
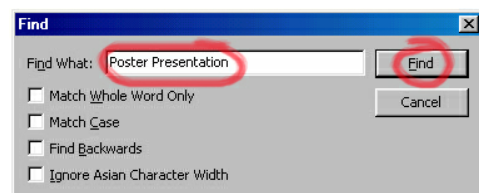
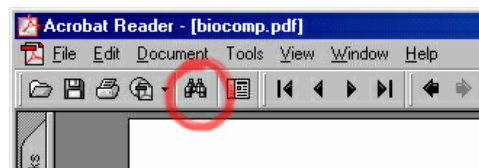


Helpful Information For Using Acrobat Reader®

SEARCHING PDF FILES





In order to search a pdf file:

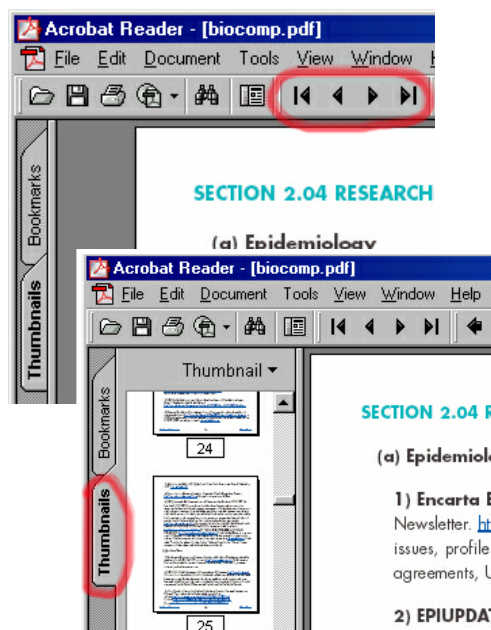
1. Locate the “Find” icon  at the top of the Acrobat Reader Window (as shown to the right).
2. Single left click the icon.
3. When the “Find” box appears, you may enter up to 26 characters and left click the “Find” button (as shown to the right).



NAVIGATING PDF FILES


In order to navigate a pdf file:

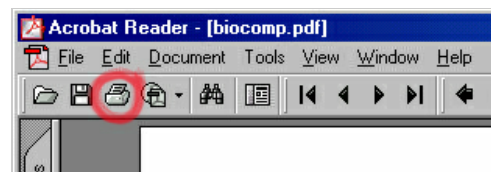
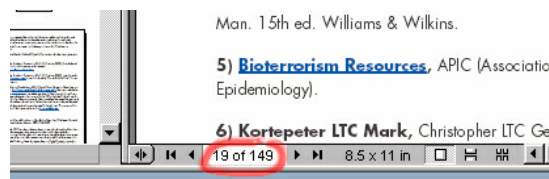
1. Locate the “Navigation” icons at the top of the Acrobat Reader Window (as shown to the right).
2. The  button moves forward one page.
3. The  button moves back one page.
4. The  button moves to the end of the document.
5. The  button moves to the beginning of the document.
6. Note: You may also view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



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2. Locate the “Print” icon  at the top of the Acrobat Reader Window (as shown to the right).
3. Left click this icon one time.
4. When the “Print” box appears (for your particular printer), follow the instructions for printing a single page.



EDUCATIONAL FORMAT: SA1, Intensive

TIME/DAY/LOCATION: 7:30 am – 12:00 pm, Saturday, 1/19/08, Palazzo E/Lobby

TITLE: Basics Seminar

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Diana Durham, PhD (Chair)

Audio Digest Foundation, 818/240-7500, ext. 241, ddurham@audio-digest.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Billie Dalrymple, BA, (Vice-Chair)

Texas Medical Association, 484/865-5879, billie.dalrymple@texmed.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Dennis Lott, DEd

Accreditation Council for Continuing Medical Education, 312/755-7401, dlott@accme.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Maureen Doyle-Scharff, MBA

Pfizer Inc, 212/733-6360, maureen.doyle-scharff@pfizer.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jeanette Harmon, MBA

American Medical Association, 312/464/4677, Jeanette.Harmon@ama-assn.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jack Kues, PhD

University of Cincinnati School of Medicine, 513/ 558-1425, KUESJR@UCMAIL.UC.EDU

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: James Leist, EdD

Alliance for Continuing Medical Education, 704/394-6294, jleist@carolina.rr.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: Beginner experience level

MEMBER SECTIONS: All

OBJECTIVES: After this intensive, you should be able to:

1) Use an effective CME Vocabulary; 2) Describe the current environment in which CME operates; 3) Identify the ACCME's accreditation system: Essential Areas, Elements, and Standards for Commercial Support; 4) Describe the *AMA PRA*™ credit system; 5) Utilize the Alliance for CME's CME competencies to improve *your* practice as a CME professional; 6) Plan a CME activity that incorporates the Updated ACCME Accreditation Criteria.

METHODS: Experienced CME professionals will provide short lectures, incorporating key questions using interactive key pad technology (Audience Response System) and Q & A sessions. Participants will then work in interactive groups on a structured CME Planning Activity using the Updated ACCME Accreditation Criteria.

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 Updated Accreditation Criteria; ACME Competencies.

ACKNOWLEDGEMENTS: Audience response technology by Audience Response Systems

EDUCATIONAL FORMAT: SA2, Memorial Lecture

TIME/DAY/LOCATION: 12:00 – 12:30 pm, Saturday, 1/19/08, Palazzo E/Lobby

TITLE: Frances Maitland Memorial Lecture

COMPETENCY AREA: Self-Assessment & Life-Long Learning

PRINCIPAL PRESENTER: Robert Orsetti, MA

Educational Measures, 303/962-9970, rorsetti@cmeoutcomes.com

DISCLOSURE: Does have an interest in selling a technology and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SA3, Member Section Meeting (Health Care Education Associations – All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 – 5:00 pm, Saturday, 1/19/08, Palazzo H/Lobby

TITLE: Pharmaceutical Industry CME Grant Process Revisited

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Mark Evans, PhD

American Medical Association, 312/464-5990, mark.evans@ama-assn.org

CO-PRESENTER: Susan Cantrell, RPh

ASHP Advantage, 919/847-8877, scantrell@ashpadvantage.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Health Care Education Associations

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) pharmaceutical company views on participating in multi-pharmaceutical source funding for CME activities and their requirements for reconciliation of funds in those instances.

METHODS: Brief informational presentations will be made followed by an interactive panel with representatives from Pfizer, Inc., Wyeth Pharmaceuticals, and Takeda Pharmaceuticals to address the program objectives and provide 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 continue to be 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 2007 section meeting, improved understanding of the online grant review process at pharmaceutical companies remains a major goal of health care education associations.

ACKNOWLEDGEMENTS: The Health Care Education Associations Member Section would like to acknowledge the following individuals for their input on the content of this Section meeting program:

*Mike Saxton, MEd Senior Director, Team Leader Medical Education Group, Pfizer, Inc. * William Oliverson, BS Senior Manager-PES Dept, Wyeth Pharmaceuticals * Molly Erwin, BS Medical Education Specialist, Takeda Pharmaceuticals

* Alison Kocanda, BS Medical Education Specialist, Takeda Pharmaceuticals

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SA4, Member Section Meeting (Hospitals and Health Systems – All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 – 5:00 pm, Saturday, 1/19/08, Mediterranean 1/Lobby

TITLE: Hospitals and Health Systems Member Section Meeting

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Judy Gould, AA
Rhode Island Hospital, 401/444-4260, JGould@lifespan.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Hospitals and health systems

OBJECTIVES: At the completion of this session, participants should be able to:

- 1) identify common issues of concern to CME professionals working in hospitals and health systems settings,
- 2) formulate program changes necessary for accreditation in 2012, and
- 3) review suggested solutions presented by colleagues in lecture and panel discussion formats.

METHODS: Mini-lectures will focus on ongoing issues and challenges as well as the program changes necessary for accreditation in 2012. In addition, topics identified by attendees at 2007 Annual Conference will be discussed. Panel discussion and question and answer sessions will follow.

KEY POINTS: Collaboration with other CME professionals who work in similar settings can provide solutions to challenges presented in the planning and delivery of educational programs including system changes necessary for accreditation in 2012.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SA5, Member Section Meeting (Medical Education and Communication Company Alliance [MECCA] – All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 – 5:00 pm, Saturday, 1/19/08, Mediterranean 2/Lobby

TITLE: CME Stakeholders: Turning the Future into the Present

COMPETENCY AREA: Systems Thinking

PRINCIPAL PRESENTER: Marissa Seligman, PharmD

Pri0Med Institute, 617/406-4288, mseligman@pri-medinstitute.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Michael Lemon, MBA

Postgraduate Institute for Medicine, 720/895-5329, mlemon@pimed.com

DISCLOSURE: Does have an interest in selling a program and/or product to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical education and communication companies

OBJECTIVES: Upon conclusion of the session, participants should be better able to: 1) Articulate what professional and organizational competencies will define success in reaching CME “best practices”; 2) Use these competency criteria to measure and reveal professional or organizational “gaps” in knowledge, skills, and attitudes with regard to CME “best practices”; 3) Return to their organizations and begin to develop an ‘action plan’ to map out desired changes to close the competency “gap”.

METHODS: Didactic presentations, followed by a workshop and interactive discussion.

KEY POINTS: Envisioning the future requires perspective and wisdom to learn from the past and adapt the present to new challenges and opportunities. Constant assessment, planning, and action provide the means to translate these insights into better professional and organizational practices. However, what is unique about the CME environment today is the knowledge that the future of CME will require unprecedented collaboration among various stakeholders, some of whom are not yet defined or understood. It is essential that CME professionals begin to seek new and different perspectives on several domains that inform their approach to developing medical education that matters for health professionals and their patients. Embracing the future of CME is both a challenging and rewarding endeavor, full of risk and pitfalls, but with great promise for a “next generation” of medical providers and partners. This session will provide a forum to openly discuss these issues and bring into focus some strategies to ensure success. Participants will be encouraged to join actively in the discussion, and will be given opportunities to share insights from their own experiences. Participants will also be able to network and meet new colleagues.

RECOMMENDED READING: 1) <http://www.accme.org> (2006 ACCME Updated Criteria for Accredited Providers).

2) Greiner AC, Knebel E (eds), Committee on the Health Professions Education Summit. Health Professions Education: A Bridge to Quality. Washington, DC: Institute of Medicine of the National Academies; 2003. Available at: http://books.nap.edu/execsumm_pdf/10681.pdf. Accessed March 21, 2007.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SA6, Member Section Meeting (Medical Schools – All Conference Participants Welcome)
TIME/DAY/LOCATION: 1:30 – 5:00 pm, Saturday, 1/19/08, Mediterranean 3/Lobby

TITLE: Medical Schools Member Section Meeting

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Melinda Steele, MEd
Texas Tech University Health Sciences Center, 806/743-2226, melinda.steele@ttuhsc.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical schools

OBJECTIVES: At the conclusion of the medical school member 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, New Criteria for Accreditation and list serv discussions throughout the previous year.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SA7, Member Section Meeting (Medical Specialty Societies – All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 – 5:00 pm, Saturday, 1/19/08, Palazzo E/Lobby

TITLE: Medical Specialty Societies

COMPETENCY AREA: Self-Assessment & Life-Long learning

PRINCIPAL PRESENTER: Alice Henderson, MEd
The Endourology Society, 713/857-3170, Henderson.aa@gmail.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: ALL

MEMBER SECTIONS: Medical specialty societies

OBJECTIVES: The overall objective of the member section meeting is to stimulate thought through the sharing of valuable information on a number of CME topics that will enable the CME professional to return to their work and office with immediate changes to implement and improve their role within the specialty society. Emphasis will be placed on the exchange of ideas and “best practices”.

METHODS: This session is designed for stimulating interaction, using short lecture presentations, panel presentations on current hot topics with question and answer sessions, as well as a series of roundtable sessions on new and pressing issues in CME.

KEY POINTS: Participants utilize this meeting to learn from peers working in other societies. 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.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SA8, Member Section Meeting (Pharmaceutical Alliance for Continuing Medical Education [PACME] – All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 – 5:00 pm, Saturday, 1/19/08, Palazzo A/Lobby

TITLE: What's the Future of Commercial Support of CME?

COMPETENCY AREA: Leadership

PRINCIPAL PRESENTER: Jennifer Spear Smith, PhD
Wyeth Pharmaceuticals, 484/865-5062, smithjs1@wyeth.com

CO-PRESENTER: Pamela Mason, BS
AstraZeneca LP, 302/885-1325, Pamela.Mason@astrazeneca.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Pharmaceutical companies

OBJECTIVES: At the end of this educational intervention, the participants will be better able to:
1) Assess the current commercial support environment as it relates to compliance, people, and technology
2) Predict what the commercial supporter environment will be in 2012

METHODS: This session will be didactic and small-group interactive, utilizing case studies and an audience response system.

KEY POINTS: This PACME session will begin by assessing the current status of commercial support of CME through lively discussion of current hot topics, including compliance, education assessment, and communicating value to stakeholders. After we have established the current status, we will work together through small group discussion and expert opinion to provide a scenario of what the environment might look like in 2012 and beyond.

ACKNOWLEDGEMENTS: Audience response technology by Vistacom Information Systems, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SA9, Member Section Meeting (Federal Health Care Educators – All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 – 3:30 pm, Saturday, 1/19/08, Palazzo C/Lobby

TITLE: Current Issues in CME for Federal Providers

COMPETENCY AREA: Systems Thinking

PRINCIPAL PRESENTER: Judith Sutcliffe, MEd, Federal Bureau of Prisons, 202/305-7627, jsutcliffe@bop.gov

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: 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.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SA10, Member Section Meeting (State Medical Societies – All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 – 3:30 pm, Saturday, 1/19/08, Palazzo B/Lobby

TITLE: State Medical Societies

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Robert Addleton, EdD
Medical Association of Georgia, 678/303-9285, bob@mag.org

CO-PRESENTER: Billie Dalrymple, BA
Texas Medical Association, 512/370-1446, billie.dalrymple@texmed.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: State medical societies

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

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

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SA11, Meeting

TIME/DAY/LOCATION: 5:00 – 6:00 pm, Saturday, 1/19/08, Palazzo E/Lobby

TITLE: Mentor/Mentee Program

COMPETENCY AREA: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Lawrence Sherman

Physicians Academy, 212/984-0711, ls@physiciansacademy.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: This session will enable Mentees (newcomers to CME and/or this meeting) to competently and confidently navigate the Alliance Annual Conference, select sessions to attend, identify networking opportunities, find resources, etc; and Mentors (experienced CME professionals) 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 this meeting and early career development.

METHODS: Mentors and Mentees will be matched according to provider type and/or geographic location as much as possible. Those who pre-register before the meeting will be sent contact information so they can communicate before arriving. Those who register on-site will be matched at this session.

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.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P1, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: A Unique, Flexible Program for Guideline Dissemination

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Francine Borduas, MD
Université Laval, 418/656-5958, francine.borduas@fmc.ulaval.ca

CO-PRESENTER: Rick Ward, MD
University of Calgary, 403/239-8322, raward@direct.ca

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the end of this presentation, participants will be able to 1) describe the unique strategy of guideline dissemination exemplified by this program and 2) describe different ways to use this platform for other continuing professional development programs.

METHODS: Based on educational needs, a multifaceted program was developed to help disseminate rheumatology guidelines. An on-the-spot needs assessment identifies learning needs and determines which of 13 controversial statements should be covered.

KEY POINTS: In the first three months of 2007, approximately 40 sessions were held. The platform encourages clinical questioning and helps link learning to practice through case studies and clinical practice guidelines. The program's built-in needs assessment process ensures participants' specific learning needs are targeted. Its modular nature allows for flexibility in terms of session length, and permits the program to be easily adapted and updated as new learning needs arise.

RECOMMENDED READING: Cabana MD, Rand CS, Powe NR, Wu AW, Wilson MH, Abboud PA, Rubin HR. Why don't physicians follow clinical practice guidelines? A framework for improvement. JAMA 1999; 282(15):1458-1465.

ACKNOWLEDGEMENTS: This program was supported by an unrestricted educational grant from Pfizer Canada Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P2, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: A Stepwise, Systematic Approach to a CE Initiative

COMPETENCY AREA: Adult/Organizational Learning Principles

PRINCIPAL PRESENTER: Susan Cantrell, RPh

American Society of Health-System Pharmacists, 919/847-8877, scantrell@ashpadvantage.com

CO-PRESENTER: Kristi Hofer, PharmD

American Society of Health-System Pharmacists, 434/964-0027, khofer@ashpadvantage.com

CO-PRESENTER: Julie Webb, RPh

American Society of Health-System Pharmacists, 571/223-1658, jwebb@ashpadvantage.com

CO-PRESENTER: Juliette Muszka, PharmD

sanofi aventis, 908/243-4425, juliette.muszka@sanofi-aventis.com

CO-PRESENTER: Edward Wang, PhD

sanofi aventis, 908/981-5197, edward.wang@sanofi-aventis.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants will be able to: (1) explain the rationale, benefits, and an effective method for providing audience-faculty interactivity in a live CE activity; (2) design an online, interactive case study to assess learning and knowledge retention among participants in a live CE activity, and (3) assess outcomes and participant satisfaction in CE activities using an online survey method.

METHODS: A stepwise educational initiative consisting of three levels of activities was implemented in 2007. Secondary to the primary goal of educating practitioners on the management of venous and arterial thrombosis, the initiative was used as a research opportunity to assess the effectiveness of various methods of instruction, audience-faculty interactivity, and outcomes assessment. This poster presentation will summarize the results of this assessment.

KEY POINTS: An educational initiative for pharmacists on the topic of venous and arterial thrombosis was implemented in 2007. The initiative was designed in a stepwise approach, featuring three levels of educational activities. The first level, intended to provide a basic overview of the topic for non-cardiovascular specialists, consisted of a web-based, interactive activity on each topic. The second level consisted of a series of live regional educational activities intended to provide in-depth knowledge on the topics appropriate to pharmacists with expertise or specialization in the respective areas. The third level included an online, interactive, case-based activity. The initiative was viewed as an opportunity to assess potential benefits and audience satisfaction associated with certain instructional methods and approaches to educational outcomes measurement. Changes in practice behavior resulting from participation in the activities were assessed through an online post-activity survey process and follow-up telephone interviews with a sample of participants. Data from this assessment will be incorporated into the provider's CME program quality improvement process.

RECOMMENDED READING: Davis DA, Thomson MA, Oxman AD, et al. Changing physician performance. A systematic review of the effect of continuing medical education strategies. *JAMA*. 1995; 274:700-5.

ACKNOWLEDGEMENTS: The educational initiative described in this presentation was funded by a grant from sanofi aventis.

EDUCATIONAL FORMAT: P3, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Adventures in PI-CME: Lessons from an Academic CME Office

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Jeanne Cole, MS

Jefferson Medical College, 215/955-6992, jeanne.cole@jefferson.edu

CO-PRESENTER: Joseph Seltzer, MD

Jefferson Medical College, 215/ 955-2575, joseph.seltzer@jefferson.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Participants should be able to (1) describe a comprehensive, standardized approach to developing and implementing PI CME currently in use in an academic health center, (2) critique the results of two completed pilot projects, and (3) adapt appropriate strategies for PI-CME to their own practice setting

METHODS: Presentation will describe the processes implemented to develop, implement and administer multiple institutional PI CME projects; analyze project results; and discuss pearls and perils encountered. Participants will be encouraged to share their experiences.

KEY POINTS: This presentation reviews key components of the AMA PI-CME requirements, demonstrates their efficacious application across multiple disciplines and practice contexts, and may support development of projects that can lead providers to the type of practice-based CME programming being encouraged by the ACCME New Criteria. Pearls include use of flexible but standardized formats and need for collaboration with institutional performance improvement endeavors.

RECOMMENDED READING: AMA Physician Recognition Award Booklet (2006)

<http://www.ama-assn.org/ama/pub/category/15889.html>

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P4, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Evaluation of Inter-Professional Continuing Education

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Vernon Curran, PhD
Memorial University, 709/777-7542, vcurran@mun.ca

CO-PRESENTER: Ann Hollett, MA
Memorial University, 709/777-8806, annah@mun.ca

CO-PRESENTER: Joan Sargeant, PhD
Dalhousie University, 902/494-1995, joan.sargeant@dal.ca

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1) describe a model for inter-professional continuing education (CE) in primary health care and a framework for conducting summative evaluation; 2) summarize evaluation results and discuss implications for inter-professional CE.

METHODS: Description of inter-professional CE initiative, context and summative evaluation framework. Summary of evaluation results and findings. Discussion of implications for design and delivery of inter-professional CE in primary health care settings.

KEY POINTS: This poster 1) reports positive and significant evaluation outcomes pertaining to inter-professional CE delivery in primary health care settings; and 2) suggests that inter-professional CE is effective in enhancing collaborative competencies and fostering primary health care collaboration.

RECOMMENDED READING: Barr, H., Koppel, I., Reeves, S., Hammrick, M., Freeth, D. Effective Inter-professional Education: Argument, Assumption and Evidence. Oxford, UK: Blackwell Publishing; 2005.

ACKNOWLEDGEMENTS: This study was conducted through the Building a Better Tomorrow Initiative with funding from the Primary Health Care Transition Fund, Health Canada. The authors would like to acknowledge members of the Atlantic Education Working Group of the Building a Better Tomorrow Initiative.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P5, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: What PCPs Think and Do vs. What They Think They Do

COMPETENCY AREA: Adult/Organizational Learning Principles

PRINCIPAL PRESENTER: Kayla Cytryn, PhD

AXDEV Group, 888/282-9338, cytrynk@axdevgroup.com

CO-PRESENTER: Lorna Cochrane, PhD

AXDEV Global, 888/282-9338, cochranel@axdevgroup.com

CO-PRESENTER: Suzanne Murray

AXDEV Group, 888/282-9338, murrays@axdevgroup.com

DISCLOSURE: Presenters do have an interest in selling a service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this program, participants will be able to: (1) understand the impact of provider knowledge, skills, and attitudes on the relationship between primary care providers (PCPs) and women around menopause; and (2) apply these insights to the development of educational initiatives targeting translation of knowledge into actual practice and the impact on the patient-provider relationship.

METHODS: Findings of a mixed methods educational national needs assessment examining the care of women around menopause by PCPs will be reported. Implications of findings about delivery of care for educational interventions will be discussed and further explored in mini breakout sessions.

KEY POINTS: PCPs were found to have insufficient knowledge and skills to provide adequate care to women around menopause. They did not identify menopause as a priority, with women being neither systematically screened nor followed. Their communication skills and relationship skills were inadequate to form an effective therapeutic relationship. Patients reported lack of physician empathy and knowledge, as well as contradictory information from different providers. This resulted in lack of trust, impacting negatively on the relationship and on patient outcomes.

RECOMMENDED READING: Davis, D.A. and Taylor-Vaisey, A. (1997). Translating guidelines into practice: A systematic review of theoretical concepts, practical experience and research evidence in the adoption of clinical practice guidelines. CMAJ, 157, 408-416.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P6, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Chronic Pain and Depression

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Hassan Danesh, PhD

Indiana University School of Medicine, 317/274-2854, hdanesh@iupui.edu

CO-PRESENTER: Charles Clark, MD

Indiana University School of Medicine, 317/274-0104, chclark@iupui.edu

CO-PRESENTER: Nahid Shahnavaz, PhD

Indiana University School of Medicine, 317/274-8361, nshahna@iupui.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical schools

OBJECTIVES: At the conclusion of this program, participants should be able to:

1. identify steps necessary to create successful learning intervention using a variety of instructional models;
2. explain how various levels of outcome may be measured;
3. list and describe key challenges involved in conducting outcome measurement; and
4. formulate strategies to conduct similar studies in their organizations.

METHODS: A focus group conducted in order to design content of depression program. Case-based presentations implemented in geographically targeted areas. Pre and post-test and telephone interview were conducted with participating physicians to identify the extent to which the care of their patients with depression has improved as a result of these activities.

KEY POINTS: Important components of this project include:

1. needs assessment survey;
2. five regional courses outlining the diagnosis and treatment of depression in the primary care setting;
3. an evaluation tool that documents physician interventions among patients with depression; and
4. reflective Learning Project (RLP) case-study program, offered to course participants to extend their course-based knowledge into practice-based self-assessment and learning, guided by faculty consultation.

RECOMMENDED READING: Bair MJ, Robinson RL, Katon W, Kroenke K. Depression and pain comorbidity. *Arc Intern Med.* 2003; 163:2433-244445 Komaroff AL. "Minor" illness symptoms: the magnitude of their burden and our ignorance. *Arch Gen Psychiatry.* 1984; 41:934-941 Kroenke K. Studying symptoms: sampling and Measurement issues. *Ann Intern Med.* 2001;

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P7, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: 2012 – An ACCME Odyssey

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Nancy DeRita

St. John Hospital and Medical Center, 313/343-3877, Nancy.DeRita@stjohn.org

CO-PRESENTER: Steven Minnick, MD

St. John Hospital and Medical Center, 313/343-3877, Steven.Minnick@stjohn.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: As DVD and internet technology becomes more affordable, CME programs will be confronted with having appropriate speaker authorization release forms. Our poster will determine and provide CME professionals with the components of what is required for a “best practice” speaker release/authorization form.

METHODS: The poster will present the results of survey data collected from fifty CME provider organizations. We will review available examples of policies sent to us for “Best Practices”. A literature search of Legal requirements from current law will be done. We will then compare institutional policies regarding the videotaping of speakers presentation.

KEY POINTS: The future of CME is constantly changing; therefore it is critical to achieve “Best Practices” in every area of CME. 1) As DVD and internet technology becomes more affordable, CME programs will be confronted with having appropriate speaker authorization release forms. (2) Legal requirements need to be known by CME professionals. (3) Policies need to address all relevant legal requirements.

ACKNOWLEDGEMENTS: I.COMM

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P8, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Using Continuing Education to Drive Quality Improvement

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Marvin Dewar, MD
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CO-PRESENTER: Laura Gruber, MBA
Shands HealthCare, 352/338-2195, grubela@shands.ufl.edu

DISCLOSURE: Presenters do not have an interest in selling technologies, programs, products, and/or services to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Participants will learn how one university CME program took on a critical role in enterprise quality improvement and patient safety by (1) funding and administering educational grants directed at QI and patient safety programs; (2) providing training to faculty in quality improvement skills; and (3) providing incentives for faculty to develop educational programs on quality improvement and patient safety topics. In addition, the presentation will illustrate how national quality improvement goals can be integrated with continuing medical education.

METHODS: The UF CME Clinical Education Grant Program was established in 2006 with the goal of supporting projects using educational tools and methods to address important patient care safety and quality issues. Supported projects must be completed within a 18 month time frame and result, among other things, in a certified CME activity. Adult learning methods including practice based learning, simulation based education and training tailored to improving local clinical processes and overcoming local barriers to success receive funding priority.

KEY POINTS: A Clinical Education Grant Program was established to encourage faculty members to design and implement educational programs supporting quality improvement and patient safety. Teams with funded projects must create continuing education modules that at the conclusion of their 18-month grant are presented at enterprise quality forums and result in certified CME activities. The semiannual grant process has been of interest to physicians across multiple specialties, and has produced innovative educational programs aimed at safe central venous catheter insertion, improved use of perioperative beta blockers, improved hospital glucose control, enhanced team work in operating rooms, and improved communication during patient hand-offs. A Clinical Education Grant Program is an effective way of integrating CME and safety/quality programs.

RECOMMENDED READING: Adult Education/ Continuing Professional Development/ Physician Behavior Change Annotated Bibliography Marvin A. Dewar, M.D., J.D.
Associate Dean, Continuing Medical Education

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P9, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Reducing Unmet Needs through Multiple Interventions

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Brenda Feldman, BS

Professional Postgraduate Services, 201/271-6135, Brenda.feldman@ppscme.com

CO-PRESENTER: Danielle Gabriel, BS

Professional Postgraduate Services, 201/271-6059, tresred81933@yahoo.com

CO-PRESENTER: Jamie Sanford, AA

Professional Postgraduate Services, 201/271-6052, jamie.sanford@gmail.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: •Identify knowledge gaps with a thorough needs assessment •Design multiple educational activities with similar learning objectives to address identified knowledge gaps and perceived barriers that prevent optimal patient care, ultimately reducing unmet educational needs •Measure outcomes in terms of achieved results due to changed competence and performance, and provide methods of reinforcement

METHODS: 1)Key thought leaders provided support in the creation of a survey on the challenges PCPs encounter in patients with low HDL-C and elevated TGs; 2)Interviews with practitioners, key thought leaders, and a rigorous literature search were conducted; 3)Responses were tabulated & analyzed; 4)plan containing multiple educational interventions was developed.

KEY POINTS: 1)Survey is conducted to assess baseline; 2)Live activity is designed with objectives relating to identified need; 3)To assess competence, a newsletter is developed and includes a case study with critical treatment-and management-specific questions; 4)An interactive case study is developed, enabling participants to make treatment choices and providing a platform for performance measurement. A follow-up survey is sent to reinforce and determine if changes have been sustained; 5)In one of many instances, a significant change in treatment choices was assessed in participants who attended a educational activity compared with those who completed the baseline survey but did not complete any activities.

