers; **2)** Develop a safe and productive environment that supports partnership across multiple CME providers; **3)** Design a plan for a collaborative approach to address shared CME challenges and concerns; and **4)** Pursue an effective approach for collaboration to best serve our various stakeholders and enhance the overall image of the CME industry.

**Methods:** In order to help assess the needs of the target audience, a mini survey will be distributed in advance of the session to gather perspectives regarding barriers, opportunities, and proven success stories related to forming a collaborative work group across competing CME providers. These survey results will be shared with the audience, a case study will be presented featuring an example from Minnesota's CME Network, and various approaches will be discussed. Emphasis will be placed on providing participants with innovative ideas and practical tools to lay out a plan for collaboration within their State or region.

**Key Points:** In order to survive these challenging times and enhance the overall image of the CME industry, CME providers will need to apply a new frame of thinking to the traditional view of business competition. This interactive session will dispel some of the myths of partnering with your competitors as we highlight a successful model of collaboration implemented across numerous providers in the state of Minnesota. We will demonstrate the benefits of forming collaborative networks to share ideas, experience, and interpretations in order to advance the field and eliminate duplication of effort. A specific example will be featured showing how the Minnesota CME Networking group worked together to develop a new disclosure template that is being used by several CME providers in Minnesota.

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**NOTES**

**F1, Advanced Seminar  
8:30 am – 12:15 pm, Friday  
Desert Suites III & V/2**

**Working the Planning Table: Managing the Complexities of Planning Collaborative CME**  
(Leadership)

**Ronald Cervero, PhD**

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**Barbara Barnes, MD**

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**Donald Moore, Jr., PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** Individuals in leadership positions in CME organizations with more than five years experience in that role

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

**Methods:** Presentation and interactive case discussion

**Key Points:** The session uses the metaphor of “the planning table,” the dimensions of which include power, interests, ethical commitment, and negotiation). CME planners need to pay attention not only to the substantive learning and educational issues in CME, but also to the social, political, and economic relationships in their internal and external environments as they consider collaborative relationships to develop more effective CME.

**Recommended Reading:** Cervero, R. M., & Wilson, A. L. Working the planning table: negotiating democratically for adult, continuing, and workplace education. SF: Jossey-Bass, 2006.

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**NOTES**



**F2, Intensive  
8:30 am – 12:15 pm, Friday  
Grand Canyon 1-8/1**

**Finding the Pleasures among the Pains, Perils and Pitfalls of Commercial Support  
(Partnering)**

**Lawrence Sherman (Moderator)**

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**Jon Ukropec, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This educational activity will be of interest to all stakeholders in CME that are involved in the process of providing or requesting commercial support for CME activities.

**Objectives:** At the completion of the session, participants will be able to: **1)** discuss the major obstacles in identifying commercial support for CME activities; **2)** describe various practices employed by commercial supporters to manage the grant process; **3)** list criteria needed in grant requests to facilitate the grant solicitation process; **4)** identify areas for personal improvement in both grant preparation and grant provision

**Methods:** Introductory presentations by the panelists will set the stage for moderated discussion about the key issues involving commercial support from the perspectives of the commercial supporters, accredited providers, medical education companies, and other CME stakeholders. Separate panels and audience involved sessions will be used as well.

**Key Points:** The current regulatory environment in CME continues to create challenges for commercial supporters, CME providers, and all others involved in the CME enterprise. A collaborative forum in which these issues can be discussed is the ideal environment for highlighting best practices and for setting up future collaborations.

**Recommended Reading:** <http://blog.meetingsnet.com/capsules/2006/01/29/alliance-day4-commercial-support-marathon/>.

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**NOTES**

**F3, Mini-Plenary  
8:30 – 9:30 am, Friday  
WildflowerA-C/2**

**CME and the Washington Health Care Debates: Demystifying the Policies, Politics, and Press Coverage  
(Systems Thinking)**

**John Kamp, PhD**

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**Judith Ribble, PhD**

Medscape, LLC, tel: 212/301-6703, <mailto:jribble@medscape.net>

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This mini-plenary will interest CME professionals at intermediate and advanced levels in all provider groups that grant or receive independent educational funding from commercial interests.

**Objectives:** As a result of this session, participants will be able to: **1)** identify sources of federal regulatory guidelines relevant to their activities; **2)** describe actions taken by the HHS-OIG and FDA's DDMAC during the past year that have affected the practice of CME; and **3)** cite examples of media criticism of CME practices.

**Methods:** The presenters will describe legal cases involving providers and supporters of CME and will analyze media coverage of the national healthcare scene as it relates to CME. Attendees will be invited to comment and raise questions. Slides will be available online.

**Key Points:**

- The CME enterprise is affected by healthcare policies and debates taking place at the national level;
- No sector of the CME community is immune from federal scrutiny or media coverage;
- Compliance with HHS-OIG and FDA guidances is essential for developing and funding independent educational activities.

**Recommended Reading:** Corporate Integrity Agreement Between the Office of the Inspector General of the Department of Health and Human Services and Serono Holdings, Inc. Available at:  
[http://www.oig.hhs.gov/fraud/cia/agreements/seronoholdings\\_101405.pdf](http://www.oig.hhs.gov/fraud/cia/agreements/seronoholdings_101405.pdf).

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**NOTES**

**F4, Breakout**

**(Cancelled)**

**Separating Fact from Fiction in CME: A Practical Guide to Removing Unnecessary Obstacles  
to Effective Medical Education**  
(Administrative/Management)

**Brian Raineri, PharmD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will interest continuing medical education professionals who are at beginner or intermediate levels and have a role in the development or implementation of their organizations' accreditation processes and procedures.

**Objectives:** After completing this activity, participants will be able to do the following: **1)** list five common misperceptions regarding the regulations and standards that govern accredited providers; **2)** identify current policies and procedures that are unnecessary and do not provide additional value; and **3)** develop new processes that will foster enhanced stakeholder collaboration and activity outcomes.

**Methods:** Based on observations, personal experiences, and interviews with other medical education professionals, the instructor will identify examples of commonly cited CME misconceptions and ways in which the elimination of artificial obstacles can result in improved educational quality and collaboration with external stakeholders (ie, faculty and commercial supporters).

**Key Points:** Despite the presence of well-documented standards, regulations, and guidelines, many medical education professionals—particularly those at a beginner or intermediate level—rely on a host of CME myths. Often, these misconceptions regarding the rules of engagement for CME are exaggerations of actual guidelines, overreactions to industry scrutiny, or based on guidelines specific to one commercial supporter.

**Recommended Reading:** ACCME's Essential Areas, Elements, and Decision-Making Criteria; The Physician's Recognition Award and Credit System: Information for Accredited Providers and Physicians (2006 Revision).

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**NOTES**

**F5, Breakout  
8:30 – 9:30 am, Friday  
Desert Suite I/2**

**Collaborative Research & Learning between University, Performance and Commercial Organizations  
(Partnering)**

**Suzanne Murray**

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**Dave Davis, MD**

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**Philippe Hebert, BScPharm**

Merck Frosst Canada Limited, tel: 514/428-2699, mailto:[philippe\\_hebert@merck.com](mailto:philippe_hebert@merck.com)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** Intermediate to advanced

**Objectives:** Participants will be able to **1)** know the approach they can take for collaborative partnership, **2)** understand unique challenges faced by three organizations when developing such partnerships, and **3)** how learnings from this partnership can be applied by others to develop and experience a transparent and systematic communications for collaborative processes regarding decision making, accountability, defined roles and responsibilities.

**Methods:** Using examples of the key findings of the national research conducted on group practices and inter-professional learning, authors will share and explain the unbiased approach that incorporated five phases of group functioning: dependency, counter dependency, trust and restructuring, productivity and termination <sup>(1)</sup> and how it was applied throughout the partnership.

**Key Points:** **1)** Collaborative partnerships can be successful if during the planning stages there is open, frank and transparent discussion and agreement on objectives / deliverables, roles and responsibilities which are properly documented before initiating the research. **2)** Each organization brings to the partnership its own culture of processes and expectations along with collective intelligence partnership become more productive. **3)** In order to keep the partnership focused and ensure deliverables are met on time there was a need for strong project management skills.

**Recommended Reading:** Wheelan, S. (2005). Group Processes: A Developmental Perspective, 2<sup>nd</sup> Ed. Needham Heights, MA: Allyn & Bacon.

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**NOTES**

**F6, Breakout  
8:30 – 9:30 am, Friday  
Desert Suites IV & VI/2**

**Finding Your Power to Influence: Getting Planners Onboard with Outcomes-Based CME**  
(Partnering)

**Carol Havens, MD**

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**Joyce Boswell, BS**

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**Scott Waters, MA**

Kaiser Permanente, tel: 510/625-3062, <mailto:scott.waters@kp.org>

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session is designed for CME professionals at intermediate and advanced experience levels who wish to more effectively influence program planners to design CME activities that achieve higher-level outcomes.

**Objectives:** At the completion of this session, participants will be able to: **1)** engage program planners in more effective needs assessment and planning processes to achieve higher level outcomes; **2)** collaboratively identify gaps in practice that can be addressed within the context of a CME activity; and **3)** showcase the results of outcomes-based CME in order to obtain buy-in from organizational leadership and other stakeholder groups.

**Methods:** The breakout session will present a variety of techniques, tips and tools for working with program planners and other stakeholders, based on real-life experiences and examples of successes and failures. It will be interactive and provide opportunity for small group hands-on work and larger-group discussion, with ample time for Q&A.

**Key Points:** The world of CME planning has changed dramatically within the past few years, necessitating that CME providers measure the impact CME activities have on physician practice and on patient care. CME professionals recognize the need to plan outcomes-based CME but often find it difficult to obtain buy-in from program planners who don't understand this change in focus or see its value, preferring to organize CME activities that primarily give clinical updates and offer networking opportunities between colleagues. CME professionals must be prepared to engage program planners in a planning process that includes rigorous needs assessment and addresses identified gaps in practice, culminating in an educational event designed to influence physician practice and patient health outcomes. By helping planners to see that the goals of outcomes-based CME are in fact the same as their goals of improving patient care, a true collaborative partnership can be formed which joins the content expertise of the clinician planner with the program design expertise of the CME professional. The result will be higher quality CME activities that are more likely to impact physician practice and patient care.

**Recommended Reading:**

1. Havens C, Bellman P, Jayachandran K, Waters S. Measuring Higher-Level Outcomes. Alliance for CME Almanac. 2005 Oct;27(10): 1-4.
2. Frankel RM, Stein T. The Four Habits Model. J Pract Manage 2001;16:184-91.

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**NOTES**

**F7, Breakout  
8:30 – 9:30 am, Friday  
Desert Suite II/2**

**Building an International Medical Education Program  
(Partnering)**

**Karen Heiser, PhD**

Columbus Children's Hospital, tel: 614/722-4901, mailto:[kheiser@chi.osu.edu](mailto:kheiser@chi.osu.edu)

**David Dawdy, MD**

Columbus Children's Hospital, tel: 614/722-4901, mailto:[wddawdy@aol.com](mailto:wddawdy@aol.com)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session is most relevant to medical educators who teach students, residents, and/or practitioners from other countries as well as those who send trainees and faculty to other countries for additional education.

**Objectives:** At the completion of the session, participants should be able to: **1)** describe strategies to create mutually beneficial partnerships with international medical education programs, **2)** identify the opportunities and challenges to quality international medical education, **3)** list 3 key components of US medical education system of primary interest to physicians from emerging and developing countries, and **4)** describe the essential components of a comprehensive international medical education program.

**Methods:** The instructors will describe the experiences of one organization which has been engaged in international medical education for 20 years and has trained over 100 physicians from 35 different countries.

**Key Points:** As Thomas Friedman observed, the world is truly flat. While licensure and certification laws frequently establish barriers, these constructs continue to be challenged in a world increasingly connected technologically, geographically, and culturally. US medical education has much to learn from, as well as share with, colleagues from other countries. Diseases such as bird flu and HIV, international adoptions, and telemedicine are but the tip of the iceberg of issues that know no national boundaries. Medical leaders are beginning to look for international collaboration to solve these challenges. For example, in August, 2005 the World Health Organization designated the Joint Commission on the Accreditation of Healthcare Organizations and the Joint Commission International as the world's first WHO Collaborating Centre dedicated solely to patient safety. CME leaders need to have a seat at the table by adding value to these initiatives.

**Recommended Reading:** Friedman, T. (2005) *The World Is Flat: A Brief History of the Twenty-first Century*. New York : Farrar, Straus and Giroux.

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**NOTES**

**F8, Breakout  
8:30 – 9:30 am, Friday  
Grand Sonoran C-D/1**

**Interactive Lectures: Increasing Learning with Activity**  
(Educational Interventions)

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will inform all CME professionals and teachers, enabling meaningful exchange of knowledge and its application.

**Objectives:** As an outcome of this session, participants will be able to:

1. Plan lectures that incorporate content application activities by learners
2. Design content that can be utilized in practical problem-solving
3. Structure lectures with interactive interludes for application of information

**Methods:** Brief informative presentations concerning learning, design and delivery of lectures will be interspersed with learner activities in which the content and concepts can be applied to practical situations. Activities will illustrate the principles presented and practical applications of interactivity in a lecture setting.

**Key Points:** Understanding, retention and personalization of information are enhanced when concepts or principles can be applied in practice. Such practice improves memory of, and fosters reflection on content presented. Short segments of information presentation with interludes of activity accomplish effective learning.

**Recommended Reading:** S. Thiagarajan, Interactive Lectures. (2005) ASTD Press, Alexandria, VA.

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**NOTES**

**F9, Breakout  
8:30 – 9:30 am, Friday  
Pinnacle Peak 2/2**

**Improving Care of Hospital Hyperglycemia through Statewide Collaboration: The Georgia Hospital Association  
Diabetes Special Interest Group (DSIG)  
(Partnering)**

**Curtiss Cook, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will be of interest to all hospital organizations interested in learning how to initiate and sustain collaborative relationships as a means to develop educational programs and improve care.

**Objectives:** The importance of glucose control in the hospital setting has become increasingly recognized. At the end of this session, participants will: **1)** understand the importance of hospital hyperglycemia; **2)** understand the factors contributing to successful partnering, and **3)** review the educational materials developed by the DSIG.

**Methods:** Beginning in February 2003, a consortium of physician and allied health professionals from throughout the state of Georgia representing the public, private, and industry sectors began meeting on a frequent basis to construct a plan to enhance care of the hospitalized patient with hyperglycemia. Work of the DSIG has progressed through three developmental stages: **1)** identification and organization of stakeholders, **2)** construction of sample clinical guidelines, and **3)** dissemination of information (education).

**Key Points:** Over the past 3 years, the DSIG has accomplished the following: development of consensus standardized sample clinical guidelines for use in a variety of clinical situations; construction of a web based educational tool kit, and sponsorship of continuing education workshops throughout the state of Georgia. Success of the DSIG has been attributable to the following factors: **1)** involvement of local thought leaders; **2)** sustained commitment and interest among stakeholders; **3)** the iterative development process, and **4)** a supportive infrastructure. The DSIG is an example of a successful partnering that could serve as a model for other state hospital organizations who wish to develop educational programs to enhance care for their patients.

**Recommended Reading:**

1. American College of Endocrinology Task Force on Inpatient Diabetes Metabolic Control. American College of Endocrinology Position Statement on Inpatient Diabetes and Metabolic Control. *Endocrine Practice*. 2004;10:77-82.
2. American Association of Clinical Endocrinologists. Improving Inpatient Diabetes Care: A Call to Action Conference. Washington, D.C. <http://www.aace.com/meetings/consensus/IIDC>. Accessed March 2006.
3. Georgia Hospital Association. Partnership for Health and Accountability. <https://www.gha.org/pha/health/diabetes/index.asp> and <https://www.gha.org/pha/health/diabetes/Toolkit/index.asp>.

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**NOTES**



**F10, Breakout**

**(Cancelled)**

**Unified Self Study Report: Should I or Shouldn't I?**

(Administrative/Management)

**Barbara Crim, MBA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The session will interest all level participants from provider groups of Health Systems, Hospitals, and Medical Education and Communication Company Alliance (MECCA).

**Objectives:** At the completion of the session, participants will be able to **1)** discuss the philosophy of the unified self study report process adopted by ACCME, ACPE and ANCC, **2)** identify the pros and cons of the unified self study report process, and **3)** describe one provider's experience submitting the unified self study report.

**Methods:** Presentation with interactive discussion will address the unified self study report process.

**Key Points:** The Accreditation Council for Continuing Medical Education (ACCME), the American Council on Pharmaceutical Education (ACPE) and the American Nursing Credentialing Center (ANCC), collaborated on the Self Study Report for Accreditation of Institutions and Organizations as Providers of Continuing Education for Health Care Professionals. This self study report approach is intended to simplify the accreditation process for continuing education providers with multiple accreditations. It encourages providers to take a more holistic approach instead of addressing each accreditation as a separate and unique process. The advantages, disadvantages and benefits to the organization as a whole must be considered in making this important decision.

**Recommended Reading:** Dave Erickson (editor). ACCME, ACPE, AND ANCC Collaborate On Unified Self Study Report For Accreditation of CE Providers, Medical Meetings, May 1, 2002.

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**NOTES**

**F11, Breakout  
8:30 – 9:30 am, Friday  
Grand Canyon 13/1**

**Developing Your Path to Learning: A Solution Development Approach**  
(Adult/Organizational Learning Principles)

**Patricia Rockman, MD**

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**Jose Silveira, MD**

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**Lena Salach, MA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will be of interest to any clinician, educator or administrator at all experience levels and in all provider groups who wishes to develop a framework for their own or others ongoing learning and goal development.

**Objectives:** Participants will learn to **1)** establish objectives in behavioural terms, **2)** determine strengths they can utilize to reach these goals, and **3)** identify obstacles and steps to goal attainment.

**Methods:** This session will consist of didactic and interactive components. Participants will be introduced to Solution Focused Principles and Assumptions. Primary questions for individual and/or systemic goal attainment will be outlined and audience participation will be required. Participants will engage in individual, small and large group activities to internalize the model.

**Key Points:** The Collaborative Mental Health Care Network provides mentoring and CME to Family Physicians in the area of Mental Health. Physicians need to develop a method for prioritizing and identifying their learning needs. This can be enhanced by identifying learning objectives and goals in a systematic and manageable manner

**Recommended Reading:** Greenberg, Gail, Ganshorn, Keren, Danilkewich, Alanna, Solution-focused therapy: Counseling model for busy family physicians, Canadian Family Physician, Vol 47, November 2001, 2289-2295

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**NOTES**

**F12, Breakout  
8:30 – 9:30 am, Friday  
Grand Canyon 11-12/1**

**Can you Spell CME without Buying a Vowel? Humor and Positive Thinking in Continuing Medical Education**  
(Self-Assessment and Life-Long Learning)

**Jann Torrance Balmer, PhD**

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**Lynn Marie Thomason, MLS**

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**Maureen Doyle-Scharff, MBA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session is for everyone involved in the CME enterprise, providers and non-providers who work with physicians and healthcare professionals toward continued self-improvement, professional development and wellness in their professional lives.

**Objectives:** Through participation in this session, participants will have an opportunity to **1)** share interesting experiences that can create humorous or unusual skills and abilities, **2)** identify strategies for coping with and improving outcomes for both participants and workers involved in CME, **3)** discuss self-assessment strategies to encourage positive outcomes from work related experiences, and **4)** laugh.

**Methods:** This session will utilize a brief introduction to the topic, some evidence for the integration of humor into the workplace as a positive factor in improving employee satisfaction, productivity and self-esteem. Case vignettes and other shared experiences will be used to foster discussion and identification of effective strategies for self-assessment and positive professional development

**Key Points:** Evidence suggests that humor is an effective mechanism for improving morale, self-esteem and productivity in the workplace. Strategies for the infusion of humor into the workplace can help to reduce stress, manage expectations and encourage positive coping patterns that affect all aspects of the work environment.

**Recommended Reading:**

1. Apter, Michael J. The Experience of Motivation: The Theory of Psychological Reversals. San Diego, CA: Academic Press, 1982.
2. Apter, Michael J., and K. C. P. Smith. "Humour and the Theory of Psychological Reversals." It's a Funny Thing, Humour." Eds. Antony Chapman and Hugh Foot. NY: Pergamon, 1977, 95-100.
3. Black, Leah, and Forr, Denise. "Humor in the Academic Library: You Must be Joking! Or, How Many Academic Librarians Does it Take to Change a Lightbulb? College and Research Libraries, March 1999.

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**NOTES**

**F13, Breakout  
8:30 – 9:30 am, Friday  
Grand Sonoran H-I/1**

**Designing “New Format” CME Activities  
(Educational Interventions)**

**Rosalie Phillips, MPH**

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**Ralph Halpern, MSW**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** All experience levels in all provider groups

**Objectives:** At the completion of the session, participants will be able to **1)** plan creative practice-based and performance improvement activities that conform to regulations for new formats of CME; **2)** engage physicians interested in planning these activities and serving as faculty; **3)** publicize these activities to potential learners, and **4)** design and implement appropriate assessment measures for these new CME formats.

**Methods:** The session leaders will describe their experience with a range of creative CME activities including practice-based quality improvement projects, point of care learning, and a peer mentorship program. The attendees will complete small-group exercises to identify opportunities and barriers to planning these activities, finding advisors and faculty, attracting participants, and assessing learning at their home organizations.

**Key Points:** New regulations empower CME providers to design and accredit practice-based, learner-centered activities to enhance learning and outcomes. These initiatives require special approaches to recruiting and engaging physicians as planners, faculty and participants.

**Recommended Reading:** Aparicio A, Willis C. The Continued Evolution of the Credit System. Journal of Continuing Education in the Health Professions. Summer 2005;25(3):190-196.

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**NOTES**

**F14, Breakout  
8:30 – 9:30 am, Friday  
Desert Suite VII/2**

**Performance Improvement: An Easy Start  
(Administrative/Management)**

**Marianna Shershneva, MD**

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University of Wisconsin School of Medicine and Public Health, tel: 608/262-5077, mailto:[eamullikin@wisc.edu](mailto:eamullikin@wisc.edu)

**Curtis Olson, PhD**

University of Wisconsin School of Medicine and Public Health, tel: 608/265-8025, mailto:[caolson2@wisc.edu](mailto:caolson2@wisc.edu)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will be of interest to CME professionals and health providers at all levels in all provider groups who are considering offering credit for Performance Improvement activities or have various experiences to share.

**Objectives:** Participants will be provided with practical tips and tools for integrating the American Medical Association's mechanism for assigning *AMA PRA Category 1 Credit*™ for PI activities into their program offerings. At the conclusion of this breakout session, participants will be able to identify different roles of CME providers in support of PI activities, evaluate interest of various stakeholders of PI activities within their environments, and recognize implications of ACCME documentation for PI activities.

**Methods:** The presenters will use lecture and panel discussion format accompanied with PowerPoint, handouts, and samples of planning documents while allowing participants to ask questions and take part in discussion.

**Key Points:** The degree of CME providers' involvement in planning and implementing PI activities can vary depending on factors such as providers' mission, priorities, resources, and stakeholder interest or needs. Strategies based on existing theoretical frameworks and lessons learned from practice will be suggested for positioning PI activities within a provider organization.

**Recommended Reading:**

1. The Physician's Recognition Award and Credit System: Information for accredited providers and physicians. (2006 Revision). American Medical Association.
2. Aparicio A., Willis C. The Continued Evolution of the Credit System. *The Journal of Continuing Education in the Health Professions* 2005; 25:190-196.
3. Regnier K., Kopelow M., Lane D., Alden E. Accreditation for Learning and Change: Quality and Improvement as the Outcome. *The Journal of Continuing Education in the Health Professions* 2005; 25:174-182.

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**NOTES**

**F15, Breakout  
8:30 – 9:30 am, Friday  
Grand Sonoran J-K/1**

**Learning and Retention in Different Formats  
(Performance Measurement)**

**Gordon West, PhD**

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**George Hurrell, MBA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** At the conclusion of this activity, participants should be better able to **1)** describe the initial learning impact of 2 different educational formats, **2)** assess the retention rates of those educational formats, and **3)** evaluate the role of interactivity in learning and retention.

**Methods:** The presenters will discuss a research protocol into educational efficacy and present preliminary data from the research activity. Audience questions and discussion will be encouraged.

**Key Points:** This presentation offers preliminary results from government funded research into physician learning and retention based on educational format and levels of interactivity. These results will guide future educational interventions.

**Recommended Reading:** Fordis M, King JE, Ballantyne CM, Jones PH, Schneider KH, Spann SJ, Greenberg SB, Greisinger AJ. Comparison of the instructional efficacy of Internet-based CME with live interactive CME workshops: a randomized controlled trial. JAMA. 2005 Sep 7;294(9):1043-51.

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**NOTES**

**F16, Breakout  
8:30 – 9:30 am, Friday  
Desert Suite VIII/2**

**Shotgun Wedding: Building Educational Partnerships in Real Time  
(Partnering)**

**Steve Singer, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will interest all CME professionals who wish to collaborate with one or more diverse provider groups.

**Objectives:** At the end of this session, participants should be able to **(1)** recognize the benefits of partnering with diverse provider groups, **(2)** define their strengths and weaknesses with respect to educational collaboration, **(3)** develop criteria for successful collaboration with a particular provider group, and **(4)** build at least one new relationship with another participant, which may lead to a collaborative educational effort.

**Methods:** Through facilitated discussion with participants and a “Newlywed Game” model, the presenters will elicit provider interests and traits that limit or foster collaboration among different provider types. Next, presenters and participants will discuss how limitations can be overcome and strengths exploited to create successful partnerships. Last, participants will engage in a 10-minute “partnering” exercise with each of 3–4 participants who represent diverse provider groups (eg, MECC, medical specialty society, health system, nonprofit health organization, etc.). The interactive exercise is designed to provide real-time interaction for brainstorming partnership ideas.