RECOMMENDED READING: Davis DA, Barnes BE, Fox RD, eds. The Continuing Professional Development of Physicians: From Research to Practice. Chicago, IL: American Medical Association; 2003.

ACKNOWLEDGEMENTS: Professional Postgraduate Services® (PPS), Secaucus, New Jersey

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P10, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Development of an Educational Framework for COPD Care

COMPETENCY AREA: Adult/Organizational Learning Principles

PRINCIPAL PRESENTER: Jill Foster, MD

Outcomes, Inc., 205/259-1500, jill.foster@ceoutcomes.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: John Walsh

COPD Foundation, 866/731-2673, jwwalsh@copdfoundation.org

DISCLOSURE: Does not have an interest in selling a technology, program, product and/or service to CME professionals.

CO-PRESENTER: Molly McGuire

COPD Foundation, 866/731-2673, mmcguire@copdfoundation.org

DISCLOSURE: Does not have an interest in selling a technology, program, product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1. Describe distinct strategies that can be used to obtain information about healthcare professionals' educational needs. 2. Plan a needs assessment more strategically to develop a framework for effective education programming.

METHODS: A needs assessment was conducted utilizing a survey centered on case vignettes, nominal group technique and mapping to gain insight into chronic obstructive pulmonary disease (COPD) care in primary care settings. Findings were integrated to guide CME development.

KEY POINTS: Numerous determinants influence healthcare professionals' clinical decision-making. To help establish educational priorities, a needs assessment should be multifaceted and collect information from distinct domains. This presentation will describe an approach examining clinical decision patterns, perceptions, learning preferences, and geographical factors that relate to COPD. The information was compiled into an educational framework designed to improve the quality of care given to primary care patients with COPD.

RECOMMENDED READING: Foster JA, Abdolrasulnia M, Yawn BP, et al. Enhancing COPD Management in Primary Care Settings. (Publication in progress)

ACKNOWLEDGEMENTS: This project was supported by unrestricted educational grants from Boehringer Ingelheim and Pfizer.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P11, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Reinforcing Clinical-Evidence Acumen through CME

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Danielle Gabriel, BS

Professional Postgraduate Services® (PPS), 201/271-6059, tresred81933@yahoo.com

CO-PRESENTER: Brenda Feldman, BS

Professional Postgraduate Services® (PPS), 201/271-6135, brenda.feldman@ppscme.com

CO-PRESENTER: Jamie Sanford, AA

Professional Postgraduate Services® (PPS), 201/271-6052, jamie.sanford@gmail.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: • Reinforce the knowledge of pivotal clinical-trial data and current scientific evidence among healthcare professionals by presenting realistic patient case studies that are designed to assess and positively impact participants' clinical-practice behaviors • Design a relevant, interactive, educational vehicle that enables participants to navigate an authentic case study in which critical decisions are made regarding the diagnosis and subsequent treatment of myriad disease states as a means to positively impact patient outcomes and physician behaviors

METHODS: • A rigorous literature search was conducted to determine educational gaps in the diagnosis and treatment of cardiovascular and/or metabolic diseases, including dyslipidemia, type 2 diabetes, hypertension, and stroke. • World-renowned experts in the realms of cardiovascular disease and its comorbidities were enlisted to author each interactive case study (ICS). • Prior to beginning an ICS, participants were asked to complete a pretest to measure their baseline knowledge of a designated therapeutic area; answers were not provided. Six weeks' post completion of the case, a posttest containing the same questions was sent to reinforce the educational message and to assess whether behavioral changes were sustained. • The ICS format allows participants to play the role of physician. They "meet" a patient and glean insight into his/her medical history. Thereafter, the participant encounters a series of stages in which questions regarding appropriate diagnosis, treatment, and management are posed based on current clinical guidelines. For each decision selected, expert commentary from the physician-author is provided to support or negate the participant's choices. Media (slides, lab tests) are also provided to complete the clinical scenario.

KEY POINTS: • The cases "branch off" in many directions to allow participants to travel different paths based on "right" or "wrong" choices. As in real life, various outcomes are possible contingent upon the treatment and management decisions of the healthcare provider. • Six weeks' post completion of the ICS, participants were sent a posttest containing the same questions in the pretest to reinforce the educational message, gauge competence, and determine whether behavioral changes were sustained.

RECOMMENDED READING: 1) Ruiz JG, Mintzer MJ, Leipzig RM. The impact of e-learning in medical education. *Acad Med.* 2006;81:207-212. 2) Fordis, M, King JE, Ballantyne CM, et al. Comparison of the instructional efficacy of internet-based CME with live interactive CME workshops. *JAMA.* 2005;294:1043-1051. 3) Sargeant J, Curran V, Jarvis-Selinger S, et al. Interactive online continuing medical education: physicians' perceptions and experiences. *J Contin Ed Health Prof.* 2005;24:227-236.

ACKNOWLEDGEMENTS: Professional Postgraduate Services® (PPS), Secaucus, New Jersey

EDUCATIONAL FORMAT: P12, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Documenting Real Time Practice Changes from CME

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Lynn Goldenberg, RN
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CO-PRESENTER: Mandy Clark, BA
PRIME, Inc., 954/718-6055, m.clark@primeinc.org

CO-PRESENTER: Frank Urbano, MD
PRIME, Inc., 954/718-6055, f.urbano@primeinc.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be able to: 1) Design a CME program which lends itself to real-time, ongoing, measurable practice change; 2) Document how changes in professional behavior occur over a 60 day period following a CME activity; and 3) Link the eventual outcomes achieved to the needs assessment, objectives and content of the program.

METHODS: Review of existing information (i.e., importance of linking adult learning principles, learning objectives and outcomes); dissemination of new information (i.e., construction of new outcomes collection and reporting process)

KEY POINTS: This poster demonstrates 1) How to design a CME program format which lends itself to the measurement of real-time practice change as it occurs; 2) A method for documenting what and how practice change occurs over a pre-specified period of time; and 3) How to link the outcomes of such a program to the needs assessment, objectives and content of the program.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P13, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Understanding Learning Needs with Patient Level Data

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Anne Goodrich, BS

Pri-Med, 617/406-4055, agoodrich@mc-comm.com

DISCLOSURE: Does not have an interest in selling a technology, program, product and/or service to CME professionals.

CO-PRESENTER: Dan Wray, MBA

Physicians Academy, 312/867-1781, danw@physacad.com

DISCLOSURE: Does have an interest in selling a technology, program, product and/or service to CME professionals.

CO-PRESENTER: Nathalie Rouviere, PhD

Pri-Med Institute, 617/406- 4534, nrouviere@pri-medinstitute.org

DISCLOSURE: Does not have an interest in selling a technology, program, product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1)Examine a practical approach to evaluating actual physician behavioral data collected via electronic health record (EHR) technology and corresponding patient outcomes as a means to further assess and identify physician learning gaps 2)How to define the right data elements for a patient level needs assessment analysis 3)Learn how to leverage patient level data to validate physician behavioral deficiencies relative to clinical guidelines and standards 4)Understand how to utilize EHR-derived hard data points to evaluate CME outcomes

METHODS: This poster will outline and summarize in detail through a case example how a Provider and an Electronic Health Record (EHR) organization defined a relationship to design, implement, and measure physician behavioral and patient level data, and then how that data was interpreted to understand actual physician performance in practice.

KEY POINTS: Learn how this approach fits in with an expanded needs assessment approach and how this data can be used to design learning interventions that address the needs and an outcomes measurement strategy that links back to the needs definition. Establishing a needs assessment approach that uses a variety of resources and data elements allows a Provider to further understand and validate learning needs on behalf of the physicians and provides a roadmap to more clearly define the learning objectives for CME programs. For a Provider, collaborating with an EHR organization is one way to enhance needs assessment and outcomes measurement by supplementing the standard approaches with actual physician behavioral data.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P14, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Building Educational Curricula that Maximize Outcomes

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Anne Goodrich, BS
Pri-Med, 617/406-4055, agoodrich@mc-comm.com

CO-PRESENTER: Kristin Fludder, BS
Pri-Med Institute, 617/406-4253, kfludder@pri-medinstitute.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: This poster will enable participants to 1) Define a holistic approach, grounded in adult learning principles, to educating participants on a clinical area by building an educational curriculum across multiple format types including live, online and enduring activities 2) Design appropriate outcomes methodologies to measure the effectiveness of CME programs that are linked across multiple channels 3) Recognize trends in persistent learning by examining outcomes data from a sample of linked learning educational initiatives

METHODS: This poster will outline and summarize in detail the educational effectiveness of live activity formats complemented with online and enduring materials. Outcomes data methodologies, results, and trends will also be presented.

KEY POINTS: Research supports the notion that physicians rely on a variety of formats and activity types to stay up to date and achieve their educational goals. Adult learning principles also tells us that reinforcement is key for participants to enhance their learning over time and increase the likelihood that the education received will lead to positive outcomes in physician performance and practice choices. Participants in this poster session will be able to assess and learn a practical strategy for designing their own linked educational initiative and gain an approach for measuring outcomes around it to measure success.

RECOMMENDED READING: Bennett, N, Davis, D, Easterling, W, Friedmann, P, Green, J, Koeppen, B, Mazmanian, P, Waxman, H. Continuing Medical Education: A New Vision of the Professional Development of Physicians. Academic Medicine. 2000; 75:12:1167-1172.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P15, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Quantitative and Qualitative Trends in CME, 1998–2006

COMPETENCY AREA: Leadership

PRINCIPAL PRESENTER: Susan Grady, MSN

Institute for Continuing Healthcare Education, 215/446-8088, ext. 1576, sgrady@iche.edu

CO-PRESENTER: Heidi Chandonnet

Shire Pharmaceuticals Inc., 484/595-8497, hchandonnet@shire.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Participants should be able to do the following:

- 1) Identify trends in CME by provider type, modes of educational delivery, number of activities, number of participants, and sources of provider income by type for CME activities from 1998 through 2006.
- 2) Report on CME trends identified from physician surveys and meta-analyses.
- 3) Analyze quantitative and qualitative trends in CME to predict future activities.

METHODS: Review of existing information

KEY POINTS: Continuing medical education is a dynamic industry that is influenced by multiple external variables, which include, but are not limited to, politics, economics, competition, technology, human behavior, and personal learning preference. An examination of trends in CME activities over the past 8 years demonstrates how these variables have influenced the industry. Knowledge of past trends may help providers plan for the future.

RECOMMENDED READING:

1. ACCME Annual Reports (1998–2006). Available at http://www.accme.org/index.cfm/fa/home.popular/popular_id/127a1c6f-462d-476b-a33a-6b67e131ef1a.cfm. Accessed February 28, 2007.
2. Goodrich A. Doctors get jump on continuing education. Pharmaceutical Executive, June 2006.
3. Hosansky T. CME changes course. Medical Meetings. January/February 2007: 16-21. Available at: http://www.meetingsnet.com/cmepharm/cme/meetings_cme_changes_course/index.html. Accessed February 28, 2007.
4. Agency for Healthcare Research and Quality (AHRQ). Effectiveness of continuing medical education. February 2007. Available at: <http://www.ahrq.gov/clinic/tp/cmetp.htm>. Accessed February 28, 2007.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P16, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Optimizing Outcomes in Continuing Medical Education

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Stacey Hughes, BS
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CO-PRESENTER: Meghan Grady, BA
Neuroscience Education Institute, 760/931-8857, mgrady@neiglobal.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Participants will be able to: **1)** Understand and identify Kirkpatrick's levels of learning; **2)** Understand the importance of participant-focused educational design; **3)** Identify differences between summative and formative testing; and **4)** Understand how to measure the extent to which a CME activity facilitates sustained knowledge translation into clinical practice.

METHODS: Optimizing Outcomes in Psychopharmacology Continuing Medical Education: Measuring Learning and Attitudes that May Predict Knowledge translation into Clinical Practice will describe how the presenting organization designs, implements, and measures outcomes for activities within the field of Psychopharmacology.

KEY POINTS: This poster presentation will examine how well CME is working in the field of Psychopharmacology. It will describe Kirkpatrick's levels of learning and provide examples of participant-focused educational design along with illustrating the objectives with examples of pre- and posttest questions and case-based examples.

RECOMMENDED READING: Stahl, S.M., Grady, M., Santiago, G., and Davis, R.L. Optimizing Outcomes in Psychopharmacology Continuing Medical Education (CME): Measuring Learning and Attitudes That May Predict Knowledge Translation into Clinical Practice. Focus. 2006; IV(4): 487-495.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P17, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Impact of CME on Patient Health

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Martin Irvine, PhD
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CO-PRESENTER: Cyndi Grimes
Medscape, LLC, 212/301-6730, cgrimes@medscape.net

DISCLOSURE: Presenters do have an interest in selling a program to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following review of the poster participants should be able to:

- 1.) Recognize the value of a multi partner approach to address the impact of CME on patient health
- 2) Identify the methods of measuring patient disease knowledge, satisfaction with healthcare provided and communication with physician through the use of surveys and a control group
- 3) Demonstrate the value of physician self-assessment in improving patient outcomes
- 4.) Develop strategies to implement patient education into CME activities to improve patient health and health outcomes.

METHODS: Outcomes measurements of CME activities (participant and control group) as well as survey instrument to assess patients knowledge of their disease, satisfaction with treatment and communication with healthcare provider. There will also be 2 groups of patients, one whose physician participated in the CME activities and the other whose physician did not participate in the CME activity.

KEY POINTS: This poster will discuss how a patient study is developed to better understand the outcomes (patient health status, adherence), knowledge, awareness, and attitudes 2) an overview of how the study was designed and the role of each partner in the development, implementation and delivery of the results. 3.) the multiple stages needed to determine the overall impact CME has on patient outcomes. 4) the results of our research that includes a survey of patients with a specific disease about their health status, knowledge, awareness and attitudes of patients in general and of patients who have been seen by physicians that have completed one or more CME activities in a specific therapeutic area.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P18, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Facilitating Re-entry to Clinical Practice

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Cynthia Johnson

Drexel University College of Medicine, 215/762-2580, cynthia.johnson@drexelmed.edu

CO-PRESENTER: Jennifer Sumter

Drexel University College of Medicine, 215/762-2580, Jennifer.Sumter@drexelmed.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Intermediate experience level

MEMBER SECTIONS: Medical schools

OBJECTIVES: The Drexel Medicine® Physician Refresher Course assists physicians who wish to return to active clinical practice, change their specialty, or if an international medical graduate, prepare for residency training in the United States. This program will acquaint conference attendees with the process, challenges and successes encountered in developing a physician refresher program.

METHODS: The Drexel Medicine® Physician Refresher Course includes three program modules: a structured on-site six-week preceptorship in a variety of clinical venues, an on-line Medical Update Curriculum and an on-line Clinical Skills Curriculum. Participants build a portfolio of accomplishments, documenting knowledge acquired and skills learned.

KEY POINTS: The innovative curricular strategies employed in this educational program allow physicians around the world access to resources to enhance their professional and clinical skills, or prepare for admission to graduate medical education training programs in the United States. Since its implementation, we have faced and resolved unanticipated challenges. With no advertising other than personal networking, the program has generated much interest and many inquiries. The recent implementation of this program limits the data available to measure outcomes.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P19, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: MECC Learnings about Outcomes Measurement

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Monique Johnson, MD

Scienta Healthcare Education, 919/544-0052, ext. 2171, moniquej@scienta-edu.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Derek Dietze, MA

Improve CME, LLC, 480/888-9195, derek.dietze@improvecme.com

DISCLOSURE: Does have an interest in selling a product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical education and communication companies

OBJECTIVES: Participants will be able to

- 1) Place increased emphasis on the need for EOM
- 2) Identify strategies that can be used to overcome barriers that exist for MECCs in acquiring and analyzing outcomes data

METHODS: Three pilot projects were undertaken as an initial phase to develop an EOM program focused on higher level outcomes. These pilot projects were internally funded and evaluated how 2 main outcomes methodologies—clinical assertions and commitment to change—could be best used within the MECC structure.

KEY POINTS:

- Both methodologies were effectively implemented via both paper-based and web-based systems.
- A higher percentage of learners responded to clinical assertion methodology, compared to commitment-to-change inquiries.
- Overall, response rates were lower than expected, indicating that incentives to participate in EOM initiatives are warranted.

RECOMMENDED READING: Wakefield J, et al. Commitment to change: exploring its role in changing physician behavior through continuing education. J Contin Educ Health Prof. 2004. 24:197-204.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P20, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Partners to Improve Cancer Survivorship

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Haleh Kadkhoda

Institute for Continuing Healthcare Education, 215/446-8088, ext. 1170, hkadhoda@iche.edu

CO-PRESENTER: John Ruggiero, PhD

Institute for Continuing Healthcare Education, 215/446-8088, ext. 1440, jruggiero@iche.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Participants should be able to do the following:

- Identify potential funders and partners for educational initiatives outside of industry.
- Recognize the importance of collaboration to deliver education and resources effectively to primary-care providers.

METHODS: Review of existing information and experiential research

KEY POINTS: With funding and support from the Centers for Disease Control and Prevention (CDC), the Institute for Continuing Healthcare Education (the Institute) formed the Hematologic Oncology Primary Intervention Networking Group (HOPING). The goal of this 3-year educational initiative is to increase awareness of the risk and prevalence of hematologic malignancies among primary-care providers to ensure earlier diagnosis and appropriate patient management and referral. In collaboration with several cancer advocacy organizations, renowned thought leaders in hematologic malignancy, and Pri-Med, the Institute has been successful in disseminating information and resources through HOPING's live activities. The successful execution of this initiative not only meets the mission of HOPING, but also the goal of the CDC's Healthy People 2010, which is to improve survivorship of cancer patients.

ACKNOWLEDGEMENTS: HOPING is an educational initiative of the Institute, which acknowledges and appreciates the funding provided for this educational initiative through a Cooperative Agreement from the Centers for Disease Control and Prevention and the efforts of our Cooperative Agreement collaborators, Educational Planning Committee, and Pri-Med.

Collaborators: American Cancer Society; Community Media Productions; International Myeloma Foundation; Leukemia and Lymphoma Society; Lymphoma Research Foundation; Multiple Myeloma Research Foundation; National Marrow Donor Program; Patient Advocate Foundation, RTI International

HOPING Planning Committee: Kenneth C. Anderson, MD, Dana-Farber Cancer Center; Asher A. Chanan-Khan, MD, Roswell Park Cancer Institute; Louis F. Diehl, MD, Duke University Medical Center; Robert A. Kyle, MD, Mayo Clinic; Susan O'Brien, MD, M. D. Anderson Cancer Center; Peter Rosen, MD, UCLA Medical Center; Guido Tricot, MD, PhD, Arkansas Cancer Research Center; Koen van Besien, MD, The University of Chicago; Richard C. Wender, MD, Thomas Jefferson University; Kathleen Zitka, RN, MBA, Pennsylvania Department of Health

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P21, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: The Future of Continuing Medical Education by 2012

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Mary Lindsey, LCSW

University of Arkansas for Medical Sciences, 501/686-6617, lindseymarys@uams.edu

CO-PRESENTER: Kimberly Clement, BA

University of Arkansas for Medical Sciences, 501/526-6302, clementkimberlyh@uams.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of the reviewing this poster, participants should be better able to understand the significance of continuing medical education programming offered via Interactive Television Videoconferencing (ITV) technology to family medicine physicians, pharmacists, advanced practice nurses and other allied health care specialties.

METHODS: The advancement of the availability of ITV technology will allow for rapid growth and consumption in the total number of ITV's conducted across Arkansas. The ever growing demands on the time and resources of the health care professional require innovative use of advancing technology to provide methods to ensure the most advantageous use of their limited time.

KEY POINTS: The University of Arkansas for Medical Sciences, Department of Family and Preventive Medicine, CME division (DFPM CME) has offered continuing medical education for healthcare professionals for over 20 years. DFPM CME has a consortium of partners including the Arkansas Department of Health and Human Services and several not-for-profit entities who have partnered to provide CME programming via ITV technology on a variety of topical areas including bioterrorism, cancer, cardiovascular disease, diabetes and disabilities. Future growth plans include the building and expansion of the current technological infrastructure to allow for better availability of programming to rural areas located across Arkansas.

RECOMMENDED READING: American Medical Association Continuing Medical Education, CPPD Report. Winter 2007, No. 21.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P22, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Online Modules to Address Non-clinical Competencies

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Kathleen Lowney, MHS

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CO-PRESENTER: Rosalie Phillips, MPH

Tufts Health Care Institute, 617/636-1000, Rosalie_Phillips@tufts-health.com

CO-PRESENTER: Ralph Halpern, MSW

Tufts Health Care Institute, 617/636-1000, Ralph_halpern@tufts-health.com

CO-PRESENTER: Karin Pearson

Tufts University School of Medicine, 617/636-6579, karin.pearson@tufts.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: This poster will help participants to: 1) determine topics and content that align with the core non-clinical competencies of Communication and Interpersonal Skills, Professionalism, Systems-based Practice, and Practice-based Learning and Improvement; 2) recognize the features and advantages of online instruction; 3) integrate assessments, cases and exercises within didactic content; and 4) enable users to maintain a portfolio of their learning activities.

METHODS: The accredited modules address the four non-clinical competencies through topics such as EBM, QI, and health literacy. Didactic content is supplemented with cases and quizzes. References and web links provide related resources. An online portfolio allows learners to track individual activity. New modules are added each year.

KEY POINTS: To date, physicians have earned ~ 2,000 CME credits for the online modules and 1800+ residents have used the modules to address competency requirements. Learners evaluate the content and format positively. Keys to success have included relating the topics to the core competencies; enhancing didactic content with interactive exercises and cases; inserting and updating links to articles and websites for deeper study; enabling learners to complete modules at their own pace; and adapting material to online formats. An ongoing challenge is relating the non-clinical content to the practice setting for ongoing practice and performance improvement.

RECOMMENDED READING: See <http://www.acgme.org/outcome/comp/compFull.asp>.

ACKNOWLEDGEMENTS: Initial modules were developed with funding from AstraZeneca. The U.S. Department of Education Fund for Improvement in Post-Secondary Education (FIPSE) provided an evaluation grant.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P23, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Anesthesia Credentialing in New Technology

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Leslie Lynch

Riverside Methodist Hospital, 614/566-5769, lynchl@ohiohealth.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Illustrate how CME entities can contribute toward patient safety. Demonstrate how multiple educational formats can be utilized to meet one need (i.e. pre-requisite reading, videotape for pre-assessment, didactic, hands-on and simulation). Review learner outcomes from both self-assessment and observer assessment with regard to comfort level, confidence and competence.

METHODS: This poster will describe existing information from our intervention, as well as the innovative teaching methods we were able to utilize.

KEY POINTS: Continuing Medical Education Programs can contribute to patient safety by training physicians how to utilize new equipment prior to installation. This was accomplished through many different formats, including pre-requisite reading, watching a video and completing a self-assessment, hands-on and didactic training, and simulation. Mandating the education prior to installation was key. This may also lead to reduced malpractice for the anesthesiologists who participated. Partnering with multiple stakeholders aids in the success of the education. (Anesthesiology leadership, equipment companies, CME, simulation technicians all worked together to develop the intervention.)

RECOMMENDED READING: Simulation in Medical Education: Focus on Anesthesia ; DJ Doyle MD, 4-19-06. ASA Approval of Anesthesia Simulation Programs; 7-18-06. Challenges Ahead in Technology Training; Olympio, Reinke, Abramovich; APSF Newsletter Fall 2006. Lessons from 342 Medical Device Failures; Wallace and Kuhn; IT Laboratory, National Institute of Standards and Technology.

ACKNOWLEDGEMENTS: The Center for Medical Education + Innovation(TM) and staff at Riverside Methodist Hospital.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P24, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Grading Levels of Evidence - Does it Matter to Clinicians

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Andrew McCrea, PhD

The Foundation for Better Health Care, 212/835-2160, andy@fbhc.org

CO-PRESENTER: Judy Seraphine

The Foundation for Better Health Care, 212/835-2160, jseraphine@fbhc.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Participants will be able to: 1. Assess whether graded levels of evidence of data or clinical recommendations are of value to physicians 2. Describe the benefits of graded levels of evidence on clinical decision-making; 3. Reflect on how graded levels of evidence affect the confidence and trust that clinicians have on clinical recommendations

METHODS: The poster will demonstrate through recent data from results of an FBHC CME activity that rated evidence levels are of value to clinicians, that these graded evidence levels add to participant trust and confidence on clinical recommendations, and that graded evidence levels assist them in clinical decision making.

KEY POINTS: CME providers can validate their CME content by using evidence-based medicine sources. They can further impact physician trust and confidence by providing graded evidence levels throughout their CME activities.

RECOMMENDED READING: Siwek J, Gourlay ML, Slawson DC, Shaughnessy AF. How to write an evidence-based clinical review article. Am Fam Physician. 2002;65:251-258.

Sackett DL, Straus SE, Richardson WS, Rosenberg W, Haynes RB. Evidence-Based Medicine. 2nd ed. Edinburgh, Scotland: Churchill Livingstone; 2000.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P25, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Practice Integrated Learning Sequence (PILS)

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Arnold Meyer, EdD

Temple University School of Medicine, 215/707-1550, ameyer@temple.edu

CO-PRESENTER: Albert Finestone, MD

Temple University School of Medicine, 215/707-4741, afinesto@temple.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session participants should be able to: 1) describe the “Practice Integrated Learning Sequence (PILS)”;

2) evaluate the impact of CME programs using the “Practice Integrated Learning Sequence (PILS)”, and 3) identify potential uses of the “Practice Integrated Learning Sequence (PILS)” process in their CME delivery system.

METHODS: Assist participants in understanding and applying the “Practice Integrated Learning Sequence (PILS)” in their own CME situation with emphasis on how the process can help satisfy ACCME outcomes measure related requirements.

KEY POINTS: It is the intent of this presentation to describe the use of the “Practice Integrated Learning Sequence (PILS)” at Temple University School of Medicine and how it has and will contribute to measuring the impact of our CME programs and to address potential opportunities that each poster visitor may have to use this outcomes methodology in their setting.

RECOMMENDED READING:

1) Finestone AJ, Lanzilotti, SS, Marks AD and Sobel EA. “The Practice Integrated Learning Sequence (PILS). Mobius, 6 2-5, 1986.

2) Lanzilotti, S; Finestone, A; Sobel, E, and Marks, A. “The Practice Integrated Learning Sequence: Linking Education With the Practice of Medicine”. Adult Education Quarterly, Vol. 37, No. 1. 38-47 (1986)

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P26, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Achieving Fiscal Accountability in Grant Reconciliation

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Kathleen Moreo, RN
PRIME, Inc., 954/718-6055, k.moreo@primeinc.org

CO-PRESENTER: Carmen Daniel, BA
PRIME, Inc., 954/718-6055, c.daniel@primeinc.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be able to: 1) Utilize a process to efficiently reconcile grant monies provided to support CME programs; 2) Identify steps to provide scheduled milestone reconciliations throughout a grant cycle; 3) Create reports for commercial supporters to document appropriate utilization of grant monies throughout the development and delivery of CME programs.

METHODS: Review of existing information (i.e., principles of fiscal accountability in the utilization of grant monies); dissemination of new information (i.e., methods to categorize and report grant funding for milestone and final reconciliations).

KEY POINTS: This poster 1) emphasizes the importance of fiscal reconciliation of grant monies from commercial supporters in the CME industry; 2) demonstrates how processes can be applied to develop milestone and final reconciliations; and 3) demonstrates fiscal accountability in the reconciliation of grant monies from commercial supporters for CME programs.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P27, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Diabetes Partnership Program – Latino Community Outreach

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Dana Philipps, PhD

CPE Communications, 973/ 971-0700, dphilipps@cpeducate.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After viewing this poster, participants should be able to relate the value of a single-day CME and patient education program that addresses the unique needs of the Latino culture and empowers patients and their families to take an active role in their care.

METHODS: The combined CME and patient outreach format used for the Diabetes Partnership Program emphasizes that diabetes requires a team approach to management that includes the patient, physician, family and community working together.

KEY POINTS: This program 1) enables doctors to provide patients with treatment options tailored to their individual needs and cultural influences, 2) stresses the importance of empowering patients to actively participate in their treatment plan, and 3) provides physicians with tools to improve patient-physician communication. Due to the increased incidence and high risk of serious complications in Latino patient populations, this program focuses on addressing this unmet educational need.

RECOMMENDED READING: Caballero AE. Building Cultural Bridges: Understanding ethnicity to improve acceptance of insulin therapy in patients with type 2 diabetes. *Ethnicity and Disease*. 2006;16:559-568.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P28, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Educational Intervention to Reduce Frequent Attendance

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Alex Ramos, MEd

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CO-PRESENTER: Raquel Dolado, Bsc

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CO-PRESENTER: Jaume Aubia, PhD

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CO-PRESENTER: Miquel Bruguera PhD

College of Physicians of Barcelona, +34 935 678 858, secredir@comb.es

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: To evaluate the impact of an educational intervention aimed at general and family physicians in order to reduce the frequent attendance of patients to primary care centers.

METHODS: A 16 hour course on frequent attendance to 3 primary care centers was organized. A comparative study was carried out between the intervention group and the control group. Indicators of frequent attendance were analyzed in terms of 3 periods (pre - post -6 months after- delayed post -1 year after the course).

KEY POINTS: 1) Description of an educational intervention on frequent attendance. 2) Pre – post – delayed post comparative study. 3) Analysis of results obtained from the educational intervention. 4) Demonstration of how a educational intervention can improve the quality of attendance and counteract professional burnout.

RECOMMENDED READING: Baez K, et al. Understanding patient-initiated frequent attendance in primary care: a case-control study. British Journal of General Practice 1998; 48, 1824-7.

Fuertes M, et al. Characteristics of the patient who over-uses on-demand general medical services. Atención Primaria 1994; 14, 809-14.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P29, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Obesity and Cardiometabolic Risk Consensus Project

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Elena Schifando, DO
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CO-PRESENTER: Donald Nelinson, PhD
The Diabetes Consortium, Inc., 973/263-0338, dnelinson@thediabetesconsortium.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1.Create a multi-disciplinary forum to advance level of understanding of cardiometabolic risks associated with obesity & define optimal approaches to advance treatment protocols & the SOC @ the community level 2.Establish consensus within the osteopathic medical, PA, and NP communities that obesity is a medical condition that warrants treatment beyond lifestyle modifications 3.Develop CME and publications to broadly communicate the findings of the multi-disciplinary forum

METHODS: A one-day consensus meeting with expert faculty in intra-abdominal adiposity pathophysiology and cardiometabolic risk management where latest data is presented to discussants/decision-makers from all key osteopathic medical, physician assistant and advanced practice nursing (AOA, ACOI, ACOFP, AAPA, AANP) associations. Also represented: Surgeon General, CDC, FDA. Consensus statement, CME Supplement in JAOA and peer-reviewed articles generated to disseminate the science and treatment consensus within the target communities of healthcare providers.

KEY POINTS: Obesity is seen as the single most profound health epidemic in the United States today (CDC, 2006). The coordination and consensus between medical organizations regarding obesity as a medical condition and the need for treatment has never been established via policy statements or treatment algorithms/guidelines. This project represents a major step in public health strategy as well as medical education. While grant supported, this project was sponsored by the 3 osteopathic medical associations and the non-profit educational organization, the Diabetes Consortium, Inc. The consensus and educational follow-up is unprecedented in terms of the cooperation between the participating groups, and the advancement in the understanding of obesity as a medical condition with predictable cardiometabolic sequelae. The consensus statement, CME, and peer-reviewed publications that grew from this project have the potential to reach more than 300,000 healthcare providers in the United States and offer a clearly defined perspective on this major health problem.

RECOMMENDED READING: 1) Selvin E, Paynter NP, Erlinger TP. The effect of weight loss on C-reactive protein. Arch Intern Med. 1/8/07;167:31-39.

2) Ogden CL, Carroll MD, Curtin, LR. Prevalence of overweight and obesity in the United States, 1999-2004. JAMA. 4/5/06;295,13:1549-1555.

3) Scheen AJ, Finer N, Hollander P. Efficacy and tolerability of rimonabant in overweight or obese patients with type 2 diabetes: a randomized controlled study. Lancet. 10/27/06. 1-13.

ACKNOWLEDGEMENTS: The Diabetes Consortium, Inc, the American Osteopathic Association, the American College of Osteopathic Internists, and the American College of Osteopathic Family Physicians gratefully acknowledge sanofi aventis for providing an educational grant for this project.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P30, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Quality in E-Learning – The Experience of the CCCME

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Helena Segura, MEd

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CO-PRESENTER: Helios Pardell, MD

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CO-PRESENTER: Arcadi Gual, MD

Catalan Council of CME (CCCME), +34-93-2183665, ccfmc@comb.es

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Advanced experience level

MEMBER SECTIONS: All

OBJECTIVES: This poster will describe the elements that improve the effectiveness of the e-learning CME programs and how to ameliorate their outputs.

METHODS: Qualitative analysis of the e-learning CME events accredited by the Catalan Council of CME (CCCME) during the period 2000-2006, mainly centered on: technology, operational structure, methodology and assessment.

KEY POINTS: The core elements of a qualified e-learning CME program are the following:

1. Adequate technology
2. Appropriate operational structure
3. Adapted methodology
4. Output-oriented assessment

RECOMMENDED READING: van Dam N. The e-learning fieldbook. New York, NY: McGraw-Hill; 2004

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P31, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: CME Bias Management Process

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Jatinder Takhar, MD

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CO-PRESENTER: Dave Dixon, MD

Schulich School of Medicine & Dentistry, 519/641-6712, ddixon@uwo.ca

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

1. To develop a CME bias Management Process within the context of collaborative relations.
2. To construct an instrument/tool which would assist in illuminating bias in continuing medical education.
3. To test this instrument for reliability and validity before and during CME
4. Train reviewers to apply this instrument/ tool during the Pilot study.

METHODS: Representatives from industry and academia collaborated to develop a tool to illuminate and measure bias in CME. The tool involved the rating of 14 statements (1 = strongly disagree, 4 = strongly agree), and was used to evaluate 17 live CME events. Cronbach's alpha was used to assess the internal consistency of the scale.

KEY POINTS: The tool and the data from this study can be used to raise awareness about bias in CME. Policy makers can use this tool to ensure that CME providers meet the standards for education, and CME providers can use the tool for conducting random audits of events they have accredited. Key words: continuing medical education, bias, bias assessment tool

ACKNOWLEDGEMENTS: This study was partially funded by Dan Joyce, Diversified Business Communications.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P32, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Meeting Needs with an Integrated Learning Platform

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Brooke Taylor, MPH

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DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Katherine Grichnik, MD

Duke University School of Medicine, 919/401-1203, grich002@mc.duke.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Fred Westbrook, DMin

C'Access, Inc., 919/824-4699, frednash@duke.edu

DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) recognize the importance of utilizing an integrated learning platform for CME to meet physician life long learning needs; 2) describe benefits and challenges associated with integrating a learning platform; 3) discuss how CME professionals can position themselves in their organizations to effectively develop an integrated learning platform.

METHODS: The poster will provide a description of methods used to identify and implement an integrated learning platform for use at one Academic Medical Center.

KEY POINTS: Many physicians are eager to take advantage of new asynchronous learning opportunities that provide easy access to cost effective CME in order to improve their medical practice. This presentation 1) suggests how CME Providers can meet physician learning needs with an integrated learning platform; 2) suggests how CME providers can position themselves in their organization to link performance improvement activities to an integrated learning platform; and 3) provides a real-life example of how one academic medical center successfully implemented an integrated learning platform.

RECOMMENDED READING: Harden RM. 2005. A New Vision for Distance Learning and Continuing Medical Education. JCEHP, 25(1): 43-51.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P33, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Reflections on HIV – Identifying Needs

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Cecile Tremblay, MD

University of Montreal Hospital Center, 514/890-8000, c.tremblay@umontreal.ca

CO-PRESENTER: Peter Lin, MD

Canadian Heart Research Centre, 416/321-2643, peterlin1@rogers.com

CO-PRESENTER: Marie-France Deslauriers

Pfizer Canada Inc., 514/695-0500, Marie-France.Deslauriers@Pfizer.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: A multi-staged approach was used with the objective of assessing the learning and educational needs of Canadian physicians specializing in HIV/AIDS. A literature search on this methodology yielded no similar three-step needs assessments performed in the past.

METHODS: The needs assessment took place in three distinct stages. The first stage consisted of an in-person focus group session with HIV specialists. For the second stage, the learning needs identified in the focus group session were validated in an online session. The third and final stage made use of a questionnaire faxed to 300 non-HIV specialist physicians.

KEY POINTS: By directly involving the participants and allowing them to first identify, and then validate learning needs, this method ensured all recommendations made based on the findings accurately reflect the learning needs of Canadian non-HIV and HIV specialists. The four key topics highlighted were primary care, HIV management, co morbidities and social issues. Specific topics were prioritized within each area. Preferred formats for education and communication were also determined. Interestingly, there was great interest in comprehensive web-based initiatives as well as the more traditional methods such as live, face-to-face CME programs.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P34, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Sunday, 1/20/08; 7:30 am – 4:00 pm, Monday, 1/21/08; 7:30 – 10:30 am, Tuesday, 1/22/08; Coquina Grand Hall/Lobby

TITLE: Impact of Electronic Media on Medical Education Habits

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Al Weigel

sanofi-aventis US, Inc, 908/981-5163, al.weigel@sanofi-aventis.com

CO-PRESENTER: Donna Mitchell

sanofi-aventis US, Inc, 908/981-5156, donna.mitchell@sanofi-aventis.com

CO-PRESENTER: Ned Matalia

The Matalia Group, 610/584-5740, ned.matalia@mataliagroup.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to:

- 1) Understand how well healthcare providers have adopted various online and handheld electronic media for medical education purposes.
- 2) Differentiate the media uses based on age and gender profile of care providers

METHODS: Presentation of data from a recent large-scale direct-mail survey (n>7,000) among 28 medical specialties and the comparison of the current study results with those from previous years

KEY POINTS: 1) Electronics, particularly the internet, is now a player in delivery of medical education.

2) While its share of internet users has expanded, it is far from being a significant threat for printed peer-reviewed journals or live events.

3) The electronic media, the internet or handheld devices, account for relatively small share of CME credits care providers earn today.

4) Gender and age have a differential impact on the use of the Internet or handheld devices

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU1, Plenary

TIME/DAY/LOCATION: 8:30 – 10:00 am, Sunday, 1/20/08, Mediterranean 1-8/Lobby

TITLE: Professionalism and CME: Taking the High Road

COMPETENCY AREA: Leadership

PRINCIPAL PRESENTER: David Rothman, PhD

Columbia University Institute for Medicine as a Profession, 212/305-4184, [dj5@columbia.edu](mailto:djr5@columbia.edu)

CO-PRESENTER: Susan Chimonas, PhD

Columbia University Institute for Medicine as a Profession, 212/305-4184, sc2254@columbia.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this plenary session, participants will be able to: (1) understand what is meant by the term “professionalism”; (2) appreciate why professional behavior is important to physicians, patients, and society; (3) reflect on how relationships that physicians have with the pharmaceutical industry may jeopardize professionalism; (4) consider the important recommendations made by the speakers in the landmark paper published in the Journal of the American Medical Association in 2006 and in their new “best practices” research on managing industry funds for CME; and (5) determine what changes are needed in their own organizations in order to ensure the appropriate separation of education from promotion in continuing medical education activities.

METHODS: After introducing/defining the concept of professionalism, the speakers will describe the focus of their scholarly work at the Institute for Medicine as a Profession at Columbia University. They will then analyze the current health care environment, particularly as it relates to the interactions of physicians with the pharmaceutical industry. After summarizing the recommendations put forth in their landmark article [JAMA 2006; 295:429-433] and their “best practices” recommendations for healthcare organizations, the speakers will focus on numerous issues that are specific to continuing medical education. These include, but are not limited to, the following topics: (1) commercial support and the influence of the pharmaceutical industry on prescribing patterns; (2) the use of CME activities to generate referrals to tertiary care hospitals; (3) the reliance of self reporting the number of credits earned when physicians attend CME activities and/or renew their medical licenses; (4) the selection of expensive resort venues for numerous CME activities; and (5) the subsidization of the cost of continuing education for a segment of society that is financially well to do. The speakers will finish the session by addressing a set of questions solicited from key stakeholder groups within the CME community.

KEY POINTS: It is “mission critical” that CME providers fully separate promotion from education. Similarly, it is imperative that physicians make decisions that are always in the best interest of their patients and society. If planners, educators, and learners follow these tenets, the CME enterprise can be considered to be operating in a professional manner. However, when these important principles are not strictly adhered to by all stakeholders, continuing medical education has contributed to the decline of professionalism in medicine. All persons involved in CME should reflect on their behavior and consider whether they have been contributing to improvements in the health care system or putting their own interests before the interests of patients and society. This plenary session is intended to encourage all persons involved in CME to “take the high road” and help foster professionalism in medicine.

PARTICIPANT NOTE SPACE:

EDUCATION FORMAT: SU2, Mini-Plenary

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/20/08, Mediterranean 1-8/Lobby

TITLE: Top 5 Lessons Learned from CME Literature over Past 20 Years

COMPETENCY AREA: Educational Interventions

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

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this mini-plenary session, participants will be able to: (1) identify several key research articles that have been published over the past 20 years; (2) understand what the authors were studying and what their key findings were; (3) identify how these studies can be incorporated into the planning and evaluation of CME activities; (4) discuss how the studies can be further used influence CME curriculum and policy; and (5) appreciate the role that research plays in improving CME design and policy.

METHODS: The speaker will provide a critical review of the key literature and how it has influenced CME practice and policy. This overview will include a review of the research questions being considered, the methodology used by the investigators, the key findings, and the take home points that CME professionals can use in their work.

KEY POINTS: CME studies address the following questions: (1) what curricular designs are most likely to result in change? (2) how effective is on-line or e-learning? (3) how effective are physicians in assessing their performance and directing their learning? (4) what challenges are encountered in providing feedback to physicians, and (5) why is it important to consider the innovation, adopters, communication practices, micro and macro systems when effecting large-scale changes in health care?

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU3, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/20/08, Amarante 2-3/Lower

TITLE: Preview of Alliance Annual Conference Intensives

COMPETENCY AREAS: Adult/Organizational Learning Principles, Performance Measurement, Partnering, Leadership

PRINCIPAL PRESENTER: George Mejicano, MD (Moderator)

University of Wisconsin School of Medicine, 608/263-4591, mejicano@wisc.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Soroush Batmangelich, EdD

BATM Medical Education Consultants, 847/808-8182, BATM@aol.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Joseph Green, PhD

American College of Cardiology, 202/375-6692, jgreen@acc.org

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Svetlana Lisanti, BA

Center for Bio-Medical Communication (CBC), 551/404-8970, slisanti@yahoo.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Steven Passin

Steve Passin & Associates, 610/325-3611, passin@passinassociates.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Lawrence Sherman, FACME

Physicians Academy, 212/984-0711, LS@physiciansacademy.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Preview of objectives and key issues to be discussed in the Intensives

METHODS: Principle presenters of Intensives will provide a 10 minute preview of the content for each Intensive at the Annual Meeting

KEY POINTS: 1) Reinventing CME with Maintenance of Certification(MOC): field perspectives, 2) Leading the CME profession into the future, 3) Roadmap to developing and accrediting international CME, 4) Level 3 planning for the new ACCME criteria, and 5) Finding pleasures among pains of commercial support.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU4, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/20/08, Marbella 3/Lower

TITLE: Commitment to Change Study Using Multiple Factors

COMPETENCY AREA: Adult/Organizational Learning Principles

PRINCIPAL PRESENTER: Andrew McCrea, PhD

The Foundation for Better Health Care, 212/835.2160, andy@fbhc.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Advanced experience level

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: 1. Assess the factors that affect CTC studies; 2. Describe the benefits of physicians making a CTC statement on clinical outcomes; 3. Reflect on how they might design a CTC study.

METHODS: The intent of the CTC was to move physicians beyond knowledge transfer and track change of behavior as a result of applying the information learned at a CME intervention. Presenter will describe the three factors of the study: verbiage, time, and reminders, and the covariants, and how they affected overall outcomes. Complete results of the study will be presented.

KEY POINTS: CME providers are committed to improving methods to evaluate change of physician behavior and/or practice patterns. Of the 732 participants in the study, 69% said that making a CTC statement helped them implement a change of practice or behavior. The format of the CTC study may be able to assist you, as a CME provider, to design your own studies to help change physician practice patterns.

RECOMMENDED READING: 1) Mazmanian PE, Mazmanian PM. Commitment to change: theoretical foundations, methods, and outcomes. J Contin Educ Health Prof 1999; 19(4):200-207.

2) Wakefield J. Commitment to Change: Exploring Its Role in Changing Physician Behavior through Continuing Education. J Contin Educ Health Prof 2004; 24(4): 197-204.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU5, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/20/08, Del Lago 3-4/Lower

TITLE: Redefining “Continuing” to Survive in 2012

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Jason Singer, PharmD
Eli Lilly and Company, 317/277-8333, jsinger@lilly.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Health care education associations, Medical education and communication companies, Medical schools, Pharmaceutical companies, State medical societies

OBJECTIVES: Redefine “continuing” medical education. Understand how to optimize shrinking grant budgets. Discuss opportunities to provide higher quality medical education. Gain better insights into educational outcomes.

METHODS: Didactic presentation with case study looking at the successes and obstacle of a large year long program, utilizing collaboration with multiple MECCs, different learning media, and different learners.

KEY POINTS: Explore that while an initiative of this sort may create budgetary issues, the overall quality of the education can be improved. In the world of shrinking dollars, utilizing money wisely is imperative. The goal of this program is to investigate the idea of developing/funding “curriculum” type programs which can be customized by the learner and modified by the educators based upon outcomes, to produce better quality education. The success of “stand alone” programming is diminishing and this type of programming would allow for tracking of repeat users, in turn contributing to retention of learning, meanwhile, gaining economies of scale to stretch the ever-shrinking dollar.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU6, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/20/08, Segura 1-4/Lower

TITLE: Maximizing Physician Participation

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Dara Warn, BS
Pri-Med, 617/406-4036, dwarn@mc-comm.com

CO-PRESENTER: Anne Goodrich, BS
Pri-Med, 617/406-4055, agoodrich@mc-comm.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of the session, participants will be able to: 1) recognize different motivating factors and learning behaviors among distinct physician behavioral types; 2) pinpoint optimal educational messages and communication streams to enable higher response rates among participants and non-participants of a CME activity, and 3) Learn best practices in communicating to physicians about the educational activities designed to meet their identified gaps in clinical practice

METHODS: Outline and summarize key findings across multiple physician behavior studies, including an audience segmentation analysis, where demographic and psychographic variables can be used and applied to drive physician usage of CME, including methods to enhance physician self-assessment. This presentation will engage the audience through case based discussions.

KEY POINTS: The amount of invitations a physician receives to participate in CME programs is daunting. In response to the changing CME landscape it's even more important for CME professionals to engage the right physician learners in a CME activity. Get past the clutter and build physician loyalty by establishing communication processes and programs that resonate with the target audience and motivates them to self-assess, engage in your activities and learn. Through examining behavioral physician insights research, participants will be able to assess and determine practical strategies to improve their effectiveness in communicating to physicians.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU7, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/20/08, Marbella 1-2/Lower

TITLE: Internet PoC Learning at a Community Hospital

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Keith Sinusas, MD
Middlesex Hospital, 860/344-6487, ksinusas@midhosp.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Hospitals and health systems

OBJECTIVES: Following this presentation the learner will be able to: 1) List the 3 required elements for Internet PoC learning; 2) develop a reporting form for Internet PoC learning, and 3) set up a system in their home institution to access this form and grant CME credit to physicians who seek real-time answers to clinical questions.

METHODS: Review the AMA guidelines for giving Internet Point of Care credit. Report our hospital's recently established system to grant Internet PoC credit. Lead a small group discussion to problem solve how a similar system can be set up at the learner's home institution.

KEY POINTS: This session reviews the challenges faced in a community hospital while setting up a system to grant Internet Point of Care credit to physicians. Since this is a relatively new method for granting credit, there are very few hospitals with any significant experience in this field and most physicians are unaware of this option for obtaining CME credit. The breakout leader will review the barriers faced and report on the results of the first year of using this method in a mid-sized community hospital. Attendees can hopefully return home with some good ideas on how to make it work at their hospital.

RECOMMENDED READING: AMA Physician's Recognition Award Booklet, 2006 Revision.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU8, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/20/08, Del Lago 1-2/Lower

TITLE: The Why's and How's of Physician Assessment

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Dave Davis, MD

Association of American Medical Colleges, 202/862-6275, ddavis@aamc.org

DISCLOSURE (ACCME): If discussion relevant to a commercial interest arises, anyone in a position to control CME content must disclose all relevant relationships with commercial interest(s).

DISCLOSURE (PROMOTION): Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All, including physicians

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this breakout session, participants will be able to: (1) identify methods to assess the knowledge, skills, and attitudes and performance of physician learners; (2) compare and contrast these methods in order to select which method is most appropriate for a given situation; and (3) incorporate new methods of assessment in their CME programs, for themselves and for other physician-learners.

METHODS: The speaker will first describe why physician assessment is important to all CME professionals – and how it may be flawed. The presentation will then include descriptions and issues related to the broad area of assessment and to the assessment tools used in health education and practice. Using examples, the speaker will then address how these tools are best used for the purposes of planning CME activities and measuring their impact.

KEY POINTS: Physician assessment is important to CME providers because it plays a critical role in both needs assessment and measuring the impact of continuing medical education activities on competence and performance. In addition, there have been numerous advances related to physician assessment, including new methods of assessment and a growing realization of how different methods and tools should be used to assess knowledge, competence and performance in the six competencies described by the American Board of Medical Specialties and the Accreditation Council for Graduate Medical Education. Knowing which tool to use and how best to interpret the results of the assessment will help you plan better educational activities and measure their outcomes.

PATRICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU9, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/20/08, Cordova 2/Lower

TITLE: Performance Improvement: The Future of CME

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Robert Meinzer, BS

New Jersey Academy of Family Physicians, 651/636-2729, rlmein@visi.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1) List the clinical areas targeted for improvement by CMS, managed care and specialty societies.

2) Describe the process of combining a QI project with a CME intervention Design a CME intervention that utilizes P4P data. 3) Outline a CME intervention that demonstrates performance improvement.

METHODS: Dissemination of new information lecture with Q&A and comprehensive handout

KEY POINTS: By 2020 the Center for Medicare and Medicaid Services (CMS) will cover the healthcare of 25% of the American population. Plans for national health insurance could dramatically increase that number. The Institute of Medicine (IOM) reports that the typical American adult receives recommended health care only slightly more than 50% of the time, and has recommended scraping the fee for service reimbursement for Medicare and implementing Pay for Performance.

CMS is working with stakeholders to close this gap in the quality of care by focusing on performance improvement. The AMA and specialty societies are providing CME credit for practice improvement projects. Pay for performance will move beyond pilot projects to a national reimbursement strategy. CME can become a stakeholder in the performance improvement movement, but only if we understand what needs to be improved and can demonstrate value.

RECOMMENDED READING: 1) Pay-For-Performance: Incentives, Models, Measures and Perspectives The Managed Care Information Center www.themcic.com, www.cms.hhs.gov/Quality.

2) ImprovementOrgs/04sow.asp www.cms.hhs.gov/PVRP/01-Overview.asp.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU10, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/20/08, Palazzo F-H/Lobby

TITLE: Expand Existing CME Activities into PI Initiatives

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Lara Zisblatt, MA

Boston University School of Medicine, 617/638-4608, laraz@bu.edu

CO-PRESENTER: Julie White, MS

Boston University School of Medicine, 617/638-4605, jlwhite@bu.edu

CO-PRESENTER: Jane Pimental, MPH

Boston University School of Medicine, 617/638-4984, pimental@bu.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) describe a variety of methods of incorporating performance improvement initiatives into existing CME activities; 2) list at least 3 methods to encourage participation in performance improvement activities; and 3) expand at least one existing CME activity into a performance improvement initiative over the next year.

METHODS: Presentation of case studies and tools for practice.

KEY POINTS: Performance Improvement is becoming more commonplace with Maintenance of Certification expectations of specialty boards and Pay for Performance demands of payers, including CMS. CME providers can assist physicians with the tools and support to conduct performance improvement in their practices. This presentation 1) describes the challenges of integrating performance improvement components into activities where performance data is not easily available, such as conferences and enduring materials with national audiences 2) outlines the outcome levels that performance improvement components can achieve; 3) illustrates the effects performance improvement components can have on the healthcare community at large.

RECOMMENDED READING: ABIM – Maintenance of Certification - <http://www.abim.org/moc/index.shtm>

CMS – Pay for Performance - http://www.cms.hhs.gov/MedicaidSCHIPQualPrac/04_P4P.asp.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU11, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/20/08, Segura 6/Lower

TITLE: Good to Great Applied to Program Evaluation

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Debra Curran, MA

HealthPartners Institute for Medical Education, 952/883-6221, debra.m.curran@healthpartners.com

CO-PRESENTER: Dan Johnson, MA

HealthPartners Institute for Medical Education, 952/883-7197, dan.a.johnson3@healthpartners.com

CO-PRESENTER: Carl Patow, MD

HealthPartners Institute for Medical Education, 952/883-7185, carl.a.patow@healthpartners.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants will be able to 1) describe the key elements of Jim Collin's model of organizational development as described in Good to Great (Collins, 2001), 2) Explain how to develop a deep understanding of your operating model by defining your Hedgehog, and 3) Identify those measures with regard to that operating model that could be used to identify progressive movement towards greatness (level 3).

METHODS: Teaching methods include presentation of key concepts as well as a hands-on opportunity to use the tools and processes presented.

KEY POINTS: In Good to Great, Jim Collins poses an organizational path to greatness. HealthPartners Institute for Medical Education has used the Collins' model for the past three years as a framework for driving its development as a CME provider. This presentation explores use of Good to Great in program evaluation: defining the dimensions of greatness as ACCME provider, designing an approach to measurement and building improvement strategies to deliver desired outcomes. This presentation will assist attendees in responding to element 2.5 of the ACME Updated Criteria.

RECOMMENDED READING: Collins, James C. Good to Great: Why some companies make the leap...and others don't (HarperCollins Publishers, Inc. 2001)

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU12, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/20/08, Palazzo E/Lobby

TITLE: How Technology is Changing the Landscape of Medical Education

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: David Schlumper, MS

Bristol-Myers Squibb Medical Imaging, 978/671-8263, david.schlumper@bms.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: How Technology is Changing the Landscape of Medical Education and Why Providers and Supporters Must Prepare for these Changes. At the completion of this session, participants should be able to 1) describe new and future technologies and educational formats in delivering medical education, 2) re-state how medical education providers and commercial supporters are affected by technology and format, 3) verbalize how and when to incorporate technology and format changes into grant requests.

METHODS: This interactive session will feature discussion on new technologies and how they can be incorporated into proven adult learning theory.

KEY POINTS: As medical education continues to evolve, how a medical education activity is delivered is fast becoming a critical element of the event itself. With multiple methods of education delivery, technology and educational formats are changing the way a learner learns. It is more important than ever for medical education providers to understand how these areas will influence the learner now and in the future. Equally important is to understand the commercial supporter perspective and to anticipate technologies and formats of possible interest in future considerations. This session will examine some of the newer technologies such as podcasting, 3-D learning, interactive approaches and asynchronous learning as it applies to medical education. Further we will review when you should incorporate these technologies and formats into grant requests.

RECOMMENDED READING: Knowles M, Swanson R, Holton E. The Adult Learner: The Definitive Classic in Adult Education and Human Resource Development. Amsterdam: Elsevier Publishing, 2005

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU13, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/20/08, Cordova 3/Lower

TITLE: Predicting the Future in Health Education (2012)

COMPETENCY AREA: Systems Thinking

PRINCIPAL PRESENTER: Suzanne Murray

AXDEV Group, 888/282-9338, murrays@axdevgroup.com

CO-PRESENTER: Sean Hayes, PsyD

AXDEV Group, 888/282-9338, hayess@axdevgroup.com

CO-PRESENTER: Lorna Cochrane, PhD

AXDEV Global, 888/282-9338, cochranel@axdevgroup.com

DISCLOSURE: Presenters do have an interest in selling a service to CME professionals.

TARGET AUDIENCE: Intermediate, Advanced

MEMBER SECTIONS: All

OBJECTIVES: At the end of this session, participants will be able to: a) Understand emerging trends in the healthcare environment and its consequences for continuing medical/health education, b) Understand the need to develop new models of patient centered care, and thus evolve training approaches to reflect the differing methods of delivering health care services, c) Envision the healthcare environment in 2012 and apply strategic thinking and planning approach to be ready for the future.

METHODS: Presenters will facilitate interactive group sessions about current literature on emerging trends in healthcare and on CME/CPD. Participants will then predict the 2012 healthcare environment and discuss its potential impact on CME/CPD. They will also draft a strategy to close the gap between emerging trends in the healthcare environment and the future CME/CPD.

KEY POINTS: A revolution in health care is occurring as a result of changes in the practice of medicine and expectations of the public regarding their care. These include changing demographics, new technologies, changes in health care delivery, patient empowerment, and changing professional roles. These changes present challenges for the content and delivery of the whole continuum of medical/health education. To be prepared for 2012, an innovative strategy in educating healthcare providers is required.

RECOMMENDED READING: Herbert, C. P. Changing the culture: Interprofessional education for collaborative patient-centered practice in Canada. Journal of Interprofessional Care, (May 2005) Supplement 1: 1–4.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU14, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/20/08, Palazzo A-C/Lobby

TITLE: Forum on Commercial Support: Partnership

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Jann Torrance Balmer, PhD

University of Virginia School of Medicine, 434/924-5950, jtb9s@virginia.edu

CO-PRESENTER: Maureen Doyle-Scharff, MBA

Pfizer Inc, 212/733-6360, maureen.doyle-scharff@pfizer.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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

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

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

KEY POINTS:

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU15, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/20/08, Cordova 5-6/Lower

TITLE: How Integrated is Europe's Approach to CME?