**Key Points:** Every provider group harbors strengths or weaknesses that determine the success or failure of educational collaboration. However, limitations can be overcome and strengths exploited to realize effective educational partnering.

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**NOTES**

**F17, Breakout  
8:30 – 9:30 am, Friday  
Pinnacle Peak 3/2**

**Turning Today's News into CME: Collaborations that Deliver What Doctors Want**  
(Partnering)

**Paul Greenberg, MD**

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**Zalman Agus, MD**

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**Bob MacAvoy**

Epocrates, Inc, tel: 732/340-0070, mailto:[bmacavoy@epocrates.com](mailto:bmacavoy@epocrates.com)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** At the end of the session, participants will be able to **(1)** review how changing work styles impact preferred ways of doing CME, **(2)** explain the need for both handheld and online delivery, and **(3)** describe why partial credit programs based on medical news are increasingly popular with physicians

**Methods:** Presenters will utilize case studies and also solicit answers and comments from the attendees.

**Key Points:** The average primary care doctor works 14-hours a day. With such busy schedules it is more and more challenging for physicians to find time to attend conferences, read journals, maintain certification and meet state licensure requirements for CME. In addition, the consumer empowerment movement has resulted in highly educated patients who want to engage their doctors in dialogue over health issues. In this presentation, our speakers will discuss how physician lifestyle impacts CME delivery and the changing ways doctors are undertaking to earn their CME credits.

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**NOTES**



**F18, Breakout**  
**10:00 – 11:00 am, Friday**  
**WildflowerA-C/2**

**99 Tips to Prepare for Re-accreditation**  
(Administrative/Management)

**Ron Murray, EdD**

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**Anna Truax**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** Beginner and Intermediate CME professionals involved in any phase of the re-accreditation cycle should glean some practical planning ideas to incorporate into their preparation for an onsite accreditation survey.

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

- 1) List practical tips for providers in completing the re-accreditation self-study
- 2) Streamline the self-study process based on the re-accreditation criteria
- 3) Incorporate themes of improving professional competence into the operation of a CME office and
- 4) Delineate the role(s) of all stakeholders and partners in preparation for re-accreditation.

**Methods:** Representatives from two CME offices that have received consecutive accreditations with commendation will share tips in a fast paced manner to provide participants with ideas for implementing a focused planning strategy for a re-accreditation survey.

**Key Points:** Different types of accredited providers practice CME in very different environments, but all accredited providers experience the re-accreditation process every two, four, or six years. A practical plan for the re-accreditation survey should involve all stakeholders e.g. staff, advisory boards, joint sponsors, and learners and can reap benefits for effective professional management of the CME enterprise.

**Recommended Reading:** Murray R., Thomason L, Truax, A. Lessons learned from the Re-accreditation process. *Almanac*: 2005;27(1) 1-3.

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**NOTES**

**F19, Breakout  
10:00 – 11:00 am, Friday  
Desert Suite I/2**

**Joint Sponsorship: Working Together and Making It Work!**  
(Partnering)

**Theresa Gallagher**

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**Heidi Chandonnet**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**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.

**Objectives:** At the conclusion of this breakout session, participants should be able to **(1)** discuss challenges and benefits associated with jointly sponsored activities; **(2)** apply standards and tools to build successful relationships of shared responsibility and alliance; and **(3)** construct a plan that allows for effective collaboration on CME-certified activities from the accredited provider and non-accredited provider standpoint.

**Methods:** Presentation and interactive learning will be used to address principles of effective joint-sponsorship relationships.

**Key Points:** This breakout session will focus on communication and working together 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.

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**NOTES**

**F20, Breakout**  
**10:00 – 11:00 am, Friday**  
**Desert Suite II/2**

**The Purpose-Driven Tool: Performance Monitoring to Critically Analyze Your CME Program**  
(Performance Measurement)

**Tracy Allgier-Baker**

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**Jeanne Cole, MS**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout will be of interest to CME professionals from all provider groups at the intermediate or advanced levels.

**Objectives:** At the conclusion of this breakout, participants should be able to: **(1)** describe ways that a performance monitoring database can assist in overall program evaluation; **(2)** list important components of an effective performance monitoring system; **(3)** understand how an effective system can be a proactive planning tool as well as a retrospective analysis tool; **(4)** analyze performance data to quantify and assess essential components of a comprehensive CME program, and **(5)** present the data in usable formats to multiple constituents and stakeholders.

**Methods:** The Consortium for Academic Continuing Medical Education, a voluntary ACCME-accredited association of four medical schools in Pennsylvania, certified over 650 activities per year. The presenters in this breakout session will highlight key components of a Performance Monitoring Tool that was developed and successfully used by the Consortium to provide course monitoring, performance measurement, analysis, and improvement. Sample data, case examples, and charts extracted from the Performance Monitoring Tool will be shared with the audience. Discussion will include ways the individual schools adapted the tool to their unique situations subsequent to the June 2005 dissolution of CACME.

**Key Points:** A successful performance monitoring system allows both proactive and retrospective analysis of quantifiable data related to activity planning, implementation, and evaluation. The system should include information relevant to ACCME Elements (e.g., needs assessment, objectives, disclosure), as well as information important to the provider (e.g., assessing trends, benchmarking evaluation surveys). The data must be gathered, compiled, and analyzed systematically to provide meaningful assessment and improvement. A well-designed tool can also assist the provider in preparing charts and graphs to illustrate and clarify information presented in annual reports and the ACCME self study.

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**NOTES**

**F21, Breakout**  
**10:00 – 11:00 am, Friday**  
**Desert Suite VII/2**

**EOM: Structuring Meaningful Data**  
(Performance Measurement)

**Christine Finnegan**

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**Robert Birnbaum, MD**

Massachusetts General Hospital, tel: 617/726-9421, mailto:[rbirnbaum@partners.org](mailto:rbirnbaum@partners.org)

**Anthony Weiss, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The session will interest intermediate and advance level participants from all provider groups.

**Objectives:** At the completion of the session, participants will be able to **1)** discuss the importance of the EOM data mapping to the identified need, **2)** identify different approaches to collecting EOM data, and **3)** illustrate how EOM measures educational success.

**Methods:** Brief presentations using a case study to illustrate the approach taken as an EOM strategy. Participant interaction will be encouraged to assist with the transfer of the learning experience into the practical application.

**Key Points:** EOM is not a stand alone initiative. When correctly structured EOM initiative maps to the identify need, assists in focusing the content development process and measures the learning that takes place. Data sets become educational sources for participants and presenters alike. Tying it all together is not always as easy as it sounds.

**Recommended Reading:** Michael Fordis; Jason E. King; Christie M. Ballantyne; Peter H. Jones; Katharine H. Schneider; Stephen J. Spann; Stephen B. Greenberg; Anthony J. Greisinger, Comparison of the Instructional Efficacy of Internet-Based CME With Live Interactive CME Workshops: A Randomized Controlled Trial, JAMA, September 7, 2005; 294: 1043 – 1051.

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**NOTES**

**F22, Breakout  
10:00 – 11:00 am, Friday  
Grand Sonoran A-B/1**

**i2 IQ: Learning Inside and On the Side**  
(Educational Interventions)

**Amy Guberman**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** At the completion of the session, participants will **(1)** be able to describe the use of innovative web-based, interactive communication stations during a live program; **(2)** understand the learning outcomes achieved through the use of interactive instruction; **(3)** appreciate audience response to the interactive learning environment, and **(4)** incorporate interactive mediums into education sessions in order to broaden the base of the learning experience.

**Methods:** The presenter will describe the need for and the development of the i2 IQ (Interactive Questions) system for “Innovation in Intervention: i2 Summit 2006.” A demonstration of the system will showcase the actual use of this interactive medium, illustrating how learner stakeholders can make their “voice” heard within the context of a large-audience program. The presenter will share plans to improve this interactive communication system at i2 Summit 2007.

**Key Points:** Learners and instructors are the primary stakeholders in the education experience. Interactivity between these stakeholders during the learning process not only enhances learning but boosts enthusiasm. Technology effectively used can provide innovative methods to create interactive opportunities.

**Recommended Reading:** Barnes, BE, Friedman, CP. Using Technology in Continuing Professional Development. In Davis D, Barnes BE, Fox R, eds.: The continuing professional development of physicians from research to practice. Chicago: American Medical Association Press, 2003.

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**NOTES**

**F23, Breakout  
10:00 – 11:00 am, Friday  
Desert Suite VIII/2**

**Chain that Links CME with a Maintenance of Certification Program  
(Performance Measurement)**

**Sorush Batmangelich, EdD**

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**Susan Adamowski, EdD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**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.

**Objectives:** At the completion of this session, participants will be able to **1)** formulate a plan to integrate CME and MOC curricula, **2)** assist physicians in demonstrating how the mandated ABMS/ACGME 6 core competencies forms the foundation for their lifelong learning, **3)** create a plan to educate related committees and staff to assist with physicians personal MOC Program preparation, and **4)** design an educational system to seamlessly transition through the components of MOC.

**Methods:** Presenters will lead with fundamental information on integrating MOC, Board requirements, CME, and core competencies into a functional program. A substantial part of the session will be devoted to overcoming shared challenges and potential solutions among all participants.

**Key Points:** A key measurement indicator for individualized physician lifelong learning and self-assessment program is an effective and creative integration of GME, CME, and MOC components that facilitate continuing professional development.

**Recommended Reading:** 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.

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**NOTES**

**F24, Breakout  
10:00 – 11:00 am, Friday  
Desert Suites IV & VI/2**

**Collaborative Case-Based Compliance Learning for Physicians and Staff  
(Educational Interventions)**

**Debra Gist, MPH**

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**Brooke Johnson, MPH**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will primarily interest CME professionals who work in academic medical centers and hospitals.

**Objectives:** At the completion of the session, participants should be able to **1)** identify non-ACCME compliance issues (OIG, AMA, FDA, etc) that relate to the provision of CME; **2)** appraise the value of collaborating with your organization's compliance officer; **3)** discuss the development, implementation, and evaluation of one academic medical center's online case-based compliance learning activity for faculty (physicians) and staff; and **4)** delineate lessons learned.

**Methods:** Didactic presentation with questions and answers; actual cases from the learning activity will be presented in an interactive session with attendees.

**Key Points:** Collaboration with institutional compliance officers is key for CME offices; experiential learning that is directly relevant to the real-life situations an institution encounters is important.

**Recommended Reading:** Adams J, et al: Health systems research training enhances workplace research skills: A qualitative evaluation. Journal of Continuing Education in the Health Professions, Volume 23, Issue 4, Date: Autumn (Fall) 2003, Pages: 210-220.

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**NOTES**

**F25, Breakout  
10:00 – 11:00 am, Friday  
Grand Sonoran C-D/1**

**Developing Outcomes Analyses to Measure Improvements in Physician Knowledge after Participation  
in a Three-Case eCME Series  
(Performance Measurement)**

**Kenneth Kramer, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will interest continuing medical education (CME) professionals, healthcare providers, and commercial supporters.

**Objectives:** At the completion of the session, participants will be able to **1)** discuss the ever increasing need to perform outcomes research as an integral part of CME programming, **2)** evaluate methodologies for assessing whether CME programs validate their learning objectives, and **3)** design peer-reviewed, case-based outcomes analyses that can accurately assess changes in physician learnings

**Methods:** CME providers are being asked to measure the effectiveness of their educational efforts by presenting quantitative measures of change in physician knowledge, practice, and patient care. This presentation will demonstrate simple methods to determine whether learning objectives were achieved and if CME programs can drive positive change in physician knowledge. A peer-reviewed method was developed using patient-based case vignettes to evaluate changes in knowledge among healthcare professionals who participated in a series of three online CME activities v a control group of healthcare professionals who did not participate. The results were tabulated and analyzed for statistical significance.

**Key Points:** Continuing medical education programs should, by definition, provide healthcare professionals with information that has the capacity to improve patient care. However, despite the existence of more than 70,000 certified CME programs that were attended by as many as 6 million physicians in 2004, there are relatively little published data on whether the goals of changing physician behavior and patient outcomes were ultimately satisfied. Outcomes research is an important and often overlooked opportunity that can be used to answer the question of whether an educational activity mediates change in physician knowledge.

**Recommended Reading:** Davis D, Thompson-O'Brien M, Freemantle, N et al. *JAMA* 1999;282:867-874. Fordis M, King JF, Ballantyne CM, et al. *JAMA* 2005;292:1043-1051.

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**NOTES**



**F26, Breakout**  
**10:00 – 11:00 am, Friday**  
**Grand Canyon 13/1**

**Addressing Patient-Centered Care through Health Literacy and Health Disparities**  
(Systems Thinking)

**Rachel Torres, EdD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will be of interest to CME professionals and healthcare providers interested in learning how to address health disparities can be addressed by understanding the importance of health literacy.

**Objectives:** At the completion of the session, participants should be able to **1)** increase their knowledge about health literacy, **2)** describe the impact of low health literacy on health disparities, and **3)** discuss strategies for increasing awareness, knowledge, and skills through continuing education programs.

**Methods:** A basic overview of health literacy and its effects on health disparities will be discussed (including practical considerations, examples, and research results) and will be followed by a question-and-answer session. Discussion throughout the session will be encouraged.

**Key Points:** Health literacy encompasses all aspects of health, from the ability to process information communicated via various media to navigating today's complex health system. Thus, health literacy can be considered the foundation of our health care delivery system. Low health literacy can affect anyone in the United States, regardless of age, income, education and race. It costs the health care system billions of dollars, yet is not detectable by any physical exam, laboratory test or state-of-the-art diagnostic tool. Low health literacy also affects important communications between provider and patient, such as discussions about the risks and benefits of treatment options, and patient understanding of informed consent for routine procedures. Most medical decisions are complex and involve shared decision making between the patient and the physician. At the core of this shared responsibility lies the need for both participants, each with unique roles and responsibilities, to understand the benefits and risks of medical treatments so that together they can meet the objectives of improving and maintaining the patient's health. On the part of the provider, this participation includes providing information to patients in an appropriate manner the patient can fully comprehend. Patient participation involves being able to understand and act upon information received from the provider and make a decision about their health.

**Recommended Reading:**

1. Carmona, R.H. (2003). Health literacy in America: The role of health care professionals. American Medical Association House of Delegates meeting, Retrieved September 28, 2005 [www.surgeongeneral.gov/news/speeches/ama061403](http://www.surgeongeneral.gov/news/speeches/ama061403).
2. Institute of Medicine. (2004). Health Literacy: A Prescription to End Confusion. Washington, DC: The National Press.
3. Schwartzberg JG, VanGeest JB, Wang CC. Understanding Health Literacy: Implications for Medicine and Public Health. (2004). American Medical Association Press, Chicago.

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**NOTES**

**F27, Breakout  
10:00 – 11:00 am, Friday  
Grand Sonoran H-I/1**

**A Collaborative Approach to Needs Assessment: The Older Patient with Diabetes  
(Educational Interventions)**

**Mary Ales, BA**

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**Michael Whitaker, MD**

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**Curtiss Cook, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will be of interest to CME professionals and health providers at all levels interested in collaborative needs assessment, particularly those interested in using survey techniques within their needs assessment.

**Objectives:** At the end of this session, participants will be able to **(1)** evaluate physician based needs assessment data to design patient focused educational programs, and **(2)** collaboratively design needs assessment tools based on physician practice and perception.

**Methods:** This session will outline methodologies used to measure physician knowledge, behavior and attitudes including survey dos and don'ts, interpreting results, and designing educational programs based on survey results. An example will be provided using a collaborative model to study and plan for educational sessions on diabetes in the elderly. Discussion will highlight applicability to other organizations evaluating collaborative needs assessment.

**Key Points:** Collaborative development allows each stakeholder to bring their expertise to the needs assessment process. Educators suggest that effective adult learning must cover knowledge, but also environment, behavior and attitude. Through evaluation of physician beliefs, educational programs can be targeted to existing barriers.

**Recommended Reading:** Armstrong E, Parsa-Parsi R: How can physicians' learning styles drive educational planning? Academic Medicine 2005 80;7: 680-684.

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**NOTES**

**F28, Breakout**  
**10:00 – 11:00 am, Friday**  
**Grand Canyon 9-10/1**

**Clinical Content Review: How to Make it Work for You**  
(Administrative/Management)

**Andrew Urban, MD**

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**Danielle Hanson, BS**

University of Wisconsin School of Medicine and Public Health, tel: 608/240-2145, <mailto:drhanson2@wisc.edu>

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**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 (COI), and **3)** Identify aspects of clinical content review that could be utilized across a variety of CME organizational settings.

**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 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. Content review to resolve conflict of interest is an important tool to consider implementing into a comprehensive COI resolution policy.

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**NOTES**

**F29, Breakout  
10:00 – 11:00 am, Friday  
Pinnacle Peak 2/2**

**Design and Utilization of Electronic Master Files Compliant with ACCME Documentation Standards  
(Administrative/Management)**

**Michael Dunn**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will interest CME Professionals and Health Providers that manage office operations to meet personnel, finance, legal, logistical and accreditation standards.

**Objectives:** At the completion of the session, participants will be able to **1)** design an Electronic Master file template utilizing common desktop applications, **2)** Implement an Electronic master file system, that meets personnel, financial, legal, logistical accreditation standards as set by the Accreditation Council for Continuing Medical Education, **3)** develop a storage system for Electronic Master Files that ensures access and protection of file data for the ACCME proscribed length of time for accredited files, and **4)** develop a process for files storage that will easily allow migration to state of the art word processing systems to ensure that data is retrievable in the future.

**Methods:** Brief informational interactive presentation by instructor, will introduce a simple template design process, utilizing common desktop applications, leading to the ability of participants to design and implement an Electronic Files and storage system that meets the required ACCME accreditation standards.

**Key Points:** ACCME documentation standards can easily be met, utilizing common desktop applications. Design and implementation of a storage process that meets the need for data integrity, retrieval and migration to new word processing systems as new desktop operating systems come on line.

**Recommended Reading:** Gini Courter, Annette Marquis, Mastering Microsoft® Office 2000 Professional Edition (1999) SYBEX, San Francisco.

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**NOTES**

**F30, Breakout  
10:00 – 11:00 am, Friday  
Pinnacle Peak 3/2**

**Expanding Your CME Market to Include Physician Assistants (PAs)  
(Partnering)**

**Greg Thomas, PA**

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**Adrienne Harris, BA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session may be of interest to CME providers of all experience levels and in all provider groups.

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

**Methods:** Two representatives from the American Academy of Physician Assistants will present information about the PA professions and CME needs of this audience.

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

**Recommended Reading:** American Academy of Physician Assistants; Alexandria, VA; [www.aapa.org](http://www.aapa.org).

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**NOTES**

**F31, Breakout**  
**10:00 – 11:00 am, Friday**  
**Grand Sonoran J-K/1**

**How Health Care Providers, Government, Universities, and Private Industry can  
Partner to Improve Health Outcomes**  
(Partnering)

**Elaine Andrews, BA**

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**Sherry Robertson, BSc**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** All - This breakout session will interest CME professionals and health providers who have an interest in partnering to improve practice knowledge and ultimately health outcomes.

**Objectives:** Developing meaningful and sustainable partnerships with government, healthcare professionals, patient groups, industry and others with a shared vision to advance innovative approaches to healthcare can enable a more effective and efficient healthcare system. It can also aid in enhancing health outcomes for patients. At the completion of this session participants will learn what constitutes a good partnership; the potential benefits and challenges of partnerships; gain ideas for partnership opportunities; and be able to develop a collaborative partnership with the goal to improve practice knowledge and/or improve health outcomes.

**Methods:** Through strong partnerships health care professionals, government, industry, and others can collaborate to improve patient outcomes. Local, regional, and provincial partners can work together to identify care gaps to develop interventions that are evidence-based, innovative, ethical, and designed to address health care professional needs that reflect their local clinical realities. A brief presentation highlighting examples of some of these partnerships will be presented by the instructors. The breakout session will afford participants the opportunity to interact in small groups and with the presenters. Participants will plan a partnership they would like to develop or to work on an example provided by the instructors.

**Key Points:** Successful partnerships can translate into improved practice knowledge and/or health outcomes when partners work together to accomplish a common goal, embrace their diversities, and fully utilize one another's strengths and capabilities.

**Recommended Reading:** Alberta Strategy to help Manage Asthma (ASTHMA): A Provincial Initiative to Improve Outcomes for Individuals with Asthma Healthcare Quarterly, 2004, Vol. 7, No. 3, pp. 55-60.

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**NOTES**

**F32, Breakout  
10:00 – 11:00 am, Friday  
Grand Canyon 11-12/1**

**Working On Site and Online to Maximize Collaboration  
(Partnering)**

**Mindy Cimmino**

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**Amy Nadel**

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**Cyndi Grimes**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout will be of interest to all provider groups who (1) are seeking collaborations with external organizations and looking for a framework and explanation for the decision-making process, and (2) want to understand the value of collaborations of live interaction and online content and the challenges and considerations involved in such a format.

**Objectives:** At the conclusion of this session, participants will: (1) understand collaborative programs that involve live and online programs, how these two programs will mesh, recruitment of authors for multi-phase programs, timelines for subsequent/simultaneous online programming and optimal roll-out of various program components; (2) describe complexities related to collaboration; (3) identify key logistical/contractual financial issues and specify desired outcomes of the relationship, and (4) recognize collaborating with external entities can be a creative and successful way for organizations to maximize educational objectives.

**Methods:** (1) A basic framework for collaborative decision-making, partner-selection, and process development will be presented. (2) Participants with experience in developing successful collaborations are strongly encouraged to bring their proven cases for group discussions. (3) The framework will be made available online after the conference.

**Key Points:** (1) As CME evolves, providers and their external partners must evolve and change. (2) Successful collaborations require thoughtful consideration and implementation.

**Recommended Reading:**

1. Curran, VR (2005). A review of evaluation outcomes of web-based continuing medical education. Journal of Continuing Education in the Health Professions.39(6):561-567.
2. Casebeer, L. (2004). Standardizing evaluation of on line continuing medical education: physician knowledge, attitudes, and reflection on practice. Journal of Continuing Education in the Health Professions. 24(2) 68-75.

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**NOTES**

**F33, Mini-Plenary  
11:15 am – 12:15 pm, Friday  
WildflowerA-C/2**

**New Methods of Learning for *AMA PRA Category 1 Credits*<sup>™</sup> : Showcase on Performance Improvement (PI)  
(Performance Measurement)**

**Sue Ann Capizzi, MBA**

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**Casey Harrison**

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**Theresa Kanya, MBA**

American College of Physicians, tel: 215/351-2552, mailto:[tkanya@mail.acponline.org](mailto:tkanya@mail.acponline.org)

**George Mejicano, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will be of interest to all levels of CME providers who are looking for methods to incorporate performance improvement activities into their CME programs.

**Objectives:** At the completion of this session, participants will be able to: **1)** define the components of a PI activity that qualifies for *AMA PRA Category 1 Credit*<sup>™</sup>; **2)** cite examples of three PI CME activities; **3)** compare how various providers document PI CME activities for accreditation; **4)** describe how to engage physicians in PI CME activities, and **5)** discuss how to implement PI CME activities in their own provider setting.

**Methods:** Brief informational presentations by instructors will introduce three models from different provider settings for implementing PI CME activities that may be designated for *AMA PRA Category 1 Credit*<sup>™</sup>. Each presentation will address specific challenges and opportunities associated with PI CME in different settings. In addition, the instructors will share their perspectives on issues that are unique to this novel form of CME. The audience will interact with the presenters through a question and answer session following the presentations.

**Key Points:** Performance improvement (PI) CME is a data driven process to document interventions using evidence-based measurements. PI CME has great potential for responding to Maintenance of Certification, Maintenance of Licensure and other credentialing requirements because it links education with improvements in practice. Physicians will look to CME providers to produce reliable sources of certified PI CME to meet these requirements.

**Recommended Reading:** Aparicio A, Willis C. The Continued Evolution of the Credit System. JCEHP 2005; 25: 190-196.

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**NOTES**



**F34, Breakout**  
**11:15 am – 12:15 pm, Friday**  
**Grand Sonoran A-B/1**

**Integrated Assessment: From Needs to Outcomes**  
(Leadership)

**Robert Fox, EdD**  
University of Oklahoma, tel: 405/352-2769, <mailto:rfox@ou.edu>

**No Relevant Financial Relationships**

**Target Audience:** Physicians new to CME and other CME desiring to learn more about integrating needs assessment, data collection and methodologies to achieve desired outcomes

**Objectives:** At the conclusion of this session participants will be able to: **1)** Define needs, **2)** Determine data sources, **3)** Articulate data collection methods, **4)** analyze data on needs, **5)** Identify good needs assessments, and **6)** Link needs assessment to evaluation.

**Methods:** This session will be both didactic and interactive with case discussion and questions and responses.

**Key Points:** Valid and reliable needs assessment data are essential in determining clinical problems, performance and interventions. Methodologies to identify and collect needs data in order to analyze and evaluate quality needs assessment will be emphasized and practical examples will be discussed.

**Recommended Reading:** The Continuing Professional Development of Physicians, edited by D. Davis, B. Barnes and R. Fox, AMA Press, 2003.

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**NOTES**

**F35, Breakout**  
**11:15 am – 12:15 pm, Friday**  
**Grand Sonoran C-D/1**

**Fail-Proof Tips for Juggling More with Fewer Hands**  
(Administrative/Management)

**Linda Carpenter**

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**Olivia Purchase**

Saint Vincent Health System, tel: 814/452-5717, mailto:[opurchase@svhs.org](mailto:opurchase@svhs.org)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will be of interest to CME professionals at the beginner and or intermediate level from all provider groups.

**Objectives:** At the conclusion of this activity, the participant should be able to **1)** identify and access resources available to assist them within their own organization; **2)** develop strategies to quickly and effectively solve common problems encountered in CME; and **3)** apply three recommendations to increase productivity while reducing stress.

**Methods:** Brief informational presentations by instructors, followed by an open exchange of practical ideas with the audience. Participants will be encouraged to share their own experiences. Presenters will provide take home tips and examples.

**Key Points:** The skill-set needed to manage or contribute to the successful operation of a CME office greatly exceeds knowledge of the Essential Areas and Standards. Several of the most challenging issues for CME professionals identified by the presenters, will be highlighted for open discussion with the audience. Practical responses and solutions to these selected challenges will be offered for attendees to consider.

**Recommended Reading:** None

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**NOTES**

**F36, Breakout**  
**11:15 am – 12:15 pm, Friday**  
**Grand Canyon 9-10/1**

**Physicians Having Performance Problems in their Practice: Who are they?**  
(Performance Measurements)

**François Goulet, MD**

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**Marguerite Dupré, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** CMQ professionals at an intermediate level within health systems and state medical societies

**Objectives:** The participants will be able to identify the characteristics of the 3 categories of physicians who have performance problems in their practice and, in collaboration with the University's teaching hospitals, select CPD programs adapted to their needs.

**Methods:** The Practice Enhancement Division of the Collège des médecins du Québec, the medical licensing authority, in collaboration with the University's teaching hospitals, put in place personalized remedial professional development programs to overcome the shortcomings of practicing physicians.

From 1993 to 2004, 369 physicians completed a remedial professional program adapted to their needs. They were divided in three categories: disabled (ill), incompetent or unprofessional behavior and their characteristics were compared to those of a control group of 165 Quebec physicians randomly chosen. For 77 of them, the peer review process assessed their clinical performance in a two-year period preceding and/or following the remedial program.

**Key Points:** More male physicians were observed in the incompetent and unprofessional behavior (90% vs 66%); ill physicians were younger and incompetent physicians more often had graduated outside Canada or the United States. Physicians in the three groups, none had more competence or behavior problems in their residency training or failed clinical rotations. Incompetent and unprofessional behavior physicians tended to be more isolated and had a private practice.

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**NOTES**

**F37, Breakout  
11:15 am – 12:15 pm, Friday  
Desert Suite I/2**

**What Motivates Physicians Around the World to Participate in CME and to Translate the Learning into Practice Setting?**  
(Educational Interventions)

**Abi Sriharan, BSc**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** All CME providers, planners and researchers interested in Evidence based CME

**Objectives:** During this session, participants will be able to: **1)** explore the individual, organizational and systems level forces that motivate physicians globally to participate in CME; **2)** identify the factors that contribute to the translation of learning into practice, and **3)** identify the factors that impede the translation of learning to practice.

**Methods:** Brief presentation of current research evidence will set the stage for a small group discussion session to identify what motivates physicians to participate in CME and to identify the success factors and challenges in translating the learning into practice.

**Key Points:** Various adult learning and behavioral theories from the psychology and education literature is currently used as a framework to guide CME planners and providers to develop effective CME programs and to improve the knowledge, skills and patient care outcomes of physicians. Current evidence from CME literature shows CME is effective in improving the knowledge and skills of physicians. However the evidence to support the impact of CME in improvement of patient care outcome is very limited. With increasing global integration of CME as a important component of medical education continuum, there is an immediate need to synthesis evidence from the current CME research and to generate further understanding into this topic to help the CME planners and providers to develop effective evidence based CME interventions to improve the quality of healthcare services. This session will serve as a brainstorming session to develop a research strategy to understand this priority CME need.

**Recommended Reading:** Shaw B, Cheater F, Baker R, Gillies C, Hearnshaw H, Flottorp S, Robertson N. Tailored interventions to overcome identified barriers to change: effects on professional practice and health care outcomes. The Cochrane Database of Systematic Reviews 2005, Issue 3.

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**NOTES**

**F38, Breakout**  
**11:15 am – 12:15 pm, Friday**  
**Grand Canyon 13/1**

**Certification of CME Professionals: Progress toward a National Credentialing Program**  
(Leadership)

**Judith Ribble, PhD**

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**John Kues, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will interest persons working in the field of continuing medical education who consider CME to be a desirable career path and want to learn about plans for a national credentialing program; all levels, all segments of the CME community.

**Objectives:** As a result of this session, participants will be able to: **1)** describe how a certification program can benefit CME professionals and their employers; **2)** name two goals of the National Commission for Certification of CME Professionals (NC-CME); and **3)** critique a 3-yr plan for accomplishing these goals.

**Methods:** The panel of presenters will describe progress made by the NC-CME in articulating the need for a credentialing program, proposing the concept to stakeholders, incorporating a nonprofit organization to operationalize the concept, and initiating a process for peer governance. A model for credentialing will be presented and attendees will be invited to react to the proposal.

**Key Points:**

- Persons who work in CME deserve to be acknowledged and rewarded for professional excellence.
- Benefits of a credentialing program include:
  - For Patients and the Public
    - Assurance that ongoing physician education, an element of relicensure, is being managed by persons who understand key educational principles, regulatory requirements, and ethical standards.
    - Assurance that professional standards in CME are being upheld by an independent, nonprofit organization of peers.
  - For CME Professionals
    - Motivation for self-assessment and new learning
    - Acknowledgment and reward for excellence in core and elective competencies
    - Benchmarking skills and experience when job hunting
  - For Employers
    - Objective, independent evidence of intent to comply with regulatory requirements
    - Tracking of professional advancement, for performance evaluation and salary planning
    - Reducing on-the-job training of CME staff
  - For Professional Organizations
    - Opportunity to target educational offerings for certification curriculum
    - A framework to promote competencies for CME professionals
- Criteria for certification and details of the process of becoming certified will be described by officers of the NC-CME Board of Directors

**Recommended Reading:** Drug Information Association. Certified Clinical Investigator eLearning Program. Available at <http://www.diahome.org/DIAHome/Education/eLearning.aspx>.

**F39, Breakout**  
**11:15 am – 12:15 pm, Friday**  
**Grand Sonoran H-I/1**

**Communication and Compliance: A View from All Sides of the CME Table**  
(Partnering)

**Destry Sulkes, MD**  
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**Steve Scrivner, MA**  
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**Roseann Peluso-Nguyen, PharmD**  
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**Barbara Rowe**  
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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** CME professionals, healthcare providers, and commercial supporters

**Objectives:** At the completion of the session, participants will be able to **1)** describe best practices for communication, review and approval of grants including views from MECCs, CME providers, and commercial supporters, **2)** articulate program development methods that are in compliance with all ACCME, PhRMA, and OIG guidance, and **3)** develop outcomes approaches that are fully integrated into CME programming from the NA phase through to the final report on how patient outcomes may be affected.

**Methods:** Five brief presentations have been developed in partnership between a MECC, academic CME provider, and commercial supporter – each phase of the grant and CME program process is addressed from **(1)** identifying the need for medical education, **(2)** assessing grant requests, **(3)** developing compliant CME programming, **(4)** accreditation and resolving COI, and **(5)** outcomes analysis. Each of the presentations will be followed by a panel discussion and Q&A session for attendees to ask direct questions and hear the different perspectives.

**Key Points:** Communication and compliance are presently the subject of much debate (eg, how much is appropriate but not “restrictive,” do MECCs/CME providers/commercial supporters have overlap in their viewpoints). By presenting successful examples of communication and compliance, attendees will learn how to approach their own challenges and appreciate the various partner perspectives.

**Recommended Reading:** Davis D, Thompson-O’Brien M, Freemantle N, et al. JAMA 1999;282:867-874. Fordis M, King JF, Ballantyne CM, et al. JAMA 2005;292:1043-1051.

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**NOTES**

**F40, Breakout**  
**11:15 am – 12:15 pm, Friday**  
**Desert Suites IV & VI/2**

**Simplifying the CME Process and Improving Collaboration**  
(Administrative/Management)

**Edeline Mitton, MEd**

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**Cassandra Greene**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will interest CME professionals in a medical school setting who provide CME to other community hospitals.

**Objectives:** At the end of the session, participants will be able to: **1)** increase success in getting coordinators to comply with ACCME regulations; **2)** implement processes that resolve conflicts; **3)** design effective tools to foster collaborations, and **4)** conduct successful focus groups with community stakeholders.

**Methods:** Short presentation leading to small group discussion to enable participant to resolve collaborative issues with outside educational stakeholders.

**Key Points:** Professionalism and collaborative efforts among community educational partners provides for a successful CME environment. It is important that educational partners provide assistance, identify challenges and widen partnership participation.

**Recommended Reading:**

1. Overstreet K, Parochka J et al, (2005) Choosing Educational Partners: Keys to Successful CME Collaboration.
2. Slack, Kim (2004) Collaboration with the Community to Widen Participation: 'Partners' without Power or Absent 'Friends'?. Higher Education Quarterly 58 (2-3), 136-150, Blackwell publishing.

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**NOTES**

**F41, Breakout**  
**11:15 am – 12:15 pm, Friday**  
**Desert Suite II/2**

**Unusual and Innovative Collaboration Models in Medical Education**  
(Systems Thinking)

**Nirmal Joshi, MD**

Pinnacle Health System, tel: 717/231-8633, <mailto:njoshi@pinnaclehealth.org>

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will interest a large cross section of CME professionals at all levels and all provider groups.

**Objectives:** At the completion of the session, participants will be able to **1)** identify at least 5 new/creative models of collaboration between physicians and others to deliver more relevant medical education, and **2)** describe potential ways in which they can implement at least one of these models in their own institution/area.

**Methods:** Using a lecture-style format, 5 innovative collaborative models of medical education will be presented. For each of the models, a case-based discussion will highlight how these models can be taught practically. Also, for each of the models, real life examples from our institution will illustrate how a) such models have been practically implemented at our community-based teaching hospital and b) practical tips to the audience how they can be implemented elsewhere.

**Key Points:**

1. A systems-based collaborative model should become the foundation of most education in health care since this mirrors clinical care.
2. Five key educational models of collaboration will be presented in detail
  - a. Physician-Nursing Interaction learning model
  - b. Physician-Legal Interaction learning model
  - c. Physician-Pharmaceutical-Industry Interaction learning model
  - d. Physician-finance Interaction learning model
  - e. “The Patient as Health Educator” learning model
3. Collaborative learning with involvement of “key stakeholders” improves learning and fosters further collaboration in real-life clinical settings.

**Recommended Reading:** [www. library.cpmc.columbia.edu/cere/ web/ACGME/doc/ACGME\\_abstract\\_summaries.pdf](http://www.library.cpmc.columbia.edu/cere/web/ACGME/doc/ACGME_abstract_summaries.pdf) .  
A summary of resources on systems-based practice competency from the ACGME.

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**NOTES**



**F42, Breakout  
11:15 am – 12:15 pm, Friday  
Pinnacle Peak 2/2**

**A Collaborative, Multi-Dimensional Educational Model: Development and Implementation of an  
Intervention to Reduce Hysterectomy Rates  
(Educational Interventions)**

**James Meuser, MD**

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**Lena Salach, MA**

Ontario College of Family Physicians, tel: 416/867-9646, ext. 21, mailto:[ls\\_ocfp@cfpc.ca](mailto:ls_ocfp@cfpc.ca)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** At the end of this session, participants will be able to recognize the benefits and impact of collaboration between family physicians, specialists and other health care professionals; determine whether this process can be applied in their own clinical and/or educational setting, and recognize the common challenges of administering such an initiative.

**Methods:** Facilitators will provide an overview of the OCFP Benign Uterine Conditions Initiative and the implementation components required to execute such an initiative, as well as a comprehensive overview of evaluation data on the impact of the initiative. Audience participation will be strongly encouraged.

**Key Points:** Facilitators will concentrate on three elements that emerged as significant to the success of this initiative: development of partnerships and collaboration between primary care clinicians, specialists, medical educators, and others; multiple, sustained educational interventions; and integration of educational interventions into the clinical context of primary care.

**Recommended Reading:** Achieving Best Practices in the Use of Hysterectomy: Report of Ontario's Expert Panel on Best Practices in the Use of Hysterectomies (2002), Ontario Women's Health Council.

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**NOTES**

**F43, Breakout**  
**11:15 am – 12:15 pm, Friday**  
**Pinnacle Peak 3/2**

**Guidelines Implementation: Achieving Targets through Stages of Change**  
(Educational Interventions)

**Robert Bluman, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will interest all CME professionals at all experience levels who want to understand how educational activities might be designed to that take into account physicians' self-perceptions and attitudes related to the adoption of clinical practice guidelines.

**Objectives:** At the end of this session, participants will be able to describe and discuss **1)** how a physicians' self perception of his/her role in the doctor/patient interaction might create a barrier to adoption of recommended clinical practice guidelines, and **2)** how to build CME programming which stimulates learners' awareness of self-created obstacles to improving clinical practice.

**Methods:** The presenter will provide participants with results of a study on how participation in a CME workshop on the Stages of Change model resulted in improved perception of self-efficacy in patient management. Using the videotape segment of a "typical" doctor/patient encounter as a starting point, the group will have an opportunity to better understand the application of the Stages of Change model in office visits and be encouraged to reflect upon how a physicians' self-perceived role might influence their self-efficacy in applying clinical practice guidelines to improve patient care. Further discussion will center on physicians' personal barriers to adoption of guidelines and ways to increase physician confidence in this area. We will also explore and share ideas on how to adapt CME programming to take into account physician barriers to implementing recommended clinical practice guidelines.

**Key Points:** **1)** CME providers will want to consider individual physicians' self-perceptions in addition to factors such as format, delivery format, and content in program design. **2)** Exploration of methods to address "attitudes" in CME programs, in addition to "knowledge" and "skills", is important for learners to implement recommended guidelines into practice. **3)** Creating situations for self-reflection on practice is an approach to stimulating learning.

**Recommended Reading:** DA Davis, Anne Taylor-Vaisey. Translating guidelines into practice. A systematic review of theoretic concepts, practical experience and research evidence in the adoption of clinical, practice guidelines. Can Med Assoc J. 1997 157: 408-416

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**NOTES**

**F44, Breakout**  
**11:15 am – 12:15 pm, Friday**  
**Grand Canyon 11-12/1**

**Education and Industry Relations within a Medical Society: What Works**  
(Administrative/Management)

**Alice Henderson, MEd**

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**Michelle Zinnert**

American Urological Association, tel: 410/689-3727, mailto:[mzinnert@auanet.org](mailto:mzinnert@auanet.org)

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The session will interest society or association industry relations staff, grant seekers and education staff who use industry or commercial supporters in-kind grants and/or financial support.

**Objectives:** After participating in the session, the participants will be prepared to **1)** establish successful industry relations advisory committees, **2)** collaborate with industry while maintaining control of educational design, content and faculty, and **3)** provide CME activities designed to meet the specific physician audience needs.

**Methods:** Session leaders will present case studies that exemplify not only success but lessons learned in overcoming barriers to success. Participants will interact with challenges and questions for discussion.

**Key Points:** Healthy tension between industry and continuing medical education providers is important to recognize and acknowledge in developing CME activities that are most effective for the target audience. This tension is beneficial for both groups, energizing them and creating a healthy working environment because the survival of each is dependent on a mutual focus: defining their common goals leading to better patient care.

**Recommended Reading:** Pelletier S, CME's Public Image Problem, December 2005, Medical Meetings.

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**NOTES**

**F45, Breakout**  
**11:15 am – 12:15 pm, Friday**  
**Grand Sonoran J-K/1**

**Measuring CME Impact on Physician Performance and Patient Outcomes: What Evidence Suggests**  
(Performance Measurement)

**Mindi McKenna, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will benefit CME professionals of all experience levels/practice settings.

**Objectives:** After this session participants will be able to **1)** compare several ways of measuring CME impact, **2)** describe considerations for choosing which method to use in various contexts, and **3)** develop an action plan for measuring CME impact on physician performance and patient outcomes.

**Methods:** Drawing from the fields of learning assessment and performance improvement (at both individual and organizational levels), the presenter will summarize research findings for measurement of CME impact on physician performance and patient outcomes. These findings will be drawn from a comprehensive review of evidence-based research. Participants will discuss ways of applying these findings to measure CME impact in their unique context. The handout will include a recap of key points, an extensive bibliography of the research, and practical tips for measuring CME impact on physician performance and patient outcomes.

**Key Points:** We need to measure CME impact on physician performance and patient outcomes. To do so successfully and cost-effectively, we need to know which measurement methods have been shown to be most appropriate (effective and feasible) and how to apply those findings to our own contexts.

**Recommended Reading:**

1. Davis, D.A., Lindsay, E.A., Mazmanian, P.E. The effectiveness of CME interventions, 245-280. In *The physician as learner: Linking research to practice*. (1994) Chicago, IL: American Medical Association.
2. 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: 1423-31.

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**NOTES**

**F46, Breakout  
11:15 am – 12:15 pm, Friday  
Desert Suite VII/2**

**Building an Effective Consultants Panel to Enhance CME Programming  
(Partnering)**

**Lori Hodgetts**

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**Maurizio Mazzi**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will interest CME professionals and health providers who hope to maximize the use of a consultant or a consultant's board to develop, improve, evaluate, and/or expand their CME programs.

**Objectives:** At the end of this presentation, participants will be able to **1)** identify potential partners and consultants, **2)** describe methods used to effectively engage consultants to assist in developing CME activities, and **3)** discuss ways to utilize consultants to evaluate and improve the overall CME program.

**Methods:** Presenters will introduce their organization and describe the ways they have adapted to work with consultants, challenges, successes, and lessons learned. Participants will have an option to share their experience in utilizing partnerships with other providers or consultants to enhance their CME programming.

**Key Points:** CME providers are facing the same pressures as this industry evolves. Partnering, consulting, building relationships, and utilizing the resources available to build a successful CME activities can ultimately ensure the continuous improvement of the CME program.

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**NOTES**

**F47, Breakout**  
**11:15 am – 12:15 pm, Friday**  
**Desert Suite VIII/2**

**Proactive Approaches to Internal Partnering**  
(Partnering)

**Philip Bellman, MPH**

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**Paul Katz, MD**

Kaiser Permanente, tel: 415/444-2157, mailto:[paul.h.katz@kp.org](mailto:paul.h.katz@kp.org)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout is designed for all CME professionals and health providers who want to collaborate with clinical educators and administrative leadership to sponsor higher-impact, needs-based education.

**Objectives:** Participants will be able to: **1)** conduct broad-based educational needs assessments to identify gaps in practice; **2)** proactively initiate internal partnerships to target educational interventions, and **3)** build systematic internal relationships that enhance the planning, design, evaluation, and impact of CME.

**Methods:** This session will provide participants a framework and strategy for creating effective CME partnerships within their internal healthcare setting. Based on their own self assessment, participants will identify proactive measures they can initiate to integrate CME into the broader strategic objectives of their organization. The session will draw upon hospital-based case studies at Kaiser Permanente that illustrate both methods for collaboration and the resultant increased efficiencies and impact.

**Key Points:** Increasingly healthcare is driven at all levels to improve performance relative to quality, utilization, safety, service, cost, patient satisfaction, and treatment outcomes. Forces to increase effectiveness among these drivers frequently operate in spheres little influenced by CME. On the other hand, CME has been slow to incorporate practice-linked needs into proactive educational planning and interventions. All sectors benefit when collaborative partnerships are formed to focus education on high-value organizational needs. Further benefit is realized when educators are structurally integrated into ongoing healthcare improvement activities. The result is more efficient use of education staff, faculty, and resources – needed for planning, instruction, and outcomes assessment – and an increased return on investment. It also moves CME from the reactive role of certifying activities to being a proactive partner in real healthcare improvement.

**Recommended Reading:** Smith MD, Schmitz TK. Epitaph for the Lone Ranger, MD: adapting continuing medical education to the twenty-first century. J Contin Educ Health Prof. 2004 Fall;24 Suppl 1:S9-12.

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**NOTES**

**S1, Intensive**  
**8:30 am – 12:15 pm, Saturday**  
**Desert Suites III & V/2**

**The Adult as Learner**  
(Adult/Organizational Learning Principles)

**Jacqueline Parochka, EdD**  
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**Richard Tischler, PhD**  
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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** At the conclusion of this session, participants should be able to: **1)** define terms used in adult learning; **2)** identify assumptions related to the adult learner; **3)** describe critical elements that influence learning; **4)** review the framework for adult learning; and **5)** identify individual learning style preferences.

**Methods:** Participants will engage in reflective thinking about an individual learning project. After completing a Learning Project Worksheet, the participants will engage in small group discussion reflecting on their individual learning projects. Following this discussion, the presenters will provide background information regarding adult learning principles and methods to determine learning style. Participants will complete the Kolb Learning Style Inventory, the Keirsey Temperament Sorter II and the Vision, Auditory and Kinesthetic Survey. Scores obtained by using these instruments will be posted for the audience and discussed in a large group setting. Discussion will focus on the implications of the findings related to CME professionals and the development of CME activities.

**Key Points:** Understanding adult learning principles is a key ingredient to presenting more relevant continuing professional activities for healthcare professionals. Reviewing these principles will be followed by small and large group interaction to identify ways to improve continued learning in a variety of CME settings.

**Recommended Reading:** Smith, RM. Learning How to Learn. Great Britain: Open University Press. 1993.

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**NOTES**

**S2, Mini-Plenary  
8:30 – 9:30 am, Saturday  
Grand Canyon 1-8/1**

**Optimizing the Value of Educational Outcomes Measurement for Your Organization:  
Current Practices and New Approaches  
(Performance Measurement)**

**Derek Dietze, MA**

Improve CME, tel: 480/888-9195, mailto:[derek.dietze@hotmail.com](mailto:derek.dietze@hotmail.com)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Audience response technology to be provided by Meridia ARS**

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

**Objectives:** By the end of this session, participants should be able to **(1)** evaluate their organization's educational outcomes measurement (EOM) efforts as compared to those of other organizations, **(2)** identify internal/external EOM stakeholders for their own organization, and **(3)** formulate ideas for working with these stakeholders to advance EOM and improve their CME.

**Methods:** The presenter will describe the current national status of EOM based on interactions with many different providers working to implement outcomes measurement. An audience response system (ARS) will be used to compare current EOM best practices to the practices of CME professionals in the audience. The ARS will also be used to facilitate interaction/ discussion to help participants identify their own EOM stakeholders and formulate ideas for optimizing the value of EOM for their organizations by working with these stakeholders.

**Key Points:** A convergence of several forces for change within healthcare, medical practice and CME necessitate the effective implementation of EOM by CME professionals. While some are still not implementing even the most basic forms of outcomes measurement, EOM methodologies and tools such as pre/post testing, follow up surveys, case vignettes and commitment to change have become well-accepted within the CME community, and their use continues to increase. The most effective forms of EOM will continue to emerge and evolve over time, and are still being defined by CME professionals who experiment with and refine new approaches. The value of EOM can be optimized when key stakeholders are identified and work together in the support, planning, implementation, analysis, and reporting of EOM, and the appropriate interpretation and application of results to future CME.

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**NOTES**



**S3, Breakout  
8:30 – 9:30 am, Saturday  
WildflowerA-C/2**

**PACME Dialog: Your Questions Answered From Commercial Supporters Perspective  
(Partnering)**

**Maureen Doyle-Scharff, MBA**

Abbott Laboratories, tel: 614/624-3242, mailto:[Maureen.doyle-scharff@abbott.com](mailto:Maureen.doyle-scharff@abbott.com)

**Mike Saxton, MEd**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Audience response technology to be provided by Maureen Doyle-Scharff, MBA and Mike Saxton, MEd**

**Target Audience:** Providers and CME stakeholders at all levels

**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, and **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.

**Recommended Reading:** Will be cited as resources when appropriate in response to audience questions.

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**NOTES**

**S4, Breakout  
8:30 – 9:30 am, Saturday  
Desert Suite I/2**

**Enduring Materials: What Keeps You Up at Night?**  
(Administrative/Management)

**Theresa Gallagher**

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**Heidi Chandonnet**

Institute for Continuing Healthcare Education, tel: 215/446-8088, mailto:[hchandonnet@iche.edu](mailto:hchandonnet@iche.edu)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will be of interest to entry-level CME professionals.

**Objectives:** At the conclusion of the session, participants will be able to **(1)** identify what issues regarding the preparation of enduring materials keep them up at night; **(2)** apply tools and procedures to avoid mistakes in the preparation of enduring materials; 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:** A presentation and interactive learning session will address principles that ensure compliant and mistake-free enduring materials.

**Key Points:** Use of benchmark criteria and procedures in the preparation of enduring materials will help to ensure quality of the materials and compliance with ACCME Essential Areas and Policies.

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**NOTES**

**S5, Breakout  
8:30 – 9:30 am, Saturday  
Grand Canyon 9-10/1**

**New Methods of Learning for *AMAPRA Category 1 Credits*<sup>™</sup> : Showcase on Test Item Writing, Manuscript Review  
and Internet Point of Care (PoC)  
(Educational Interventions)**

**Jeanette Harmon, MBA**

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**Theresa Kanya, MBA**

American College of Physicians, tel: 215/351-2552, mailto:[tkanya@mail.acponline.org](mailto:tkanya@mail.acponline.org)

**Mellie Villahermosa Pouwels, MA**

Radiological Society of North America, tel: 630/590-7740, mailto:[mpouwels@rsna.org](mailto:mpouwels@rsna.org)

**Deborah Samuel, MBA**

American Academy of Pediatrics, tel: 847/434-7097, mailto:[dsamuel@aap.org](mailto:dsamuel@aap.org)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will interest intermediate level CME providers who are looking to incorporate these new methods of learning as certified activities in their CME programs.