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Lewis Miller, MS

WentzMiller & Associates, 203/662-9690, lew@wentzmiller.org

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Thomas Kellner

World Forum of CPD in Medicine, 40 89-45 61-11 66, thomas_kellner@msd.de

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Bernard Maillet, MD

European Accreditation Council for CME, 0032 2 649 51 64, sg@uems.net

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Hervé Maisonneuve, MD

Pfizer, 33 1 58 07 35 80, Herve.Maisonneuve@pfizer.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Alfonso Negri, MD

Italian Council for Accreditation in Pneumology, 39 348 402 0698, a.negri@alice.it

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants will be: 1) up to date on the current status of CME in Europe; 2) better able to decide whether or not to take their US programming to physicians in Europe; 3) able to determine how to form CME partnerships in Europe.

METHODS: Brief presentations by 2 leaders in CME accreditation and 2 representatives of commercial supporters in Europe, accompanied by one or more illustrative cases for audience interaction.

KEY POINTS: Presenters will discuss recent changes in CME accreditation and funding in Europe, including trends toward 1) more harmonization among country and specialty regulations, 2) increasing limits on pharmaceutical company influence over content, 3) increasing use of enduring materials, including web-based CME and 4) provider vs. event accreditation. Participants will be asked to contribute their own experiences in European CME, based on illustrative cases presented.

RECOMMENDED READING: Visit EACCME site through www.uems.net; back issues of WentzMiller Global CME Newsletter through www.wentzmiller.org.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU16, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/20/08, Segura 5/Lower

TITLE: Ethics and Professionalism in CPE - An Exploration (**Part 1**)

COMPETENCY AREA: Leadership

PRINCIPAL PRESENTER: Brian O'Toole, PhD

Medical Education Group LLC, 215/604-0400, ext 357, briano@mededgrp.com

CO-PRESENTER: Kristin Rand, JD

Wyeth Pharmaceuticals, 484/865-4230, randk@wyeth.com

CO-PRESENTER: Richard Tischler, Jr., PhD

Viator Medical Communications, Inc, 301/829-5775, rich.tischler@viator-med.com

CO-PRESENTER: John Kamp, PhD

Coalition for Healthcare Communication, 202/719-7216, jkamp@cohealthcom.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1. Determine the need for a code of ethics and professionalism based on perceptions presented by various industry stakeholders germane to their domain.

2. Formulate a list of ethical and professional issues and concerns.

3. Employ the list of concerns and issues using a questionnaire in discussing with colleagues and friends.

4. Report finds back to group and participate in development of outline or position paper.

METHODS: This session will occur using 2 one hour time blocks at the beginning and end of the annual meeting as follows;

Session 1 will consist of several stakeholders presenting their view on ethical and professional issues germane to their domain in particular and the industry in general. Participants will assist in formulating a list of issues and then take the list of issues and a questionnaire and discuss with colleagues and friends over the next couple of days.

Session 2 will occur toward the end of the annual meeting and the participants will report their findings and outline /draft of a position paper will be assembled.

KEY POINTS: Most professional societies/associations have a code of ethics, (CE) that serves as a standard of conduct for members in how they conduct business, relate to each other, and interact/relate to external persons and groups. CE's convey the tenets of behavior expected of its membership and reflect the ideals and values of the association.

CE professionals, while highly regulated in terms of the requirements of doing business do not have any guidance that addresses professional ethics, standards or values. Increasing complexity, competition regulatory requirements and the notion of change in general, affect how people think and behave. Frequently this behavior is questionable in terms of ethical or professional values. Is the CE industry ripe for ethical guidance?

RECOMMENDED READING: Code of Ethical Conduct and Whistleblower Policy. Alliance for CME,

<http://www.acme-assn.org/about/wblower.shtml>.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU17, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/20/08, Palazzo D/Lobby

TITLE: Managing COI in a Large Professional Organization

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Philipp Dahm, MD

American Urological Association, 352/273-6815, p.dahm@urology.ufl.edu

CO-PRESENTER: Glenn Preminger, MD

American Urological Association, 919/681-5506, glenn.preminger@duke.edu

CO-PRESENTER: Janice Baum, MA

American Urological Association, 410/689-3725, jbaum@auanet.org

CO-PRESENTER: Kathy Bell, EdM

American Urological Association, 410/689-3731, kbell@auanet.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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

1. Define the imperative for a CME organization to effectively identify and manage conflict of interest (COI)
2. Formulate disclosure and COI tracking processes
3. Describe strategies to manage COI in a fair and balanced manner
4. Manage COI using review of educational content as a strategy

METHODS: Presenters with different roles within the CME process will report their experience with implementing a centralized COI management system. Practical examples will highlight potential pitfalls and provide opportunity for an open discussion.

KEY POINTS: The American Urological Association, a professional organization of over 15,000 urologic surgeons, presents a broad spectrum of CME activities. Identifying and managing COI effectively in a large organization requires well-defined processes, dedicated resources, and strong leadership. Successful implementation further hinges on setting priorities and realistic expectations, as well as responsiveness to feedback provided by the concerned parties - participants, faculty, reviewers, committee members, leadership, and staff.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU18, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/20/08, Marbella 4/Lower

TITLE: Navigating the Changing CME landscape

COMPETENCY AREA: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Ann Lichti

Veritas Institute for Medical Education, Inc., 201/727-1115, ext. 2251, ann.lichti@veritasime.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Intermediate, Advanced

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be able to 1) identify common challenges involved with obtaining funding for CME activities; 2) discuss unique approaches to grant proposal development; 3) formulate strategies for educating internal staff and faculty about ACCME's Updated Accreditation Criteria; and 4) devise mechanisms for implementing outcomes measurement in CME activities.

METHODS: Didactic presentation with question-and-answer session. Interactive case studies. Panel discussion.

KEY POINTS: Staying ahead in the CME environment requires 1) faculty and staff who are well versed in ACCME's Updated Accreditation Criteria; 2) the ability to link demonstrated needs with desired results; 3) comprehension of physician learning style preferences; 4) communication and negotiation skills; 5) outcomes measurement capabilities; and 6) content validity.

RECOMMENDED READING: Pelletier S. Is commercial support addictive? Medical Meetings. June 1, 2002. Pelletier S. New standards, new survey process. Medical Meetings. January 1, 2006. Hosansky T. Update: Senate pharma grants probe. Medical Meetings. September 1, 2005.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU19, Member Section Follow-Up Meeting (Medical Schools – All Conference Participants Welcome)

TIME/DAY/LOCATION: 12:00 – 1:00 pm, Sunday, 1/20/08, Marbella 1-2/Lower

TITLE: Medical Schools Member Section Meeting

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Melinda Steele, MEd
Texas Tech University Health Sciences Center, 806/743-2226, melinda.steele@ttuhsc.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical schools

OBJECTIVES: At the conclusion of the medical school member 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, New Criteria for Accreditation and list serv discussions throughout the previous year.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU20, Member Section Follow-Up Meeting (PACME – All Conference Participants Welcome)
TIME/DAY/LOCATION: 12:00 – 1:00 pm, Sunday, 1/20/08, Marbella 4/Lower

TITLE: What's the Future of Commercial Support of CME?

COMPETENCY AREA: Leadership

PRINCIPAL PRESENTER: Jennifer Spear Smith, PhD
Wyeth Pharmaceuticals, 484/865-5062, smithjs1@wyeth.com

CO-PRESENTER: Pamela Mason, BS
AstraZeneca LP, 302/885-1325, Pamela.Mason@astrazeneca.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Pharmaceutical companies

OBJECTIVES: At the end of this educational intervention, the participants will be better able to:
1) Assess the current commercial support environment as it relates to compliance, people, and technology
2) Predict what the commercial supporter environment will be in 2012

METHODS: This session will be didactic and small-group interactive, utilizing case studies and an audience response system.

KEY POINTS: This PACME session will begin by assessing the current status of commercial support of CME through lively discussion of current hot topics, including compliance, education assessment, and communicating value to stakeholders. After we have established the current status, we will work together through small group discussion and expert opinion to provide a scenario of what the environment might look like in 2012 and beyond.

ACKNOWLEDGEMENTS: Audience response technology by Vistacom Information Systems, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU21, Intensive

TIME/DAY/LOCATION: 1:15 – 5:00 pm, Sunday, 1/20/08, Cordova 5-6/Lower

TITLE: Roadmap to Developing and Accrediting International CME

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Svetlana Lisanti, BA

Center for Bio-Medical Communication (CBC), 551/404-8970, slisanti@yahoo.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Bernard Maillet, MD

European Accreditation Council for CME (EACCME), 32 06 49 5164, sg@uems.net

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Suzanne Murray

Canadian Association of Continuing Health Education (CACHE), 888/282-9338, Murrays@axdevgroup.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Alejandro Aparicio, MD

American Medical Association (AMA), 800/621-8335, alejandro.aparicio@ama-assn.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Helios Pardell, MD

Spanish Accreditation Council for CME (SACCME), 34 93 918 3665, hpardell@comb.es

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Intermediate experience level

MEMBER SECTIONS: All

OBJECTIVES: This session was developed in response a formal survey as well as constituent interviews conducted at the 2007 ACME meeting. Attendees will **1)** get an update on the most recent changes in policies and regulations for international CME accreditation of live events and distance learning , **2)** understand the respective roles/domains of international accrediting bodies, **3)** identify the pathways to determine best-suited organizations for collaboration, and **4)** hear about recent successful international collaborations.

METHODS: Panel overview presentations highlighting the most recent changes in requirements and processes for international accreditation. It will include computer interactive response system audience participation and will include specific case histories that demonstrate successful international collaboration initiatives.

KEY POINTS: With many countries now adopting CME requirements and setting up formalized systems, opportunities for collaborative educational initiatives between US and international CME professionals are now very timely. However, despite the movement towards harmonization, it is critical to know the individual country requirements/restrictions and which organizations would be the best partners for particular collaboration.

RECOMMENDED READING: Document D9908 – UEMS (www.UEMS.net) IFPMA guidelines – (www.ifpma.org)

ACKNOWLEDGEMENTS:

1) International Strategies Committee - ACME

2) Audience response technology by Educational Measures, LLC

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU22, Mini-Plenary

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/20/08, Mediterranean 1-8/Lobby

TITLE: CME as a Bridge to Quality

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER : Murray Kopelow, MD
ACCME, 312/755-7401, mkopelow@accme.org

CO-PRESENTER : Kate Regnier, MBA
ACCME, 312/ 755-7401, kregnier@accme.org

CO-PRESENTER: Mary Martin Lowe, PhD
ACCME, 312/755-7401, mlowe@accme.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After this session, participants should be able to (1) describe how the ACCME and accredited providers can respond to environmental trends that are impacting accreditation and CME, (2) link current practices in their organizations to strategies that position CME as a bridge to quality, and (3) develop plans for implementing new strategies to better align CME to support quality initiatives.

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 are responding to the changing expectations of CME.

KEY POINTS: Strategies that support CME as a bridge to quality are important for providers to know so that they can continue to respond to changing trends in CME. CME professionals can benefit from discussions on the future direction of CME as a means to evaluate their own program and identify areas for program improvement.

RECOMMENDED READING: See www.accme.org for more information on the ACCME's Updated Accreditation Criteria.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU23, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/20/08, Segura 1-4/Lower

TITLE: How Physicians Learn

COMPETENCY AREA: Adult/Organizational Learning Principles

PRINCIPAL PRESENTER: Mark Dimor

The BioContinuum Group, Inc, 212/406-1060, mdimor@bioc.net

DISCLOSURE: Does have an interest in selling a technology, program and/or service to CME professionals.

CO-PRESENTER: Michael Lemon, MBA

Postgraduate Institute for Medicine, 720/895-5329, mlemon@primed.com

DISCLOSURE: Does have an interest in selling a program and/or product to CME professionals.

CO-PRESENTER: Henry Slotnick, PhD

928/348-4865, hbslotnick@medicine.nodak.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product and/or service to CME professionals.

CO-PRESENTER: Derek Dietze, MA

Improve CME, 480/888-91950, derek.dietze@improvecme.com

DISCLOSURE: Does have an interest in selling a product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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

- Communicate the stages of physician learning;
- Recognize the value of applying physician learning strategies to needs assessment, planning, design, and evaluation of CME activities;
- Locate further information on physician stages of learning;
- Formulate a plan for applying stages of learning to needs assessment, planning, implementation, and evaluation of CME activities.

METHODS: A program to improve the competency of community-based surgeons and medical oncologists in the management of patients with colorectal cancer (CRC) is in development through an unrestricted educational grant from sanofi-aventis. This program utilizes principles of adult learning and knowledge of how physicians learn, and it reflects the continuing education demands on professionals. Instruction takes place in a case-based, small-group environment that more closely reflects the practice setting in which clinical learning often takes place.

To document the outcomes of this activity two simultaneous sets of measurements will be performed. Evidence-based case vignettes assess the program's effectiveness at fulfilling its learning objectives—including measures of baseline awareness, knowledge acquisition, and physician confidence in treating patients. Post activity evidence-based treatment choices will be compared with those of a matched control group of non-participants. A pre- and post activity survey and will measure participants' movement across stages of learning.

The results of this outcomes measurement plan will: 1) indicate the degree to which the initiative achieved its learning objectives; 2) identify knowledge and behavioral gaps; 3) identify learners' progress across stages of learning; and 4) provide data supplementing existing needs assessment findings for future CME activities.

KEY POINTS: This presentation presents the basic principles of how physicians learn the stages of physician learning, and the importance of these theories to instructional design. As such, adult learning theory, the principles of physician learning, and discussion of professional continuing education demands will be applied to practical real-world cases.

RECOMMENDED READING: 1) Slotnick HB. How doctors learn: physicians self-directed learning episodes. Acad Med. 1999;74 (10):1106-1117. 2) Peloso PM, Stakiw KJ. Small-group format for continuing medical education: a report from the field. J Contin Educ Health Prof. 2000;20(1):27-32. 3) Bennett, NL, Davis DA, Easterling WE Jr, et al. Continuing medical education: a new vision of the professional development of physicians. Acad Med. 2000;75(12):1167-1172.

EDUCATIONAL FORMAT: SU24, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/20/08, Palazzo D/Lobby

TITLE: Evidence-Based Medicine: A Primer for CME Professionals

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Richard Vanderpool

CME Outfitters, 240/243-1305, rvanderpool@cmeoutfitters.com

DISCLOSURE: Does have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Michelle Ostrander, PhD

CME Outfitters, 240/243-1331, mostrander@cmeoutfitters.com

DISCLOSURE: Does have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Eric Wyrosdic

Wyeth Pharmaceuticals, 484/865-5340, wyrosdic@wyeth.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1) Explain the role of EBM in ensuring the scientific validity of CME activities
2) Design a checklist for evaluating medical information
3) Create a bibliographic database of EBM tools
4) Describe the importance of evidence-based CME within the framework of commercial support.

METHODS: Information will be presented in a didactic format with case examples and handouts. The participants will be encouraged to share thoughts and experiences throughout the presentation.

KEY POINTS: EBM has been defined as the conscientious, explicit, and judicious use of current best evidence from clinical care research in the management of individual patients. Recent data suggest that the incorporation of EBM strategies can help ensure the validity of CME clinical content and lead to improved medical practice and patient outcomes. To serve as the basis for best educational practices in EBM, CME activities must provide educational opportunities for healthcare providers to gain, assess, apply, integrate and communicate new knowledge in clinical decision-making. This breakout session will provide CME professionals with: 1) an overview of EBM 'best practice' principles for both learners and providers; 2) practical research and bibliographic strategies for incorporating EBM into CME activities; and 3) a summary of EBM initiatives that have been adopted by various medical societies, regulatory and overview organizations, and commercial supporters.

RECOMMENDED READING: 1) Sackett D, Rosenberg WMC. On the need for evidence-based medicine. J Publ Health 1995;17:330-334.

2) Kahn KS, Coomarasamy A. A hierarchy of effective teaching and learning to acquire competence in evidenced-based medicine. BMC Med Educ 2006;6:59

3) The Society of Academic Continuing Medical Education: Resources for Evidence-based Medicine
http://www.sacme.org/Research/EBM_resources.htm

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU25, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/20/08, Marbella 3/Lower

TITLE: CME Theater Takes Stage: Use of a Standardized Patient

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Theodore Bruno, MD

The France Foundation, 860/434-1650, tbruno@francefoundation.com

CO-PRESENTER: Betsey King, MEd

AstraZeneca Pharmaceuticals, 302/885-4199, Betsey.King@astrazeneca.com

CO-PRESENTER: Nancy Zabaga, EdM

AstraZeneca Pharmaceuticals, 302/885-6228, Nancy.Zabaga@astrazeneca.com

CO-PRESENTER: Vivien James, PharmD

Pri-Med, 617/488-4524, vjames@mc-comm.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product and/or service to CME professionals.

TARGET AUDIENCE: Intermediate, Advanced

MEMBER SECTIONS: All

OBJECTIVES: After attending this session, participants should be able to; 1. Define a standardized patient; 2. Recognize how the use of a standardized patient utilizes the principles of adult learning, that when incorporated into a CME activity may help to enhance the desired educational goals; and 3. Describe the educational outcomes of this activity compared to a similar didactic activity.

METHODS: This session will consist of presentations to outline the collaboration required to create this initiative, video clips from the activity to show specifics of what this initiative looked like, an overview of the outcomes achieved, and time for an interactive Q & A session.

KEY POINTS: Standardized patients are often used in the training of medical students and in graduate medical education programs. However, within CME activities, it is not frequently encountered despite its being an effective teaching tool. In this session we describe our experience of a collaborative effort which led to the use of a standardized patient for live case-based CME activities in multiple cities throughout the United States. We will also discuss the educational outcomes of this initiative compared to a similar activity done in a typical didactic manner.

RECOMMENDED READING: 1. Barrows HS. An Overview of the Uses of Standardized Patients for Teaching and Evaluating Clinical Skills. Academic Medicine 1993; 68:443-451 2. Marinopoulos SS, et al. Effectiveness of Continuing Medical Education. Evidence Report No.149. AHRQ publication No. 07-E006. January 2007

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU26, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/20/08, Del Lago 1-2/Lower

TITLE: The Future of Performance Improvement with Chart Review

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Katie Crenshaw, JD

University of Alabama School of Medicine, 205/934-2687, kcrenshaw@uab.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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

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

METHODS: “Diabetes Quality of Care” was initiated in the spring of 2005 as an element of an ongoing quality improvement focus of the Division of CME and Blue Cross and Blue Shield of Alabama. In the fall of 2006, “Obesity Quality of Care” was rolled out with a more detailed abstraction tool as well as enhanced feedback for those that participated.

KEY POINTS: This presentation 1) will assess the climate and readiness of practitioners to participate in self assessment efforts for quality improvement; 2) will provide a format for initiating quality improvement efforts in the busy environment of practice and a diverse CME program. Presenters will focus on development of the working partnership, infrastructure considerations, practitioner recruitment, data collection and feedback, as well as results of the Diabetes and Obesity Quality of Care projects. Those who participate will be better able to plan for similar initiatives in their own environments.

RECOMMENDED READING: Stacy TA, Egger A. Results of retrospective chart review to determine improvement in lipid goal attainment in patients treated by high-volume prescribers of lipid-modifying drugs. J Manage Care Pharm. 2005 Nov-Dec: 12(9): 745-51.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU27, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/20/08, Marbella 1-2/Lower

TITLE: Performance Self-Awareness to Change Practice Behavior

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Hoi Ho, MD

Texas Tech University Health Sciences Center, 915/783-6222, hoi.ho@ttuhsc.edu

CO-PRESENTER: Antonio Jesurun, MD

Texas Tech University Health Sciences Center, 915/783-6222, antonio.jesurun@ttuhsc.edu

CO-PRESENTER: Consuelo Rosales

Texas Tech University Health Sciences Center, 915/783-6222, consuelo.rosales@ttuhsc.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After this session, participants will be able to 1) describe causes of CME failure in changing physician practice behaviors; 2) analyze critical interactions among evidence based medicine (EBM), knowledge translation (KT), and adult learning (AL); 3) use performance self-awareness (PSA) to assist healthcare providers identifying effectively practice gap; and 4) monitor accurately intervention outcomes.

METHODS: Presenters will share methods to scientifically identify the practice gap of hospital and clinic-based physicians, and apply adult learning in stimulating the self-awareness of practice performance. We also demonstrate the Guideline-Applied Practice to change the practice behaviors.

KEY POINTS: Few solutions are available to address CME failure in modifying the physician practice behaviors. Topic-specific, audience-oriented, and self-performance sensitive are key elements for successful adult learning. Absence of PSA is one of the major causes that mitigate the effectiveness of guidelines-applied practice (GAP). The use of available on-line and institutional data together with effective presenters and interactive teaching tool/method such as Audience Interactive Response System (AIRS) or small group discussion is effective in implementing GAP and ensuring quality of care.

RECOMMENDED READING: RB Hays, LFM Caldon, P McCrorie, et al. Is Insight important? Measuring capacity to change performance. Medical Education 2002;36:965-971.

ACKNOWLEDGEMENTS: Joyce Palmer, Associate Director of TTUHSC-El Paso, Hispanic Center of Excellence (HCOE)

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU28, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/20/08, Cordova 3/Lower

TITLE: A Logic Model – Linking Needs to Outcome Measures

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Abi Sriharan, MSc

Peter A. Silverman Centre for International Health, 416/586-5964, ASriharan@mtsinai.on.ca

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: This session is designed to build the capacity of participants to assess, develop and utilize logic models for planning, measurement and evaluation of CME initiatives. By the end of the session, participants will be able to develop logic models describing their own CME program and/or organization.

METHODS: This presentation will use a mix of didactic presentations, discussions and hands-on exercises in logic model development. A number of examples and scenarios, including actual logic models developed for education programs, will be used to illustrate the concepts introduced in the session. The main topics to be covered and through a combination of facilitated discussion and applied practice include:

- Where do logic models fit in the overall cycle of CME?
- What is a logic model?
- What are the different components of logic models?
- What are the potential uses, benefits and limitations of logic models?
- What are the different types of logic models?
- How do you build a logic model?

KEY POINTS: The logic model process is a tool that has been used widely in program evaluation to describe the effectiveness and impact of programs. The model facilitates program planners and providers to link needs assessment to program planning and performance measurement.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU29, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/20/08, Segura 6/Lower

TITLE: Threats to Validity in Evaluating CME Activities

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Jason King, PhD

Baylor College of Medicine, 713/798-8547, jasonk@bcm.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following the session participants should be able to 1) describe common threats to validity that may be relevant when evaluating CME activities; 2) distinguish among the following concepts: internal validity, statistical conclusion validity, construct validity, and external validity; 3) recognize potential biases associated with each validity concept; 4) develop future evaluation initiatives, instruments, and analyses with an eye to reducing bias.

METHODS: Several commonly-faced threats to validity will be briefly described and illustrated within the context of evaluation of CME activities. Approaches to appraising and minimizing bias will be illustrated using data collected from CME activities evaluated by Baylor College of Medicine.

KEY POINTS: In order to draw valid inferences regarding the effectiveness of a CME activity, the evaluator must take steps to ensure that the research design and measurement process yield valid data. The goal of this presentation is not to detail each step to be taken in planning an evaluation initiative or developing an evaluation instrument, but rather to illustrate 1) how such initiatives and instruments might be modified to produce more valid data, and 2) how collected data might be analyzed to examine potential biases.

RECOMMENDED READING: Cook TD, Campbell DT. Quasi-experimentation: Design and analysis issues for field settings. Dallas, TX: Houghton Mifflin, 1979.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU30, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/20/08, Palazzo A-C/Lobby

TITLE: Integrating Quality Improvement and CME

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Nancy Davis, PhD

National Institute for Quality Improvement and Education (NIQIE), 412/205-5368, ndavis@niqie.org

DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to:

1) define basic quality improvement techniques; 2) apply AMA/AAFP criteria for performance improvement CME credit; 3) identify physician performance data that can be used in developing CME; and 4) name examples of performance improvement CME.

METHODS: This session will begin with a didactic introduction to the concepts of quality improvement/performance improvement including definitions, process and CME credit requirements. Following the introduction will be presentations of best practices from organizations that have implemented performance improvement CME.

KEY POINTS: This presentation will provide a practical approach to integrating quality improvement processes and CME.

RECOMMENDED READING: Mazmanian, PE. Advancing the body of knowledge: evidence and study design for quality improvement. In Davis, D, Barnes BE, Fox R, eds. The Continuing Professional Development of Physicians: from research to practice. Chicago, Ill: AMA Press; 2003.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU31, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/20/08, Del Lago 3-4/Lower

TITLE: CAFP's Practice Re-design & QI – Innovations in CME

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Shelly Rodrigues, CAE

California Academy of Family Physicians, 415/345-8667, srodrigues@familydocs.org

CO-PRESENTER: Susan Hogeland, MA

California Academy of Family Physicians, 415/345-8667, shogeland@familydocs.org

CO-PRESENTER: Cynthia Kear

California Academy of Family Physicians, 415/586-6660, ckear@aol.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

Determine whether your organization could benefit from a learning collaborative project

Outline the processes and resources necessary to implement a QI project

Describe the objectives of a collaborative learning process

Incorporate principles of care process improvement in CPD programming

Identify potential partners

Propose a QI collaborative learning project to your leadership

METHODS: Using CAFP's New Directions in Diabetes Care project as the case, the session will go through the process – from light bulb to launch, including in-depth discussions on the chronic care model, collaborative learning, and steps to develop a similar project in your own organization.

KEY POINTS: Learn how one state specialty society tackled the quality improvement process, and launched an organization-wide initiative to prepare its members for practice re-design, the bold new world of P4P, while improving diabetes care.

ACKNOWLEDGEMENTS:

Physicians' Foundation for Health Systems Excellence

Novo Nordisk

ceCity

Wellpoint Foundation

PacifiCare Foundation

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU32, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/20/08, Amarante 2-3/Lower

TITLE: A Joint Sponsorship Model – Educate Before You Designate

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Jennifer Taylor, MEd

American Society of Clinical Oncology (ASCO), 703/519-2092, taylorjd@asco.org

CO-PRESENTER: Anne Grupe, MEd

American Society of Clinical Oncology (ASCO), 703/299-1078, grupea@asco.org

CO-PRESENTER: Lori Aubrey

Northern New England Society of Clinical Oncology (NNECOS), 603/887-1948, nneecos@comcast.net

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) identify the three key stakeholders to educate when jointly sponsoring activities; 2) clarify the mechanics and reasoning behind CME processes for each of these groups; 3) utilize effective methods of conveying this education depending upon target audience; and 4) illustrate how this model will advance joint sponsorship and the overall CME program.

METHODS: Didactic presentation with shared first-hand experiences and Q&A session to follow.

KEY POINTS: Successful joint sponsorship programs must be developed with an awareness of the educational needs of the planners as well as learners. This presentation will:

1. Review and discuss the fundamentals for effectively informing all involved parties about the joint sponsorship process;
2. Demonstrate how jointly sponsored activities can more closely align with the provider's CME mission;
3. Determine how applying a similar model in your organization can facilitate an outstanding joint sponsorship relationship.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU33, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/20/08, Segura 5/Lower

TITLE: Pharming Out Grants – A Viable Option for CME Funding?

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Karen Overstreet, EdD

Indicia Medical Education, 215/855-9090, karen.overstreet@indiciaed.com

CO-PRESENTER: Robert Kristofco, MSW

Meniscus Educational Institute, 610/834-1810, rekristofco@meniscusedu.com

CO-PRESENTER: Maria Jose Carrasco, BA

National Alliance on Mental Illness, 703/312-7883, majose@nami.org

CO-PRESENTER: Jeanette Dunn, EdD

Foundation for Care Management, 425/823-7768, j.dunn@fcmcmce.org

CO-PRESENTER: Tawara Goode, MS

National Center for Cultural Competence, 202/687-53878, tdg2@georgetown.edu

CO-PRESENTER: Alan Abbott, MD

University of Southern California, 323/442-2555, allana@usc.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Intermediate, Advanced

MEMBER SECTIONS: Pharmaceutical companies

OBJECTIVES: Following this session, participants should be able discuss the process for developing and implementing a grant funding system separate from the commercial supporter, describe the outcomes of several educational activities funded through such a process, and determine the applicability of this process to their own work setting.

METHODS: A case study will explain how an independent grant committee has developed RFPs, reviewed proposals, and ultimately provided grants. Four organizations who received these grants will describe their methods and results. A panel discussion will allow participants to determine the relevance and application of this session to their own work setting.

KEY POINTS: Independent grant processes are a viable option for ensuring the separation of education and promotion while encouraging innovation and collaboration. Providers can and should share their methods and results with each other to enhance the effectiveness of the overall CME enterprise.

ACKNOWLEDGEMENTS: Funding for the 4 grants discussed in this intensive came from the Praxis Partnership, a collaborative effort of University of Alabama School of Medicine, Vanderbilt University School of Medicine, and Indicia Medical Education, LLC; the partnership was funded by an educational grant from Wyeth Pharmaceuticals.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU34, Breakout
TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/20/08, Cordova 2

TITLE: Insights, Inspirations & Proven Leadership Principles

COMPETENCY AREA: Leadership

PRINCIPAL PRESENTER: Joseph Green, PhD
American College of Cardiology, 202/375-6692, jgreen@acc.org

CO-PRESENTER: Debra Gist, MPH
Consultant, 619/303-3880, dgist@debragist.com

DISCLOSURE: Presenters do have an interest in selling a service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) discuss the desirable skill sets CME provider leadership should possess to move their CME Programs into compliance with the new ACCME accreditation criteria; 2) delineate insights, inspirations and proven principles of leadership; 3) explain why leadership and teamwork are “mission critical” to achieving sustained change; 4) discuss clinician stakeholder analysis and involvement in the change process; and, 5) apply the proven principles of leadership from provided case scenarios to their practice setting.