**Objectives:** At the completion of this session, participants will be able to: **1)** describe the AMA's requirements for designating *AMA PRA Category 1 Credit*<sup>™</sup> for CME activities based on the three learning models, **2)** cite an example of a CME activity designed according to the requirements for each of the three learning models, **3)** select documentation for the activity file for each of the learning models, **4)** describe how to engage physicians in these new methods of learning and how to measure success, and **5)** discuss how to implement CME activities for these learning models in their provider settings.

**Methods:** Brief informational presentations by instructors will introduce each of the three new learning models that may be designated for *AMA PRA Category 1 Credit*<sup>™</sup>. The audience will interact with the presenters through a question and answer session following the presentations.

**Key Points:** The field has come to recognize that there are many activities, in addition to live programming, that provide valuable learning for physicians. It is also widely recognized that because not all physicians learn in the same way, implementation of new learning methods will be needed to enhance a provider's overall CME program. Providers need to understand how to structure activities for new learning methods that will meet the requirements for designating credit so that they can expand their offerings to the physicians they serve.

**Recommended Reading:** Aparicio A, Willis C. The Continued Evolution of the Credit System. JCEHP 2005; 25: 190-196.

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**NOTES**

**S6, Breakout  
8:30 – 9:30 am, Saturday  
Desert Suite II/2**

**Creating Partnerships, Strengthening CME: Year Two  
(Partnering)**

**Christine Finnegan**

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**Robert Birnbaum, MD**

Massachusetts General Hospital, tel: 617/726-9421, mailto:[rbirnbaum@partners.org](mailto:rbirnbaum@partners.org)

**Peter Wilkins**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The session will interest intermediate and advance level participants from all provider groups.

**Objectives:** At the completion of the session, participants will be able to **1)** discuss the commercial supporter response to the curriculum-based approach on CME, **2)** identify the participant response to a curriculum based approach to CME, and **3)** discuss the application of multiple educational platforms in a manner that optimizes customizing the participant's approach to CME.

**Methods:** Based on the Massachusetts General Hospital Psychiatry Academy's model, the session will take participants from initial idea to year one and year two successes. Presenters will discuss the key components that go into the planning and implementation of the curriculum.

**Key Points:** The MGH Psychiatric Academy will be used as a model illustrating the curriculum based approach as a CME strategy. The approach will be examined from both the commercial supporter perspective and the participant perspective. Challenges and successes of logistics, funding and growth will be discussed. The growth and acceptance of the model will compare year one to year two.

**Recommended Reading:** Rossett, A., McDonald, J. (2006) Evaluating Technology- Enhanced Continuing Medical Education Medical Education Online,4:11, Article 00074. Retrieved March 3, 2006, from [www.med-ed-online.org/pdf/t0000074.pdf](http://www.med-ed-online.org/pdf/t0000074.pdf).

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**NOTES**

**S7, Breakout  
8:30 – 9:30 am, Saturday  
Grand Canyon 13/1**

**Fostering Strong Organizations through Physician Leadership Development**  
(Adult/Organizational Learning Principles)

**Nicole Roberts, PhD**

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**Jon Bowermaster, PhD**

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**Terry Hatch, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will be of special interest to CME providers with intermediate or above experience who work in a variety of provider groups, including health systems, hospitals, and medical schools.

**Objectives:** At the end of this presentation, participants will be able to **1)** identify opportunities to improve the ways in which organizations provide leadership development to physicians, **2)** describe appropriate strategies for various organizational stakeholders to collaborate in directions for developing physician leaders, and **3)** discuss how collaboration between the organization and physicians in the area of leadership development is likely to lead to stronger organizations and better healthcare.

**Methods:** The session will begin with a brief presentation of empirical findings of a study, funded in part by the Professional Development Fellowship offered by the Alliance for Continuing Medical Education, of leadership development in multispecialty clinics. This will be followed by theoretical bases for a collaborative approach to providing leadership development based on a medical, data driven approach, with a focus on developing high performance teams.

**Key Points:** Organizational leaders tend not to take the needs and interests of individuals into account when developing approaches to teaching physicians to lead. Failing to do so leads to less than optimal outcomes.

**Recommended Reading:** Roberts, N. K. (January 2006). Physician leadership development in multispecialty clinics. Almanac of the Alliance for Continuing Medical Education, 28 (1) p. 5-8.

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**NOTES**



**S8, Breakout  
8:30 – 9:30 am, Saturday  
Pinnacle Peak 2/2**

**Trying Not to Tip the Scales: Living in a Fair-Balanced World**  
(Administrative/Management)

**Stephanie Kushner, PhD**

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**Ken Kramer, PhD**

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**Ed Sleeper**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will interest professionals who participate in the development, implementation, and accreditation of continuing medical education (CME) programs.

**Objectives:** At the completion of the session, participants will be able to **1)** define fair balance as it applies to all types of CME activities including print materials, live meetings, and interactive media, **2)** evaluate the content of a CME program to determine if it is indeed fair balanced, and **3)** effectively communicate the concept of fair balance to all parties involved in the development of content for CME.

**Methods:** As a means of beginning the session, each member of the group will be asked to write on an index card how they define fair balance. The leader of the discussion will read these definitions to the group as a means of facilitating interaction among the participants. The audience will then be subdivided to allow for smaller group discussions, with the ultimate goal of imparting a clearer understanding of the definition and measurement of fair balance and applying such understanding to the development of CME programs.

**Key Points:** Fair balance is one of the most important issues concerning CME programs. A comprehensive understanding of how fair balance is defined and measured, as well as the ability to effectively communicate the concept of fair balance to others, will enhance the educational content and outcomes of CME programs.

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**NOTES**

**S9, Breakout  
8:30 – 9:30 am, Saturday  
Grand Sonoran A-B/1**

**Gilding the Lilly: Collaboration between a State Hospital Association and a State Medical Society  
(Partnering)**

**Sheldon Putterman, MD**

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**Marsha Peruo, MFA**

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**Michele Sellie**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session is for CME professionals and health providers in Hospitals and State Medical Societies at all levels.

**Objectives:** At the completion of the session, participants will understand how CME accreditation for quality improvement activities at the Hospital level enhances participation in an IHI enterprise.

**Methods:** Brief presentations, based on an ongoing outcome study in New York State, of recruitment, evaluation and data selection issues and their resolutions from the standpoint of the physician leader, the state accrediting body and a CME professional.

**Key Points:** Collaboration between health care providers, educators, and accreditation groups strengthens the bond between quality improvement professionals and CME providers.

**Recommended Reading:** <http://www.ihl.org/ihl>.

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**NOTES**

**S10, Breakout  
8:30 – 9:30 am, Saturday  
Desert Suite VII/2**

**Self-Assessment, Lifelong Learning, and Assessment of Performance in Practice: Maintenance of Certification  
for Family Physicians Parts II and IV  
(Self-Assessment & Life-Long Learning)**

**David Price, MD**

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**Michael Hagen, MD**

American Board of Family Medicine, tel: 859/268-8440, mailto:[mhagen@theabfm.org](mailto:mhagen@theabfm.org)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will interest physicians and CME professionals at all levels with interest in, or whose target audience includes physicians involved in the American Board of Medical Specialties (ABMS) Maintenance of Certification (MOC) process.

**Objectives:** At the completion of the session, participants will be able to **1)** define the 4 components of the ABMS MOC process, **2)** describe how adult/physician education theory and the Plan-Do-Study-Act (PDSA) quality improvement cycle are incorporated into the American Board of Family Medicine's (ABFM) MOC process, and **3)** identify potential opportunities to apply the ABFM's learnings in their own educational initiatives.

**Methods:** A brief overview of select adult learning theories and the PDSA process improvement model will be presented. The American Board of Family Medicine's Self Assessment Modules (SAMs, consisting of knowledge assessments and clinical simulations) and Performance in Practice Modules (PPMs) will be demonstrated. Summary participant evaluation data from the modules will be presented, and the use of physician feedback to improve the modules will be discussed. Q&A time will be allotted for participants to ask questions about how they could apply the ABFM's experience in their settings.

**Key Points:** The MOC process represents a change for many physicians. Educational and process improvement theories can be used to develop tools to help physicians with lifelong learning, practice assessment, and practice improvement. Soliciting physician suggestions can help improve the relevance and acceptance of these tools.

**Recommended Reading:** American Board of Medical Specialties ® Maintenance of Certification. Available at <http://www.abms.org/MOC.asp>.

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**NOTES**



**S11, Breakout**

**(Cancelled)**

**Medical Edu-tainment: Learning by Playing**  
(Educational Interventions)

**Yuri Millo , MD**

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**Joyce Donnellan, RN**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** All experience levels and all provider groups

**Objectives:** At the completion of the session, participants will be able to:

1. reason why games are an effective educational method,
2. design games for education, and
3. foster small game as part of the learning activities.

**Methods:** Brief informational presentations of the theory behind games for education, following by case study of the use of edutainment at the Washington Hospital Center followed by demonstration of two on-line and on handheld games developed and used by the physicians for CME.

**Key Points:** Using games for education enable healthcare educators to engage physicians and students in learning activities using competition like entertainment products. Multiplayer small games even go one step further. Using competition promotes self learning as well as engages the learners in promoting the education among peers by playing together. Having the games attached to the learning management system add the needed information fore educators to follow achievement and to improve the content and the game type by reviewing the feedbacks (survey and evaluations).

**Recommended Reading:**

1. Simulations: The Next Generation of E-learning by Sarah Boehle, Training Magazine, March, 2005.
2. Game-Based Learning: How to Delight and Instruct in the 21st Century by Joel Foreman, EDUCAUSE Review, vol. 39, no. 5 (September/October 2004): 50-66.
3. The Motivation of Gameplay or, the REAL 21st century learning revolution Marc Prensky , On The Horizon, Volume 10 No 1 2002.

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**NOTES**

**S12, Breakout  
8:30 – 9:30 am, Saturday  
Grand Sonoran C-D/1**

**A Collaborative, Regional Peer Presenter Education Program for Primary Care Physicians  
(Educational Interventions)**

**John Feightner, MD**

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**Bill Dalziel, MD**

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**Carrie McAiney, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will interest CME, Faculty Development, and medical education professionals who develop and provide physician education programs.

**Objectives:** At the end of the session, participants will be able to: **1)** understand and critique the collaborative development and implementation of a province-wide peer-presenter continuing education initiative, to enhance the skills and knowledge of Primary Care Physicians in the care of patients with Alzheimer's Dementia, and their families; **2)** evaluate the impact this peer-presenter program has had on relevant outcomes, and **3)** identify, through reflection and discussion with colleagues, the potential application of "key learnings" from this initiative to their own setting.

**Methods:** The panel will: **1)** outline the rationale, and the key development and implementation components of the initiative, with particular emphasis on its collaborative elements; **2)** review the educational strategies and content; **3)** present comprehensive data from a systematic evaluation of the impact of the intervention; and **4)** facilitate exchange and discussion with and among the participants

**Key Points:** A formal, pre-planned evaluation indicates that a strategic, comprehensive, peer-presenter program can have an impact on Primary Care Physician knowledge, confidence and behaviour. Important educational and system implementation challenges are also identified.

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**NOTES**

**S13, Breakout**

**(Cancelled)**

**Taking Control of Your Documents: Practical Tips for Managing CME Documentation**  
(Administrative/Management)

**Yvette Brooks**

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**Abbe Lynch, MA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**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.

**Recommended Reading:** ACCME’s Accreditation Policy Compendium.

<sup>1</sup>Morgenstern J. Organizing from the Inside Out. New York: Henry Holt and Company, 1998.

<sup>2</sup>Sova, Dawn B. Getting Organized at Work: Eliminate Clutter and Whip Your Office into Shape: Learning Express 1998

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**NOTES**

**S14, Breakout  
8:30 – 9:30 am, Saturday  
Grand Sonoran J-K/1**

**Understanding your Customers Needs: A Multiple Survey Approach  
(Performance Measurement)**

**Christopher Bolwell, PhD**

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**Jan Heybroek, MSc**

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**Wilson Quezada, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will be of interest to CME professionals and health providers at all levels of experience who are interested at better evaluating customer satisfaction.

**Objectives:** At the completion of this session, participants will be able to: **1)** understand the importance of benchmarking analysis prior to an event; **2)** better understand the utility of post-activity surveys in assessing physician behavioral change; **3)** evaluate future needs of customers; and **4)** determine what factors constitute a successful educational experience among the different customer groups.

**Methods:** A number of different electronic surveys were conducted on specific customer groups as a supplement to regular on-site and 3-month follow-up surveys. Customers were defined as audience, presenters and supporters, while non-customers included professionals who contacted us with interest in an educational activity, but did not participate in that or other Imedex activities. The surveys were designed to assess their current knowledge, educational experience at the activity, and post meeting behavioral changes of customers and non-customers at a number of different meetings on the following specialty areas: Oncology, Infectious Disease, Urology, Psychopharmacology, Cardiology, and Gastrointestinal Diseases.

The population surveyed included: 1,672 speakers from our 2005 programs, with 155 responses (9.3%); 294 supporters, with 22 responses (7.5%); 3,987 attendees, with 268 responses (6.7%); and 3,098 non-attendees (people who requested information on our programs but did not participate), with 151 responses (4.9%). These surveys were conducted electronically via an internet-based system. Returned surveys were received by Imedex staff and analyzed using either manually through an electronic system.

These results turned out to be very comparable to a meta-analysis conducted on all our 2005 on-site and 3-month post meeting evaluations.

**Key Points:** Successful CME programs must be developed with a clear understanding of who your customers are and their educational needs and goals. One way of assessing physician knowledge of a certain disease area, educational needs, and/or behavioral changes after participating in an educational activity is through the conduction of targeted, well-developed surveys. The data obtained from these surveys can identify specific educational topics warranting further coverage, the need for a variety of innovative educational formats and goals of entities supporting the educational activities. These large customer specific surveys supplement data already obtained through regular on-site and post-event evaluations.

**Recommended Reading:**

1. Survey Methodology. Publisher: Wiley Series in Survey Methodology. Robert M. Groves, Floyd J. Fowler, Mick P. Couper, James M. Lepkowski, Eleanor Singer, Roger Tourangeau. **ISBN: 0-471-48348-6.**
2. Applied Social Research #38: Improving Survey Questions: Design and Evaluation. Publisher: Sage Publications, Inc. Floyd J. Fowler. **ISBN: 0-803-94533.**
3. Mail and Internet Surveys: The Tailored Design Method. Publisher: Wiley. Don A. Dillman. **ISBN: 0-471-32354-3.**
4. Analysis of Survey Data. Publisher: Wiley Series in Survey Methodology. R.L. Chambers, C.J. Skinner. **ISBN: 0-471-89987-9.**

**S15, Breakout  
8:30 – 9:30 am, Saturday  
Pinnacle Peak 3/2**

**Partnering for Success: Creating Those Win-Win Joint Sponsorship Relationships**  
(Partnering)

**Nathalie Harden**

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**Ann Lichti**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will be of interest to CME professionals in both accredited and non-accredited program who wish to joint sponsor CE activities.

**Objectives:** At the conclusion of this session, participants should be able to **1)** identify and describe the key components of a successful joint sponsorship relationship, **2)** discuss common challenges in working with cosponsors (both perspectives), **3)** delineate the key characteristics of a good joint sponsor, and **4)** list the advantages and disadvantages of joint sponsorship between a medical education company and an academic medical center.

**Methods:** Didactic presentation with case-based Q&A.

**Key Points:** As academic CE offices continue to see their budgets reduced, their ability to work successfully and profitably with joint sponsors is essential to their financial viability. This session is designed to review and discuss the “best practices” of working with joint sponsors. Working with joint 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.

**Recommended Reading:**

1. Bailey AR, Passin SM. Practical tips on successful joint sponsorship. Almanac 2000;22(10):1-4.
2. Erickson D. Make CME, not war. Medical Meetings 2002;29(2):39-46.
3. Putnam M, Chandonnet H. Building effective joint sponsor relationships. Almanac 2005;27(7):1-3.

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**NOTES**

**S16, Breakout  
8:30 – 9:30 am, Saturday  
Desert Suites IV & VI/2**

**Blending Cultures, Capitalizing Strengths and Preserving Identity: A Multi-Organizational  
Education Initiative Case Study  
(Partnering)**

**Arlene Bradford, BA**

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**Patrick Dwyer**

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**Helen Holman, MS**

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**George Lull**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** At the conclusion of this presentation, participants will be able to: **1)** discuss the challenges inherent in a multi-sponsored national CME project; **2)** recognize strengths and opportunities in partnering; and **3)** explore strategies for addressing activity content in response to an emerging controversy.

**Methods:** Through the use of a case-study that describes a unique partnership of 5 accredited providers and 4 med ed companies, speakers will present the differing certified providers' perspectives of their experience collaborating with each other and multiple agencies on a national CME initiative.

**Key Points:** CME providers are often asked to work with diverse joint- and co-sponsors to achieve educational goals. To this end, providers will benefit from knowledge of the opportunities and challenges that may be present in complex partnerships.

**Recommended Reading:**

1. Katz, HP, Goldfinger SE, Fletcher SW. Academia-industry collaboration in continuing medical education: description of two approaches. J Contin Educ Health Prof 2002; 22(1):43-54.
2. Golden, GA, Parochka, JN, Overstreet, KM. Medical education and communication companies: an updated in-depth profile. J. Contin Educ Health Prof 2002; 22 (1) 55-62.

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**NOTES**

**S17, Breakout  
10:00 – 11:00 am, Saturday  
Grand Canyon 1-8/1**

**ACCME's Self Study Process – Tools and Tips  
(Administrative/Management)**

**David Baldwin, MPA**

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**Heidi Richgruber**

Accreditation Council for Continuing Medical Education (ACCME), tel: 312/755-7401, mailto:[hrichgruber@accme.org](mailto:hrichgruber@accme.org)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will target all ACCME accredited organizations and all CME professionals who are interested in learning about the ACCME accreditation process.

**Objectives:** After this session, participants will be able to **1)** discuss the various components of the ACCME accreditation process, **2)** outline strategies for the ACCME self study process for accreditation, and **3)** identify available ACCME accreditation tools and resources to aid in the ACCME accreditation process.

**Methods:** Instructors will present a brief informational presentation outlining the ACCME accreditation process and provide an opportunity for questions and answers regarding the format and content requirements for the self study report and the survey interview.

**Key Points:** The ACCME's self study process for accreditation can be an opportunity for collaboration by multiple stakeholders of a CME program. Understanding ACCME accreditation process requirements and identifying strategies for completing the process will assist CME professionals in facilitating their organization's self study process.

**Recommended Reading:** See [www.accme.org](http://www.accme.org) for ACCME's "Accreditation Process".

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**NOTES**

**S18, Breakout**  
**10:00 – 11:00 am, Saturday**  
**Grand Canyon 13/1**

**Outcomes Determination, Measurement and Reporting: What Physicians Can and Should do to Make it Happen!**  
(Leadership)

**Carol Havens, MD**

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**No Relevant Financial Relationships**

**Target Audience:** This breakout is designed for all physicians involved in CME, especially at a beginning or intermediate level.

**Objectives:** Physicians will be able to provide their unique perspective which will improve planning for, measuring and reporting outcomes of CME activities.

**Methods:** A framework for measuring outcomes will be presented and through group discussion, we will provide examples of the importance and unique contribution to CME outcomes provided by physicians. This will be an interactive session, with examples for discussion.

**Key Points:** Because physicians are or have practiced medicine, they have a unique perspective on CME. **(1)** They are important in the planning of CME activities because of their understanding of the context of a physicians practice. They can interpret the data collected by organizations or hospitals, can assess barriers to improvement, and provide practical advice on the opportunities for CME to removing those barriers. **(2)** They can promote CME activities to their colleagues by explaining how the activity will help the physician (the ROI for the physicians' time to participate). **(3)** In addition, they are the best ambassadors to explain the impact of CME activities to hospital, medical group or organization administrators on the impact of CME on physician behavior and patient health outcomes (ROI for the organization and patients).

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**NOTES**



**S19, Breakout  
10:00 – 11:00 am, Saturday  
Grand Sonoran A-B/1**

**No Staff, No Money, No Time: CME Activity Evaluations – Pearls and Pitfalls  
(Performance Measurement)**

**Alice Henderson, MEd**

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**Ellen Seaback, CAE**

Baylor College of Medicine, tel: 713/798-8237, mailto:[seaback@bcm.edu](mailto:seaback@bcm.edu)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will be of interest to CME professionals at entry and intermediate levels in hospitals, medical schools, and medical specialty societies faced with daily barriers in staff, time and money resources.

**Objectives:** After participating in the breakout, the participants will be prepared to **1)** design activity evaluations that define strengths and weaknesses, **2)** establish direction for improvement and change in future planning, and **3)** create an interactive environment between faculty and participants.

**Methods:** PowerPoint and handout presentation sample tools with audience interaction encouraged.

**Key Points:** All CME providers need the best tools to evaluate their activities. With less time, fewer resources and staff available – the challenge is to not only evaluate the activity but to meet requirements for establishing needs, designing future activities and accomplishing these goals within a short time frame. The two presenters have worked in environments with staff shortages, income barriers and little time. With over 40 years experience between them, they have a wealth of educational measurement tools and pearls of wisdom that will increase productivity, increase faculty and participant response and appreciation and assist in the design of future activities.

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**NOTES**

**S20, Breakout  
10:00 – 11:00 am, Saturday  
WildflowerA-C/2**

**Applying Principles of Risk Stratification to Effectively Manage Commercial Support  
(Administrative/Management)**

**Luanne Thorndyke, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** At the conclusion of this break-out, participants should be able to: **(1)** develop a comprehensive plan to prospectively identify activities at high risk for non-compliance with the Standards for Commercial Support (SCS), **(2)** discuss techniques and strategies to effectively manage these activities to maintain compliance, and **(3)** implement tools and processes for staff in CME offices to ensure compliance with the Standards for Commercial Support.

**Methods:** CACME, the Consortium for Academic Continuing Education (a voluntary association of four medical schools accredited in 2000), developed a mechanism to prospectively and objectively identify activities at high risk for violation of the SCS. This session will focus on the CACME Risk Stratification Tool, emphasizing the elements that place activities at risk for non-compliance, and how prospective assessment can aid in their appropriate management. Representatives from the medical schools involved in the development of the tool will present the Risk Stratification Tool, discuss its use in practice, and reveal strategies based on lessons learned in working with high risk activities. Case studies illustrating challenges and successes will be discussed.

**Key Points:** Inherent tension between the responsibility to minimize industry influence on education and the need to garner funding from commercial sources causes CME professionals to make difficult choices regarding acceptance of commercial funding and requires that providers identify and aggressively manage issues that place activities at risk for non-compliance with regulatory and ethical standards. By identifying issues that place an activity at risk for non-compliance with accreditation standards factors before the event, it is possible to develop targeted interventions to mitigate their impact, to aid decisions about whether to certify the program and to determine the appropriate strategies to assure that compliance is achieved.

**Recommended Reading:** not applicable to this session.

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**NOTES**

**S21, Breakout  
10:00 – 11:00 am, Saturday  
Desert Suite I/2**

**Evaluating an International Hands-on Surgical Course: Methods, Outcomes and Barriers to  
Using New Procedures in Practice  
(Performance Measurement)**

**Joseph Green, PhD**

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**Robert Fox, EdD**

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**Piet deBoer, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will be relevant to any CME professional who is tasked with creating and implementing an evaluation plan for a CME activity, especially one that focuses on hands-on training, reaching desired outcomes and understanding barriers to using information in the practice setting. This session is recommended for Intermediate and Advanced levels from any Provider Groups.

**Objectives:** At the conclusion of the session, participants should be able to: **1)** design an effective evaluation plan for a single or multiple CME activities; **2)** involve specific stakeholders (course chairs and faculty) in using real-time assessment data from audience response technologies to improve quality of CME activities; and **3)** plan strategies for dealing with the most commonly mentioned barriers for learners to use new skills in their practice settings.

**Methods:** A panel discussion will be used to present information from the evaluation of an international series of hands-on CME activities for surgeons. Brief, interactive presentations will be followed by panel reactions and audience questions and answers. Specific examples will be shared with the audience from the recently published book authored by the presenters entitled *AO Principles of Teaching and Learning*.

**Key Points:** CME faculty and course chairs have always been a key stakeholder in the success of CME activities; however they are often overlooked as a partner in the process because they may not appreciate the value of assessment data to improve their courses. A key responsibility of CME professionals is to help our physician colleagues consider the power of understanding barriers to the transfer of knowledge and skill to the practice setting. CME professionals, working collaboratively with Course Chairs and faculty can be extremely helpful to the objective assessment of CME courses and to the rational suggestions for improvement in these educational activities.

**Recommended Reading:** Green J, deBoer P. *AO Principles of Teaching and Learning* (2005) Thieme, Switzerland.

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**NOTES**

**S22, Breakout**

**(Cancelled)**

**Burnout in Academic CME: Results of a Survey**  
(Leadership)

**Don Moore, PhD**

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**Marc DesLauriers, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** Advanced level in all provider groups

**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.

**Recommended Reading:** Physician Addiction and Burnout; Marc DesLauriers, PhD, Carle Selected Papers, Vol 46, Spring/Summer 2003.

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**NOTES**

**S23, Breakout  
10:00 – 11:00 am, Saturday  
Desert Suite II/2**

**Taking Advantage of Changes in European CME  
(Partnering)**

**Lewis Miller, MS (Moderator)**

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**Helios Pardell, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** All CME professionals interested in collaborating with CME groups in Europe

**Objectives:** At the completion of the session, participants will be able to:  
understand the changing CME scene in France, Italy and Spain sufficient to understand similarities and differences with U.S. systems, and  
identify opportunities for partnership with CME providers or commercial supporters in these countries.

**Methods:** Brief informational presentations on each country, followed by a case study involving audience participation on decisions regarding European CME partnerships.

**Key Points:** France will have accredited providers in place by January 2007, as the country finally implements its mandatory CME law; Italy and Spain are re-examining their systems after 3-5 years in place, and may consider accrediting providers as well as programs, and accrediting distance learning (internet, print, CD, etc.), which has not been included in the past. Opportunities for collaboration will be presented.

**Recommended Reading:**

1. Matillon Y, LeBoeuf D, Maisonneuve H, Defining and Assessing the Competence of Health Care Professionals in France. Journal of Continuing Education in the Health Professions, Volume 25, Issue 4, Fall 2005, [www.jcehp.com/vol25/2504.asp](http://www.jcehp.com/vol25/2504.asp).
2. Pardell H, Sierra G, Continuing medical education and continuing medical education accreditation in Spain, Journal of Continuing Education in the Health Professions, Volume 23, Issue 4, Fall 2003, [www.jcehp.com/vol23/2304\\_pardell.asp](http://www.jcehp.com/vol23/2304_pardell.asp).
3. Braido F et al, Continuing Medical Education: an international reality, Allergy 2005; 60: 739-742.

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**NOTES**

**S24, Breakout**  
**10:00 – 11:00 am, Saturday**  
**Grand Canyon 9-10/1**

**Three Strikes and You're Out! Pitching Practical Tips for RSC Monitoring**  
(Administrative/Management)

**Kelly Cuson, BS**

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**Becky Fleig, MEd**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will interest all experience levels in hospitals or health care environments conducting a large number of *Regularly Scheduled Conferences (RSC's)*.

**Objectives:** At the completion of the session, participants should be able to **1)** improve their own RSC monitoring systems to meet or exceed ACCME's RSC requirements, and **2)** collaborate with internal stakeholders to continuously improve the quality of educational activities and compliance with ACCME Essentials Areas and Elements.

**Methods:** Presenters will share their experience monitoring and improving quality and compliance of over 60 recurring activities in a hospital setting through a brief lecture with PowerPoint and handouts followed by group discussion.

**Key Points:** According to ACCME policy, accredited providers are required to have a system in place to monitor RSC's compliance with ACCME Essential Areas and Elements. Materials released in May 2003 and November 2005 offer examples of how CME providers might develop monitoring systems for their RSC's. However, monitoring a large number of RSC's for compliance is especially challenging. This presentation will showcase how one organization collaborates and manages RSC's from the planning process to extensive annual reports. It will demonstrate how real performance data can be used to provide overall activity feedback to CME planners and serves as a reference to improve the overall activity. Presenters will provide useful tools and practical tips for: 1) RSC Compliance Monitoring (Application Process, Documentation Submission Process, File Audit System, Three Strike Policy for Compliance); 2) Methods for Assessing and Improving the Quality of RSC's (Annual RSC Report, Oversight from the Institution's CME Committee); and 3) Partnerships (Planning RSC Next Steps with Physician Directors, Collaborating with Internal Stakeholders [i.e. QIS, Planning, etc.], Activity Coordinators Development).

**Recommended Reading:** Tools to Support Implementation of a Monitoring System for Regularly Scheduled Conferences. [www.ACCME.org](http://www.ACCME.org).

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**NOTES**

**S25, Breakout  
10:00 – 11:00 am, Saturday  
Desert Suite VII/2**

**Collaborative Learning: Science and Practice**  
(Educational Interventions)

**Beverly Wood, MD**

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**Dixie Fisher, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will interest CME professionals and health providers who teach or train in their specialty at all levels.

**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, and **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.

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**NOTES**

**S26, Breakout  
10:00 – 11:00 am, Saturday  
Grand Sonoran C-D/1**

**Identifying and Utilizing Educational Strategies that Promote Knowledge Retention and Influence Practice Change  
(Educational Interventions)**

**Richard Vanderpool**

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**Jill Shuman, MS**

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**Sharon Tordoff, BS**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session is designed for CME professionals at all levels interested in enhancing their CME program/educational activities through the use of innovative technologies and learning strategies.

**Objectives:** At the conclusion of the breakout, participants will be able to: **1)** Identify physician learning preferences and innovative trends in delivering CME; **2)** Define practical strategies for developing educational methods that facilitate knowledge retention, and **3)** Utilize effective educational strategies described in this activity to enhance the quality of their CME activities.

**Methods:** Information will be presented, initially, in a didactic format. Physician survey results and other case study examples will be shared with participant interaction. The participants will be encouraged to share thoughts and experiences throughout the presentation.

**Key Points:** CME providers need to better understand the parameters that affect how, where, and when physicians effectively learn. Providers should recognize the educational and logistic benefits provided by the Internet and other distance learning technologies, and learn how to these delivery formats into positive learning experiences. establish appropriate delegation of responsibilities in the development and execution of CME activities. The partners must strive for mutual respect and continued rapport to enhance the quality of the collaboration that will result in high quality CME offerings. In addition, providers should explore the effect of team collaboration on knowledge retention.

**Recommended Reading:**

1. O'Brien T, Freemantle N, Oxman AD, Wolf F, Davis DA, Herrin J. Continuing education meetings and workshops: effects on professional practice and healthcare outcomes. *Cochrane Database Syst Rev* 2004; March 10.
2. Fordis M, King JE, Ballantyne CM, Jones PH, et al. Comparison of the instructional efficacy of Internet-based CME with live interactive CME workshops: a randomized controlled trial. *JAMA* 2005; 294(9):1043-1051.
3. Curran V, Fleet L. A review of evaluation outcomes of web-based continuing medical education. *Med Education* 2005;39:561-567.

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**NOTES**



**S27, Breakout  
10:00 – 11:00 am, Saturday  
Pinnacle Peak 3/2**

**Collaborative Care: Bringing Shared Care to Residents**  
(Educational Interventions)

**Patricia Rockman, MD**

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**Jose Silveira, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will be of interest to post graduate faculty, health care educators and CME professionals at all levels in provider groups.

**Objectives:** At the end of this session, participants will gain an understanding of the systemic and academic challenges encountered in developing a collaborative inter-residency shared care initiative, as well as the strategies employed to overcome them.

**Methods:** The development and implementation of this inter-residency collaborative care model will be described as well as findings and progress to date.

**Key Points:** With the development and implementation of this program, it is expected that family medicine and psychiatry residents will improve their understanding of interdisciplinary relationships, increase their competence working with the seriously and persistently mentally ill and develop skills in utilizing available colleagues in a timely manner in order to optimize patient care.

**Recommended Reading:** Lorenz AD; Mauksch LB; Gawinski BA. Models of collaboration. Prim Care 1999 Jun;26(2):401-10.

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**NOTES**

**S28, Breakout**  
**10:00 – 11:00 am, Saturday**  
**Grand Sonoran H-I/1**

**You Say You Want a Resolution: One Provider's Experience Using a Structured, Evidence-Based Content Review to Resolve Conflicts of Interest**  
(Administrative/Management)

**Eric Peterson, EdM**

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**Armine Lulejian, MPH**

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**Annette Schwind, BS**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session is intended for CME professionals at all levels who are interested in exploring alternative methods for resolving conflicts of interest.

**Objectives:** At the conclusion of this breakout session the participant will be able to **1)** describe the elements of a conflict of interest resolution mechanism that employs validation of content through a structured review of material within an evidence-based medicine context, **2)** discuss the advantages of using a conflict of interest resolution mechanism that is transparent to the learner, and **3)** develop practical solutions to anticipated difficulties with implementing such a system.

**Methods:** Using a combination of lecture and discussion the presenters will describe their experience developing and implementing a mechanism for resolving conflicts of interest that ensures the medical content of CME activities is objective, balanced, and aligned with the interests of the public.

**Key Points:** The revised Standards for Commercial Support require accredited providers to have a mechanism for identifying and resolving conflicts of interest and ensuring that the content of CME is aligned with the interests of the public. ACCME accreditation policy also requires that providers to ensure that the clinical medicine recommendations in a CME activity are based on evidence accepted within the profession of medicine, and that all scientific research referred to, reported, or used in CME conforms to the generally accepted standards of experimental design, data collection and analysis. Peer review and content validation have emerged as the most commonly used mechanisms for meeting these requirements. This workshop addresses a form of content validation that has the advantage of being completely transparent to the learner. This transparency adds value by challenging the learner to reflect on the quality of evidence that supports the patient-care decisions they must make.

**Recommended Reading:**

1. ACCME Standards for Commercial Support. Available at:  
[http://www.accme.org/dir\\_docs/doc\\_upload/68b2902a-fb73-44d1-8725-80a1504e520c\\_uploaddocument.pdf](http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf).  
Accessed March 17, 2006.
2. ACCME Accreditation Policy: Content Validation. Available at:  
[http://accme.org/index.cfm/fa/Policy.policy/Policy\\_id/16f1c694-d03b-4241-bd1a-44b2d072dc5e.cfm](http://accme.org/index.cfm/fa/Policy.policy/Policy_id/16f1c694-d03b-4241-bd1a-44b2d072dc5e.cfm).  
Accessed March 17, 2006.
3. GRADE Working Group. Grading quality of evidence and strength of recommendations. *BMJ*. 2004;238:1490-1498.

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**NOTES**

**S29, Breakout**  
**10:00 – 11:00 am, Saturday**  
**Grand Sonoran J-K/1**

**Progress not Perfection: Measuring Incremental Steps towards Desired Outcomes**  
(Performance Measurement)

**Curtis Olson, PhD**

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**Patricia Harper, EdD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session is intended for CME and CPD professionals in all provider groups interested in assessing educational outcomes.

**Objectives:** At the completion of the session, participants will be able to **1)** describe how program logic models can be used to describe “pathways” by which clinicians travel to reach desired practices, **2)** identify strategies for obtaining key stakeholder input into the description of the program logic, **3)** translate a logic model into an outcomes hierarchy containing several levels at which outcomes can be assessed, and **4)** identify evidence for assessing outcomes at each level.

**Methods:** This session will begin with a presentation describing an outcomes assessment conducted by the presenters of a series of rheumatology clinical conferences and how a logic model approach was used to design survey scales capable of recording self-reported incremental changes in learners’ knowledge, confidence, stage in change process, intention to change practice, and perceived learning needs, in addition to any actual changes in clinical practice. Remaining time will be devoted to an open discussion of how this approach applies to specific examples provided by the audience and peer sharing of other approaches for assessing incremental change.

**Key Points:** Educational activities—especially one-off events of short duration—may fail to directly produce changes in clinical practice but nonetheless make a contribution to progress in the desired direction of change. The process of change from current to desired practice may be understood as a pathway along which there are several intermediate points/states/outcomes each of which provides an opportunity for outcomes assessment. Program logic models are a powerful tool for articulating the steps and intermediate outcomes that are necessary to achieve a clinical practice outcome, taking into account the varied starting points of individual learners, and tracking movement in the desired direction.

**Recommended Reading:** Patton MQ. (1997). The program’s theory of action: conceptualizing causal linkages (pp. 215-238). Utilization-focused evaluation (3<sup>rd</sup> ed). Thousand Oaks, CA: Sage.

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**NOTES**

**S30, Breakout**  
**10:00 – 11:00 am, Saturday**  
**Grand Canyon 11-12/1**

**Value-Added CME: Collaborating with Quality Improvement Organizations**  
(Partnering)

**Donna Baas, MA**

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**Pamela Brown, BSN**

Arkansas Foundation for Medical Care, tel: 501/375-8500, ext. 622, <mailto:pbrown2@ar2qio.sdps.org>

**Lisa Henderson, MBA**

Arkansas Foundation for Medical Care, tel: 501/375-1200, ext. 607, <mailto:lhenderson@afmc.org>

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** CME providers at all levels of experience, will be interested to learn about opportunities to further enhance the value and effectiveness of their education programming towards health care quality improvement through collaboration with the Quality Improvement Organization (QIO) community.

**Objectives:** Successful completion of this session will enable learners to...

1. Explain the evolving role of Quality Improvement Organizations from inception, for today, and into the future.
2. Note the strong emphasis on collaboration within the QIO scope of work.
3. Recognize opportunities and resources to strengthen the impact of continuing education afforded by collaboration with QIOs.
4. Link the acceleration and spread of health care quality improvement gains to the value of effective education.
5. Take steps to collaborate with the QIO in your community.

**Methods:** PowerPoint, Handouts, Case Study, Interactive Discussion

**Key Points:** Stakeholder voices grow louder and more insistent in their legitimate demands for accountability to quality and effectiveness in today's health care environment. Despite extraordinary medical and technical advances, committed healthcare workers, and rich resources, our health care system fails to consistently deliver the right care for every person, every time. Quality Improvement Organizations (QIOs) are charged with working towards a system that does deliver safe, effective, patient-centered, timely, efficient, and equitable health care. Continuing education is a fundamental tool to achieve this vision, teaching how to build better systems and processes for workers and patients, and accelerating the spread of proven approaches. Currently, educational resources are aligned towards four thematic strategic areas: Adoption of Health Information Technology, Performance Measurement and Reporting, Process/System Redesign, and Organizational Culture Transformation. QIOs are poised and eager to form collaborative relationships with individuals and organizations that share a commitment to making major, rapid changes that produce breakthrough results: lower costs and better outcomes for patients. Examples of collaborative education endeavors, lessons-learned from those experiences, and how mutual interests were served, will illustrate the inherent link between continuing education and quality improvement.

**Recommended Reading:** The Quality Improvement Organization Program found online at <http://www.medqic.org/dcs/ContentServer?cid=1105558772315&pagename=Medqic/MQGeneralPage/GeneralPageTemplate&c=MQGeneralPage>.

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**NOTES**

**S31, Breakout**

**(Cancelled)**

**CME Provider Staff Development Program to Enhance Stakeholder Relationships  
(Partnering)**

**Rebecca Finley, PharmD**

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**Debra Mayo, MHA**

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**Ellen Bridy, MSN**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will interest CME professionals at all levels and CME supporters.

**Objectives:** At the completion of this session, participants will be able to **1)** list stakeholders in the CME process and define the scope of their interests and relationships including the regulatory, accreditation, and ethical issues which influence these relationships, **2)** describe how improved staff awareness of stakeholder interests can enhance the effectiveness of educational programs), **3)** develop specific objectives of a staff development program to enhance awareness of stakeholder interests, **4)** identify effective methods to achieve program objectives, **5)** design a method for assessing the effectiveness of the program, and **6)** recommend organizational policies and procedures to enhance stakeholder relationships.

**Methods:** Presenters will review their experience with the implementation and evaluation of a staff development program to enhance staff awareness of stakeholder interests and relationships. Participants will be encouraged to engage in interactive discussion regarding how provider organization may influence the structure and success of such a program and to identify challenges in achieving program objectives.

**Key Points:** Stakeholders in the CME process include patients (and the general public), health care professionals, faculty, CE planners and accredited providers, accrediting organizations, state licensing boards, certification boards, supporters, and regulatory agencies. Each of these groups has specific interests and rules that influence their scope of involvement in the CME process; however, the objective of all stakeholders is to optimize patient safety and benefit. Enhanced awareness and understanding of stakeholder interests should improve communication, educational effectiveness, and adherence to accreditation and regulatory standards as well as identify opportunities for organization improvement.

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**NOTES**

**S32, Mini-Plenary**  
**11:15 am – 12:15 pm, Saturday**  
**Grand Canyon 1-8/1**

**International CME Update**  
(Administrative/Management)

**Harry Gallis, MD**

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**Honorio Silva, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** CME professionals interested in learning about current and emerging developments in international CME

**Objectives:** Participants will be able to:

- Explain international, national and intranational accreditation and credit systems
- Articulate the current status of and regulation of commercial support internationally
- Identify opportunities for reciprocity of credit in and outside the US

**Methods:** Panel presentations and audience participation in Q & A session

**Key Points:** Participants will leave this session knowing more about European, South American and other international countries:

- Accreditation systems and requirements
- Credit systems and reciprocity between countries
- Regulation of commercial support and more . . . .

**Recommended Reading:** For the latest information on international, national and intranational European CME/CPD visit [www.uems.net](http://www.uems.net).

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**NOTES**

**S33, Breakout**  
**11:15 am – 12:15 pm, Saturday**  
**Pinnacle Peak 2/2**

**Group Techniques: Involving Stakeholders in Collaborative Planning**  
(Partnering)

**Patricia Enmon, MHA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will interest CME professionals who are responsible for the planning function at the Beginner or Intermediate levels.

**Objectives:** At the completion of the session, participants will be able to **1)** design collaborative planning strategies, **2)** apply two specific group techniques to directly involve stakeholders, and **3)** use planning process as a basis for further collaboration.

**Methods:** An informational presentation will be followed by a live demonstration of application of group techniques (i.e. focus group and gap analysis) to apply these methods to a design for collaborative planning with direct involvement of stakeholders.

**Key Points:** Although learners may understand that they have a stake in the process of continuing education, they need opportunities for direct involvement in planning CME activities. They are more likely to participate if they have an interactive process for input which respects their concern about limited time availability.

**Recommended Reading:** Rossett, A., *Fast Things Fast: A Handbook for Performance Analysis* (1998) Jossey-Bass, San Francisco and Krueger, R, Casey, M, *Focus Groups—A Practical Guide for Applied Research* (2000) Sage Publications, Thousand Oaks, CA.

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**NOTES**

**S34, Breakout**  
**11:15 am – 12:15 pm, Saturday**  
**Pinnacle Peak 3/2**

**Mitigating Risk of Collaborative Initiatives**  
(Partnering)

**Suzanne Murray**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session be of interest to CME providers from medical societies, universities, industry and private companies at all levels in all providers groups.

**Objectives:** At the end of the session, participants will be able to **1)** visualize a model of collaboration, **2)** identify key systems stakeholders for the collaboration, and **3)** outline the steps to establish a truly collaborative initiative.

**Methods:** First, models of collaboration and pitfalls of these will be reviewed with all participants. The audience will be invited to propose modifications that would address the pitfalls of existing models. A comprehensive model of collaboration will then be presented and discussed along with concrete examples of the application of this model and the ensuing outcomes.

**Key Points:** Understanding a collaborative model for health education initiatives and the steps to applying that model are critical to achieving successful results. Collaborative initiatives must be managed from a systems perspective to include partnering, education best practices and project management best practices in order to mitigate risk.

**Recommended Reading:** Glanz, K., B. K. Rimer, et al. (2002). Health Behavior and Health Education: Theory, Research, and Practice. San Francisco, Jossey-Bass.

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**NOTES**



**S35, Breakout**  
**11:15 am – 12:15 pm, Saturday**  
**Desert Suite I/2**

**Evaluation Framework: Using Quality Improvement Methodology to Inform Strategic Decision Making**  
(Performance Measurement)

**Lara Slattery, MHS**

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**Marcia Jackson, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will interest CME professionals and health providers with responsibility for evaluating educational activities at the intermediate level.

**Objectives:** At the completion of the session, participants will be able to **1)** apply principles of quality improvement in constructing an evaluation framework, **2)** select appropriate data collection methods as part of the evaluation process, **3)** analyze data to develop recommendations, and **4)** understand evaluation as a key data source in needs analysis for strategic decision making.

**Methods:** Brief informational presentations by instructors will discuss basic principles of quality improvement with an emphasis on Donabedian's model focused on structure, process and outcomes and the application of this model to developing an evaluation framework. Presentations will discuss various data collection methods, including strengths and limitations of each method. Finally, the instructors will discuss the importance using evaluative data as part of needs analysis in developing an organization's portfolio of educational offerings.

**Key Points:** Evaluation of educational activities is an integral component to both improving individual educational offerings and informing strategic decision making in developing organizational education portfolios.

**Recommended Reading:** Altschuld JW, Witkins BR. From Needs Assessment to Action: Transforming Needs Into Solution Strategies (1999) Sage Publications Inc, Thousand Oaks, CA.

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**NOTES**

**S36, Breakout**  
**11:15 am – 12:15 pm, Saturday**  
**Grand Canyon 13/1**

**The Role of CME Professionals in Developing Physician Leaders**  
(Adult/Organizational Learning Principles)

**Nicole Roberts, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will be of special interest to CME providers of all levels of experience, working with a variety of provider groups, including health systems, hospitals, and medical schools.

**Objectives:** At the end of this session, participants will be able to **1)** identify stakeholders in the issue of physician leadership, **2)** identify the likely interests of those stakeholders, and **3)** articulate a role for CME providers within their organizations in developing physician leaders.

**Methods:** Following a brief presentation of the results of a recent study of leadership development in organizations, which show a lack of involvement of CME professionals in this particular educational enterprise, session facilitators will lead a discussion to reveal stakeholders on the issue of physician leadership in participants' institutions, identify the likely interests of those stakeholders in the area of physician leadership, and develop strategies to ensure that CME professionals are involved with the leadership development of physicians. Participants will have the option of receiving a summary of the discussion after the meeting.

**Key Points:** CME professionals have educational expertise to contribute to an increasingly important area of physician education, leadership development. It is important for these professionals to develop strategies to ensure their inclusion in this process.

**Recommended Reading:** Roberts, N.K. (2005). Transaction and Physician Leadership Development in Large Multi-Specialty Clinics: A Grounded Theory. Doctoral Dissertation, University of Illinois at Urbana-Champaign.

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**NOTES**

**S37, Breakout**  
**11:15 am – 12:15 pm, Saturday**  
**Grand Sonoran A-B/1**

**Application of Educational Outcomes Measurement: From Assessment of Learning to Behavioral Change**  
(Educational Interventions)

**Harold Magazine, PhD**

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**Stephen Valerio, MS**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Keypads donated by Meridia Audience Response**

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

**Objectives:** At the end of this breakout session, participants will be able to use educational outcomes measurement (EOM) to: **(1)** design a progressive program tailored to evaluate achievement of specific learning objectives, **(2)** identify areas of learning that require further emphasis, **(3)** evaluate persistent learning, and **(4)** assess behavioral changes by focus-group evaluation.

**Methods:** This session will be an interactive lecture with opportunity for audience feedback. Presenters will share the methodology and results of a progressive CME initiative that evaluated immediate and persistent participant learning by assessment of responses to clinical assertions, case studies, and questionnaires directed at participant and nonparticipant focus groups.

**Key Points:** The majority of EOM methodology that is currently utilized assesses immediate learning. While this is an important foundation, CME seeks to educate healthcare providers to ultimately improve patient and public health. This session will describe the use of EOM including immediate learning, persistent learning, and focus-group measurement data to evaluate the educational impact of a CME initiative.

**Recommended Reading:** 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.

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**NOTES**

**S38, Breakout**  
**11:15 am – 12:15 pm, Saturday**  
**Grand Sonoran C-D/1**

**Milestones to Accountability: Exploring Best Practices in CME Partnerships**  
(Partnering)

**Dixie Blankenship**

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**Andrew Urban, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will be of interest to all staff members from CME providers, medical education companies, and pharmaceutical corporations who are interested in exploring how CME providers and their partners can demonstrate practical accountability related to the commercial support funds that have been entrusted to them.

**Objectives:** At the completion of this session, participants will be able to: **(1)** identify best practices related to achieving milestones in CME projects funded by commercial interests, and **(2)** implement measures that will be useful in promoting accountability between partners working on continuing medical education activities funded by commercial interests.

**Methods:** First, a brief case study will be presented to help frame the issue of partner accountability related to joint sponsorship projects funded by commercial interests. Second, panel members will share their perspectives and concerns related to achievement of milestones that are linked to release of funds from a commercial interest. Third, the instructors will engage in a discussion with members of the audience in an effort to identify best practices related to milestones and accountability.

The instructors will address the following questions during this discussion: **(1)** Are there measures that can be put into place that will foster accountability without raising concerns of commercial bias? **(2)** What are the implications for CME providers and their partners if funds are withheld because accountability milestones are unmet? **(3)** Given the practical concerns related to the release of large sums without assurances that they will be used optimally, what recommendations should be forwarded to ACCME related to potential updates to the Standards for Commercial Support? **(4)** What are appropriate incentives for milestone achievement and/or disincentives for underperforming?

**Key Points:** Pharmaceutical corporations and device manufacturers want assurance that the dollars they award to CME providers and their partners are spent in an ethical and appropriate manner. Letters of agreement rarely specify milestones that would hold CME providers accountable for how the funds are spent. The instructors are interested in identifying best practices that potentially link milestones to release of funds in ways that comply with all of the appropriate rules and regulations that govern the industry and that will assure the public that education remains free of commercial bias.

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**NOTES**

**S39, Breakout**  
**11:15 am – 12:15 pm, Saturday**  
**Grand Canyon 9-10/1**

**Intra-Organization Collaboration**  
(Leadership)

**Robin Arndt, BA**

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**Barbara Anderson, MS**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** At the conclusion of this session, participants will be able to **1)** define the role of the accredited provider in establishing clear procedures for Department CME Liaisons, **2)** recognize perceived and actual challenges in implementing exemplary CME activities using collaboration between an accredited provider and a department CME Liaisons, and **3)** develop an action plan designed to improve compliance with ACCME Essential Areas & Elements.

**Methods:** Presenters will provide a brief historical perspective leading to the development and implementation of an action plan designed to improve communication between an accredited provider and numerous Department CME Liaisons. In addition to presenting data collected, tools will be made available to assist in the development of an attendees own action plan. We encourage representatives from both CME offices and department coordinators to attend this session together in order to begin development of their own action plan.

**Key Points:** Introduce strategies for improving communication and compliance with ACCME Essential Areas & Elements. Provide usable tools for organizations to take away from the breakout.

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**NOTES**

**S40, Breakout**  
**11:15 am – 12:15 pm, Saturday**  
**Desert Suite II/2**

**The Postgraduate Medical Education College (PMEC)**  
(Systems Thinking)

**William Haning, III, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** All potential participants at all experience levels and provider groups

**Objectives:** At the completion of the session, participants will be able to: **1)** identify ten (10) stakeholders, collaborators, and sustainers in development of a new collegiate model for training and evaluating community physicians, **2)** extrapolate from the presented model to their own institutional setting and assess suitability of importation of such a model for their community needs, **3)** identify the formats and templates required for conforming such a model to CME sponsorship guidelines, **4)** describe four (4) justifications for developing such a model, for employment in discussions with licensure boards, accreditation commissions, the physician practice community, and community financial sponsors, **5)** identify two (2) areas of professional development facilitated by the PMEC which go beyond the conventional expectations of skills development and maintenance, and **6)** contribute to evolution of this CME-delivery system through their participation in a survey.