METHODS: Didactic, case presentations, small groups.

KEY POINTS: This presentation 1) explores practical ways in which CME Providers can apply key leadership principles to the change process in preparing for the future; 2) provides tips for building confidence, trust, communication and teamwork; and 3) provides strategies for working with clinician stakeholders.

RECOMMENDED READING: Green, J.S., Kristofco, R., Leist, J.C., “Strategic Leadership of CME”, a series of 8 articles for Medical Meetings Magazine, 2003-2004.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU35, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/20/08, Palazzo E/Lobby

TITLE: Utilizing Current Systems to Meet Future Needs

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Karen Thomas, BSBA

Institute for Continuing Healthcare Education, 215/446-8808, kthomas@iche.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants will be able to: 1) Assess a variety of basic software applications to better compile and manage faculty participation data; 2) Assess database software needs specific to future potential reporting requirements, and 3) Develop customized CME reporting documentation specific to linking needs to educational objectives to outcomes measurement.

METHODS: Informational presentation with examples will be made followed by interactive exercise and participant questions.

KEY POINTS: This session will review key office systems that can be customized and implemented in any CME settings to better manage data compiling and reporting.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU36, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/20/08, Palazzo F-H/Lobby

TITLE: Clinical Content Review – How to Make it Work for You

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Andrew Urban, MD

University of Wisconsin School of Medicine and Public Health, 608/240-2149, awurban@wisc.edu

CO-PRESENTER: Danielle Hanson, BS

University of Wisconsin School of Medicine and Public Health, 608/240-2145, drhanson2@wisc.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session participants should 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 tools that could be utilized across a variety of CME organizational settings.

METHODS: Presenters will use examples of clinical content review to demonstrate relevant systems, including discussion of process and timelines, 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.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU37, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/20/08, Marbella 4/Lower

TITLE: Practicing What We Preach – CPD in CME

COMPETENCY AREA: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Tricia Wilson, MS

Indicia Medical Education, LLC, 215/855-9090, tricia.wilson@indiciaed.com

CO-PRESENTER: Elizabeth Albert, MD

Indicia Medical Education, LLC, 215/855-9090, elizabeth.albert@indiciaed.com

CO-PRESENTER: Lisa van Devender, PharmD

Indicia Medical Education, LLC, 215/855-9090, lisa.vandevender@indiciaed.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Intermediate experience level

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) identify practical methods of keeping up with the current CME literature; and 2) design and implement an effective professional development strategy for an individual or department.

METHODS: Short presentation with small group discussions utilizing case studies

KEY POINTS: In today's continually evolving, fast-paced CME environment, it is often difficult to keep up with the current literature and developments in the field. Several methods that have been proven to aid in continuous professional development will be discussed, including journal clubs, lunch & learn sessions, and participation in state or regional CME organizations. Participants will share ideas for professional development and discuss how to implement them in their own work setting.

RECOMMENDED READING: Alliance Center for Learning and Change. Top 100 Books and 15 Journals. Accessed March 19, 2007 at <http://www.acme-assn.org/aclc/library/Top100+15v2.pdf>.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU38, Mini-Plenary

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/20/08, Mediterranean 1-8/Lobby

TITLE: Hot Topics in CME: A Dialogue between the ACCME and CME Professionals

COMPETENCY AREA: Leadership

PRINCIPAL PRESENTER: Murray Kopelow, MD

Accreditation Council for Continuing Medical Education, 312/755-7401, mkopelow@accme.org

CO-PRESENTER: George Mejicano, MD

University of Wisconsin School of Medicine and Public Health, 608/263-4591, mejicano@wisc.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Through a dialogue with the CEO of the Accreditation Council for Continuing Medical Education [ACCME], participants will (1) discuss the five themes that emerged after the ACCME Board of Directors met in retreat in July 2007; (2) reflect on the potential scope and impact of ACCME policy and procedures that may occur as a direct result of the five themes; and (3) appreciate the proactive process that ACCME has utilized to link continuing medical education with improvements in physician performance and healthcare quality.

At the completion of the session, participants will be able to discuss strategies that the CME community can implement to respond to the ongoing need to ensure that continuing medical education is (1) effective in helping physicians improve their practice; (2) developed and planned independent of commercial interests; (3) valid in content; and (4) free from commercial bias in all content selection, planning and presentation. Participants will also be able to discuss the value of independence in CME within the context of improvements in physician performance and healthcare quality.

METHODS: The presenters will first review how sessions at the 2008 Alliance for CME Annual Conference have offered the continuing medical education community numerous opportunities to hear about strategies for CME practice that fit within five main areas that the ACCME will attend to in response to the report and press releases from the United States Senate Committee on Finance. These five main themes are: [1] enhancements to the collection, analysis, synthesis, application and dissemination of data and information; [2] the process that ACCME uses to administer the Standards for Commercial Support; [3] a review of the management of commercial support; [4] ACCME's education and outreach programs; and [5] collaboration, cooperation, and communication. Participants will then have an opportunity to reflect on these strategies and themes individually and with colleagues. Participants will also have the opportunity to ask questions to the presenters and their colleagues during a group discussion period.

KEY POINTS: It is vital that the CME enterprise engage in communications, collaborations, and cooperative relationships that support independent CME that is free from commercial bias in all topic selection, planning or presentation content. The ACCME is committed to engage with the CME community in opportunities that promote collaborations, communications, and cooperative relationships. This session will provide a forum for meaningful communication between the CME community and the ACCME about issues that have great potential to impact continuing medical education in the future.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU39, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/20/08, Palazzo D/Lobby

TITLE: Needs Assessment: Where Perception Meets Reality

COMPETENCY AREA: Adult/Organizational Learning Principles

PRINCIPAL PRESENTER: Christopher Larrison, BA

Healthcare Performance Consulting, Inc., 317/733-9816, larrison@changingperformance.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Thomas McKeithen, MBA

Healthcare Performance Consulting, Inc., 904/529-6571, mckeithen@changingperformance.com

DISCLOSURE: Does have an interest in selling a product to CME professionals.

CO-PRESENTER: Robert Fox, EdD

University of Oklahoma, 405/329-1291, drdfox@cox.net

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the end of this session, participants will be able to 1) identify the benefits of obtaining perceived needs of the learners, 2) list strategies to obtain perceived and actual needs, and 3) demonstrate how to incorporate perceived and real needs into programming.

METHODS: Examples of needs assessments will be the framework for emphasizing the process of obtaining perceived needs from the audience and relating them to actual needs. Theory will be presented pointing out the importance of involving the audience in the needs assessment process. Various sources for obtaining actual need will be discussed.

KEY POINTS: Although medical literature, expert opinion and other sources should be utilized for a needs assessment, the perceived needs of the audience are equally important when planning interventions. Only by understanding the perception of the learner by identifying forces for change, attitude toward change, image of change and barriers can effective behavior change projects take place.

RECOMMENDED READING: Moore DE. Needs assessment in the new health care environment: Combining discrepancy analysis and outcomes to create more effective CME. J Contin Educ Health Prof. 1998;18:133-141.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU40, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/20/08, Cordova 2/Lower

TITLE: Blended Learning: Matching the Needs of the Audience

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Fran Kirby, MEd

Memorial University of Newfoundland, 709/777-8381, fkirby@mun.ca

CO-PRESENTER: Ann Marie O’Keefe-Penney, MBA

Memorial University of Newfoundland, 709/777-8647, ampenney@mun.ca

CO-PRESENTER: Scarlett Hann, OT

Memorial University of Newfoundland, 709/777-6031, shann@mun.ca

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be able to: (1) identify the challenges associated with providing CME to a multi-stakeholder group; (2) discuss how blended learning can help overcome these challenges; and (3) identify and apply best practices to the delivery of CME for a culturally diverse audience.

METHODS: A formal presentation of blended learning methods will be given using the development of orientation modules for Foreign Medical Graduates as a model. This will be followed by an informal group discussion whereby participants will be invited to ask questions and discuss their own blended learning experiences.

KEY POINTS: The main message of this presentation is “one size does not fit all” when it comes to designing and delivering CME. Our audience is increasingly becoming much more diverse with many stakeholders involved in the process. We need to be more cognizant of the needs of all stakeholders in designing CME learning and ensure that the methods utilized meet these needs. Often a blended approach to learning can best capture the needs of key stakeholders.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU41, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/20/08, Amarante 2-3/Lower

TITLE: Engaging Learners During Lectures

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Beverly Wood, PhD

University of Southern California, 323/442-2377, bwood@usc.edu

CO-PRESENTER: Dixie Fisher, PhD

University of Southern California, 323/442-1600, dfisher@usc.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants will be able to:

1. Design lecture-related activities to promote comprehension and retention of lecture content
2. Activate audiences with creative application of information
3. Utilize principles of engagement to make lecture content meaningful to learners

METHODS: Brief presentations of content will be interspersed with audience activities in which participants apply content, critique the purpose of the activity, and enter discussions of ways in which activity can be used to enhance learning in a lecture-based setting.

KEY POINTS: It is well established that audiences rapidly and progressively lose interest in content when they are passive listeners. However, lecture content can be more meaningful, useful, and retained better when it is delivered in appropriate length segments and is applied immediately to practical problems of interest to learners.

RECOMMENDED READING: Bligh DA, What's the use of Lectures? 2000 Jossey Bass, San Francisco.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU42, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/20/08, Segura 1-4/Lower

TITLE: PICME: Rising to the Challenge of Updated Criteria

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: LouAnn Morris, MEd

University of South Carolina School of Medicine, 803/434-4998, lamorris@gw.mp.sc.edu

CO-PRESENTER: Donna Dawkins Ray, MD

University of South Carolina School of Medicine, 803/434-2723, dray@gw.mp.sc.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginner experience level

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants will be able to:

1. Describe Performance Improvement CME and define each Stage of learning as outlined by the AMA.
2. Design a certification process for performance improvement-based CME utilizing guidelines from both the ACCME and the AMA.
3. Clarify the role/responsibilities of the CME Provider relative to Performance Improvement CME.

METHODS: Didactics will include overview of the ACCME criteria and AMA PRA category I credit for performance improvement. Brainstorming and small group activities will also be utilized.

KEY POINTS: Through implementation of Performance Improvement CME, providers have an opportunity to respond to the updated ACCME accreditation criteria.

RECOMMENDED READING: “CME as a Bridge to Quality” Updated Accreditation Criteria Background-Explanations-Timeline, September 2006, Accreditation Council for Continuing Medical Education. www.accme.org. The Physician’s Recognition Award and Credit System. Information for accredited providers and physicians, 2006 revision. American Medical Association.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU43, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/20/08, Marbella 1-2/Lower

TITLE: What Will Alter Physician Performance in 2012?

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Judith Over, MEd

Medical Education Collaborative, 303/420-3252, ext. 30, jover@meccme.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of the breakout, participants will be able to 1) Explain key points derived from a physician survey on learning methods and CME preferences for the future, 2) Identify and match learning/teaching methods and learning styles with knowledge retention, and 3) Describe major elements for creating stronger faculty/subject matter experts who can integrate CME into the process for improving professional practice.

METHODS: Information will be presented, initially, in a didactic format. Physician survey results and other case study examples will be shared using interactive applications. The participants will be encouraged to share thoughts and engage in Q&A throughout the session.

KEY POINTS: What does it take for continuing education to produce results? The right instructor, the right methods, the right content, and participants that are engaged.

Using case examples in the field of oncology, this session will link ACCME Level 3 criteria to the effectiveness of CME interventions. We'll identify, measure, and analyze what was learned from MEC's 2007 independent research on the study of physician learning and knowledge retention. Looking toward 2012, we'll discuss needed modifications in instruction and methods to our CME applications.

RECOMMENDED READING: Literature reviewed from key medical organizations, popular medical periodicals and publications focused on the science of adult learning; ACCME Updated Criteria; American Society of Quality publications; American Society for Training and Development publications; and The Bob Pike Group publications(to be listed in handout)

ACKNOWLEDGEMENTS: MarketSpark Research Study

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU44, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/20/08, Marbella 3/Lower

TITLE: Getting Your Hands on the Right CE Literature

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Laure Perrier, MEd

University of Toronto, 416/946-7641, l.perrier@utoronto.ca

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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 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.

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.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU45, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/20/08, Marbella 4/Lower

TITLE: Correlating Quality of Care and CME Programming

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Destry Sulkes, MD

Medscape, LLC, 212/417-9515, dsulkes@medscape.net

CO-PRESENTER: Mark Ortlepp, PhD

WebMD, Inc., 212/417-9660, mortlepp@webmd.net

DISCLOSURE: Presenters do have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Intermediate, Advanced

MEMBER SECTIONS: All

OBJECTIVES: Participants will learn to:

- 1) describe the updated ACCME accreditation criteria, particularly the activity impact focus,
- 2) understand and explain how quality of care measures vary regionally and impact health outcomes, and
- 3) articulate and develop approaches to correlating quantity, format and timing of educational programming with targeted regional changes in competence, performance and outcomes.

METHODS: Correlations between CME participation rates and guideline-compliant treatment approaches were assessed using WebMD's network organizations' national CME database, representing ~10% of all CME participants in 2005, and Dr John Wennberg's Dartmouth Atlas of Health Care, which tracks regional variations in quality of care.

KEY POINTS: The updated criteria require emphasis on learners' competence, performance and outcomes. Appropriate treatment changes were documented in the overall use of an under-used post-MI medication class in regions which received multiple CME programs on the topic, and a lack of changes in regions where fewer CME programs were delivered. If the national usage patterns improved from current levels to the optimal levels, up to 80,000 lives could be saved per year. Using this model to assess regional practice patterns may help providers design annual CME strategies with regional impact.

RECOMMENDED READING: 1) Beller, G. Presidential address: quality of cardiovascular care in the U.S. J Am Coll Cardiol, 2001; 38:587-594.

2) Effectiveness of Continuing Medical Education, Structured Abstract. February 2007. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/tp/cmesttp.htm>

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU46, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/20/08, Del Lago 1-2/Lower

TITLE: Developing an Educational Impact Assessment Tool

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Enrique Caballero, MD

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CO-PRESENTER: Richard Beaser, MD

Joslin Diabetes Center, 617/226-5910, richard.beaser@joslin.harvard.edu

CO-PRESENTER: Sharon Garbus

Joslin Diabetes Center, 732/571-2889, sharon.garbus@joslin.harvard.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) describe current approaches for the evaluation of the educational impact of CME live symposia 2) list/describe the multiple challenges in the development of an educational impact assessment tool, and 3) use this information to develop a successful process in their own organizations to evaluate the impact of CME live symposia.

METHODS: Review of existing approaches to evaluate the educational impact of CME live symposia. Presentation of our experience in the development of a clinical-case based educational impact assessment (EIA) tool, with question and answer session.

KEY POINTS: This presentation: 1) Reviews existing approaches to evaluate the educational impact of CME activities (live symposia); 2) Describes our experience in the development of a comprehensive assessment tool; 3) Discusses the challenges to implement the evaluation process; 4) Presents results on participants' knowledge and clinical practice behavior on some CME series; 5) Suggests some action points for the development and implementation of a process for assessing the educational impact of CME activities.

RECOMMENDED READING: The Continuing Professional Development of Physicians: From Research to Practice. by David A. Davis (Editor), Barbara E. Barnes (Editor), Robert D. Fox (Editor). AMA Press. 2003.

ACKNOWLEDGEMENTS: We would like to acknowledge the collaboration of Linda Casebeer and Outcomes Inc on many components of our assessment process.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU47, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/20/08, Del Lago 3-4/Lower

TITLE: Who Needs Paper? Paperless CME Documentation Systems

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Luis Salazar, AS

Kaiser Permanente Los Angeles Medical Center, 323/783-1429, luis.r.salazar@kp.org

CO-PRESENTER: Odet Ter-Martirosyan, BS

Kaiser Permanente Los Angeles Medical Center, 323/783-1430, odet.x.ter-martirosyan@kp.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1. Distinguish between paperless and automated documentation processes 2. Describe benefits and pitfalls to implementing electronic documentation processes 3. List three resources available for use in implementing electronic documentation processes 4. Design an electronic filing system for CME record-keeping

METHODS: This session will consist of a presentation on converting traditional CME documentation processes to a paperless system. Audience participation will be encouraged through use of an exercise and discussion.

KEY POINTS: Our medical center converted its CME documentation process to a paperless system. We developed a CME website containing a database supporting electronic submittal of CME activity applications and generating CME documentation and publicity. In addition, an electronic system for storage of CME documentation was implemented to eliminate all paper record-keeping.

RECOMMENDED READING: Development and Implementation of a User-Friendly, Online System to Manage Documents Needed for Accred. and PoC. Testing Programs. PoC: Journal of Near-Patient Testing & Technology. 2(3):158-162, Sept 2003. Reis, Carlos BSc, et al.

Journal for Nurses in Staff Development - JNSD. 18(2):103-106, March/April 2002. Shibilski, Jane, et al.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU48, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/20/08, Palazzo E/Lobby

TITLE: Make Change Happen – Collaborating and Validating CME

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Bart Zoni

Respiratory and Allergic Disease Foundation (RAD), 973/588-1414, bzoni@conceptsinnmed.com

DISCLOSURE: Does have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Kyle Hogarth, MD

University of Chicago, 866/723-7725, info@rad-foundation.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Patrick Crowley

Educational Concepts in Medicine, 973/588-1419, pcrowley@conceptsinnmed.com

DISCLOSURE: Does have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Making Change Happen is the goal of CME, but we often validate our approach after an activity has been designed and executed. A case study from the Respiratory and Allergic Disease Foundation demonstrates how clinicians, communications experts, patients, and industry collaborated to validate a method to improve screening habits for Alpha-1 Antitrypsin Deficiency - and provide the basis for a successful CME initiative.

METHODS: 1) Review of the clinical problem and educational need. 2) Review of how past efforts have failed. 3) Outline of the RAD case study. 4) Group discussion on application to other CME challenges as we move toward 2012.

KEY POINTS: This session: 1) Demonstrates how collaboration and validation of educational methods can lead to superior results; 2) Describes the important role of clinical experts in CME planning; 3) Outlines an approach to CME that involves clinicians, patients, professional organizations, and planners in a meaningful way; 4) Shows an example of how this approach was successful, and 5) Illustrates how science and CME will need to work hand-in-hand for us to be successful in 2012.

RECOMMENDED READING: Clinical bulletin on Alpha-1 Antitrypsin Deficiency. Available at: www.rad-foundation.org/alpha1.

ACKNOWLEDGEMENTS: Acknowledgements go to: Drs. Richard Martin, MD, Kyle Hogarth, MD, and Friedrich Kueppers, MD, the Respiratory and Allergic Disease Foundation, the Postgraduate Institute of Medicine, and to CSL Behring (for grant support of the initiative).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU49, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/20/08, Palazzo A-C/Lobby

TITLE: Grant Proposal Quality – A CS's Perspective

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Jennifer Spear Smith, PhD
Wyeth Pharmaceuticals, 484/865-5062, smithjs1@wyeth.com

CO-PRESENTER: Barbara Fuchs, MSA
Wyeth Pharmaceuticals, 484/865-5021, fuchsb@wyeth.com

CO-PRESENTER: Kristin Rand, JD
Wyeth Pharmaceuticals, 484/865-4230, randk@wyeth.com

CO-PRESENTER: Hong Jin Na, MS
Wyeth Pharmaceuticals, 484/865-5412, nah@wyeth.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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 circulate a mock grant proposal, which the audience will read and evaluate while the presenters provide their perspectives on key elements to be included in a quality independent education grant proposal. Based upon the criteria for quality defined by the presenters, the audience will score the mock grant through an audience response system and results will be shared. Principal Presenter will provide background and facilitate questions and answers. Co-Presenters will speak to the different elements of an independent education grant proposal.

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: 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. Accessed March 5, 2007.

ACKNOWLEDGEMENTS: Audience response technology by Vistacom Information Systems, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU50, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/20/08, Cordova 3/Lower

TITLE: Leadership – A System-based Perspective

COMPETENCY AREA: Leadership

PRINCIPAL PRESENTER: Eric Peterson, EdM

Academy for Healthcare Education, Inc., 212/404/7704, eric.peterson@ahecme.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this breakout session, participants should be able to do the following: 1) define leadership from system-based perspective 2) describe how individuals can participate in the leadership process regardless of formal position, and 3) make specific plans for participating in the process of leadership within their own work settings.

METHODS: This breakout session will alternate short presentations with small group and individual reflection exercises.

KEY POINTS: Traditional approaches to leadership have focused on the traits and skills of individuals who are in formal positions of leadership. These approaches to leadership have failed to identify a list of traits that are predictive of leadership ability, and have attributed the success or failure of organizations to individuals in a way that exaggerates the influence of formal leaders while ignoring the contributions of the system. This breakout session will challenge participants to view leadership as a process of influence that is exercised collaboratively in the context of complex organizational systems where the ability to recognize and influence organizational patterns may be more important than formal position.

RECOMMENDED READING:

- 1) Northhouse, Peter G. Leadership: Theory and Practice (2nd ed) Thousand Oaks, CA: SAGE, 2001.
- 2) Theme issue on leadership: American Psychologist. 2007, Volume 62, Issue 1.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU51, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/20/08, Palazzo F-H/Lobby

TITLE: Quality Pathways for Successful CME

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Maggie Peterson, MBA

Mayo Clinic School of CME - Jacksonville, 904/953-2919, maggie@mayo.edu

CO-PRESENTER: Leanne Andreasen, MBA

Mayo Clinic School of CME - Arizona, 480/301-8482, andreasen.leanne@mayo.edu

CO-PRESENTER: Charlene Wibben

Mayo Clinic College of Medicine - Rochester, 507/266-5252, mailto: wibben.charlene@mayo.edu

CO-PRESENTER: Melissa Fiscor, CMP

Mayo Clinic School of CME - Jacksonville, 904/953-2925, fiscor.melissa@mayo.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: (1) identify processes and metrics used to evaluate and approve CME activities for planning, and (2) discuss methods used to assess the quality of a CME activity/program and areas for continuous program improvement, (3) create a review process for future course development and process improvement.

METHODS: Presenters will provide samples of various tools and evaluative methods for CME activities, and will provide examples of quality initiatives in activity planning. A question and answer session will conclude the presentation.

KEY POINTS: The degree to which CME providers' processes vary depends on factors such as the providers' mission, priorities, available resources, and stakeholder interests and needs. Developing an effective process for course planning and activity/program evaluation can seem daunting. Creating a process for course/program development and evaluation can benefit all levels involved from the planning committee to faculty to the CME staff.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU52, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/20/08, Segura 6/Lower

TITLE: Going Digital – Taking the Leap to a Learning Management System

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Dion Richetti, DC

Discovery Institute of Medical Education (DIME), 312/553-8071, dion.richetti@dimeded.org

CO-PRESENTER: John Bayliss

Discovery Institute of Medical Education (DIME), 312/553-8001, john.bayliss@dimeded.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to:

- 1) Identify internal and external reasons to implement an electronic learning management system.
- 2) Articulate solutions that will support their organization in meeting the updated Criteria for Compliance with ACCME's Accreditation Elements: 2,4,11,12,13,14,15,20
- 3) Describe potential challenges to implementing an electronic system.
- 4) Implement tools/templates to ensure transfer of information from evaluation to needs assessment (circular feedback loop).
- 5) Develop a decision making matrix to establish if an electronic system is appropriate to your organization.

METHODS: Oral presentation, structured group discussion, question and answer.

Presenters will review the issues, challenges and solutions involved with making the decision to implement an electronic CME Management Application. Participants will have the opportunity to review a decision making matrix around implementing this type of system.

KEY POINTS: To effectively meet the Updated Criteria for Compliance with ACCME's Accreditation Elements organizations will have to:

- 1) Access data for the overall "Program" of CME.
- 2) Effectively manage documentation of processes oLink their assessment of learner's achievements to new activities.
- 3) Connect activities in the same therapeutic or target audience area in regard to needs assessment and overall program analysis.
- 4) An electronic system may help providers achieve these areas, however; they need to weigh costs and liabilities against any system's benefits.

RECOMMENDED READING: *"CME as a Bridge to Quality": ACCME's Updated Accreditation Criteria: Background - Explanations – Timeline; September 2006. Accessible at www.accme.org

*Jorge G. Ruiz, MD,et.al.; The Impact of E-Learning in Medical Education; Acad Med. 2006; 81:207–212.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU53, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/20/08, Segura 5/Lower

TITLE: Faculty Development – Using Learning Styles for CME

COMPETENCY AREA: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Jacqueline Parochka, EdD

Excellence in Continuing Education, Ltd., 847/680-6419, jacquelineparochka@comcast.net

DISCLOSURE: Does have an interest in selling a product and/or service to CME professionals.

CO-PRESENTER: Jane Ruppenkamp, BA

CME Peer Review, LLC, 703/330-8795, jruppenkamp@cmepeerreview.com

DISCLOSURE: Does have an interest in selling a product to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be able to **1)** review the framework of Kolb's Learning Style Inventory; **2)** identify their individual learning style preference; **3)** identify assumptions related to the adult learner; and **4)** describe ways of incorporating learning style into the CME planning process.

METHODS: After a brief presentation regarding Kolb's Learning Style Inventory (LSI), participants will complete a LSI and discuss their individual learning style. Facilitated large group discussion will focus on the implications of the findings on CME programming.

KEY POINTS: According to the Council of Medical Specialty Societies (CMSS), physicians are encouraged to actively learn in their preferred learning style. CME planning in the future must be undertaken by physicians familiar with their own learning style and that of the targeted audience. Knowledge of adult learning styles facilitates the creation of activities that meet the needs of the adult learner. Self-discovery of learning style promotes understanding of individual differences and fosters collaboration between and among individuals of differing styles.

RECOMMENDED READING: Armstrong, E. and Parsa-Parsi, R. How can physicians' learning styles drive educational planning? Academic Medicine. 2005 80; 7:680-684.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU54, Mini-Plenary

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/20/08, Mediterranean 1-8/ Lobby

TITLE: Delivering Quality CME at the Local Level

COMPETENCY AREA: Systems Thinking

PRINCIPAL PRESENTER: Sterling North, BA

University of Maryland School of Medicine, 410/706-8634, snorth@som.umaryland.edu

CO-PRESENTER: Bob Addleton, EdD

Medical Association of Georgia, 404-881-5070, bob@mag.org

CO-PRESENTER: Billie Dalrymple, BA

Texas Medical Association, 512-370-1446, billie.dalrymple@texmed.org

CO-PRESENTER: Linda Famiglio, MD

Geisinger Medical Center, 570-271-6114, lfamiglio@geisinger.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: 1) describe the unique opportunities that local CME providers have to deliver quality CME at the local level; 2) identify initiatives and strategies which enable smaller, local CME providers to capitalize on their strengths; 3) discuss collaborative approaches to designing and delivering more comprehensive CME activities; 4) identify opportunities to obtain commercial support; 5) access state and local healthcare information and resources to support CME activity development; 6) discuss the value of local associations of CME professionals to improve the quality of CME.

METHODS: Panel discussion with specific examples of initiatives to enhance the quality of CME at the local level.

KEY POINTS: This presentation will address the following points: 1) Because of their close association with healthcare systems and providers, CME providers at the local level are uniquely positioned to develop and deliver CME activities that address demonstrated needs and achieve quality outcomes. 2) Collaborative initiatives at the state and local level demonstrate how local/smaller CME providers can increase their effectiveness. 3) The Pennsylvania Rural Stroke Initiative designs and delivers multi-disciplinary educational activities that have helped improve healthcare outcomes at a dozen hospitals. 4) A newly developed 'block grant' collaborative involving state medical societies, local CME providers, and pharmaceutical companies facilitates obtaining pharmaceutical industry support for quality CME activities at the local level. 5) The Texas Physicians Oncology Education Program offers learning modules and trained speakers to meet needs for cancer education at the local level. 6) The Texas Medical Foundation Health Quality Institute offers healthcare utilization data to assist local providers in developing needs-based CME activities. 7) State and regional associations of CME professionals promote best practices and provide opportunities to develop solutions to common challenges.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU55, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/20/08, Segura 5/Lower

TITLE: Developing a Train the Trainer Program for Physicians

COMPETENCY AREA: Adult/Organizational Learning Principles

PRINCIPAL PRESENTER: Alice Henderson, MEd

The Endourological Society, 936/588-3170, henderson.aa@gmail.com

CO-PRESENTER: Philipp Dahm, MD

University of Florida, 352/273-7647, p.dahm@urology.ufl.edu

CO-PRESENTER: Damon Marquis, MA

Society of Thoracic Surgeons, 312-202-5813, dmarquis@sts.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Intermediate experience level

MEMBER SECTIONS: All

OBJECTIVES: Medical societies, teaching hospitals and universities, patient education foundations and government agencies benefit when physicians are trained in the art of teaching others. As medical professionals with valuable expertise to share, they often fall back on methods and teaching devices used by their instructors in medical school and residency. CME professionals recognize these challenges and are among those best qualified to address this issue. Upon completion of this session, attendees will be prepared to 1) implement a physician 'train the trainer' program suited to their specific needs; 2) identify resources within their medical area and geographic region; and 3) develop and direct a physician educator teaching-training activity.