**Methods:** A brief informational presentation by the instructor will describe the historical premises for a coordinated series of interventions in the realm of life-long learning. In working from a developing model for institutionally-centered life-long learning at the John A. Burns School, the instructor will enlist the audience in a step-wise critique of the philosophical justification for the College and the challenges to implementation in a community accustomed to existing CME models. Open discussion will focus on the strengths and challenges entailed in use of an extant Problem-Based Learning (PBL) curriculum as the core instructional process in this initiative.

**Key Points:** Present models for CME largely default operationally to disparate topics, arrayed in individual presentations or, at best, serialized formats. An institutional model for CME can develop from existing undergraduate and graduate curriculae that provides enlistment in and systematized support for lifelong training and evaluation.

**Recommended Reading:** The Postgraduate Medical Education College of the John A. Burns School of Medicine (invited submission, Hawaii Medical Journal, publication date 2006 TBD).

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**NOTES**

**S41, Breakout**  
**11:15 am – 12:15 pm, Saturday**  
**Grand Canyon 11-12/1**

**Physician Performance Improvement: A Case Example in a Malpractice Environment**  
(Educational Interventions)

**Stephen Farber**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The session will interest CME professionals and health providers who want to design a performance improvement initiative in their organization.

**Objectives:** At completion of the session, participants will be able to **1)** recognize resources within their own organizations that could be transitioned from the paradigm of *mass* CME delivery to *individualized* CME delivery, **2)** develop an outline for a web-based system that will assist physicians in determining gaps in knowledge and/or performance, **3)** designate specific criteria for physicians to develop a personalized learning plan to address knowledge gaps, and **4)** support physicians in charting individual educational progress.

**Methods:** An informational presentation by the instructors will introduce participants to the development of a pilot performance improvement program in a medical malpractice setting. A question and answer session will follow.

**Key Points:** Opportunities exist for organizations to develop performance improvement initiatives that transition the delivery of existing programs and resources into an individualized format. Such initiatives give the physician-learner more authority—but also supports physician leadership and accountability—with regard to identifying needs, seeking out the appropriate education, and implementing practice changes. NORCAL's pilot performance improvement program can serve as a model for other organizations.

**Recommended Reading:** American Medical Association. AMA Physician's Recognition Award 2006 Revisions. Available at: <http://www.ama-assn.org/ama1/pub/upload/mm/455/pa2006.pdf> Accessed: January 24, 2006.

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**NOTES**

**S42, Breakout**  
**11:15 am – 12:15 pm, Saturday**  
**Desert Suites IV & VI/2**

**Mobile Learning: Podcasting as a Cost-effective, User-centric CME Tool**  
(Educational Interventions)

**Susan Cantrell, RPh**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** At the completion of this session, participants will be able to: **(1)** explain the benefits of mobile delivery of CME content from the perspectives of both the physician participants and the CME provider, **(2)** outline the key principles for developing and implementing CME programs for delivery via mobile devices, and **(3)** compare educational outcomes of a Podcast CME activity with those of other educational formats that use similar content.

**Methods:** Presenters will provide brief presentations followed by case studies. The session will conclude with an interactive question and comment period featuring panel and participant interaction.

**Key Points:** Physicians in forty two states are required to obtain continuing medical education in order to maintain their licensure. Research has shown that physicians are early adopters of technology and more than fifty percent use mobile devices, such as personal digital assistant devices, in their daily practices. Delivery of CME activities via formats compatible with portable devices was deemed to be a convenient and cost-effective option for delivering CME programs. This session will describe the process of implementing Podcast CME activities and will present data regarding user satisfaction and educational outcomes associated with this format.

**Recommended Reading:** Cochrane T. Podcasting: The Do-It-Yourself Guide. 1<sup>st</sup> Edition. Indianapolis, IN: Wiley Publishing, Inc. 2005.

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**NOTES**



**S43, Breakout**  
**11:15 am – 12:15 pm, Saturday**  
**WildflowerA-C/2**

**Applying for Educational Grants in 2007**  
(Administrative/Management)

**Patsy Barker**

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**Martha Hoag, CMP**

Mayo Clinic College of Medicine-Rochester, tel: 507/266-5045, mailto:[hoag.martha@mayo.edu](mailto:hoag.martha@mayo.edu)

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will interest CME professionals within all provider groups at all experience levels.

**Objectives:** At the completion of the session, participants will be able to **1)** identify potential contributors to an education course, **2)** apply for grants using the methods set forth by each company, and **3)** produce a comprehensive list of information and data which may be required in the grant application process.

**Methods:** A formal presentation incorporating case studies will sample the variety of grant applications and processes established by companies in compliance with OIG, PhRMA and AdvaMed guidelines. Attendees will be encouraged to share their experiences.

**Key Points:** Grants should be sought from companies who have an interest in the educational subject material offered. Gathering pertinent information ahead of time will facilitate the grant application process.

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**NOTES**

**S44, Breakout**  
**11:15 am – 12:15 pm, Saturday**  
**Grand Sonoran H-I/1**

**Assessing Outcomes: There is more than Satisfaction Involved!**  
(Performance Measurement)

**Christopher Larrison, BA**

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**Robert Fox, EdD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**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, and **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 outcomes with the use of a script concordance test.

**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.

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

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**NOTES**

**S45, Breakout**  
**11:15 am – 12:15 pm, Saturday**  
**Desert Suite VII/2**

**Meeting Healthcare Professionals' Needs through Public Sector and Private Sector Collaboration: Case Study of an Innovative, Web-Based Medicare Part D Educational Initiative**  
(Partnering)

**Jerry Silverman**

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**Sandra Thomas, MBA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will be of interest to continuing medical education professionals at all levels and in all provider groups.

**Objectives:** After this activity, participants will be able to do the following: **1)** identify the benefits and challenges associated with joint sponsorship and partnering relationships; **2)** list practical considerations in identifying and selecting appropriate partners; **3)** describe unique challenges and opportunities associated with public sector partnerships; and **4)** develop a plan that allows for effective collaboration among multiple organizations, both in the public and private sectors.

**Methods:** Using a successful, Web-based, Medicare Part D educational initiative as a case example, this session will present a framework for successful collaborations in developing, accrediting, and implementing CME initiatives with various partners and stakeholders. The instructors will describe the partnerships that were developed in creating the sample activity, explaining the rationale, benefits, and key lessons. Special attention will be focused on the unique challenges and opportunities inherent in working with the public sector. Participant interaction, via the sharing of best practices and Q&A, will be encouraged throughout the session.

**Key Points:** Partnerships provide an opportunity to improve the quality and outcomes of CME activities. Partnering possibilities extend far beyond the traditional joint sponsorships often associated with CME activities. Collaborating with a public sector entity can be a rewarding means of enhancing the credibility of a CME activity and more effectively reaching and educating healthcare professionals on topics related to public health and policy.

**Recommended Reading:** Spivey BE. Continuing medical education in the United States: why it needs reform and how we propose to accomplish it. J Contin Educ Health Prof. 2005;25(3):134–143.

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**NOTES**

**S46, Breakout**  
**11:15 am – 12:15 pm, Saturday**  
**Grand Sonoran J-K/1**

**Keeping your Finger on the Pulse of Electronic Education: A Best Practice and Practical Guide to Innovation, Collaboration & Outreach**  
(Partnering)

**Colleen Lindlar**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session is suitable for all audiences.

**Objectives:** At the completion of this session, participants will be able to: **1)** Identify modes of repurposing educational content, **2)** Establish guidelines for developing and measuring effectiveness of electronic tools, **3)** Foster and integrate valuable partnerships, **4)** Incorporate new technologies, **5)** Combine CME, non-CME and emerging educational vehicles, and **6)** Generate appropriate audience traffic.

**Methods:** A CME provider, commercial supporter and media vendor will describe their successful collaboration and development of a web portal of repurposed educational materials, highlighting ways to keep the site fresh, incorporate user feedback, measure educational outcomes, generate audiences, and integrate new technologies and medical education partners.

**Key Points:** Developing a web portal of educational activities requires collaboration, experience, feedback, careful planning and forethought. Adding partners and new technologies requires all of the above, as well as patience, open-mindedness, flexibility, and a means of keeping everyone in the loop. The result is an interactive, innovative and ever-expanding educational site.

**Recommended Reading:** Casebeer, Bennett, et al, Journal of Continuing Education in the Health Professions Volume 22, Issue 1, 2002. Pages 33-42.

Leung, Johnston, et al. BMJ 2003;327:1090 (8 November), doi:10.1136/bmj.327.7423.1090.

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**NOTES**

**S47, Provider Section Follow-up Meeting (Medical Specialty Societies)**  
**12:15 – 1:30 pm, Saturday**  
**Grand Sonoran C-D/1**

**Medical Specialty Societies Provider Section**  
(Self-Assessment & Life-Long Learning)

**Rachel Makleff, PhD**

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**Alice Henderson, MEd**

American Urological Association Education and Research, Inc., tel: 410/689-3712, mailto:[ahenderson@auanet.org](mailto:ahenderson@auanet.org)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**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 his 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.

**Recommended Reading:** Alliance for Continuing Medical Education, [www.acme-assn.org](http://www.acme-assn.org).

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**NOTES**

**S48, Intensive  
1:30 – 5:00 pm, Saturday  
Desert Suites III & V/2**

**CME History: Impact on Current Practice and Implications for the Future  
(Leadership)**

**James Leist, EdD**

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**Phil Manning, MD**

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**Dennis Wentz, MD**

WentzMiller & Associates, tel: 970/845-9910, <mailto:dkwentz@aol.com>

**David Davis, MD**

University of Toronto, tel: 416/978-3703, <mailto:dave.davis@utoronto.ca>

**Joseph Green, PhD**

Professional Resource Network, tel: 919/929-9953, <mailto:prn.jgreen@mindspring.com>

**Robert Kristofco, MSW**

University of Alabama-Birmingham, tel: 205/975-4735, <mailto:rkristof@uab.edu>

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This intensive will interest CME professionals from all experience levels and all provider groups.

**Objectives:** At the completion of this intensive, participants will be able to **1)** describe the key historical themes that have influenced the contemporary practice of CME, **2)** identify the key contemporary issues of CME and their historical evolution, and **3)** describe the implications for CME to meet the needs and realities of the future based upon these historical themes.

**Methods:** This intensive is based upon the CME History series in the Almanac and the implications for the future of CME. Each presenter will identify the key historical themes for CME from one of the last five decades and relate the theme to current practice and implications for the future of CME. A panel discussion will follow each of the presentations with an opportunity for interaction from the audience. When the presentations are complete, the audience will be invited to discuss the key issues in small groups facilitated by current CME leaders from a variety of settings and report back to the larger group. Each group will be given one of several thematic issues emerging from this historical analyses and will be asked to draw implications for CME in the future. The panel will comment on the small group reports, which will be summarized by the CME leader/facilitator and shared with the attendees and the profession via the Almanac over the next six months during 2007. Finally, the ACME will publish the original Almanac articles (2006), along with the presentations of the authors (2007) and the implications created by the audience of CME practitioners and leaders (2007) in a possible book in 2008.

**Key Points:** History has implications for the future. CME has been dealing with key issues for several decades, some more successfully than others.. This intensive will identify those key issues and discuss what the profession is doing currently and what needs to be done in the future. As the saying goes, "He who does not study history, shall be condemned to relive it." We want to shape the future of CME based at least partially on a thoughtful reflection of our past.

**Recommended Reading:** Almanac articles on the History of CME in the following issues: September and November, 2005 and January, March, May, July and September, 2006.

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**NOTES**

**S49, Breakout  
1:30 – 2:30 pm, Saturday  
Grand Canyon 9-10/1**

**Putting CME into Perspective: Integrating Education with Other Strategies to Improve Care  
(Leadership)**

**Barbara Barnes, MD**

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**No Relevant Financial Relationships**

**Target Audience:** Physicians new to CME and other CME professionals who are interested in learning about strategies to improve care

**Objectives:** At the completion of this session participants should be able to: **1)** Cite the reasons that CME has a responsibility to integrate its efforts with other strategies to improve care, **2)** Describe the many stakeholders in the healthcare system and articulate their roles and how they have changed over time, **3)** Comprehend systematic processes to evaluate complex healthcare issues to determine the spectrum of interventions required and the relative roles of the various stakeholders, **4)** Delineate how CME can define better its role in order to be realistic about outcomes of education and focus resources on strategies that have the potential for impact, **5)** Articulate the potential strategies for CME, its responsibilities and the factors that determine the relative contribution of education to the change effort, **6)** Describe a systems approach to needs assessment and design of interventions, and **7)** Assess the outcomes of interventions.

**Methods:** This session will be both didactic and interactive offering cases and a root cause analysis exercise.

**Key Points:** What is CME's place as it relates to physician competencies and performance. What must CME do and how can it be done?

**Recommended Reading:** The Continuing Professional Development of Physicians, edited by D. Davis, B. Barnes and R. Fox, AMA Press, 2003.

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**NOTES**

**S50, Breakout**  
**1:30 – 2:30 pm, Saturday**  
**Grand Canyon 11-12/1**

**Developing a CME Policy & Procedure Manual**  
(Administrative/Management)

**Kandi Hatmaker**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout section will be of interest to beginner and intermediate CME professionals from hospital and health system settings.

**Objectives:** Through active participation in this session, the participant should be able to select appropriate content for his/her institution's CME P&P Manual; develop a P&P Manual as a tool to demonstrate consistency in practice, theory and orientation of new staff, committee members and Course Directors; and, create a tool that can lead to compliance with Essential Area 3 – Administration.

**Methods:** The presentation will consist of a didactic portion, with time provided for audience interaction, questions and answers.

**Key Points:** A CME Policy & Procedure Manual is the “bible” of any CME Program. A good CME P&P Manual is based on the ACCME and AMA Guidelines and Essentials that govern the CME world, allowing for interpretation and relevancy to the specific institution in question. The purpose of the activity is to impart knowledge regarding an essential CME component that may stimulate a collaborative initiative within the CME Program and broader organizational structure, thereby fortifying all stakeholders involved in the process. This session is intended to provide a tool for the CME professional to use in designing both structure and content of his/her CME Policy & Procedure Manual. A well-designed P&P Manual, relevant to the specific institution and enforced consistently, offers the opportunity to demonstrate a well-defined CME Program with a process in place that may be used as a point of reference and knowledge. A useful P&P Manual can be used as an educational tool in orienting new staff, committee members and Course Directors in the acceptable standards, methods, and behaviors of the CME Office. It is expected that each participant will leave this session with information and skills that will improve their personal level of competency in CME. Special emphasis will be focused on developing a CME P&P Manual specific to the participant's institutional needs.

**Recommended Reading:**

1. The Physician's Recognition Award and credit system Information for accredited providers and physicians. American Medical Association. 2006 revision.
2. The Continuing Professional Development of Physicians: From Research to Practice. Ed. Davis, David A., Barnes, Barbara E., and Fox, Robert D. Chicago, IL: AMA Press, 2003. 169-190.
3. ACCME® Accreditation Policies Including Information for Provider Implementation. Revised June 6, 2005.

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**NOTES**



**S51, Breakout  
1:30 – 2:30 pm, Saturday  
Grand Sonoran A-B/1**

**Skills Training: You Delivered, They Attended - Did the Patient Care Change?**  
(Educational Interventions)

**Alice Henderson, MEd**

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**Sean Hedican, MD**

University of Wisconsin Medical School-Madison., tel: 608/262-0475, mailto:[HEDICAN@surgery.wisc.edu](mailto:HEDICAN@surgery.wisc.edu)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**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.

**Objectives:** After participating in the breakout, the participants will be prepared to **1)** design follow-up studies with the participants in a skills training activity, **2)** establish innovative ways using modern technology to determine change in patient care and practice, and **3)** develop remediation skills activities on an individual basis as necessary.

**Methods:** PowerPoint and handout presentation of four years accumulated data in outcomes from surgeons completing the hands-on skills training using a variety of collection methods will be accompanied by take-home forms and materials. Methods with the highest success rate will be reviewed as well as those with little or no return value. Audience members are encouraged to bring their questions for discussion and interaction with all participants.

**Key Points:** Professional educators, CME coordinators and physician teacher-educators in surgical specialty societies, hospitals and medical schools are expected to provide surgical skills training to clinical physicians in community practice or hospital settings to keep surgeons up-to-date in their skills. Hands-on skills training courses are designed to meet the needs of the attendees, educationally sound in adult learning principle applications – and the important question is: Did it change the physician's practice and improve patient care? Addressing these challenging questions is the critical element in determining the true outcomes of these courses.

**Recommended Reading:**

1. Oxman AD, Thomson MA, Davis DA, Haynes BR, No Magic Bullets: a Systematic Review of 102 Trials of Interventions to Improve Professional Practice, CMAJ 1995; 153: 1423-1431.
2. Thomson O'Brien MA, Freemantle N, Oxman AD, Wolf F, Davis DA, Herrin J. Continuing Medical Education Meetings and Workshops: Effects on Professional Practice and Health Care Outcomes (Cochrane Review) in The Cochrane Library, issue 4. Chichester, UK: Wiley, 2004.

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**NOTES**

**S52, Breakout  
1:30 – 2:30 pm, Saturday  
Desert Suite I/2**

**Maximizing Educational Impact through Collaboration  
(Partnering)**

**Shira Berman**

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**Amy Nadel**

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**Cyndi Grimes**

Medscape, LLC, tel: 212/301-6730, mailto:[cgrimes@medscape.net](mailto:cgrimes@medscape.net)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** Intermediate/Advanced – this breakout will be of interest to all provider groups that **(1)** have an interest in creating partnerships with external organizations or **(2)** who have experience with partnerships and are looking for more options available in collaborating.

**Objectives:** At the conclusion of this session participants will be able to: **(1)** determine criteria for partner selection; **(2)** identify ways to meet challenges related to collaborations, and **(3)** describe the value and desired outcomes of collaborations to maximize mutual educational objectives.

**Methods:** **(1)** A process for collaboration will be presented including partner selection, program implementation and evaluation. Case studies will be utilized. **(2)** During group discussion, participants will be encouraged to share their collaborating experiences, including challenges encountered and successful resolutions.

**Key Points:** **(1)** As CME continues to evolve, partnership with providers and external partners will need to evolve and meet the challenges of collaboration. **(2)** Successful collaborations are well defined and require planning and continual evaluation.

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**NOTES**

**S53, Breakout**  
**1:30 – 2:30 pm, Saturday**  
**Pinnacle Peak 2/2**

**Using e-Portfolios to Support Self-Directed Learning That Improves Performance**  
(Self-Assessment and Life-Long Learning)

**Mindi McKenna, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will benefit CME professionals of all experience levels / practice settings.

**Objectives:** After this session participants will be able to **1)** describe advantages and challenges associated with use of e-portfolios for self-directed learning and improvement, **2)** identify potential criteria to consider when selecting or designing an e-portfolio system, and **3)** develop an action plan for selecting or designing, implementing, and measuring e-portfolios for self-directed learning and improvement.

**Methods:** The presenter will demonstrate various e-portfolio systems, highlighting advantages and challenges they offer when used as a tool for self-assessment, learning and performance improvement. Potential criteria for evaluating their utility will be suggested, and considerations for use by physician learners and by CME professionals will be explored. Participants will discuss how they can select or design, implement, and measure the impact of an e-portfolio system in their own context. The handout will include a recap of key concepts, an extensive reference list including many e-portfolio vendors and practical tips about gaining support for their use among physician learners and CME professionals.

**Key Points:** To engage in self-directed, lifelong learning, physicians and CME professionals need tools that enable them to efficiently and appropriately assess their learning needs; set learning goals and performance improvement goals; and track progress toward those goals. Electronic portfolios are gaining popularity as a tool for doing just that. CME professionals have a responsibility to consider the potential utility of such tools for use by physicians and for their own self-assessment and lifelong learning.

**Recommended Reading:**

1. Parboosingh, J. T. Learning portfolios: Potential to assist health professionals with self-directed learning. (1996). Journal of Continuing Education in the Health Professions, 16: 75-81.
2. Slotnick, H.B. How doctors learn: Physicians' self-directed learning episodes. (1999) Academic Medicine, 74:1106-17.
3. Frankford, D. M., Patterson, M. A. & Konrad, T. R. Transforming practice organizations to foster lifelong learning and commitment to medical professionalism. (2000) Academic Medicine, 75 (7): 708-17.
4. Mann, K.V. & Gelula, M.H. How to facilitate self-directed learning. In: Davis, D.A., Barnes, B., & Fox, R.D. (eds. ) The continuing professional development of physicians. (2003) Chicago: American Medical Assn Press.

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**NOTES**

**S54, Breakout  
1:30 – 2:30 pm, Saturday  
Grand Sonoran C-D/1**

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

**Gil Golden, MD**

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**Michael Lemon, MBA**

Postgraduate Institute for Medicine, tel: 720/895-5329, mailto:[mlemon@pimed.com](mailto:mlemon@pimed.com)

**Laura Muttini, MBA**

TAP Pharmaceutical Products Inc., tel: 847/582-2203, mailto:[laura.muttini@tap.com](mailto:laura.muttini@tap.com)

**Lawrence Sherman**

Physicians Academy, tel: 212/984-0711, mailto:[ls@physiciansacademy.com](mailto:ls@physiciansacademy.com)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Audience response technology to be provided by Vistacom Information Systems, Inc.**

**Target Audience:** This session should be of interest to all conference attendees, from beginner to advanced experience levels, as well as CME professionals in all provider groups.

**Objectives:** At the conclusion of this presentation, 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, **2)** demonstrate a greater competency in the profession of CME, **3)** discuss relevant guidelines and standards as they apply to the profession of CME, and **4)** describe instances where there is a confluence of regulations governing a single activity.

**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. Participants will be guided through a series of questions that will provoke discussions about issues of interest to all stakeholders in the CME enterprise.

**Key Points:** In this session, 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.

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**NOTES**

**S55, Breakout  
1:30 – 2:30 pm, Saturday  
Desert Suite II/2**

**Using Professional Development Contract for Independent and Collaborative Learning about CME  
(Self-Assessment and Life-Long Learning)**

**Mike Saxton, MEd**

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**Eric Wyrosdic, BS**

Wyeth Pharmaceuticals, tel: 484/865-5340, mailto:[wyrosdie@wyeth.com](mailto:wyrosdie@wyeth.com)

**Robert Fox, EdD**

University of Oklahoma, tel: 405/329-1291, mailto:[rfox@ou.edu](mailto:rfox@ou.edu)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will interest all CME professionals and health providers in industry and education, who work to develop their staff in the core competencies of the ACME

**Objectives:** At the completion of the session, participants will be able to **1)** Use a triangulated strategy for needs assessment of staff related to key competencies for the continuing professional development of health professionals, **2)** Engage in collaborative planning related to individual and group needs, **3)** Develop professional development contracts tied to performance standards, **4)** Evaluate outcome related to CPD of professional staff, and **5)** Use tools to accomplish these objectives.

**Methods:** Using interactive discussions and hands on practice, participants will participate in needs assessment, contract development and collaborative planning activities, followed by small lectures on principles and supporting literature.

**Key Points:** Competency is at the heart of professional practice. Professional staff, working in continuing professional education in commercial support organizations have needs associated with their competence that can be met collaboratively by planning for group and individual needs to specific duties based on continuing professional development contracts.

**Recommended Reading:** Davis, DA, Barnes, B. and Fox, RD, The Continuing Professional Development of Physicians (2003), American Medical Association Press.

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**NOTES**

**S56, Breakout  
1:30 – 2:30 pm, Saturday  
Grand Sonoran H-I/1**

**Two Birds with One Stone: Collaborating with QIS to Measure Outcomes  
(Partnering)**

**Kelly Cuson, BS**

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**David Dawdy, MD**

Columbus Children's Hospital, tel: 614/722-4901, mailto:[wddawdy@aol.com](mailto:wddawdy@aol.com)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will interest all levels of CME professionals working in a hospital environment or other health care system.

**Objectives:** At the completion of this session, participants should be able to **1)** identify opportunities to collaborate with Quality Improvement Services (QIS) to achieve common education goals, **2)** create innovative educational opportunities by utilizing systems already in place, and **3)** perform a high-level CME outcomes study using existing resources.

**Methods:** Presenters will share their experience collaborating with their institution's QIS department to facilitate innovative learning and a high level outcome study.

**Key Points:** Hospital and Health Care environments provide an inherent opportunity to perform high level outcomes studies because of the collection of clinical data. By collaborating with internal systems that collect and report on this data, CME professionals can utilize this data to assess physician behavior, provide innovative educational opportunities that modify behavior, as well as perform high level outcomes studies which objectively measure changes in physician behavior. The presenters will explain their experience collaborating with QIS to provide effective Sentinel Event education, including staff meetings, Grand Rounds presentations, and a Sentinel Event regularly scheduled activity, and an objectively measured outcomes study. Providers in the health care environment can use the presenters' collaboration experience as a model to identifying systems within their own institution which can be utilized to produce mutual benefits. The presenters will provide tools to assist participants in this endeavor.

**Recommended Reading:** ACME Almanac; Volume 27, No. 10, October 2005.

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**NOTES**

**S57, Breakout  
1:30 – 2:30 pm, Saturday  
Desert Suites IV & VI/2**

**SimScenario: Improving Physician-Patient Communications using Simulation Technology**  
(Adult/Organizational Learning Principles)

**Gregory Long, PE**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will interest all participants investigating either improving physician-patient communications or the use of simulation technology to improve soft skills to address core competencies for Maintenance of Certification (MOC) and/or CME requirements.