METHODS: The presenters will describe and share experiences in medical school and teaching hospital master educator programs including Evidence-based practice, medical society program development and implementation including the success and failures of their own experiences. Practical guidelines will be shared with the audience members. In addition to a PowerPoint handout, lists of available resources and checklists will be provided.

KEY POINTS: Why should professional educators in CME participate in this activity? It is a proven and needed benefit for patients, the local community and hospital environments, medical peers and the professional medical societies when educators identify, mentor and develop the communication and necessary teaching skills needed by physicians teaching and leading others.

RECOMMENDED READING: Monek Neeto. Developing Coaching Skills: a Practical Approach for Education Supervision. December 2004, The Clinical Teacher, Volume 1, Issue 2, 74-76.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU56, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/20/08, Segura 6/Lower

TITLE: Maximize Educational Impact with Live & Online Formats

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Kathy Pucci

Medscape, LLC, 212/301-6707, kpucci@medscape.net

CO-PRESENTER: Alana Brody

National Comprehensive Cancer Network, 215/690-0246, brody@nccn.org

CO-PRESENTER: Kurt Gery

Reliant Pharmaceuticals, 908/860-7072, kgery@reliantrx.com

CO-PRESENTER: Pesh Rubinstein

Health Science Center for Continuing Medical Education, 212/849-7822, PRubinstein@health-nyc.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Intermediate, Advanced

MEMBER SECTIONS: All

OBJECTIVES: Following this session participants should be able to:

- 1.) Identify the benefits of live and online formats to maximize CME impact
- 2) Describe the process of creating live content combined with an online format
- 3) Develop working model for full educational impact
- 4) Discuss the obstacles and benefits of collaboration between pharmaceutical companies, non-profit organizations and providers when conducting live and online programs

METHODS: In an open format, presenters from a medical education company, a pharmaceutical company, & a non-profit organization discuss the strategies, tools & real-world success for developing strategies to create online & live CME programs. The audience is encouraged to interact with the presenters & fellow attendees in this knowledge-sharing session.

KEY POINTS: Working in collaboration with a pharmaceutical company, a provider, a society and medical education company can maximize the impact of a CME activity on a live program. Adding to this, an online component to follow the live event, enhances the educational reach. Many different ways of collaboration, the process and the strategies will be discussed. This particular model reaches across all levels of education and creates multiple CME programs on the topic. Challenges, barriers and benefits will be explored in discussion of such a model.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU57, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/20/08, Cordova 3/Lower

TITLE: Integrating Clinical Decision Support Systems with CME

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Matthew Lewis, MPA

Columbia University Teacher's College, 917/833-3923, mel2124@columbia.edu

CO-PRESENTER: Ray Saputelli, CAE

New Jersey Academy of Family Physicians, 609/394-1711, ray@njafp.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Advanced experience level

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) recall the key principles when developing clinical decision support instruments 2) describe two uses of handheld computers in clinical settings, 3) identify the barriers to successful implementation of practice guidelines 4) recognize the utility of integrating educational interventions with non-educational interventions in clinical settings

METHODS: Review of existing information and case-based discussion

KEY POINTS: This presentation 1) introduces the learner to the use of clinical decision support instruments as a way of improving quality care, 2) reviews the literature describing the use of handheld computers by clinicians, 3) identifies gaps between theory and practice as concerns the implementation of clinical practice guidelines, and 4) highlights the difference between educational needs and non-educational opportunities

RECOMMENDED READING: TBA

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU58, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/20/08, Palazzo A-C/Lobby

TITLE: Performance Improvement CME – Top 5 Challenges

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Beth Mullikin, MS

University of Wisconsin School of Medicine and Public Health, 608/240-6003, eamullikin@wisc.edu

CO-PRESENTER: Marianna Shershneva, PhD

University of Wisconsin School of Medicine and Public Health, 608/240-6007, mbshershneva@wisc.edu

CO-PRESENTER: Anne-Sophie Loose, MS

University of Wisconsin School of Medicine and Public Health, 608/240-6001, aloose@wisc.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: In order to enhance CME Professionals' confidence in planning and implementing PI CME and improve the effectiveness of PI activities, the presenters will: 1) Describe the top 5 challenges in planning and implementing PI CME that were identified through a survey of CME professionals; 2) Provide and discuss strategies to prevent or address these challenges; 3) Engage participants in identifying additional challenges and formulating strategies through their own experience with PI CME

METHODS: The presenters will use lecture and panel discussion format accompanied with PowerPoint, handouts, and examples of strategies and specific tools. Time will be dedicated for small group discussion as well as Q & A.

KEY POINTS: Following our 2007 Alliance Presentation "Performance Improvement: An Easy Start", participants provided insight into their experiences of planning PI CME and expressed need for additional resources and knowledge. This feedback encouraged us to conduct a survey focused on challenges and needs of CME professionals in respect to planning and implementation of PI CME. We will discuss the top 5 challenges identified from this survey and suggest strategies that we developed through exploring examples of success and literature review. Participants will engage in further reflection of their PI CME experiences.

RECOMMENDED READING: The Physician's Recognition Award and Credit System: Information for accredited providers and physicians. (2006 Revision), p. 10-11. American Medical Association.

ACKNOWLEDGEMENTS: We acknowledge the participants of our 2007 Alliance Presentation "Performance Improvement: An Easy Start" for sharing their experiences and contributing to this presentation.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU59, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/20/08, Palazzo D/Lobby

TITLE: Using Outcomes Data to Alter Educational Programming

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Jane Mihelic, MA

AO North America, 800/769-1391, ext. 5043, mihelic.jane@aona.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this activity, participants should be able to analyze data from outcome measurements to understand the impact of their programming and utilize the data to implement a mid-course revision to improve educational effectiveness.

METHODS: In this highly interactive session, the audience will have an opportunity to examine outcomes data from a series of workshops, brainstorm ideas to improve program planning, and evaluate the applicability of mid-course corrections in improving educational effectiveness.

KEY POINTS: Case-based workshops on cardiovascular risk assessment were conducted for primary care physicians. An interim outcomes measurement study (after 8 workshops) analyzed the impact of the education. Data were used to make mid-course revisions to improve the educational effectiveness of the remaining workshops. Designing, interpreting, and utilizing outcomes studies data to enhance educational effectiveness is an emerging science. Much can be learned from the successes and failures of others.

RECOMMENDED READING: Davis D, Barnes BE, & Fox R (2003). The Continuing Professional Development of Physicians, From Research to Practice. AMA Press.

Peabody JW, Luck J, Glassman P, Jain S, Hansen S, Spell M, Lee M. Measuring the quality of physician practice by using clinical vignettes: a prospective validation study. Ann Intern Med. 2004; 141(10): 771-780.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU60, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/20/08, Palazzo F-H/Lobby

TITLE: Practical Strategies for Defining Appropriate Outcomes

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Sarah Mooney

INNOVIA Education Institute, 410/312-3606, smooney@innoviaeducation.com

DISCLOSURE: Does have an interest in selling a program to CME professionals.

CO-PRESENTER: Beth Brillinger

AstraZeneca, 302/885-1946, Beth.Brillinger@astrazeneca.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Maziar Abdolrasulnia, PhD

Outcomes, Inc, 205/259-1500, mazi@ceoutcomes.com

DISCLOSURE: Does have an interest in selling a product to CME professionals.

CO-PRESENTER: Tiffany Cummings, MBA

Shire Pharmaceuticals, 484/595-8608, tcummings@shire.com

DISCLOSURE: Does not have an interest in selling a technology, program, product and/or service to CME professionals.

CO-PRESENTER: Simone Karp, RPh

CECity, 412/338-0366, ext. 311, skarp@cecity.com

DISCLOSURE: Does have an interest in selling a technology, product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After participating in this breakout, attendees will be able to (1) list and define appropriate outcomes and outcome levels for CME activities; (2) identify and discuss strengths and limitations of various tools and methods for assessing outcomes; (3) consider criteria for choosing which tools and methods best fit different educational initiatives — eg, according to activity format or audience type or size; and (4) identify practical partnership strategies to accomplish meaningful and useful outcomes assessments.

METHODS: This session will include brief presentations and panel discussion. Participants will be encouraged throughout the session to ask questions and share comments and experiences.

KEY POINTS: The focus on outcomes evaluations in CME has intensified with ACCME's new criteria requiring assessment of physician competence and performance and/or patient outcomes. Many grantors are committed to supporting outcomes assessments and seek meaningful plans that can demonstrate efforts to improve patient care. Providers often struggle to identify the appropriate scale and scope of evaluation methods. This session will offer viewpoints and experiences from both grantors and providers, data from a survey examining the range of outcomes strategies being used and funded, and practical tips for matching outcomes methods and tools to specific activity types and formats.

RECOMMENDED READING: Jennet PA, Sinclair LB, Van Harrison R. Methods, tools, and techniques of evaluation. In: The Continuing Professional Development of Physicians — From Research to Practice (Davis D et al, eds). Chicago: AMA Press, 2003; pp. 275-316.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU61, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/20/08, Marbella 1-2/Lower

TITLE: CQI for your CME Program Using Educational Outcomes

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Theodore Bruno, MD

The France Foundation, 860/434-1650, tbruno@francefoundation.com

CO-PRESENTER: Stacy Miller

The France Foundation, 860/434-1650, stacy@francefoundation.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After attending this session, participants should be able to; 1. Outline the 3 levels of accreditation that can be achieved in the new 2006 ACCME criteria; 2. Describe the importance of evaluating the educational outcomes (competency, performance, or patient outcomes) of an activity; and 3. Discuss how educational outcomes can be utilized to help achieve level III criteria for ones overall program improvement component.

METHODS: This session will consist of presentations to show an overview of the educational outcomes that were achieved, the processes to improve the quality of this longitudinal initiative, how this ties into our overall program improvement process, and time for an interactive Q & A session.

KEY POINTS: As part of the ACCME's 2006 updated accreditation criteria, they will now be asking for each provider to assess their own program improvement using internal and or external strategies. This session will discuss an example of how CME providers can integrate the educational outcomes of an activity into their overall programs' quality improvement process. Specifically this will address how compliance with the ACCME's level III criteria might be achieved within the provider's learning and improvement initiatives.

RECOMMENDED READING: 1. ACCME. Tools to Support Implementation of ACCME's Updated Accreditation Criteria. January 2007. http://www.accme.org/dir_docs/doc_upload/700a1624-d6f0-46d8-a4bc-88e12a56eca2_uploaddocument.htm
2. Institute of Medicine. Health Professions Education: A Bridge to Quality. 2003.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU62, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/20/08, Marbella 3/Lower

TITLE: Statistics 101

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: John Ruggiero, PhD

Institute for Continuing Healthcare Education, 215/446-8088, ext 1440, jruggiero@iche.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginner experience level

MEMBER SECTIONS: All

OBJECTIVES: Participants will be able to 1) explain the terminology used with statistics, and 2) analyze the information presented and discern the relevant information from the irrelevant information.

METHODS: This will be an interactive seminar combining lecture with discussion. The education content will include overviews of data, analysis, correlation/regression, distribution, and hypothesis tests for a single sample. No calculation.

KEY POINTS: An introductory statistics seminar using simple terms and ideas for CME professionals involved in measuring outcomes. The objective is to understand terminology and the reasons these terms are used. Simple answers to confusing questions are provided to help the participant feel more comfortable with statistical reports.

RECOMMENDED READING: BMJ. 1997;315:364-366 (9 August); <http://www.bmj.com/cgi/content/full/315/7104/364>.

ACKNOWLEDGEMENTS: The Institute for Continuing Healthcare Education, St. Francis Medical Center, and all current and former statistics students who encourage me every day to continue to increase my knowledge in the statistical arena.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU63, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/20/08, Marbella 4/Lower

TITLE: Cross-Functional Support of Minority Healthcare Education

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Melanie Fagan

AstraZeneca Pharmaceuticals, 302/886-1274, melanie.fagan@astrazeneca.com

CO-PRESENTER: Cassandra McCullough

Association of Black Cardiologists (ABC), 404/201-6621, camccullough@abccardio.org

CO-PRESENTER: Tynetta Brown

AstraZeneca Pharmaceuticals, 302/885-5904, tynetta.brown@astrazeneca.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After participating in this breakout, attendees will be able to (1) understand the relationship between independent continuing medical education and community-based patient/caregiver education; (2) appreciate the tremendous need for supporting partnerships of independent continuing medical education and community-based education in underserved communities/populations; and (3) recognize opportunities to leverage cross-functional support from a sponsoring partner of educational initiatives such as the ABC Super Weekends Tour.

METHODS: Presentation and panel discussion with audience participation

KEY POINTS: It is well recognized that cardiovascular (CV) risk and cardiovascular disease (CVD) manifestations are a rapidly growing problem in African Americans and other minority and underserved populations. Hypertension, stroke, cardiomyopathy, dyslipidemia, obesity, diabetes and overall CVD and CVD-related death are more prevalent among African Americans than among White Americans.^{1, 2} This translates into an obvious need for continuing education of Healthcare Providers (HCPs) who treat these patients as well as a need to educate patients (and their caregivers) with CVD, or who are at risk for CVD, about the importance of disease-state management and life-style modification. Funding for these educational interventions may be available from a variety of sources, including the research-based pharmaceutical industry. In 2005, the ABC approached AstraZeneca Pharmaceuticals (AZ) seeking support of its “ABC Super Weekends Tour: Taking Steps Toward Better Health”. The five-city tour included four components: 1) Community Leaders Forum, 2) Professional Education, 3) Community Health Screenings, and 4) delivery of Mini CV-Health Messages in faith-based settings. Working collaboratively, the ABC, the AZ Medical Education Grants Office and the AZ CV commercial organization were able to provide support for this multifaceted educational initiative.

To date this program has been executed in 10 U.S. cities and 5 additional tours are scheduled for 2007. Over 2500 patients participated in the community events and were screened for CV risk; another 900 HCPs participated in the medical education sessions which focused on optimizing lipid management in patients with multiple risk factors; nearly 50% of the HCPs enlisted to participate in the Clinical Trial Registry; and several thousand received CV-health messaging in faith-based settings.

RECOMMENDED READING:

1. Thom T, Haase N, Rosamond W, et al. Heart disease and stroke statistics—2006 update: a report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. *Circulation*. 2006;113:e85-151.
2. Eliminating Disparities in Cardiovascular Care and Outcomes: Roadmap to 2010.
www.nibib1.nih.gov/nibib/File/News%20and%20Events/ABC-NIH_Final_Report-06-01-04.pdf -
3. www.abccardio.org/myabc/graphics/UrbanCard_Jan05.pdf

EDUCATIONAL FORMAT: SU64, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/20/08, Del Lago 1-2/Lower

TITLE: Developing University-based Distributed CME

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Fran Kirby, MEd

Professional Development and Conferencing Services, 709/777-8381, fkirby@mun.ca

CO-PRESENTER: Terri Yeske, BFA

Professional Development and Conferencing Services, 709/777-8644, tjyeske@mun.ca

CO-PRESENTER: Valerie Wilson, BA

Professional Development and Conferencing Services, 709/777-4293, Valerie.Wilson@med.mun.ca

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Participants will have an increased understanding of the unique challenges and opportunities of collaborating with other universities to provide distributed medical education. Participants will discuss: (1) the guiding principles of partnering; (2) the benefits of partnering; (3) the potential challenges and unique opportunities of partnering; and (4) key factors for successful collaboration.

METHODS: Presenters will discuss the collaboration of 14 Canadian medical schools to develop a CME web portal. Specific examples of challenges and opportunities will be used to illustrate the principles of good collaboration. This will be followed by an informal group discussion.

KEY POINTS: The design, development, delivery, and evaluation of distributed medical education programming present some unique challenges and opportunities in partnering for CME developers. This session will provide participants with a look into the development of a strong consortium of medical schools and the best practices that arose from their collaboration on the development of the MDcme.ca web portal. Some points to be highlighted include: legalities, leveraging unique pools of talent and leveraging each others networks.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU65, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/20/08, Cordova 2/Lower

TITLE: Evolve from Tactics to Strategy in a Pharma Med Ed Dept

COMPETENCY AREA: Leadership

PRINCIPAL PRESENTER: Linda Raichle, PhD

Spectrum Medical Education, 610/278-1036, Linda_raichle@spectrummeded.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Hospitals and health systems, Medical education and communication companies, Medical schools, Medical specialty societies, Pharmaceutical companies

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

1. Describe the organizational dynamics necessary for establishing strategically aligned medical education departments within a pharmaceutical company.
2. Discuss the critical success factors for managers to evolve from tactics to integrated partnerships.
3. Relate examples of successful models of effective medical education departments within the industry.

METHODS: This interactive discussion will begin by assessing audience demographics and burning issues around the topic. The presenter will incorporate those issues and describe and relate information gleaned from personal experience building a successful Center of Excellence and integrate examples of other med ed departments within the industry. Finally, the Q & A session will engender greater interaction about ways to evolve from tactics to strategic alignment within a company.

KEY POINTS: The current regulatory environment within the pharmaceutical industry and its emphasis on separation of marketing from independent education has initiated the creation of medical education departments. Challenges to building an effective department include remaining separate from marketing while continuing to address business needs; remaining compliant with regulatory guidances and, obtaining continued funding for CME. This presentation will discuss and describe ways to meet and overcome the challenges of forming new departments. This information will be helpful, not only to participants from the industry, but also to CME providers who want to better understand how pharmaceutical med ed departments survive and thrive as Centers of Excellence.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU66, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/20/08, Segura 1-4/Lower

TITLE: Symposia at Annual Meetings: Analysis of Funding Models

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Jacqueline Mayhew, BA

Pfizer, Inc., 212/733-7254, jacqueline.mayhew@pfizer.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Linda Bueno, MEd

American Psychiatric Association, 703/907-7841, LBueno@psych.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Shari Tordoff

CME Outfitters, LLC, 240/243-1322, stordoff@cmeoutfitters.com

DISCLOSURE: Does have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Kathy Bell, EdM

American Urological Association, 410/689-3731, kbell@auanet.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical education and communication companies, Medical specialty societies, Pharmaceutical companies

OBJECTIVES: 1) Describe different models for offering satellite symposia alongside annual specialty meetings. 2) Explain the complexity of maintaining compliance with ACCME Standards of Commercial Support in the planning of and support for satellite symposia. 3) Analyze strategies for maximizing learning opportunities for annual meeting attendees outside of main agenda. 4) Improve organizational working practices related to offering, planning or supporting satellite symposia.

METHODS: Presentation material plus practical comparison sheets will be provided to compare today's practices and future plans for a representative number of specialty and association meetings. Question and answer and group discussion will be encouraged.

KEY POINTS: It has been a standard practice for specialty societies and associations to allow official or unofficial symposia activities to take place alongside their annual meeting. The different models for this practice vary widely. This session will explore timely issues related to each of the following aspects:

- Symposia fees and commercial support
- Time slots and how they are reserved
- Credit certification
- Topic selection
- Planning and implementation
- Event promotion

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU67, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/20/08, Del Lago 3-4/Lower

TITLE: What Do We Do Now? Managing CME Emergencies

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Debra Gist, MPH

Consultant, 619/303-3880, dgist@debragist.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Martha Silling, PhD

Northeastern Ohio Universities College of Medicine, 330/325-6580, msilling@neoucom.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product and/or service to CME professionals.

CO-PRESENTER: Jenell Hollett, RDH

Continuing Education Alliance, 760/500-7722, rusk2@cox.net

DISCLOSURE: Does not have an interest in selling a technology, program, product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to **1)** define a “CME emergency” and differentiate between a true crisis versus an inconvenience; **2)** discuss ways to anticipate and plan for common and uncommon emergencies that occur at CME events; **3)** develop timelines and communication strategies for dealing with the potential negative impacts of emergencies; and **4)** review and discuss cases representing a variety of “CME emergencies.”

METHODS: Didactic combined with case-based discussion.

KEY POINTS: This presentation **1)** explores how CME Providers can develop practical contingency plans for handling common “CME emergencies”, **2)** provides entertaining examples of applying the principles of crisis management to unanticipated CME emergencies, **3)** provides tips for communication with those negatively impacted by CME emergencies, and **4)** suggests strategies for maintaining your sanity when the unexpected occurs at your CME event.

RECOMMENDED READING: Ray SJ. Strategic Communication in Crisis Management: Lessons from the Airline Industry. Quorum Books, April 30, 1999.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU 68, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/20/08, Palazzo E/Lobby

TITLE: Project Management: Maximizing Output, Minimizing Risks

COMPETENCY AREA: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Mary Ales, BA

Interstate Postgraduate Medical Association, 608/231-9045, males@ipmameded.org

CO-PRESENTER: Jerry Lawler, BA

University of Wisconsin School of Medicine and Public Health, 608/240-2140, jlawler@wisc.edu

CO-PRESENTER: Lisa Marie Matics, MBA

Wyeth Pharmaceuticals, 484/865-3271, matiscsl@wyeth.com

CO-PRESENTER: Mercedes Delahoz

Wyeth Pharmaceuticals, 484/865-5363, delahozm@wyeth.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: During this session participants will:

- 1) identify and sequence tasks associated with the development and delivery of CME activities;
- 2) create a workflow of CME development processes;
- 3) apply project management to CME activities through case based learning;
- 4) collaborate with your ACME peers to create a project schedule complete with successes and failures; and
- 5) have fun learning.

METHODS: Following an introduction to project management, attendees will participate in an interactive experience simulating what really happens during the planning, execution and wrap up of a project.

KEY POINTS: So you've created a time line and sent it off to your boss, the course director or commercial supporter. How confident are you in your ability to execute? Project management gives you the tools to assess your ability to get where you're going on time and on budget. And when progress isn't according to plan, how do you adjust your schedule to maximize your success?

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU69, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/20/08, Amarante 2-3/Lower

TITLE: Finding Synergy and Integration between CME and QI

COMPETENCY AREA: Systems Thinking

PRINCIPAL PRESENTER: Steven Meyer, MD

Florida Hospital & Adventist Health System, 407/489-4997, Steven.MeyerMD@AHSS.org

DISCLOSURE (ACCME): If discussion relevant to a commercial interest arises, anyone in a position to control CME content must disclose all relevant relationships with commercial interest(s).

DISCLOSURE (PROMOTION): Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All, including physicians

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this breakout session, participants will be able to: (1) describe how one CME provider integrated the work of their CME Committee with the work of a health care system's Risk Management and Clinical Performance Committees; (2) explore ways to collaborate with professionals interested in improving health outcomes in hospitals and health care systems; and (3) network with other CME professionals interested in developing Performance Improvement CME activities.

METHODS: The speaker will describe the efforts of a hospital based CME unit to work with staff from risk management, peer review, and clinical performance improvement in a synergistic and collaborative manner. The organizational structure and culture of the institution will be described and various quality improvement projects will be reviewed. An interactive dialogue with session participants will be encouraged in order to provide an opportunity to share ideas and foster networking between persons considering (or presently at work on) Performance Improvement CME in various health care settings.

KEY POINTS: The ultimate goal of continuing medical education is to help physicians and other health professionals improve health care outcomes. Unfortunately, efforts to improve quality in many hospitals and health care systems have occurred without the input of CME professionals. Similarly, continuing medical education activities are typically planned without the input of persons that are knowledgeable about quality improvement (QI) procedures and tools. Collaboration between CME and QI staff will likely pay dividends and achieve the common goals shared by numerous stakeholders that are dedicated to improving health outcomes. This session will explore how one institution has begun to bridge the gap between CME and QI. The session is intended to encourage others to take similar steps.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M1, Intensive

TIME/DAY/LOCATION: 8:30 am – 12:15 pm, Monday, 1/21/08, Cordova 5-6/Lower

TITLE: Advanced Seminar: Leading the CME Profession into the Future

COMPETENCY AREA: Leadership

PRINCIPAL PRESENTER: Phil Dombrowski, MBA, Annenberg Center for Health Sciences at Eisenhower, 800/321-3690, pdombrowski@annenberg.net.

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Joseph Green, PhD, American College of Cardiology, 202/375-6692, jgreen@acc.org.

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: James Leist, EdD, Alliance for Continuing Medical Education, 704/394-6294, jleist@carolina.rr.com.

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Robert Kristofco, MSW, Meniscus Educational Institute, 610/834-1810, rekristofco@meniscusedu.com.

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Harry Gallis, MD, Carolinas HealthCare System, 704/512-6516, harry.gallis@carolinashealthcare.org.

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Marcia Jackson, PhD, CME by Design, 803/854-9034, marcia.jackson@cmebydesign.com.

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Mark Schaffer, EdM, Professional Postgraduate Services, 201/271-6205, mark.schaffer@ppscme.com.

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Nancy Davis, PhD, National Institute for Quality Improvement and Education (NIQIE), 412/205-5368, ndavis@niqie.org.

DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: Advanced experience level

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be able to: 1) compare their leadership learning needs with survey results from colleagues in their type of CME provider; 2) provide input into the reasons for the learning gaps and barriers to application; 3) develop specific leadership learning plans for themselves, and 4) apply relevant concepts to the leadership of their CME provider organizations.

METHODS: Group presentation of in-depth leadership survey results of all types of CME providers; small group (by CME provider type) facilitated problem solving session concerning a specific leadership concept; panel discussion of leadership concepts and their application to different CME provider types; individual creation of CME leadership learning plan.

KEY POINTS: This intensive will focus on the leadership learning needs of those involved in all types of CME providers. The session will be very interactive and will deal with such leadership concepts as: partnering, visioning, strategic planning, staff development, budgeting, and stakeholder involvement. The specific topics will be finalized after an in-depth survey of leadership learning needs of all CME provider types. Each small group will be made up of professionals in one CME provider type and they will be involved in a facilitated problem solving session related to one relevant leadership issue. Each issue will deal with the educational, economic and political ramifications for their CME provider type.

RECOMMENDED READING: 1) Cevero, Ronald and Wilson, Arthur L. Working the Planning Table: Negotiating Democratically for Adult...Education. 2) Green, J.S., Kristofco, R., Leist, J.C., Strategic Leadership of CME; a series of 8 articles for Medical Meetings Magazine, 2003-2004.

EDUCATIONAL FORMAT: M2, Intensive

TIME/DAY/LOCATION: 8:30 am – 12:15 pm, Monday, 1/21/08, Cordova 3/Lower

TITLE: Level 3 Planning for the New ACCME Criteria

COMPETENCY AREA: Adult/Organizational Learning Principles

PRINCIPAL PRESENTER: Steven Passin

Steve Passin & Associates, 610/325-3611, passin@passinassociates.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Susan O'Brien

Steve Passin & Associates, 610/325-3611, obrien@passinassociates.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Judy Sweetnam, MEd

Steve Passin & Associates, 610/325-3611, sweetnam@passinassociates.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Derek Dietze, MA

ImproveCME, 480/888-9195, derek.dietze@improvecme.com

DISCLOSURE: Does have an interest in selling a product and/or service to CME professionals.

TARGET AUDIENCE: Intermediate experience level

MEMBER SECTIONS: All

OBJECTIVES: 1) Recognize the criteria for selecting interventions that support quality and safety in accordance with new ACCME criteria. 2) Differentiate between competency and performance and where they build on each other. 3) Redesign your CME "Enhancement" Mission to address competence and performance-in-practice, including metrics for measuring results. 4) Conduct needs assessments focused on the identification of clear gaps between performance and knowledge in order to link needs to design. 5) Prepare exemplary learning objectives, recognizing that they are the keystone to link needs to outcomes. 6) Establish a toolbox of options for activity evaluation with an emphasis on how to evaluate changes in competence, performance and patient outcomes as defined by the ACCME. 7) Establish a process for evaluating overall program performance with a focus on Level 3 criteria. 8) Adopt a new "Educational Intervention Planning Document" as a point of guidance for your planners.

METHODS: This intensive will involve both knowledge transfer and interactive techniques to link CME staff competencies to performance in the development of educational interventions at a higher level. You will learn by doing, utilizing tools developed by the faculty. Practical and useful tools will be made available to learners.

KEY POINTS: New Level 3 ACCME criteria

1) Evaluative toolbox, 2) Measure competence and performance, 3) Enhanced CME Mission, 4) Educational Intervention Plan, 5) Exemplary learning objectives, 6) Overall Program Evaluation

RECOMMENDED READING: 1) Donald L. Kirkpatrick. Evaluating Training Program The Four Levels. 2nd Edition. Berrett-Koehler Publishes, Inc. San Francisco. 1998. 2) Davis DA, O'Brien MA, Fremantle N, et al. Impact of formal continuing medical education: Do conferences, workshops, rounds, and other continuing education activities change physician behavior or health care outcomes? JAMA 1999; 282: 867-874. 3) Bloom B. Effects of continuing medical education on improving physician clinical care and patient health: A review of systematic reviews. International Journal of Technology Assessment in Health Care, 2005; 21:3: 300-385.

ACKNOWLEDGEMENTS: Audience response technology by Moss Cairns LLC

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M3, Mini-Plenary

TIME/DAY/LOCATION: 8:30 – 9:30 am, Monday, 1/21/08, Mediterranean 1-8/Lobby

TITLE: CME Credit and Licensure: What Medical Boards Expect

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Alejandro Aparicio, MD

American Medical Association, 312/464-5531, alejandro.aparicio@ama-assn.org

CO-PRESENTER: Kathleen Haley

Oregon Board of Medical Examiners, 503/229-5770, kathleen.haley@state.or.us

CO-PRESENTER: David Watt, MD

Federation of State Medical Boards, 817/868-4029, d.watt@fsmb.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this mini-plenary, participants will be able to: 1) Identify the breadth of CME legislated requirements; 2) Explain what “AMA PRA Category 1 Credits™” (and other credits) mean in terms of meeting licensure requirements; 3) Cite licensing boards expectations of the CME enterprise; 4) Discuss ways in which CME providers and AMA PRA Category 1 Credit might better respond to the licensure needs of physicians; and 5) Envisage the role that CME may play in a future licensing system

METHODS: The presentation will consist of a didactic portion, with time provided for panel interaction, audience interaction, questions and answers

KEY POINTS: This session will educate CME providers about the various state-mandated CME requirements for medical licensure, including content-mandated CME. Topics addressed will include how to find out what your physicians need to meet their state licensure requirements, when they need it, and how to provide it. The session will also provide an opportunity for CME providers to dialogue with representatives from the medical licensing community about current and future trends in medical licensure and their implications for CME providers

RECOMMENDED READING: Table 16: State Medical/Osteopathic Board Regulations on Continuing Medical Education for Licensure Reregistration (PDF, 41KB, requires Adobe® Reader®) from the AMA’s State Medical Licensure Requirements and Statistics. The table may be accessed from a link on the following webpage: <http://www.ama-assn.org/ama/pub/category/2640.html>.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M4, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Monday, 1/21/08, Segura 6/Lower

TITLE: Assessing & Enhancing Competencies in CME Literature

COMPETENCY AREA: Adult/Organizational Learning Principles

PRINCIPAL PRESENTER: Betsy Woodall, PharmD

Wyeth Pharmaceuticals, 484/865-3969, woodalb@wyeth.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Hong Jin Na, MS

Wyeth Pharmaceuticals, 484/865-5412, nah@wyeth.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Sean Hayes, PsyD

AX/DEV, 450/465-2011, hayess@axdevgroup.com

DISCLOSURE: Does have an interest in selling a technology and/or service to CME professionals.

CO-PRESENTER: Wanda Johnson, CMP

The Endocrine Society, 301/941-0222, wjohnson@endo-society.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: 1) Develop a system to benchmark individual and/or organizational competencies against the “best practices” of other groups regarding keeping abreast of CME literature; 2) Construct an efficient means of CME literature surveillance; and 3) Create an effective search strategy to identify relevant citations from the CME literature.

METHODS: An interactive panel discussion will encourage participants to critique various best practices for keeping abreast of relevant and pivotal CME literature. Based upon the criteria for developing an effective means of CME literature surveillance, the audience will identify weaknesses in given strategies for keeping abreast of CME literature and results will be shared.

KEY POINTS: Don’t be caught quoting antiquated literature from 2000 in the year 2012. As a CME professional, you need to know how to keep current with the ever-growing body of literature pertaining to best practices surrounding needs assessments, educational delivery, and measures of educational effectiveness. There are efficient ways to make sure you remain current on the literature, use research findings to advance your understandings of CME novelties, and incorporate these into the execution of successful educational activities.

RECOMMENDED READING: Bennett NL, Casebeer LL, Zheng S, Kristofco R. Information-seeking behaviors and reflective practice. J Contin Educ. 2006;26:120-127.

ACKNOWLEDGEMENTS: Audience response technology by Vistacom Information Systems, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M5, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Monday, 1/21/08, Marbella 4/Lower

TITLE: Envisioning Education – Off the Rack, or Haute Couture?

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Linda Pittz, BS

University of Wisconsin School of Medicine and Public Health, 608/263-2862, lkpittz@wisc.edu

CO-PRESENTER: Robin Arndt, BA

University of Wisconsin School of Medicine and Public Health, 608/262-7292, rgarndt@wisc.edu

CO-PRESENTER: Jennifer Spencer, MS

University of Wisconsin School of Medicine and Public Health, 608/263-1671, jspencer2@wisc.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) select topics for learning activities that match community needs; 2) identify learning strategies to encourage active learner participation in multiple modalities and communities of practice to improve professional development, and 3) apply best practices in the design and development of blended learning solutions.

METHODS: Structured small group discussion (to assist participants in applying these ideas to their own setting). Use of the Audience Response system.

KEY POINTS: This presentation 1) describes the application of ACCME's new Accreditation criteria in relation to public health community needs; 2) delineates the use of blended learning solutions to enhance professional development; and 3) discusses how to plan continuous learning opportunities to improve learner outcomes.

ACKNOWLEDGEMENTS: Audience response technology by Audience Response Systems

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M6, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Monday, 1/21/08, Cordova 2/Lower

TITLE: Using Small Group Discussion to Enhance Learning

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Barbara Huffman, MEd
Carle Foundation Hospital, 217/383-4647, barbara.huffman@carle.com

CO-PRESENTER: Abraham Kocheril, MD
Carle Clinic Association, 217/383-5167, abraham.kocheril@carle.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginner experience level

MEMBER SECTIONS: Federal health care educators, Hospitals and health systems, Medical schools, Medical specialty societies, State medical societies

OBJECTIVES: As a result of this session, participants should be able to 1) describe 2 advantages of using small group discussion in conjunction with live clinical instruction; 2) experiment with small group discussion; 3) employ small group discussion as reinforcement for comprehension and application of new clinical knowledge.

METHODS: Participants will review physician learning theory that supports small group discussion, trial the methods in a sample case, and identify adaptation of the technique with group size, participant type, classroom space and timing.

KEY POINTS: Physician learners employ a variety of learning styles and techniques for acquiring new technical information and application of information into clinical practice. Small group discussion can aid in retention, analysis and synthesis of clinical information prior to practice application. This session will also demonstrate through a simulated experience how small group discussion can be used in conjunction with live instruction to enhance learning in both the cognitive and affective domain.

RECOMMENDED READING: Davis, David A. and Fox, Robert D., The Physician as Learner Linking Research to Practice. American Medical Association, Chicago, Illinois, 1994.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M7, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Monday, 1/21/08, Segura 5/Lower

TITLE: Large Group, Game-style, Case-based IPE

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Barbra McCaffrey, BSc
Merck Frosst Canada Ltd., 780/231-0254, barbra_mccaffrey@merck.com

CO-PRESENTER: Angela Juby, MD
University of Alberta, 780/407-6947, AJuby@cha.ab.ca

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Effective inter-professional education (IPE) promotes collaboration, encourages professions to learn with, from and about one another, respects the integrity and contribution of each profession and increases professional satisfaction. Challenges in designing effective large group IPE are making it collaborative and creating opportunities for participation by all members.

METHODS: At an inter-professional geriatric conference three clinical case scenarios were presented using the “Strongest Link” game format. The design allows for self-reflection followed by small and large group discussion in a non-threatening and collaborative environment.

KEY POINTS: Participants at ACME will model the format and experience the difference! Touch pad and written evaluation results demonstrate that the format works to provide a satisfying, thought-provoking and collaborative inter-professional learning experience where participants can learn with and about other professionals. While content was delivered at the level of the physicians, the participants evaluated it as relevant and most healthcare professionals indicated they were ready to make a change in clinical practice.

RECOMMENDED READING: Davis, P., Robertson, S., Juby, A. CME Programme Leads to Considerations in Design Concepts. 2006, Medical Education; 40: 459-489

ACKNOWLEDGEMENTS: Merck Frosst Canada Ltd. provided an unrestricted educational grant to the Glenrose Rehabilitation Hospital Education Services to host the lunch symposium at the Geriatric Challenges 2006. Special thanks to Sherry Robertson and Jeff Entwistle in support of this event.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M8, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Monday, 1/21/08, Segura 1-4/Lower

TITLE: Can Attendees Assess Balance and Bias in CME Programs?

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: David Price, MD

Kaiser Permanente Colorado, 303/614-1308, david.price@uchsc.edu

CO-PRESENTER: Carol Havens, MD

The Permanente Medical Group, 510/625-3317, carol.havens@kp.org

CO-PRESENTER: Philip Bellman, MPH

TPMG Physician Education and Development, 510/625-2425, philip.bellman@kp.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Federal health care educators, Hospitals and health systems, Medical schools, Medical specialty societies, State medical societies

OBJECTIVES: Following this session, participants should be able to 1) Describe potential reasons (including subtle reasons) for lack of balance in CME programs; 2) Describe the results of a new tool designed to help attendees identify potentially biased information in CME programs; and 3) List the pros and cons of implementing such a tool in their CME.

METHODS: Review of potential sources of subtle bias in CME programs (not limited to commercial bias); dissemination and review of new information (review of results of a new pilot tool to help attendees identify potential sources of bias in CME programs); and audience discussion regarding the applicability of these findings to their educational setting.

KEY POINTS: The ACCME Standards for Commercial Support require balanced presentation of evidence-based information. Bias (selected presentation of information that intentionally or unintentionally favors a point of view) can occur in programs with or without commercial support. This discussion highlights common ways that imbalanced information may appear in CME programs, and reviews a tool to help CME attendees identify whether balanced information has been presented.

RECOMMENDED READING: Eddy DM. Accessing Health Practices and Designing Practice Policies: The Explicit Approach. (Philadelphia; American College of Physicians, 1992).

ACKNOWLEDGEMENTS: Pilot evaluation of this tool occurred at conferences sponsored by the Kaiser Permanente National CME program.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M9, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Monday, 1/21/08, Palazzo E/Lobby

TITLE: From Gap Analysis to Outcomes – A CME Learning Curve

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Jeffrey Palmer, PhD

The FCG Institute for Continuing Education, 215/412-4526, jpalmer@fcgint.com

CO-PRESENTER: Anu Hosangadi, MS

Acumentis, 215/412-5927, anu.hosangadi@acumentis.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this breakout session, participants will be able to: 1) describe how gap analysis results should be linked effectively to educational objectives and outcomes measurements, 2) list the advantages and disadvantages of using clinical case vignettes to measure educational outcomes, 3) structure objective measures of gain in target audience knowledge to improve analysis and interpretation of outcomes results, and 4) discuss ways to improve response rates from the target audience to Levels 3 and 4 of evaluation.¹

METHODS: The presenters will describe what they learned in the process of a collaborative effort between educational partners to implement the Outcomes-based CME Evaluation Model¹ for a live, industry-supported satellite symposium. This educational activity included a pre-program knowledge gap analysis, the use of an audience response system during the live event, and a multi-phase post-program outcomes study using clinical case vignettes.²⁻⁴ The presentation will serve as a springboard for an interactive discussion on the educational effectiveness of this approach. The presenters will share their experiences with implementing this model for a live one-time educational event, and will invite audience members to discuss strategies for improving and enhancing the use of the Outcomes-based CME Evaluation Model¹ to obtain results that can be more readily analyzed and interpreted.

KEY POINTS: Attendees and providers will gain new insights and perspectives from our learning experience with respect to: 1) the use of pre-program knowledge gap analysis surveys in the planning and development of the needs assessment, educational objectives, and effective outcomes measures for a live educational event; 2) the need for carefully selecting an appropriate testing instrument for outcomes measurement; and 3) improved approaches to increasing response rates to post-program outcomes-based surveys. The implementation of the Outcomes-based CME Evaluation Model¹ is still an inexact science and meaningful analysis of results is challenging. Nevertheless, this Model may be used to some extent to determine the effectiveness of an educational activity, the practice change process, and performance improvement after a live one-time event.²⁻⁴

RECOMMENDED READING: 1) Davis D, Barnes BE, Fox R. The Continuing Professional Development of Physicians, From Research to Practice. Chicago, IL: AMA Press; 2003: 251.

2) 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): 1715-1722.

3) Peabody JW, Luck J, Glassman P, Jain S, Hansen J, Spell M, Lee M. Measuring the quality of physician practice by using clinical vignettes: a prospective validation study. Ann Intern Med. 2004; 141(10): 771-780.

4) Peabody JW, Tozija F, Munoz JA, Nordyke RJ, Luck J. Using vignettes to compare the quality of clinical care variation in economically divergent countries. Health Serv Res. 2004; 39(6 pt 2): 1951-1970.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M10, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Monday, 1/21/08, Del Lago 1-2/Lower

TITLE: Tracking Results from Outcomes-based CME Grants

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Robert Addleton, EdD

Medical Association of Georgia, 678/303-9285, bob@mag.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Floyd Pennington, PhD

CTL Associates, 770/506-8150, ctlassoc@mindspring.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Adele Cohen, MS

Physicians' Institute for Excellence in Medicine, 404/881-5073, acohen@mag.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Marc Crawford, MBA

Educational Measures, Inc., 303/279-0424, mcrawford@cmeoutcomes.com

DISCLOSURE: Does have an interest in selling a technology and/or service to CME professionals.

TARGET AUDIENCE: Intermediate experience level

MEMBER SECTIONS: All

OBJECTIVES: Participants will hear the results of an innovative system of making CME grants that have a strong outcomes-based component. Results of activities funded across a five-state consortium will be described. Participants will come away with models for designing practical evaluation and needs assessment methods for their own activities.

METHODS: Presenters will use selected activities as case studies to illustrate the concepts presented. Questions and discussion will be encouraged.

KEY POINTS:

1. Outcomes-based CME is here to stay.
2. Outcomes-based CME is “doable”; by small and moderately-sized providers.
3. Funding for activities in the future will require an outcomes evaluation component.
4. Lessons are emerging about how to do outcomes CME. These lessons can be applied and replicated.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M11, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Monday, 1/21/08, Marbella 1-2/Lower

TITLE: Multidisciplinary Partnering – An Online CME Example

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Sandra Pinkerton, PhD

The Research and Education Institute for Texas Health Resources (TREI), 214/345-6788, sandrapinkerton@texashealth.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Marilyn Peterson, MA

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DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Laurie Burdine

Coordinator's Choice, 214/943-4942, laurie@cmetracker.com

DISCLOSURE: Does have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Tommy Howell

Texas Health Resources, 817/462-6340, tommyhowell@texashealth.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: David Mattoni, BA

The Research and Education Institute for Texas Health Resources (TREI), 214/345-6787, davidmattoni@texashealth.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following the session, participants should be able to: **1)** Discuss online-CME program compliance with ACCME/AMA guidelines; **2)** Specify the components of an online-CME system; **3)** List the roles of online-CME system development teams; **4)** Characterize the benefits/challenges of multidisciplinary partnering, and **5)** Describe appropriate program evaluation measures.

METHODS: The partners will: **1)** Present their insights about partnering; **2)** Demonstrate the online site; **3)** Respond to questions, and **4)** Provide open discussion about partnering for technology applications in their own CME contexts.

KEY POINTS: **1)** Online CME sites must comply with ACCME/AMA guidelines. **2)** This online-CME program captures live presentations, publishes them online in an interactive multimedia format and manages learner access and activity completion. **3)** Online-CME development teams include physicians, educators, IS providers, LMS and online registration specialists, help-desk specialists and video broadcast and editing technicians. **4)** Multidisciplinary collaboration has many benefits and challenges.

RECOMMENDED READING: Cummings, J., (2004). Work groups, structural diversity, and knowledge sharing in a global organization. *Management Science*, 50(3), 352-364.

ACKNOWLEDGEMENTS: Laurie Burdine-Coordinator's Choice Tommy Howell-eDevelopment, Texas Health Resources (THR) David Mattoni-Media Specialist, TREI Sandy Reeves-Treasury Services, THR Andy Sutton-Network Services, THR Daryl Underwood-Help Desk Support, THR

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M12, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Monday, 1/21/08, Palazzo A-C/Lobby

TITLE: Building a High Quality Grant Submission

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Pamela Mason, BS

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CO-PRESENTER: Deborah Moonan, RN

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CO-PRESENTER: Jacqueline Iannotta, RPh

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CO-PRESENTER: Erika Goldstein, CPA

AstraZeneca LP, 302/886-4477, Erika.Goldstein@astrazeneca.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants will be able to: 1) Understand the guiding principals used by commercial supporters to review grant submissions; 2) Analyze “what good looks like” with regard to key proposal elements and identify “red flags” that may render grant submissions not approvable for support; and 3) Discuss the potential impact of the changing environment on grant applicants seeking commercial support.

METHODS: A short didactic presentation will provide insight into the grant review and approval process. Case scenarios will follow the presentation to illustrate key points that will be discussed and analyzed by the presenters and audience members.

KEY POINTS: Purpose will be to provide insight on how to build high quality grant submissions within accepted regulatory/compliance guidelines. The following issues encountered during the proposal review process will be highlighted: fair balance and scientific validity; indications of conflict of interest; educational time vs. recreational time; support level vs. robustness of needs assessment; learning objectives that are supported by the needs assessment; and the level of outcomes for various program types. Discussion will also focus on the changing CME environment and any new ACCME requirements and their impact on grant submissions and the learner, now and in the immediate future.

RECOMMENDED READING: 1. 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_uploadaddocument.pdf Accessed March 18, 2007.

2. Office of Inspector General. Compliance Program Guidance for Pharmaceutical Manufacturers. – Federal Register May 5, 2003. Available at <http://www.oig.hhs.gov/authorities/docs/03/050503FRCPGPharmac.pdf> Accessed March 18, 2007.

3. Pharmaceutical Research and Manufacturers of America (PhRMA). PhRMA code on interactions with healthcare professionals. Available at: http://www.phrma.org/code_on_interactions_with_healthcare_professionals Accessed March 18, 2007.

4. FDA Final Guidance on Industry-Supported Scientific and Educational Activities. Federal Register Dec. 3, 1997. Available at: <http://www.fda.gov/cber/gdlns/sciedu.txt> Accessed March 18, 2007.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M13, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Monday, 1/21/08, Palazzo F-H/Lobby

TITLE: “Commercial Bias” – A Survey of CME Participants

COMPETENCY AREA: Leadership

PRINCIPAL PRESENTER: Debra Gist, MPH

Consultant, 619/303-3880, dgist@debragist.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Brooke Taylor, MPH

Duke University School of Medicine, 919/401-1205, brooke.taylor@duke.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product and/or service to CME professionals.

CO-PRESENTER: Helena Zandstra

UCSD School of Medicine, 858/534-1303, hzandstra@ucsd.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to **1)** restate the ACCME’s definition of “commercial bias”; **2)** discuss the major results of a survey on commercial bias; **3)** identify resources and discuss strategies for dealing with commercial bias issues, and **4)** discuss establishing thresholds for commercial bias and describe appropriate follow-up when “significant” commercial bias has been identified.

METHODS: Didactic combined with case-based discussion.

KEY POINTS: This presentation **1)** explores the issues surrounding “commercial bias” and perceived “commercial bias”; **2)** describes what the surveyed CME participants feel constitutes “commercial bias”; **3)** discusses practical strategies for CME Providers relative to the prevention of “commercial bias”; and **4)** suggests how CME Providers might respond to certain thresholds of “commercial bias.”

RECOMMENDED READING: Cornish JK, Leist JC. What constitutes commercial bias compared with the personal opinion of experts? J Contin Educ Health Prof. 2006 Spring;26(2):161-7.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M14, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Monday, 1/21/08, Amarante 2-3/Lower

TITLE: AAFP CME Accreditation Basics

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Susan Tyler, MEd

American Academy of Family Physicians, 913/906-6000, ext. 6540, styler@aafp.org

CO-PRESENTER: Mindi McKenna, PhD

American Academy of Family Physicians, 913/906-6000, ext 6510, mmckenna@aafp.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this session, participants should be able to: identify CME requirements for AAFP members; define eligibility criteria for AAFP Prescribed and Elective credit; distinguish between AAFP and ACCME accreditation, and AAFP and AMA credit; review application procedures for group activities, enduring materials, and journal-based CME; describe changes made to coordinate AAFP planning process requirements with the ACCME's updated accreditation criteria.

METHODS: This presentation will provide an explanation of the benefits of providing CME credit for family physician audiences, description of AAFP credit categories, and instruction about applying for AAFP CME credit. The presenters will provide information through lecture and review of sample forms, with opportunity for questions and small group discussion.

KEY POINTS: The American Academy of Family Physicians has 94,000 members in 50 states, the District of Columbia, Uniformed Services, Puerto Rico, the Virgin Islands, and Guam. The members must accrue 150 CME credits in a 3-year period, 75 of which must be AAFP Prescribed credits. AAFP credit is also required for family physicians' Maintenance of Certification. AAFP credit approval requires input of an Active or Life member of the AAFP to the CME activity planning process. The simple application process informs the planner of all components of basic CME activity planning. AAFP CME accreditation is based on a system of reviewing the content of individual activities based on applications submitted to the AAFP by CME providers.

RECOMMENDED READING: Visit the AAFP CME Accreditation web site at www.aafp.org/cmea to review online information and instructions about AAFP CME credit and applications. Look at "Applying for CME Credit" and "Producing Quality CME Activities".

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M15, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Monday, 1/21/08, Palazzo D/Lobby

TITLE: Lights, Camera, Action! Webcasting and CME

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Linda Caples, MBA

The Movement Disorder Society, 414/276-2145, lcaples@movementdisorders.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to:

- 1) Describe the fundamentals of the pre-production process for webcasting;
- 2) Discuss basic copyright and use of likeness issues pertaining to the content of a webcast, and
- 3) Describe the possible post-production process components for a quality CME webcast.

METHODS: Worksheets provided to help participants think through pre and post production policies and procedures. Facilitated discussion on effective webcasting techniques.

KEY POINTS: This presentation focuses on the details such as lighting, audio, and support that need to be addressed regardless of the software and/or hardware purchased for webcasting grandrounds or other CME programs. Examples of questions to be addressed include: Will we webcast live? Should we have a dedicated studio? How many FTEs will this take? How do we keep speakers in the camera shot? What will our review process be prior to posting to the web? How much, if any, editing are we willing to do? What do we communicate to speakers about webcasting? And the ultimate question – “What’s with the pale pink paper?”

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M16, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Monday, 1/21/08, Del Lago 3-4/Lower

TITLE: Online Performance Improvement Educational Portfolio

COMPETENCY AREA: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Sheldon Putterman, MD
Beam Institute, 212/600-3195, sputterman@cmp.com

CO-PRESENTER: Marsha Peruo, MFA
Beam Institute, 212/600-3193, mperuo@cmp.com

CO-PRESENTER: Karen Pratt
Beam Institute, 212/600-3194, kpratt@cmp.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Intermediate experience level

MEMBER SECTIONS: All

OBJECTIVES: 1) Understand how individual quality improvement (QI) activities that meet the new standards can be monitored and recorded to provide a permanent lifetime learning record of QI activities required for recredentialing, recertifying or relicensure for 2012. 2) Understand how the AMA's 3-stage Performance Improvement (PI) CME credit system can be automated using an online database and an e-mail communication system to provide participants with a private written record of their performance improvement in practice.

METHODS: We will discuss our experience as a MECC CME provider who educates physicians using enduring materials, live events and Internet activities. We will show how a physician can move from obtaining CME credits from conventional CME activities to using a personalized, online interactive PI CME activity.

KEY POINTS: The database system meets the following needs: 1) Gives physicians the opportunity to do self-assessment and self-evaluation, which will be required for future recertification. 2) Documents the history of the educational self-directed learning process through a personalized, private online portfolio. 3) Allows for integration of the six ACGME Competencies, which are a component of physician training. 4) Meets administrative and ACCME compliance requirements.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M17, Mini-Plenary

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/21/08, Mediterranean 1-8/Lobby

TITLE: Exploring Best Practice Standards in PI CME

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: George Mejicano, MD

University of Wisconsin - Madison, 608/263-4591, mejicano@wisc.edu

CO-PRESENTER: Curtis Olson, PhD

University of Wisconsin – Madison, 608/265-8025, caolson2@wisc.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this mini-plenary session, participants will be able to: (1) understand the minimum requirements for a PI CME activity; (2) compare and contrast PI CME models that have been used to develop activities for a variety of settings and purposes; (3) debate the value of “best practice standards” that the speakers will put forth; and (4) enhance their ability to develop and evaluate PI CME activities.

METHODS: After the speakers review the pertinent regulations for PI CME, they will briefly describe several PI CME models that are currently being used across the country. The speakers will then provide an analysis of the various models discussed, followed by the presentation of proposed “best practice standards” for PI CME. The session will end with an interactive discussion on the merits of each of the proposed standards for performance improvement continuing medical education.

KEY POINTS: PI CME holds great promise and attempts to link continuing medical education with patient safety and quality improvement in healthcare. However, the current requirements allow CME providers tremendous latitude in the design and development of PI CME activities. By analyzing the models for PI CME currently in place, the presenters hope to engage their CME colleagues in a thoughtful debate about the rigor, quality, value, and purpose of these activities. As such, the two speakers will propose a series of “best practice standards” for PI CME that are intended to challenge providers into developing activities that fulfill the promise of performance improvement.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M18, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/21/08, Segura 1-4/Lower

TITLE: Generational Diversity – Impact on CME

COMPETENCY AREA: Adult/Organizational Learning Principles

PRINCIPAL PRESENTER: Toni McKenna, DNSc
VHA Inc, 972/830-1983, amckenna@vha.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginner experience level

MEMBER SECTIONS: All

OBJECTIVES:

- * Identify the generational diversity that exists in the physicians in practice today.
- * Discuss the impact of generational diversity on learning preferences and participation in CME offerings.
- * Describe mechanisms for planning and providing high quality CME for all generations.

METHODS: A combination of didactic presentation and interactive discussion with participants will be used. Sharing of experiences by attendees, as well as questions and answers will be encouraged.

KEY POINTS: The differences in the multiple generations currently in medical practice today will be described in terms of common life events, social and work values, and expectations and behaviors in practice settings. The impact of these differences on how physicians select and participate in CME offerings will be explored. Enhanced awareness and sensitivity to this diversity will support effective educational activity design and implementation.

RECOMMENDED READING: Pelletier, S. No Time for CME. Medical Meetings, January/February 2005; 32(1): 26-31.
Zemke, R., Raines, C., & Filipczak, B. Generations at Work. (2000). New York: American Management Association/AMACOM.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M19, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/21/08, Palazzo A-C/Lobby

TITLE: Point-of-Care Learning – The Ultimate CME

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Paul Martin, MD

eeds, LLC, 828/252-0233, PaulM@eeds.com

DISCLOSURE: Does have an interest in selling a technology and/or service to CME professionals.

CO-PRESENTER: Gibbe Parsons, MD

University of California - Davis, 916/734-2777, gibbe.parsons@ucdmc.ucdavis.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this program the participant should be able to:

1. Understand the history & educational theory behind POCL
2. List the requirements for granting AMA PRA credit and AAFP credit
3. Appreciate the actual impact on patient care from real POCL case studies

METHODS: A brief lecture will review the development of POCL as an accredited CME activity. The bulk of the session will involve actual case studies that have been done by physicians recording POCL. These case studies will serve as a springboard for group discussion regarding this innovative form of CME and its measurable impact on patient care.

KEY POINTS: Point-of-Care Learning is arguably the most practice-relevant of any CME activity. New technologies have allowed evidence-based “just in time” information to impact patient care. The presenters are among the first in the nation to implement a system that can accredit both AMA PRA and AAFP POCL activities. This system also allows us to measure the impact of CME on patient outcome – a major advancement for CME.

Incidental benefits of POCL include a real-time needs assessment tool and a new self-sustaining educational offering that will help distinguish the CME Sponsor as innovative and cutting edge.

RECOMMENDED READING: Reference: <http://www.ama-assn.org/ama/pub/category/15889.html> (pages 11-12).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M20, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/21/08, Amarante 2-3/Lower

TITLE: Teaching Teams and Small Groups

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Beverly Wood, PhD

University of Southern California, 323/442-2377, bwood@usc.edu

CO-PRESENTER: Dixie Fisher, PhD

University of Southern California, 323/442-1600, dfisher@usc.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants will be better able to:

- Appreciate the power of the group in solving problems
- Teach groups and teams to work more effectively
- Intervene when groups have difficulty

METHODS: Briefly present principles and strengths of group learning as well as how to foster group effectiveness. Presentations will be interspersed with audience activities to illustrate ways to improve performance, show the advantages of group learning, and demonstrate how group members become cohesive around a project. Specific suggestions will be provided for intervening when groups show signs of dysfunction.

KEY POINTS: Medicine is practiced in groups and teams, with members bringing differing experiences, temperaments, and levels of knowledge, skill, and interests. These groups must learn to pool their strengths to enhance achievement and solve problems. Group members learn from each other to improve final performance. In teaching and training groups, building cohesion, respect, and a culture of contribution are key to success.