**Objectives:** At the completion of the session, participants will **1)** understand softskills branching simulation technology, and **2)** understand how patient-physician communications can be improved using technology.

**Methods:** Combination of presentation and demonstration with interactive group discussion engaging the participants to better understand how to apply simulation technology to softskills applications.

**Key Points:** Branching simulation technology can be used for developing softskills. Physician-patient communications can be improved by use of honing decision making skills.

**Recommended Reading:** Schank, Roger. Virtual Learning (1997) McGraw-Hill, Nyew York, NY.

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**NOTES**

**S58, Breakout  
1:30 – 2:30 pm, Saturday  
Grand Canyon 13/1**

**Train-the-Trainer Programs: Rapidly Spreading Preparedness and Other Competencies**  
(Educational Interventions)

**Elizabeth Krajic Kachur, PhD**

Medical Education Development, tel: 212/982-8436, <mailto:mededdev@earthlink.net>

**Joanne Thompson Pearsol, MA**

Ohio State University; tel: 614/292-1085, <mailto:jpearsol@sph.osu.edu>

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will interest CME professionals who are contemplating or are actively engaged in Train-the-Trainer (TTT) programs. It will also interest those who are involved in preparedness training since such examples will be featured.

**Objectives:** At the completion of the session participants will be able to: **1)** summarize the current literature on TTT programs; **2)** discuss the opportunities and challenges inherent in TTT programs; **3)** plan strategies to maximize capacity building and networking; and **4)** compare preparedness programs with other TTT efforts.

**Methods:** After a brief review of the literature participants will be familiarized with two TTT programs that were designed for preparedness training. In small and large group exercises they will then develop strategies for maximizing capacity building and networking. The session will end with a quick review of TTT program evaluation issues.

**Key Points:** TTT programs are a valuable strategy for enhancing reach but they are more complex than first might be assumed. Maximizing effectiveness and efficiency requires recruiting the right participants, enhancing content expertise as well as instructional skills, providing adequate support and long-term follow-up.

**Recommended Reading:** D'Eon MF, AuYeung D. Follow-up in train-the-trainer continuing medical education events. J Contin Educ Health Prof 2001; 21(1):33-39.

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**NOTES**



**S59, Breakout  
1:30 – 2:30 pm, Saturday  
Desert Suite VII/2**

**Dr. Google, Mini-Med School, and the News: If they Won't Come to us – We Need to go to Them**  
(Educational Interventions)

**Michael Evans, MD**

University of Toronto, tel: 416/978-5605, mailto:[michael.evans@utoronto.ca](mailto:michael.evans@utoronto.ca)

**Tupper Bean, MBA**

Centre for Effective Practice, tel: 416/ 978-5605, mailto:[tupper.bean@effectivepractice.org](mailto:tupper.bean@effectivepractice.org)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** CME professionals and interdisciplinary healthcare providers interested in developing self-care resources for patients

**Objectives:** **1)** To expose participants to a wide variety of public education tools, **2)** to review data on design and implementation gathered thus far, and **3)** to review key literature in patient education and self-management

**Methods:** Participants will be exposed to the recent literature, key challenges and real life experiments in public education. A key example will be HealthyOntario.com and the Diabetes Self Management Centre. The site won the 2004 “Webby” as the best government website in the world. A special emphasis will be placed on the process of engaging the public, the government, academia, and various clinicians in multi-stakeholder interventions.

**Key Points:** As with clinicians and healthcare delivery, there is no magic bullet for optimising self-management. Creating programs that have a strong “social marketing” aspect can often engage consumers into quality health managing.

**Recommended Readings:** Chodosh J. et al; Meta-Analysis: Chronic Disease Self-Management Programs for Older Adults. Annals of International Medicine, September 20, 2005; 143 (6): 427-438.

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**NOTES**

**S60, Breakout  
1:30 – 2:30 pm, Saturday  
WildflowerA-C/2**

**Best Practices in Resolving Conflict of Interest – Joint Sponsorship Collaboration: Featuring a Case Study in  
Disclosure Collection and Resolving Conflict of Interest  
(Administrative/Management)**

**Bonnie Kohler, CMP**

University of Minnesota, tel: 612/626-7893, mailto:[bkohler@umn.edu](mailto:bkohler@umn.edu)

**Karen Thomas, BSBA**

American Association of Cancer Research, tel: 215/440-9300, ext. 219, mailto:[KThomas@aacr.org](mailto:KThomas@aacr.org)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will interest CME professionals who are at any experience level.

**Objectives:** At the completion of this session, participants will be able to **1)** Identify and establish best practices between the stakeholder partners in CME, **2)** Analyze and formulate disclosure and conflict of interest tracking processes that can be customized for your own institution, and **3)** Identify and understand the relationship requirements of successful collaborations to better focus on creating opportunities instead of obstacles.

**Methods:** Presentation of data collected from a variety of CME providers and educational partners will be presented as well as data collected from faculty regarding their overall experience related to disclosure collection and conflict of interest resolution. In addition to the data presented, a case study example of collaboration between a CME provider and educational partner will be presented as an example of best practices in disclosure collection and resolving conflict of interest.

**Key Points:** CME providers and educational partners must establish clear communication and determine roles and responsibilities of each stakeholder. Goals and objectives of the collaboration must be established in the beginning which directly impacts the educational outcomes of the activity.

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**NOTES**

**S61, Breakout  
1:30 – 2:30 pm, Saturday  
Desert Suite VIII/2**

**Handheld Registration of Competencies: A Tool for Physician and Administrator  
(Performance Measurement)**

**Merete Ipsen, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The session will be of interest to CME professionals at all experience levels.

**Objectives:** This presentation will offer an opportunity to gain knowledge of

- 1) Designing a competency registration program
- 2) Pros and cons for the physician and for the administrator (and other stakeholders)
- 3) The learning curve for each individual physician

**Methods:** Presentation of a project where physicians recorded pre-determined competencies during a three- or six-month period. More experienced physicians co-signed and thereby accepted each registration. The data was used to follow the educational development of each physician and to monitor the learning environment.

**Key Points:** PDA-based registration of education is a great tool for self-assessment. One of the strengths is the “on-the-spot” registration. Furthermore, it is a valuable tool for an administrator to survey the educational status of physicians.

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**NOTES**

**S62, Breakout**  
**1:30 – 2:30 pm, Saturday**  
**Grand Sonoran J-K/1**

**Standardizing Learner Surveys across the Enterprise**  
(Performance Measurement)

**Francis Kwakwa, MA**

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**Valerie Smothers, MA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will interest CME professionals at all levels.

**Objectives:** At the completion of this session, participants will be able to: **1)** adopt strategies to improve the collection of consistent evaluation data from learners, and **2)** adopt strategies to improve the analysis of evaluation data across the CME enterprise.

**Methods:** Informational presentations by instructors will provide an overview of technology standards and standardized learner surveys to support collection of consistent, core evaluation data as well as opportunities for analysis across activities. Group discussion will allow participants to describe their current learner surveys and approaches to analysis of evaluation data.

**Key Points:** A set of consistent survey questions is needed to support the collection of consistent CME evaluation data across large CME enterprises using multiple modalities, systems, and business partners. With this core data, CME providers have new opportunities for analyzing data and evaluating activities across the program and the program as a whole.

**Recommended Reading:** Medbiquitous Metrics Working Group Charter,  
[http://www.medbiq.org/working\\_groups/metrics/MetricsWorkingGroupCharter.pdf](http://www.medbiq.org/working_groups/metrics/MetricsWorkingGroupCharter.pdf).

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**NOTES**

**S63, Breakout**  
**1:30 – 2:30 pm, Saturday**  
**Pinnacle Peak 3/2**

**Discussion of a Successful Complex Collaboration on an Example of a CME Initiative Focused on Overcoming the Barriers to Vaccine Use in Pediatric Population**  
(Partnering)

**Mila Kostic, BA**

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**Amanda Pauley, BA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** At the completion of the session, participants should be able to **1)** review the benefits of and necessity for a collaborative approach to CME in today's environment; **2)** competently assess their organization's strengths and seek partners that can complement their educational missions; **3)** prepare to effectively manage collaborative projects with complex dynamics by keeping the educational goals and objectives in sight; **4)** apply shared experiences and networking opportunities to advance their own overall CME Program and to raise the quality of the CME community;

**Methods:** Case-based interactive presentations will be used to demonstrate and analyze a complex and effective partnership model from the point of view of multiple stakeholders and to initiate discussion and sharing of successful collaborative examples among participants.

**Key Points:** With the huge increase in the quantity of available continuing medical education offered, CME has, in a way, become another element in the ever-increasing challenges placed on the practicing physician's time. Emphasis has been placed on higher quality, credible, need- and evidence-based education that acknowledges individualized preferences in learning styles and methodology, as well as demonstrates its effectiveness by measured change in clinical practice and patient outcomes. During this session, an example will be shared with the participants of a complex collaborative CME initiative in which multiple and diverse educational missions were met during a project in the public health domain. Discussion will focus on the strengths of each stakeholder, as well as on identifying and overcoming barriers to successful and effective collaboration, as a means of facilitating improvements in the CME profession and the health care.

**Recommended Reading:** Slotnic HB,, Shershneva MB, Use of Theory to Interpret Elements of Change, J Contin Educ Health Prof. 2002; 22(4):197-204.

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**NOTES**

**S64, Breakout**  
**2:45 – 3:45 pm, Saturday**  
**Pinnacle Peak 2/2**

**Innovation in Collaboration: The Paradigm for the Future in Research Partnership between  
Multiple Public and Private Organizations**  
(Partnering)

**Suzanne Murray**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** All

**Objectives:** This breakout is designed to highlight the success and challenges experienced by eleven profit and not-for-profit organizations working together. The multi-organizational panel (including representatives from the research, medical, commercial, and government partners) will speak regarding the learnings that emerged and the value of this type of approach. Specifically, the model used to identify and agree upon clear research outcomes that supported the objectives of all stakeholders will be shared. The session further address the legal and ethical considerations that must be taken into account when traditionally competitive groups select to work together in unison.

**Methods:** The interactive multidisciplinary panel representing public, private and academic organizations, will speak regarding the issues that built and maintained this innovative collaboration. Specifically, they will present highlights of the research conducted that illuminated challenges and issues faced by physicians in assessing their own learning needs, information and knowledge management, e-learning and technology. Participants will be encouraged through small group breakouts to identify best practices in establishing a successful collaborative partnership, using a template to define mutual goals, structure, roles and responsibilities.

**Key Points:** In order to ensure credible, ethical and successful research outcomes in a collaborative model, there are critical processes that need to be incorporated to balance potentially competing interests.

**Recommended Reading:** Glanz, K., B. K. Rimer, et al. (2002). Health Behavior and Health Education: Theory, Research, and Practice. San Francisco, Jossey-Bass.

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**NOTES**

**S65, Breakout**  
**2:45 – 3:45 pm, Saturday**  
**Desert Suite I/2**

**From Idea to Practice: Competency-Registration on Handheld Devices**  
(Partnering)

**Merete Ipsen, MD**

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**Presenters must/will disclose any/all financial relationship(s)**  
**relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout should be beneficial to CME professionals at beginner and intermediate experience levels.

**Objectives:** As a result of the breakout the participants should be able to **1)** Identify internal and external partners in the process of creating an on-line competency registration program, **2)** Recognise the process, which started with a needs-assessment by the physicians and educational directors, then close cooperation with IT-responsible personnel, and finally clinical testing by the physicians, and **3)** Increase collaboration with partners, who don't speak the same professional language.

**Methods:** Lecture and slide presentation of a project followed by Q and A.

**Key Points:** It's fun, inspiring and challenging to collaborate with different professionals. A good working process with relevant stakeholders gives a great sense of ownership to the project. Time is a valuable source, which can be used actively in the process.

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**NOTES**

**S66, Breakout  
2:45 – 3:45 pm, Saturday  
Desert Suite II/2**

**Results of a Four-year Commercial Supporter and CME Provider Collaboration to Identify Clinician Learning Gaps  
and Assess the Impact of an Educational Strategies Designed to Change Clinician Behavior  
(Performance Measurement)**

**Walter Wolyniec**

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**Susan Specht, MS**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session is suitable for all CME professionals and health providers at an intermediate level in all provider groups.

**Objectives:** At the conclusion of this breakout, participants will be able to **(1)** describe the impact and uptake of CME activities published over a 4 year period, **(2)** demonstrate the value of collecting level 4 outcomes data 30, 60 and 90 days post-activity, **(3)** implement more robust evaluation mechanisms that are linked to clinician behavior change, and **(4)** identify ways to incorporate outcomes data as a component of a comprehensive needs assessment to plan new CME activities

**Methods:** The presenters will first describe the history, growth and nature of their 4 year commercial supporter/CME provider collaboration. The presentation will then provide outcomes measurement data over a consistent and increasingly complex series of educational programs over a four year period (2003 – 2006) with detailed discussion of long-term Level 4 measurable outcomes and clinician commitment-to-change from these programs.

**Key Points:** Comprehensive, long-term Level 4 outcomes measurement activities provide the foundation for documenting clinician behavior change. Knowledge gap analysis for future programming and a practical guide to performance-based CME outcomes measurement will be demonstrated. Using actual performance-based CME evaluation and 30, 60, 90 educational impact assessment examples, the interpretation and application of the resulting data will be discussed. Level 3 outcomes were measured for programs delivered in 2003 - 2004 upgrading to Level 4 measurement for programs in 2005 - 2006. Key results example for 2005 program delivered to 18,600 nurse practitioners on COPD: The 6-credit interactive program (Journal, CD, Live web event, Internet access) had an 18% (3420) unique user rate, of which 12% (415) committed to making a behavior change when completing the course evaluations. These participants were contacted at 30, 60, and 90 days post-activity. Of the committed participants, 5% (22) responded at all 3 post-activity intervals. At 30 days, 60% had already made a change in behavior. At both the 60 and 90 day interval, 100% of participants stated that they had incorporated a behavior change into their daily practices.

**Recommended Reading:**

1. Barnes BE. Linking CME with clinical performance improvement. Alliance for CME Almanac 2005; 27: 3-7.
2. Evaluation educational outcomes: an electronic workbook for continuing education providers. <http://www.acme-assn.org>.
3. Moore, DE. A Framework for Outcomes Evaluation in the Continuing Professional Development of Physicians. The Continuing Professional Development of Physicians AMA Press 2003; 13: 249-274.

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**NOTES**



**S67, Breakout  
2:45 – 3:45 pm, Saturday  
Pinnacle Peak 3/2**

**Development of an Arthroscopic Knee Surgery Virtual Reality Simulator and Educational Program  
for Orthopaedic Surgery Training  
(Educational Interventions)**

**Dilworth Cannon, Jr., MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will interest advanced CME professionals, especially staff from Medical Specialty Societies and Medical Schools.

**Objectives:** At the completion of this session, participants will be able to: **1)** Create an educational program to accompany a virtual reality surgery simulator, **2)** Plan a validation study for any technology-based educational program that includes a methodology for rating learner performance following training, **3)** Compare apprenticeship training with proficiency-based training, and **4)** Recognize the technology and technological skills required to invent a surgical simulator

**Methods:** This presentation focuses on development of a computer-based educational mentor program supporting the simulator, validation study design and execution, and building a surgical simulator that employs a surrogate leg model, high quality display of human anatomy, and haptic feedback for the learner.

**Key Points:** Virtual reality has the potential to change the educational paradigm in orthopaedic residency and continuing medical education from apprenticeship model teaching and learning to proficiency training. We anticipate that proficiency obtained on the simulator will transfer to surgical skills in the operating room.

**Recommended Reading:** Gallagher, A., et.al., Virtual reality simulation for the operating room: proficiency-based training as a paradigm shift in surgical skills training. Ann Surg., 2005 Feb;241(2):364-72.

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**NOTES**

**S68, Breakout  
2:45 – 3:45 pm, Saturday  
Desert Suites IV & VI/2**

**Building Integrated CME: Accommodating Learning Styles and Extending Reach through Use of Multiple Formats and Technologies**  
(Educational Interventions)

**Eve Wilson, PhD**

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**Sarah Mooney, BS**

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**Leonard Fromer, MD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** At the completion of this session, participants will be able to **(1)** discuss current trends in physician learning preferences, **(2)** describe physician learning styles and why it is important to accommodate them, **(3)** describe advantages of integrated CME as a means for reinforcing learning and broadening educational exposure and reach, and **(4)** list essential steps in developing integrated CME.

**Methods:** Presenters will combine lecture and case study presentations to illustrate key points. Audience participation and discussion will be encouraged.

**Key Points:** The CME literature supports the use of educational strategies that accommodate physician learning preferences and provide reinforcing interventions in optimizing learning and behavioral change. CME providers can enhance physician learning by steering away from “one-off” live CME events, instead offering a comprehensive series of interrelated, reinforcing CME opportunities. Integrated CME is a strategy involving multiple CME activities that are focused on a particular disease state or therapeutic area and delivered over time, in various formats. Participants in integrated CME have the advantage of choosing one or more activities according to their learning preferences, styles, and needs. Formats used may include live lectures with audience interaction; printed materials; and problem-based on-line or internet activities. Development of integrated CME begins with a careful assessment of needs and consideration of appropriate, compatible learning methods. Other indispensable components include input and participation from medical experts throughout planning and implementation, a focus on quality in scientific and clinical content development, and outcomes tools that assess learning and guide future activities.

**Recommended Reading:** Mazmanian P and Davis D. Continuing medical education and the physician as learner: guide to the evidence. JAMA 2002; 288:1057-1060.

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**NOTES**

**S69, Breakout  
2:45 – 3:45 pm, Saturday  
WildflowerA-C/2**

**Two Perspectives of Outcomes: Provider and Supporter  
(Performance Measurement)**

**Maziar Abdolrasulnia, MPH**

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**Jon Ukropec, PhD**

McNeil Consumer & Specialty Pharmaceuticals, tel: 215/273-7256, <mailto:jukropec@mccus.jnj.com>

**Linda Casebeer, PhD**

Outcomes, Inc., tel: 205/326-8561, <mailto:linda.casebeer@ceoutcomes.com>

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This presentation will be beneficial to all CME professionals interested in learning about the metrics needs of providers and supporters of CME education.

**Objectives:** At the conclusion of this presentation, participants will be able to: **1)** understand educational outcome measurement definitions and set expectations appropriately, and **2)** be better informed when discussing and interpreting educational outcome measurement data.

**Methods:** The presenters will discuss examples of outcomes measurements case from different CME interventions and provide two perspectives of the findings. 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 and from supporters who utilize the data in making funding decisions when considering future grant requests..

**Key Points:** Providers and supporters may view and use educational outcome findings differently but common definitions and methodologies will facilitate planning for future educational activities.

**Recommended Reading:** Davis DA. CME and the pharmaceutical industry: two worlds, three views, four steps. CMAJ. 2004 Jul 20;171(2):149-50.

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**NOTES**

**S70, Breakout  
2:45 – 3:45 pm, Saturday  
Desert Suite VII/2**

**Streamlining the Writing of CME Test Items  
(Educational Interventions)**

**Judith Ribble, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will interest CME professionals at all levels, from all provider groups, who employ self-assessment tests to demonstrate learner interaction, recall, and mastery of program content in enduring materials certified for *AMA PRA Category I*<sup>TM</sup> credit.

**Objectives:** As a result of this session, participants will be able to: **1)** cite current practices used to generate self-assessment test items; **2)** describe an automated system of generating test items from printed material; and **3)** describe three benefits of streamlining the generation of test items for CME activities.

**Methods:** The presenters will: **1)** describe the traditional process of generating test items [i.e., questions, answers, and distractors]; **2)** demonstrate a new computer-based tool for item authoring support; and **3)** present data demonstrating evidence that computer-aided rapid generation of test items can streamline the development of enduring materials certified for CME credit. Slides will be available online.

**Key Points:**

- Self-assessment tests are an important element in documenting participant interaction and knowledge gain resulting from CME activities in enduring materials formats.
- Traditional methods of generating test questions, answers, and distractors are time-consuming and expensive.
- Computer-assisted methodologies for rapid generation of test items are becoming available for use in developing CME activities.

**Recommended Reading:** Mitkov, Ruslan and Le, Ha. Computer-aided generation of multiple choice tests. Proceedings of the Human Language Technology conference / North American chapter of the Association for Computational Linguistics annual meeting, 2003 (HLT/NAACL 2003), Workshop in Building Educational Applications Using Natural Language Processing. Pp 17-22.

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**NOTES**

**S71, Breakout  
2:45 – 3:45 pm, Saturday  
Grand Canyon 9-10/1**

**Clinical Simulation: A Collaborative between HealthCare Delivery, Academia and CME**  
(Partnering)

**Beth LaVelle, PhD**

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**Dan Johnson, MA**

HealthPartners Institute for Medical Education, tel: 952/883-7197, mailto:[dan.a.johnson3@healthpartners.com](mailto:dan.a.johnson3@healthpartners.com)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will interest CME professionals at all levels within academic and care delivery settings.

**Objectives:** At the completion of this session, participants will be able to: **1)** describe how the use of clinical simulation aligns with key CME stakeholder interests, **2)** identify opportunities for integrating simulation into your learning events, and **3)** identify potential stakeholders whose interests may be served by a collaborative approach to developing such a shared resource.

**Methods:** This session will consist of an overview of the role of clinical simulation in continuing medical education as well as a facilitated discussion that models the dialog necessary for collaborating to create a shared, simulation based learning space.

**Key Points:** Simulation is not new to continuing medical education. Within the past ten years, a new class of more affordable, high-fidelity patient simulators has become available. While it promises to transform how we do clinical education, it carries with it significant cost and complexity. This breakout session explores how collaboration with other key stakeholders could make the creation of such a resource a reality. Specific topics include an overview of the technology, benefits of the approach, a variety of ideas for integrating simulation into CME activities, and use of partnerships to create a shared simulation-based learning space.

**Recommended Reading:** Gaba, D. (2004). The future vision of simulation in health care. *Quality & Safety in Health Care*, 13 (supp 1) i2-i10.

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**NOTES**

**S72, Breakout  
2:45 – 3:45 pm, Saturday  
Grand Canyon 11-12/1**

**Collaboration in Education: Multidisciplinary Education Challenges  
(Systems Thinking)**

**Toni McKenna, DNSc**  
VHA Inc, tel: 972/830-1983, mailto:[amckenna@vha.com](mailto:amckenna@vha.com)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will interest all CME professionals that currently provide multidisciplinary continuing education.

**Objectives:** At the completion of this session, participants will be able to **1)** Recognize the key challenges in providing effective, high quality multidisciplinary continuing education, **2)** Discuss strategies for meeting the requirements of multiple accrediting agencies for continuing education, and **3)** Share their approaches to multidisciplinary collaboration on educational activity planning and implementation.

**Methods:** A combination of didactic presentation and open discussion with participants will be used. Sharing of experiences by attendees, as well as questions and answers will be encouraged.

**Key Points:** High quality continuing education can be planned, delivered, and evaluated with a multi-disciplinary focus, while holding to all of the necessary guidelines and requirements of multiple accrediting agencies.

**Recommended Reading:** ACCME Essential Areas and Elements; ANCC Manual for Accreditation as a Provider of Nursing Continuing Education (2004-05); ACPE Continuing Education Accreditation Program: Criteria for Quality and Interpretive Guidelines (2003).

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**NOTES**

**S73, Breakout  
2:45 – 3:45 pm, Saturday  
Desert Suite VIII/2**

**Presentation Skills for the Medical Professional**  
(Self-Assessment and Life-Long Learning)

**Wendy Keller**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session will appeal to CME professionals and health care providers who teach or train at all levels and therefore want to improve their presentation skills.

**Objectives:** In this session, participants will discover how to: **1)** effectively organize a presentation; **2)** create a powerful open and close; **3)** build audience interaction and connection with the speaker; **4)** increase the alertness, attention and enthusiasm of participants; and **5)** use simple, proven techniques to anchor key principles in the minds of attendees.

**Methods:** Fast-paced, lively presentation by instructor will exemplify and explain the objectives and how to attain them in their own presentations.

**Key Points:** People at all education levels learn best through the application of well-crafted methodologies and techniques. The techniques taught in this program are based on recognized learning modalities and expound the principles of group learning theory.

**Recommended Reading:** [www.KellerMedia.com](http://www.KellerMedia.com).

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**NOTES**

**S74, Breakout  
2:45 – 3:45 pm, Saturday  
Grand Sonoran A-B/1**

**Beyond Compliance 101: What Providers Need to Know To Manage Risk in a Regulatory Rich Environment  
(Administrative/Management)**

**Kristin Fludder, BS**

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**Marissa Seligman, PharmD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** At the completion of the session, participants will be able to **1)** Identify and define at least two required elements in provider's compliance accountabilities to external stakeholders (ACCME, OIG & FDA), **2)** Define three domains of an internal compliance program and educational training module for internal stakeholders, and **3)** List at two measurable compliance practices through systematic metric's measurement.

**Methods:** Presenters will outline and summarize key components of developing and measuring an organizational compliance program and will engage the audience, through didactic and case-based studies, in identifying those areas that may be appropriate for their own organizational setting.

**Key Points:** Compliance with guidance documents and regulations for organizations independent of the ACCME and other accreditation organizations represents considerable challenges to providers. CME professionals need to understand what rules, regulations, policies and procedures commercial supporters are accountable to and how these directly and indirectly affect CME. Participants will be able to assess and learn from a proved framework for developing an internal compliance program in a regulatory rich environment. Discussion will highlight systematic and measurable compliance practices through process and policy development and metric measurement.

**Recommended Reading:**

1. Russell B, Chandonnet H. Establishing an internal compliance program to manage risk in grant-funded continuing medical education. The Alliance for CME Almanac. 2005; 27:7:3-6.
2. Links to the Office of Inspector General – Compliance Program Guidance for Pharmaceutical Manufacturers, PhRMA Code on Interactions with Healthcare Professionals and AdvaMed Code of Ethics on Interactions with Health Care Professionals can be found at [www.acme-assn.org/resources](http://www.acme-assn.org/resources).

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**NOTES**



**S75, Breakout  
2:45 – 3:45 pm, Saturday  
Grand Sonoran C-D/1**

**Evaluation: Moving Theory to Practice and Useable Outcomes  
(Administrative/Management)**

**Sereana Howard Dresbach, PhD**

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**Susan Barton-Nonno, MS**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** Coordinators in CME programs, and Continuing Medical Education committee members

**Objectives:** Upon completing this session, participants will be able to examine their current evaluation mechanisms and apply methodology for a mechanism that will meet their needs in their system.

**Methods:** Interactive discussion facilitated by presenter, question and answer with participants.

**Key Points:** As a result of implementing an evaluation system, OSUMC CCME has been able to plan and implement cost-effective, relevant programs that meet the needs of the internal stakeholders (faculty) and external stakeholders (physician participants).

**Recommended Reading:** Rossi, Peter H., Howard Freeman, and Mark W. Lipsey (1999). Evaluation, Sixth edition. Thousand Oaks, CA: Sage Publications.  
Owen, John and Patricia Rogers (1999). Program evaluation: Forms and approaches. Thousand Oaks, CA: Sage Publications.

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**NOTES**

**S76, Breakout  
2:45 – 3:45 pm, Saturday  
Grand Sonoran H-I/1**

**Balancing Stakeholder Interests to Reduce Physician Attrition in Continuing Medical Education Programs  
(Performance Measurement)**

**Sarah Tregonning, MPH**

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**Jianfei Guan, MEd**

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**Ginette Bernier, BA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The session will interest all Continuing Medical Education (CME) providers and all education providers and potential industry sponsors who wish to maintain high levels of participant retention in their programs.

**Objectives:** The purpose of this breakout session is to highlight and discuss the impact of stakeholder interests on physician attrition rates and subsequent success of CME programs. After the completion of the session, participants will be able to **1)** understand how stakeholders' interests affect program delivery and participant attrition in CME, **2)** identify possible factors through surveys and discussion with participants, and **3)** develop strategies to balance interests and reduce attrition rate by improving administration, design, and delivery of programs.

**Methods:** A review of the literature and presentation of research results from a real case will stimulate small-group discussion and problem-solving to find possible causes of and solutions to participant attrition. Sharing of personal experiences will also be encouraged. This will lead to improved understanding and ability to apply knowledge gained to solve problems of differing stakeholder goals that can lead to participant attrition in Continuing Medical Education.

**Key Points:** High attrition rates in CME have a negative impact on program implementation and learning outcome. Various stakeholders have diverse interests that affect program design and delivery, creating barriers to participation and decreasing learners' morale. These factors can lead to a higher attrition rate. There has been little research in this area. We will examine the factors contributing to physician attrition and its evaluation and suggest alternative strategies to meet physician learners' needs and balance stakeholders' interests. Lowering attrition rate is key to successful delivery of CME and creating the best learner outcomes possible.

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**NOTES**

**S77, Breakout  
2:45 – 3:45 pm, Saturday  
Grand Canyon 13/1**

**A Model for Engaging Educational Partners and Joint Sponsors  
(Partnering)**

**Lori Hodgetts**

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**Philip Dombrowski, MBA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will interest CME professionals and health providers who are considering further use of an educational partner or joint sponsorship relationship to develop, improve, and/or expand their CME programs.

**Objectives:** At the end of this presentation, participants will be able to **1)** identify potential partners, **2)** describe methods used to effectively overcome barriers to successful partnership, and **3)** discuss ways in which to utilize these relationships to evaluate and improve CME programming.

**Methods:** Presenters will introduce their organizations and describe the ways in which they have adapted to working with each other, challenges, successes, and lessons learned. Participants will have an opportunity to share their experience in utilizing partnerships with other providers to enhance their CME programming.

**Key Points:** CME providers are facing the same pressures as this industry evolves. Partnering, consulting, building relationships, and utilizing the resources available to build successful CME activities, can ultimately ensure the continuous improvement of the CME program.

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**NOTES**

**S78, Breakout**  
**2:45 – 3:45 pm, Saturday**  
**Grand Sonoran J-K/1**

**Everybody's Doing it – Why Can't I? A User's Guide to Collaborating for Technology**  
(Partnering)

**Deb McMahon, PhD**

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**Ben Chodor**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will be of interest to CME and other professionals at all experience levels who are currently or would like to be partnering with vendors for technology needs (eg, online live and on-demand learning, podcasting, video streaming, mobile devices, telemedicine, etc).

**Objectives:** At the conclusion of this session, participants should be able to **1)** understand the technology options available for their CME needs, **2)** recognize the benefits and drawbacks of using specific technologies for providing CME, and **3)** understand the components important for building a successful collaboration with a technology vendor that optimizes the benefits to all stakeholders.

**Methods:** The presentations will present an overview of technology options available for CME and case studies to show how collaboration facilitated successful implementation of technology projects. Participants will be invited to ask questions to drive the depth of discussion on specific topics of interest.

**Key Points:** There are many options for using technology for developing, tracking, and distributing CME; all of which cost different amounts, have varying reach and generally provide for different needs. Many parameters, such as cost, time to implementation, and personnel requirements often limit the opportunities for using technology for CME activities. There are several key elements that are important for building successful collaboration with technology vendors that can overcome some of the limitations that may accompany CME activities that depend on a technology backbone while optimizing the benefits to all stakeholders.

**Recommended Reading:** Participants will be provided with a list of references that will provide additional information on the technologies and topics covered.

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**NOTES**

**S79, Breakout  
4:00 – 5:00 pm, Saturday  
WildflowerA-C/2**

**Survival Guide for the New CME Professional  
(Self-Assessment and Life-Long Learning)**

**Tammy Thompson, BS**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will interest beginning and intermediate CME professionals in all provider groups and will offer exceptional insight for CME managers and supervisors of new CME staff.

**Objectives:** At the completion of the session, participants will be able to:

1. Discuss four key strategies for achieving professional success in a new CME position.
2. Identify essential stakeholders in the CME environment.
3. Collaborate with all levels of CME professionals to address unique challenges facing those new to CME.
4. Increase confidence levels to accelerate productivity and quality of CME programs.

**Methods:** A brief, informational PowerPoint presentation and anecdotes by facilitators will introduce a variety of interactive large and small group activities allowing participants to build confidence and competence strategies. Group interactions will encourage questions from the audience and allow for problem-solving between various levels of experience in the CME profession. Handouts will further highlight useful resources and contacts to foster support and success in the CME profession. Participants will receive a token that will remind them of the keys to a new career in CME.

**Key Points:** Being new to any profession can be stressful and cause productivity challenges. However, through collegial support and sharing of information, new professionals can immerse themselves into the world of CME with confidence regardless of their professional background. Likewise, supervising new CME professionals can produce its own challenges by attempting to recall what it is like to be in that situation. Taking time to determine stakeholders, familiarize oneself with the CME environment, and develop a plan of action can ease the transition and turn surviving into thriving.

**Recommended Reading:** Barnes B, Davis D, Fox R. The Continuing Professional Development of Physicians: From Research to Practice (2003) American Medical Association.

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**NOTES**

**S80, Breakout  
4:00 – 5:00 pm, Saturday  
Pinnacle Peak 2/2**

***Got all the pieces, but can't finish the CME jigsaw puzzle?***

**Case Study: Incorporating Existing Requirements into a Framework that Works for You!**  
(Educational Interventions)

**Adair Andrews, MATD**

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**Diane Alberson, BA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** Intermediate level for all those involved with the development of CE/CME programs within their organizations.

**Objectives:**

- Assess the obstacles which prevent a consistent planning process
- Adapt an Instructional Systems Design (ISD) model to create a framework which supports your educational “pieces”
- Formulate a plan of action which includes tools to assist you in finishing the CME puzzle

**Methods:** Case study, interactive presentation with process improvement tools

**Key Points:** Today's CME programming process has become complex, especially with the added demands of ensuring it also meets particular competencies, MOC fulfillment, change in clinician behavior, and your own organization's mission. Determining a framework to add these new elements into your planning cycle will provide a consistent process for the development and implementation of any program. It will also help your colleagues, volunteers and external customers visualize how they can help comply with these guidelines.

**Recommended Reading:**

- Cy Charney and Kathy Conway: The Trainer's Toolkit, 1998.
- Chuck Hodell: ISD From the Ground Up: A No-Nonsense Approach to Instructional Design, 2000.
- Michael Marquardt: Action Learning in Action, 1997.
- Terri Tracey and Kathleen M. Edwards: Core Competencies in Association Professional Development, 2005.

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**NOTES**

**S81, Breakout**

**(Cancelled)**

**Live On-line Oncology: A Communities of Practice Demonstration Project**  
(Educational Interventions)

**Elizabeth Lindsay, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session is proposed for intermediate and advanced Continuing Education professionals who have a particular interest in specialist education and communities of practice.

**Objectives:** At the completion of this session, participants will be able to identify: **1)** key factors that determined the development of communities of practice in Oncology; and **2)** elements of a process for disseminating scientific findings at the community level.

**Methods:** The presenter will provide information through presentation regarding the design and implementation of this project. Small group discussions will provide participants an opportunity to explore how the principles of the project can be applied in their home setting.

**Key Points:** This demonstration project explores a process for reducing the time between presentation of important scientific information and the application of these findings into practice at the community level. It combines principles for: developing communities of learners; a format based on effective knowledge transfer; and integration of technology to facilitate the process.

**Recommended Reading:** Wenger, Etienne. Communities of Practice: Learning as a Social System, Systems Thinker, [June 1998].

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**NOTES**

**S82, Breakout  
4:00 – 5:00 pm, Saturday  
Desert Suite II/2**

**Role of Transnational Societies in Providing CME around the World  
(Systems Thinking)**

**Abi Sriharan, BSc**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** CME providers and researchers interested in Global CME

**Objectives:** During this session, results from an international CME evaluation study will be presented to **a)** describe how Global CME programs can be organized by bringing together local and international stakeholders; **b)** understand the success factors and the challenges in delivering Global CME programs; and **c)** discuss the relevance of the lessons learned and to identify future opportunities.

**Methods:** A multistage program evaluation approach was undertaken to study the World Federation of Neurology (WFN)'s CME program in 36 low and middle income countries. Results of this study will set the stage for a discussion to identify the relevance of the findings and to identify future opportunities and roles for CME providers to meet the Global CME need.

**Key Points:** Globalization of health care delivery, increased consumerism and patient empowerment, evidence based medicine movement, quality assurance and maintenance practice have all been credited for the “globalization” of Continuing Medical Education/ Continuing Professional Development (CME/CPD). Transnational medical societies, medical education companies and medical schools have played an important role in this change.

One such initiative is the World Federation of Neurology (WFN) CME Program. WFN CME provides neurological education program in countries with unmet needs of neurological training, to improve the knowledge, skills and self perceived competency of the neurologists. WFN's experience provides an unique case study to understand how global stakeholders collaborate with each other to deliver CME programs and to improve the quality of health care services.

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

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**NOTES**



**S83, Breakout  
4:00 – 5:00 pm, Saturday  
Pinnacle Peak 3/2**

**Physician Impairment: A Survey of Continuing Professional Development and Medical Staff Services Professionals  
(Educational Interventions)**

**Brooke Taylor, MPH**

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**Debra Gist, MPH**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will primarily interest CPD/CME professionals who work in academic medical centers and hospitals.

**Objectives:** At the completion of the session, participants should be able to **1)** identify impaired physician characteristics; **2)** discuss the need to prevent and treat impaired physicians; **3)** identify resources available to CPD/CME professionals for identification and prevention of impaired physicians; **4)** describe how CPD/CME professionals can position themselves in their organizations to serve as a resource on the issue of physician impairment.

**Methods:** Didactic presentation with questions and answers; actual cases from the learning activity will be presented in an interactive session with attendees.

**Key Points:** Continuing professional development (CPD) and medical staff services professionals should be aware of the need to identify impaired physicians and the resources available to treat impaired physicians.

**Recommended Reading:** Farber N.J., Gilbert S.G., Abaff B.M., Collier V.U., Weiner J., & Boyer E.G. (2005). Physicians' willingness to report impaired colleagues. *Social Science and Medicine*, 61, 1772-1775.

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**NOTES**

**S84, Breakout  
4:00 – 5:00 pm, Saturday  
Grand Canyon 9-10/1**

**The Evolution of a Learning Module on Persistent Pain to Enhance Problem-Solving Skills  
(Educational Interventions)**

**Barbara Guidos, MS**

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**Vanessa Saullo, BA**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** CME professionals and healthcare providers involved in managing patients with pain

**Objectives:** Enable participants to: **1)** Identify an educational methodology that is an expressed need of past participants (via evaluation forms) on the same topic, **2)** Communicate that need to a panel of experts to determine ways to integrate into a “new” module, to discuss and determine new teaching styles that will best encourage attendee problem-solving skills, and find ways to relate these skills and problems to patients they may see in their clinical practices, **3)** Translate a newly developed, successful educational model into practice for a live CME activity, **4)** Use evaluation data from a live event to ascertain what the physician learned, **5)** Create an interactive case-based follow-up activity based on learning methods utilized in previous case-based learning activity, and **6)** Utilize data from post-meeting evaluation and case-based interactive follow-up to improve content and educational modality for future activities.

**Methods:** **1)** Illustrate how a need presented by participants through a series of educational activities is developed from a concept into a new mode of teaching for an established educational initiative, **2)** Demonstrate an interactive model for educating healthcare professionals to encourage and enhance problem solving skills, and **3)** Illustrate how evaluation data from an existing live activity is used to create a follow-up activity which reinforces the key learning points.

**Key Points:** **1)** Acknowledging the need of the physician learner for a more practical case-based approach to learning and utilizing clinical expertise of the key experts can create a new style of learning that is relevant, promotes active audience participation, and improves learning and understanding, **2)** Live case-based CME activities where the healthcare learner can interact with both faculty and peers engage the audience and improve active participation and discussion, **3)** Learning is enhanced by providing exceptional opportunities to address critical decision points, change behavior, and reinforce these changes to ultimately improve patient outcomes, **4)** It is vital in today’s educational environment to follow up, assess, and reinforce learning points from an activity to develop an understanding of changes in physician behavior, and how we, as educators, can continue to improve physician learning.

**Recommended Reading:** Mazmanian PE, Davis DA. Continuing medical education and the physician as a learner. *JAMA*. 2002;288:1057-1060.

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**NOTES**

**S85, Breakout  
4:00 – 5:00 pm, Saturday  
Desert Suite VII/2**

**Just When You Thought It Was Safe: How to Respond to the Unexpected  
(Leadership)**

**Stephanie Kushner, PhD**

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**Ed Sleeper**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session will interest professionals who participate in the sponsorship, development, implementation, and/or accreditation of continuing medical education (CME) programs.

**Objectives:** At the completion of the session, participants will be able to **1)** identify a variety of scenarios that may arise unexpectedly and can significantly impact the content of a CME program in development, **2)** effectively communicate how the scenario impacts the project, and the steps being taken to address the situation, to all of the interested parties, and **3)** develop sound strategies for effectively implementing the necessary content changes that arise from such unexpected scenarios.

**Methods:** Brief informational presentations by the group leader will introduce a variety of unexpected scenarios that can arise and have a significant impact on the content of a CME program that is in development. Participants will be assigned to smaller groups, and each group will be provided with a scenario for which they will have to develop a strategic plan.

**Key Points:** Unexpected situations can occur that have a significant impact on the content of a CME program that is still under development. It is crucial that all of those involved in the program are able to develop and implement sound strategies to address the situation, as well as effectively communicate with all interested parties. Effective communication among all involved will improve internal procedures and facilitate management of all parties' expectations.

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**NOTES**

**S86, Breakout  
4:00 – 5:00 pm, Saturday  
Desert Suite VIII/2**

**Critical Appraisal 101  
(Leadership)**

**Kathleen Boyle, PhD**

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**Susan Grady, MSN**

Institute for Continuing Healthcare Education, tel: 215/446-8088, mailto:[sgrady@iche.edu](mailto:sgrady@iche.edu)

**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session is suitable for continuing medical education professionals interested in learning the components and application of critical appraisal of clinical and scientific information.

**Objectives:** At the conclusion of this breakout session, participants should be able to: **(1)** evaluate the relevance of information relating to a specific activity and educational learning objectives; **(2)** evaluate the validity of the information; and **(3)** assess the information in terms of statistical and clinical significance.

**Methods:** Didactic presentation followed by questions and answers and experience sharing by participants

**Key Points:** Through the use of examples and discussion, participants will identify the key elements of various sources of information (e.g., case report, review, guideline, clinical study) that define the relevance, validity, and significance of the information.

Continuing medical education activities that present evidence-based medicine need to qualify content from a variety of sources. Qualifying content is important in light of the impact the educational content may have on the health and welfare of patients. Presenters, providers, and participants can apply critical appraisal to the source information and to the final content of continuing medical education activities to systematically evaluate the information conveyed and appropriately apply that information to their daily practice.

**Recommended Reading:**

1. Hill A, Spittlehouse C. What is critical appraisal? Available at: [www.evidence-based-medicine.co.uk](http://www.evidence-based-medicine.co.uk).
2. Slawson DC, Shaughnessy AF. Becoming an information master. J Fam Pract. 2000;49:63-67.

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**NOTES**

**S87, Breakout  
4:00 – 5:00 pm, Saturday  
Grand Canyon 11-12/1**

**Speaker Ready Room: How's Your Faculty Compliance?**  
(Administrative/Management)

**Jeffrey Melin, MEd**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout will be of interest to all CME professionals at all levels.

**Objectives:** At the end of this session participants will be able to **1)** Identify the components of the full service speaker ready room, **2)** Understand how and why AES undertook this project, **3)** Understand what the efficiencies created are, and **4)** Examine how the results have begun to transform AES' education development and delivery.

**Methods:** Presenters will provide a PowerPoint overview of the development of the virtual speaker ready room and involve the learners in discussion and Q&A regarding the programs early success and issues being worked on.

**Key Points:** The American Epilepsy Society (AES), an accredited medical society of 3000 diverse provider members coordinates an annual meeting and year-round educational events with the assistance of a new, custom, online, virtual speaker ready room that begins with automating speaker letters and information return, includes slide upload for automated liaison review and culminates with separate vendors downloading presentations for syllabus/handout printing and coordinated onsite readiness of presentations for review and delivery.

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**NOTES**

**S88, Breakout  
4:00 – 5:00 pm, Saturday  
Desert Suites IV & VI/2**

**CME Professional Network  
(Administrative/Management)**

**Cathy Means, MS**

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**Terese Bailey, BS**

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**Susan Barton-Nonno, MS**

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**Linda Pittz, BS**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** CME professionals often practice in isolation, either independently or in an office with a small number of employees. In the current era of ever-changing rules and regulations in the field of continuing medical education, CME professionals are in need of a network to collaborate, and share ideas and information regarding their day-to-day activities. By the end of this session, participants will be able to **1)** share ideas and information to alleviate the isolation factor, **2)** promote professional collaboration through the presentation of “CME best practices,” and **3)** identify and establish future network opportunities.

**Methods:** The presenters will lead a discussion describing the need for a CME Professional Network, based on the results of the 2006 Alliance for CME Conference breakout session, “CME Coordinator Network.” Included in the session will be a “sell your practice” presentation, followed by “bids on best practices.” Discussion will be highly interactive prompted by case- and problem-based scenarios. The session will conclude with an exchange of networking opportunities.

**Key Points:** Guided discussion to illustrate the need for forming a CME Professional Network, encourage the sharing of novel and innovative ideas, and create “standard best practices” to reduce the variance in interpretation of ACCME guidelines, which will produce higher quality CME activities. Discussion will revolve around: **1)** COI, **2)** needs assessment, **3)** outcomes, **4)** workload - burnout, when to say “no”, **5)** fees and funding - including commercial support, and **6)** activity handouts.

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**NOTES**

**S89, Breakout  
4:00 – 5:00 pm, Saturday  
Grand Sonoran A-B/1**

**Striking a Balance: Managing Documentation Compliance**  
(Administrative/Management)

**Becky Fleig, MEd**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** Coordinators in CME Programs; Continuing Medical Education Committee members.

**Objectives:** At the completion of this activity, participants will be able to: examine their current processes; identify collaborative stakeholders; and develop and implement steps that will streamline the overall practice of documentation collection and reduce the likelihood of document omission.

**Methods:** Presentation with examples of the process that has been successful at Columbus Children's Hospital; the audience will be invited to provide examples of their best practices.

**Key Points:** The need for documentation remains constant and the documentation itself is increasing. Over time how can one ensure paperwork gathered is complete? There is no one right way to solve these issues, but there are a variety of strategies. Because documentation compliance has ramifications for both internal and external stakeholders, collaboration is essential if there is to be any hope of staying on top of the documentation requirements.

**Recommended Reading:** Collaboration: What Makes It Work. Mattessich, PW, Murray-Close, M, Monsey, BR. Wilder Publishing. May, 2004.

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**NOTES**

**S90, Breakout  
4:00 – 5:00 pm, Saturday  
Grand Sonoran C-D/1**

**Assessing Mobile CME: Impacts on Physician Learning  
(Performance Measurement)**

**Victor Marrow, PhD**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

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

**Objectives:** At the end of the session, participants will be able to **(1)** learn about how physicians use handheld technology for CME, **(2)** know how to develop assessment tools for measuring impact of CME, and **(3)** understand why evaluating outcomes is so desirable.

**Methods:** Presenters will utilize case studies and also solicit answers and comments from the attendees.

**Key Points:** Traditional CME provides didactic learning, expanding a doctor's knowledge without necessarily resulting in changes in quality improvement. This session will present results of a pilot program conducted by Hopkins and Epocrates in which physicians have the opportunity to integrate self-directed mobile learning, handheld case studies and expert commentary in order to improve patient care.

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**NOTES**



**S91, Breakout  
4:00 – 5:00 pm, Saturday  
Grand Sonoran H-I/1**

**Achieving Measurable Advanced Level Patient Outcomes via a Collaborative Data-Driven Interactive Online CME  
(Performance Measurement)**

**John Donovan, RPh**

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**Michael Lemon, MBA**

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**Michael Reilly, MS**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This session should be of interest to all conference attendees, from beginner to advanced experience levels, as well as CME professionals in all provider groups.

**Objectives:** At the conclusion of this breakout session, the participant should be able to **1)** discuss the utility of an innovative, interactive CME process, **2)** discuss the impact of this innovative online CME system on provider behavior and patient outcomes, and **3)** discuss the outcomes of an interactive CME process which utilizes provider practice data.

**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. Aggregate provider and patient outcomes will be presented.

**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.

**Recommended Reading:** 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.

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**NOTES**

**S92, Breakout  
4:00 – 5:00 pm, Saturday  
Grand Sonoran J-K/1**

**New Research Indicates the Strongest Link is Superior to Traditional CME Formats  
(Partnering)**

**Sherry Robertson, BSc**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** The breakout session will interest all CME professionals and Health professionals.

**Objectives:** This session will share how academia and industry partnered to develop a challenging and innovative accredited CHE program. It will share insights as to how specific design methods can create a learning environment that is stimulating and challenging fostering greater learning retention among participants. The session will provide creative inspiration for CME providers to develop new CME program design formats by illustrating the impact of the Strongest Link example on learners.

**Methods:** Through an interactive discussion group this session is designed to share the impact of the Strongest Link program by modeling the format and engaging participants in the process. Participants will experience the difference. Afterwards, the results of an 8 month multi-centred study comparing this unique format to traditional didactic CME formats on learning retention will be shared. We also plan to garner valuable feedback and suggestions for improvement on the program and research design.

**Key Points:** To discuss participants' impressions of the program design and the follow-up research. To discuss what elements of the program contribute to an enhanced learning experience for participants. We hope to tease out with participants the following: Why is this intervention working? What does it offer that traditional CME does not? What are the implications to future design models? Where do we go from here?

**Recommended Reading:** Strongest Link design format, description and discussion has been accepted for publication May 2006 in Medical Education as "Really Good Stuff".

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**NOTES**

**S93, Breakout  
4:00 – 5:00 pm, Saturday  
Grand Canyon 13/1**

**Mini-Medical School: Wooing & Wowing the Community  
(Partnering)**

**Bonnie Bixler, MEd**

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**Tracy Allgier-Baker**

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**Presenters must/will disclose any/all financial relationship(s)  
relevant to the content and context of his/her presentation.**

**Target Audience:** This breakout session may interest CME professionals and health providers at all levels.

**Objectives:** Upon completion of this session, participants should be able to **1)** describe benefits of a community-focused activity to internal stakeholders, **2)** relate the benefits of enhanced relationships with an academic medical center from the community constituents' perspective, **3)** discuss ways that a successful community education initiative can help to increase the visibility of the CME office and build relationships with key faculty, and **4)** design their own public education program based on the strengths and mission of their institution.

**Methods:** The Penn State College of Medicine CME office will present information on a very successful educational series designed for the lay public. The didactic presentation will include information on the Mini Medical School concept, enrollment and marketing data, and feedback from our educational stakeholders. Selected topics and presentations chosen from the series will illustrate the educational initiative. Audience participation will be encouraged through sharing of ideas and Q & A.

**Key Points:** The broad mission of the Penn State College of Medicine is three-fold: education, research, and service. The Mini-Medical School, now in its seventh year, offers benefits to the institution from a strategic business and educational perspective. Internal and external stakeholders of our academic medical center benefit from sharing education and expertise with the community and in turn, the community benefits from this knowledge-sharing in tangible ways. Additionally, the series has served to strengthen the role and visibility of the CME office with key faculty.

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**NOTES**