RECOMMENDED READING: Palloff, R, and Pratt, K. Defining and Redefining Community. 1999 Jossey Bass, San Francisco.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M21, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/21/08, Palazzo D/Lobby

TITLE: Pre and Post Course Learner Data Collection

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: James Scolapio, MD

Mayo Clinic School of Continuing Medical Education, 904/953-2221, scolapio.james@mayo.edu

CO-PRESENTER: Mary Macke, BA

Mayo Clinic School of Continuing Medical Education, 904/953-2058, mmacke@mayo.edu

CO-PRESENTER: Melissa Fiscor, BS

Mayo Clinic School of Continuing Medical Education, 904/953-2925, fiscor.melissa@mayo.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) assess methods to collect learner(s) educational needs/goals and knowledge base after registering and prior to attending a live CME course, 2) apply data collected pre course to tailor it to the educational needs of the actual participating learner (i.e. real time learner), and 3) apply data gathered pre and post course to generate meaningful outcome data that can be published in a peer reviewed journal.

METHODS: The authors will present actual examples of how they applied survey data gathered prior to a live CME course to better fit the educational needs of the real time learner. The authors will also present examples how they applied this information to generate level 2 and 3 outcome data and describe how best to package this information for journal publication.

KEY POINTS: 1) In the era of email technology electronic surveys are easy to perform. 2) Needs assessment surveys done months prior to a live CME course determine the need to conduct a course, but does not necessarily determine the education needs and knowledge base of the real time learner. 3) Precourse data collection (i.e. 1-2 months prior to a live CME course) should be done and the information applied to “fine tune” the course to best serve the educational needs of the real time learner. 4) Online survey tools can be very helpful in the collection of outcome data for journal publication.

RECOMMENDED READING: 1) Brill, J., & Galloway, C. (2007). Perils and promises: University instructors' integration of technology in classroom-based practices. *British Journal of Educational Technology*, 38(1), 95-105. 2) Granello, D., & Wheaton, J. (2004). Online Data Collection: Strategies for Research. *Journal of Counseling & Development*, 82(4), 387-393.

ACKNOWLEDGEMENTS: Rosann Burdette, CME Specialist Assistant, Mayo Clinic Jacksonville

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M22, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/21/08, Palazzo F-H/Lobby

TITLE: Deconstructing Educational Outcomes Measurement

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Harold Magazine, PhD

Veritas Institute for Medical Education, Inc., 201/727-1115, ext.2242, harold.magazine@veritasime.com

CO-PRESENTER: Ann Lichti

Veritas Institute for Medical Education, Inc., 201/727-1115, ext.2251, ann.lichti@veritasime.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be able to 1) identify and resolve common challenges to successful implementation of educational outcomes measurement (EOM); 2) tailor EOM methodologies to evaluate achievement of the activity objectives; and 3) formulate strategies for educating internal staff, faculty, and participants about ACCME's Updated Accreditation Criteria.

METHODS: Didactic presentation with question-and-answer session. Interactive case studies. We will use EOM to evaluate the achievement of the educational objectives for this session, and we will share the results with participants at the sessions' conclusion.

KEY POINTS: Beginning in 2008, accredited providers will be measured using ACCME's Updated Accreditation Criteria. Despite significant evolution in awareness of the usefulness of EOM, providers and commercial interests alike continue to fail in their pursuit of meaningful EOM, often citing faculty and participant resistance, as well as suboptimal outcomes. Implementing effective EOM requires 1) comprehension of the number and types of questions to ask physicians; 2) ability to differentiate between activities designed to create awareness among learners vs change in clinical practice; and 3) ability to select and use appropriate EOM tools.

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;157-161.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M23, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/21/08, Marbella 4/Lower

TITLE: Using Performance Measurement to Improve CME

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Richard Shewchuk, PhD

University of Alabama at Birmingham, 205/934-4061, drshew@gmail.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Hilary Schmidt, PhD

Sanofi-Aventis, 800/981-2491, hilary.schmidt@sanofi-aventis.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Linda Casebeer, PhD

Outcomes, Inc., 205/259-1500, linda.casebeer@ceoutcomes.com

DISCLOSURE: Does have an interest in selling a product to CME professionals.

TARGET AUDIENCE: Advanced experience level

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: 1) describe analytic approaches to performance measurement data that reveal physician characteristics associated with performance gaps and barriers; 2) identify approaches to educational design to improve the quality of CME activities based on performance measurement data, and 3) explore application of these approaches to improving the design of their own CME activities.

METHODS: From the viewpoints of CME providers, supporters, and academic centers, a review of approaches useful in improving the design of CME based on performance measurement data will be presented. Small group discussion will assist participants in applying these approaches to the effective design of their CME activities.

KEY POINTS: This presentation 1) describes analysis techniques for performance data that assist in identifying physician characteristics associated with performance gaps and barriers to optimal care, 2) suggests how these techniques may be applied to CME, 3) describes key principles that guide the use of performance measurement data in designing future CME activities, and 4) provides examples from CME oncology performance measurement data.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M24, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/21/08, Cordova 2/Lower

TITLE: Addressing Non-clinical Patient Care Barriers through CME

COMPETENCY AREA: Systems Thinking

PRINCIPAL PRESENTER: Peter Sheldon

Med-IQ, Inc., 443/543-5213, psheldon@med-iq.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Upon completing this session, participants will be able to: (1) Explain the relevance of non-clinical barriers to improved patient care and of education that addresses these issues; (2) Identify educational platforms that optimize learning for physicians, other care providers and non-clinical staff; (3) Create dynamic relationships between relevant medical societies, education providers and commercial supporters to enhance the delivery of content, and (4) Describe how to measure the impact of non-clinical education and its effect on patient care.

METHODS: Presenter will explore the opportunities and challenges inherent in non-clinical subject matter and identify its role in the future of medical education. The presentation will also include examples of program metrics that are indicative of real learning and changes in practice behavior.

KEY POINTS: Programs that focus on practice management allow medical education providers to: (1) Expand the definition of “relevant medical education”; (2) Impact clinical care in a patient-centric way; (3) Improve access to providers by increasing efficiencies in the practice environment; (4) Clarify roles and responsibilities of non-physician providers to maximize their utility; (5) Realize the power of effective collaboration between specialty societies, medical education providers and industry, and (6) Assess the impact on office practices and, ultimately, patient care using survey data from participants in a pretest-posttest design.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M25, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/21/08, Del Lago 1-2/Lower

TITLE: Advantages of Partnering with State Membership Associations

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Cynthia Kear

California Academy of Family Physicians, 415/586-6660, ckear@aol.com

CO-PRESENTER: Shelly Rodrigues, CAE

California Academy of Family Physicians, 415/345-8667, srodrigues@familydocs.org

CO-PRESENTER: Susan Hogeland, MA

California Academy of Family Physicians, 415/345-8667, shogeland@familydocs.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1) Understand functional organization of state membership associations; 2) Recognize unique perspectives and synergies membership organizations bring to bear when developing, delivering and evaluating CME/CPD; 3) Identify benefits of partnering with a state membership organization; and 4) Assess if/when a partnership with a state membership organization is valid for your project.

METHODS: State membership organizations, including segments, functions, and audiences will be modeling using 3 CAFPP activities, from development through outcomes measurement, as case studies. Resources for identifying and evaluating state membership organizations will be supplied.

KEY POINTS: State membership organizations offer unique perspectives on the development, delivery and evaluation of quality CME/CPD. Their direct and daily communication with healthcare professionals, and ability to work with others, shapes, defines and influences effective programming.

ACKNOWLEDGEMENTS: CAFPP's current non-pharma partners include:

- 1) American Osteopathic Association and American Osteopathic Information Association
- 2) University of California, San Francisco Center for the Health Professions
- 3) ceCity
- 4) Lumetra, California's Medicare QIO
- 5) California Medical Association Foundation
- 6) Molina HealthCare

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M26, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/21/08, Marbella 1-2/Lower

TITLE: CME & Quality: Parallel Universes or Separate Planets?

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Barbara Fuchs, MSA

Wyeth Pharmaceuticals, 484/865-5021, fuchsb@wyeth.com

CO-PRESENTER: Julie White, MS

Boston University School of Medicine, 617/638-4605, jlwhite@bu.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the end of this breakout, participants will be better prepared to initiate/enhance communication with their colleagues in Quality Improvement and be better able to facilitate collaborative sessions with the goal of enhancing the practice of healthcare professionals within their organization/system as evidenced by objective data, report cards and improved patient care.

METHODS: Presenters will discuss the importance of the CME/Quality Connection, offer a case presentation and facilitate discussion among the participants about the opportunities and challenges of collaboration.

KEY POINTS: With the increased requirements for physician maintenance of certification, self-assessment and performance improvement, opportunities exist to collaborate with the Quality Improvement Departments of organizations/systems. This collaboration provides potential for access to data that will drive needs assessment and educational design and affords an opportunity to share resources and data to unify efforts in education and subsequent performance improvement. The purpose of the breakout is to provide the target audience with an example of a collaboration initiative to assist CME professionals in identifying strategies to facilitate communication and collaboration within their practice setting.

RECOMMENDED READING: Holmboe, E., Meehan, T., Lynn, L., Doyle, P., Sherwin, T., Duffy, F.D. Promoting Physicians' Self-assessment and Quality Improvement: The ABIM Diabetes Practice Improvement Module. J Contin Educ Health Prof 2006; 26:109-119.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M27, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/21/08, Segura 6/Lower

TITLE: CME Leadership Best Practices

COMPETENCY AREA: Leadership

PRINCIPAL PRESENTER: Mindi McKenna, PhD

American Academy of Family Physicians, 913/906-6000, ext. 6510, mmckenna@aafp.org

CO-PRESENTER: Susan Tyler, MEd

American Academy of Family Physicians, 913/906-6000, ext. 6540, styler@aafp.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: 1) describe the knowledge, skills, attitudes and behaviors typically associated with effective leadership in the context of CME / CPD; 2) identify opportunities to enhance their leadership effectiveness, and 3) formulate an action plan for enhancing their leadership impact on CME professionals and programs.

METHODS: CME leadership best practices (drawn from theory, research, and current examples) will be presented and discussed. Guided reflection will facilitate participants' self-assessment. Structured small group discussion and a customizable tool (handout) will help participants formulate and refine actionable plans for enhancing their leadership impact. The session handout will include a recap of key concepts, an extensive reference list, and practical tips for further leadership development.

KEY POINTS: Successful CME design/delivery requires successful leadership. And leadership involves many diverse competencies, including decision making, direction setting, communication, collaboration, influence, negotiation, project management and change management. Current best practices in CME leadership can be identified and emulated. Self-assessment, goal-setting, and action planning are essential for continuous improvement in the leadership of CME professionals and programs.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M28, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/21/08, Segura 5/Lower

TITLE: Medical Education Grants Office System Capabilities

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: David Conboy, RPh

AstraZeneca LP, 302/885-8392, David.Conboy@astrazeneca.com

CO-PRESENTER: Marlana Henry, MEd

AstraZeneca LP, 302/886-2473, Marlana.Henry@astrazeneca.com

CO-PRESENTER: Pamela Mason, BS

AstraZeneca LP, 302/885-1325, Pamela.Mason@astrazeneca.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants will be able to:

1. Describe the necessary components to consider when building a comprehensive grants management system.
2. Analyze the efficiencies attributed to the implementation of an on-line grants management system (cost savings, volume, turn around time).
3. Understand the role of the grant applicant in providing feedback on the process and how those responses can be integrated into system updates.
4. Recognize the documentation needs of both the commercial supporter and the educational provider.

METHODS: Presenters will use a lecture and panel discussion format allowing questions from participants throughout session.

KEY POINTS: Learn successful approaches to implementing a grants management system and the ongoing need to adopt new and improve old processes to meet the changing external environment. Electronic systems address a variety of challenges but can also create different challenges. Displays of features from an electronic grant management system will demonstrate the various elements that are essential for the proper handling of the high-volume of incoming grant submissions to a commercial supporter. A step-by-step approach to systematically process grants will illustrate how feedback from external customers can be integrated into the process to enhance internal processes and ultimately improve overall performance of system. System and processes will need to be able to adapt to external requirements for independent medical education.

RECOMMENDED READING: 1. 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_uploadaddocument.pdf Accessed March 18, 2007.

2. Office of Inspector General. Compliance Program Guidance for Pharmaceutical Manufacturers. – Federal Register May 5, 2003. Available at <http://www.oig.hhs.gov/authorities/docs/03/050503FRCPGPharmac.pdf> Accessed March 18, 2007.

3. Pharmaceutical Research and Manufacturers of America (PhRMA). PhRMA code on interactions with healthcare professionals. Available at: http://www.phrma.org/code_on_interactions_with_healthcare_professionals Accessed March 18, 2007.

4. FDA Final Guidance on Industry-Supported Scientific and Educational Activities. Federal Register Dec. 3, 1997. Available at: <http://www.fda.gov/cber/gdlns/sciedu.txt> Accessed March 18, 2007.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M29, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/21/08, Palazzo E/Lobby

TITLE: Improving SCS Compliance with Online Faculty Training

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Susan Cantrell, RPh

American Society of Health-System Pharmacists, 919/847-8877, scantrell@ashpadvantage.com

CO-PRESENTER: Judith Walter, MEd

American Society of Health-System Pharmacists, 301/664-8670, jwalter@ashp.org

CO-PRESENTER: Sandra Oh Clarke, RPh

American Society of Health-System Pharmacists, 703/323-9083, sohclarke@ashpadvantage.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants will be able to: (1) describe the importance of faculty training as an element of the provider's compliance program, (2) develop an outline for a faculty training activity that includes training on the provider's procedures for compliance with the ACCME Standards for Commercial Support and other appropriate guidelines and regulations, including the FDA Guidelines for Industry-Sponsored Scientific and Educational Activities and privacy standards in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and (3) summarize the impact of an online training activity on faculty understanding of applicable standards and regulations.

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: This provider observed that most CME faculty members were unaware of the ACCME Standards for Commercial Support and related procedures for preventing commercial bias in CME activities. The provider developed an online training activity for its CME faculty on applicable guidelines and regulations concerning commercial support for CME activities. Following implementation of the training activity, its impact on faculty knowledge was assessed. The development, implementation, and impact of this training activity will be presented in a case-study format.

RECOMMENDED READING: Accreditation Council for Continuing Medical Education. Tools to Support Implement of the ACCME's Updated Standards for Commercial Support. Available at

http://www.accme.org/dir_docs/doc_upload/700a1624-d6f0-46d8-a4bc-88e12a56eca2_uploaddocument.htm (accessed 19 March, 2007).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M30, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/21/08, Del Lago 3-4/Lower

TITLE: Performance Assessment for Rural Physicians

COMPETENCY AREA: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Richard Christiansen, MD

University of Wisconsin School of Medicine, 608/265-5226, rgchristians@wisc.edu

CO-PRESENTER: Howard Zeitz, MD

National Center for Rural Health Professions, 815/395-5779, hzeitz@uic.edu

CO-PRESENTER: Jeanne Wegner

JMW Consulting, 815/218-4021, jmwegnerconsult@aol.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) outline the knowledge and skills that are unique to rural medical practice, and 2) describe a method of assessing the learning needs of rural physicians using standardized patients trained to portray cases with rural face validity.

METHODS: The presenters will describe the development of a simulated rural office practice designed to assess rural practitioner patient management skills.

KEY POINTS: The next decades will see the needs of rural hospitals and rural residents grow. Creative approaches to continuing professional development for rural physicians will be necessary to address challenges derived from the aging rural population, a decline in grant opportunities, and the emergence of Medicare pay-for-performance plans.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M31, Mini-Plenary

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/21/08, Mediterranean 1-8/Lobby

TITLE: Active New Directions for Research and Practice in CME

COMPETENCY AREA: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Paul Mazmanian, PhD

Virginia Commonwealth University, 804/828-0492, pemazman@vcu.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Upon completing this session, the successful learner should: 1) describe fundamental relationships of research to practice, and 2) recognize recent studies with key findings for practice and research.

METHODS: The speaker will present brief overviews of recent studies and describe active new directions for research and practice in CME. Attendees will be encouraged to interpret study results, identifying implications for practice and generating questions for useful follow up research.

KEY POINTS: CME studies are driven typically - - but not exclusively - - by a specific practical problem that is turned into a research question. Those who attend this session will summarize several important studies that focus on physicians, self assessment, and lifelong learning, while determining lessons for practice in CME.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M32, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/21/08, Marbella 1-2/Lower

TITLE: It's Not Just Where you Work, It's How you Work

COMPETENCY AREA: Adult/Organizational Learning Principles

PRINCIPAL PRESENTER: Ivy Oandasan, MD

University of Toronto at the University Health Network, 416/603-5800, ext. 3328, Ivy.Oandasan@uhn.on.ca

CO-PRESENTER: Allia Karim, MA

University of Toronto at the University Health Network, 416/603-5800, ext. 3817, Allia.Karim@uhn.on.ca

CO-PRESENTER: Lorelei Lingard, PhD

University of Toronto Wilson Centre for Research in Education, 416/340-3202, lorelei.lingard@utoronto.ca

CO-PRESENTER: Doreen Day, BSc

University of Toronto at the University Health Network, 416/603-5800, ext. 3757, doreen.day@uhn.on.ca

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Federal health care educators, Health care education associations, Hospitals and health systems, Medical education and communication companies, Medical schools, Medical specialty societies, State medical societies

OBJECTIVES: The participants will be able to: 1) learn about factors that impede and contribute to interprofessional communication and collaboration; 2) learn from an intervention tool that was created and implemented in this study.

METHODS: This presentation will direct a structured small group discussion to assist participants in applying communication strategies to improve interprofessional communication and collaboration using theoretical and applied frameworks.

KEY POINTS: The presentation will: 1) discuss the needs of clinicians strategizing to improve teamwork; 2) disseminate learnings from the development and implementation of a piloted communication toolkit; and 3) demonstrate how contributing factors such as time and space interplay for successful collaboration.

RECOMMENDED READING: The SCRIPT Research Team. (2007). Structuring Communication Relationships for Interprofessional Teamwork (SCRIPT): a Canadian initiative aimed at improving patient-centred care. Journal of Interprofessional Care Vol 21(1), 1-4.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M33, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/21/08, Palazzo D/Lobby

TITLE: Making a Real Case: Innovative Approach to Live CME

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Laura Lee Hall, PhD

INNOVIA Education Institute, 410/715-9996, llhall@innoviaeducation.com

DISCLOSURE: Does have an interest in selling a technology, program, and/or product to CME professionals.

CO-PRESENTER: Juliette Muszka, PharmD

sanofi aventis, 908/981-5189, juliette.muszka@sanofi-aventis.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Eve Wilson, PhD

INNOVIA Education Institute, 410/715-9996, ewilson@innoviaeducation.com

DISCLOSURE: Does have an interest in selling a product to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) describe 4 key elements of an innovative approach to CME case study development and presentation for a live CME format; and, 2) discuss key factors that facilitate successful implementation of this approach.

METHODS: The session will include presentation and discussion of the development and implementation of an interactive case-based approach to live CME. Two examples will be discussed, including participant and faculty feedback. Structured small group discussion will enhance participants' understanding of the factors that optimize success.

KEY POINTS: The session will describe key elements of innovative case study approach to live CME event, including: solicitation of questions from pre-registrants; minimal presentation of research data; faculty discussion of various care approaches; and, learner interaction. Factors that optimize success will be highlighted, including: use of cases which are of broad interest, controversial and/or for which clear evidence-based guidance is limited; and involvement of skilled faculty who endorse the approach. Providing a CME activity that is engaging and optimally matched to the clinical needs of learners may enhance effectiveness, thereby increasing knowledge retention and likelihood of practice change.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M34, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/21/08, Palazzo F-H/Lobby

TITLE: Supporting Better Learning – Requests for Education

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Walter Wolyniec, MS

Boehringer Ingelheim Pharmaceuticals, Inc., 203/791-6239, wwolyniec@rdg.boehringer-ingelheim.com

CO-PRESENTER: Matthew Lewis, MPA

Boehringer Ingelheim Pharmaceuticals, Inc., 203/791-6864, mlewis4@rdg.boehringer-ingelheim.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Advanced experience level

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: 1) describe the six stages of commercial support from processes to quality; 2) recognize elements that contribute to a high quality needs assessment, 3) match appropriate formats to the learning objectives identified, 4) develop responses to RFEs in accordance with adult learning principles, partnership opportunities and organizational experience, and 5) evaluate responses to an RFE based upon established criteria and incorporate criteria for a more meaningful application.

METHODS: Lecture, case-based discussion and nominal group development of an RFE response to a case situation provided to the group. Groups will be selected at random to present their proposals.

KEY POINTS: This presentation: 1) describes the key stages commercial supporters go through as they affirm their interest in CME; 2) discusses the role of evaluations, quantitative and qualitative assessments and literature reviews in informing a programmatic needs assessment; 3) reviews formats for educational activities that are likely to have an impact on patient care beyond those of traditional CME formats; 4) introduces mechanisms to build better responses to RFEs, and 5) allows the participant to develop their evaluative skills in selecting an appropriate request

RECOMMENDED READING: 2006 ACCME Updated Accreditation Criteria

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M35, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/21/08, Segura 6/Lower

TITLE: Cross-Cultural Training to Address Health Disparities

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Robert Like, MD

UMDNJ-Robert Wood Johnson Medical School, 732/235-7662, like@umdnj.edu

DISCLOSURE: Does have an interest in selling a program and/or service to CME professionals.

CO-PRESENTER: Alejandro Aparicio, MD

American Medical Association, 312/464-5331, alejandro.aparicio@ama-assn.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Mike Saxton, MEd

Pfizer Inc, 212/733-1342, mike.saxton@pfizer.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants will be able to: 1) identify current disparities in health status and health care experienced by different racial and ethnic groups; and 2) discuss what physicians need to learn in order to provide culturally competent, patient-centered care to our nation's increasingly diverse population.

METHODS: Educational strategies will include a mini-lecture, presentation of the American Medical Association's DVD – "Eliminating Racial and Ethnic Disparities: One Physician at a Time," and discussion of the knowledge, skills, and attitudes needed by physicians to provide culturally competent patient-centered care. Audience participation will be encouraged.

KEY POINTS: This presentation is a Call to Action for CME professionals to 1) become actively involved in efforts to help eliminate racial and ethnic disparities in health and health care; 2) develop training programs for physicians and other health professionals about the provision of culturally competent, patient-centered care; and 3) learn more about environmental forces (e.g., demographic and epidemiologic trends; legislative, accreditation, and regulatory requirements; the business and legal case) that can support the development of continuing education/professional development programs in this area.

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.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M36, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/21/08, Segura 5/Lower

TITLE: A Logic Model Approach to CME Planning and Evaluation

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Lisa Elsinger, MEd

University of Wisconsin School of Medicine & Public Health, 608/265-0478, lmelsinger@wisc.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Julia Savoy, BA

University of Wisconsin School of Medicine & Public Health, 608/265-0478, jnsavoy@wisc.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Peggy Evans, MSN

Medscape, 215/361-2367, pevans@medscape.net

DISCLOSURE: Does have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to understand and explore how logic modeling can enhance outcomes evaluation, done from the point of view of the evaluator and the program planner.

METHODS: Presenters will describe a rheumatology clinical conference series from the planning stages through a multiwave outcomes evaluation, followed by discussion of findings and interesting learner profiles at various stages in the change process

KEY POINTS: Large-scale educational initiatives that involve periodic revisions and that include a comprehensive outcomes assessment may lead to detection of incremental steps on a pathway toward clinical practice change. Using a logic model approach enabled planners to tailor the CME to a specific learner population and evaluators to design an outcomes assessment that illuminated learners' knowledge, confidence, intent to change and degree of commitment, barriers, and actual change.

RECOMMENDED READING: W.K. Kellogg Foundation. (2004). Logic Model Development Guide: Using Logic Models to Bring Together Planning, Evaluation, and Action.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M37, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/21/08, Palazzo A-C/Lobby

TITLE: Outcomes: Achieve a Higher Level

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Thomas McKeithen, Jr., MBA

Healthcare Performance Consulting, Inc, 904/529-6571, mckeithen@changingperformance.com

CO-PRESENTER: Chris Larrison, BA

Healthcare Performance Consulting, Inc, 317/733-9816, larrison@changingperformance.com

DISCLOSURE: Presenters have an interest in selling a service to CME professionals.

TARGET AUDIENCE: Intermediate experience level

MEMBER SECTIONS: All

OBJECTIVES: At the end of this session, participants will be able to 1) describe 5 steps in a behavior change project 2) identify appropriate data sources for measuring outcomes at Levels 4 and 5 on the Moore Scale. 3) select 1 or more appropriate outcomes measures based on available data 4) List the steps needed to analyze and report outcomes.

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. Measures should be selected that are appropriate to the available data, and to the type of intervention. If appropriate and feasible, clinical and/or behavioral measures should be utilized.

RECOMMENDED READING: Assessing Outcomes Through Congruence of Course Objectives and Reflective Work, Jocelyn M. Lockyer, PhD, et al; Volume 25, pp. 76–86.

Linking Needs Assessment in Continuing Medical Education to Health Care Outcomes, Robert R. Smedley, EDD et al; The Journal of Continuing Education in the Health Professions, 1994; 14(3):132-140.

Continuing medical education: the paradigm is changing Manning PR, DeBakey L. The Journal of Continuing Education in the Health Professions, 2001; 21(1):46-54.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M38, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/21/08, Cordova 2/Lower

TITLE: Incorporating QI into Our Daily Practice

COMPETENCY AREA: Systems Thinking

PRINCIPAL PRESENTER: Laura Noonan, MD

Carolinas Health Care, 704/355-3156, laura.noonan@carolinashealthcare.org

DISCLOSURE (ACCME): If discussion relevant to a commercial interest arises, anyone in a position to control CME content must disclose all relevant relationships with commercial interest(s).

DISCLOSURE (PROMOTION): Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All, including physicians

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this breakout session, participants will be able to: 1) describe the Model for Improvement; 2) understand the important role that rapid cycle testing (i.e., Plan, Do, Study, Act or PDSA) plays in health care settings; 3) explore the link between CME and quality improvement (QI); and 4) identify practice-based QI projects within their own institutions that would be amenable to performance improvement CME.

METHODS: Practice-based learning and improvement projects will be described demonstrating the Model for Improvement and the use of rapid cycle testing (PDSA). A variety of projects will be discussed demonstrating the wide ranging applicability of the Model for Improvement. The link between QI and CME will be explored and the criteria for accrediting QI projects for CME credit hours will be highlighted.

KEY POINTS: Incorporating QI/CME into the daily work of the practicing physician will be highlighted. At the end of this session, participants should be able to describe and apply the Model for Improvement and the use of PDSA cycles. They will be able to identify a practice-based QI project and describe the steps for qualification for CME credit.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M39, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/21/08, Del Lago 1-2/Lower

TITLE: Scientific Accuracy Review (SAR) – How to Do It

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Iwona Misiuta, PhD
Medscape, LLC, 212/417-9523, imisiuta@medscape.net

CO-PRESENTER: NaBrina Webb, MBA
Baylor Health System, 214/820-2317, nabrinad@baylorhealth.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After the presentation, participants will be able to:

- (1) Understand the history and recent developments around SAR
- (2) Understand a best practice SAR process and the importance of good communication around it
- (3) Discuss the overall benefits and risks of SAR review applicable to your program

METHODS: The speakers will conduct an extensive review of the ACCME criteria for SAR. In addition, the speakers will discuss SAR tools, provide examples, and engage the audience to provide their own SAR experiences

KEY POINTS: The presentation will focus on:

- (1) The purpose and evolution of SAR
- (2) Understanding the SAR process
- (3) The roles of the CME provider and commercial supporter in SAR

RECOMMENDED READING: Question from “Ask ACCME” on Appropriate Use of Commercial Support. Available at: http://www.accme.org/index.cfm/fa/faq.detail/category_id/c14cc73e-22a9-4228-9943-93abd0e1f0b0.cfm.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M40, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/21/08, Palazzo E/Lobby

TITLE: Ongoing Evolution of Collaboration in Medical Education

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Michael Lemon, MBA

Postgraduate Institute for Medicine, 720/895-5329, mlemon@pimed.com

DISCLOSURE: Does have an interest in selling a program and/or product to CME professionals.

CO-PRESENTER: Jennifer Spear Smith, PhD

Wyeth Pharmaceuticals, 484/865-5062, SMITHJS1@wyeth.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Venkat Gullapalli, MD

Gullapalli and Associates, LLC, 201/984-3332, vgullapalli@gullapalliandassoc.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be better able to: 1) Identify and define true collaboration and highlight current examples of collaborative relationships; 2) Identify requirements needed to collaborate and highlight potential challenges; 3) Review the criteria for collaboration across multiple organizations, and 4) Describe the benefits and advantages of collaboration for key stakeholders and what impact such collaboration will have on future programs.

METHODS: This session will consist of the dissemination of new information that will include both didactic and interactive sessions which will utilize case studies and question and answer discussions.

KEY POINTS: This session will address the potential impact genuine collaboration can have on CME, healthcare providers, and commercial supporters, while addressing current challenges that exist for all stakeholders. The session will also highlight the requirements and specific criterion needed to effectively leverage collaborative relationships. Particular emphasis will focus on the benefits of collaboration and how such collaboration will continue to evolve by providing quality medical education to healthcare professionals.

RECOMMENDED READING: The Evolution of Collaboration in Medical Education, April 2007. (Gullapalli V, Lemon M, Smith K, Overstreet K, Young A, Seligman, M)

ACKNOWLEDGEMENTS: The presenters for this session would like to acknowledge the contributions of the following: Anne Young, MBA, Karen Overstreet, EdD, RPh, FACME and Marissa Seligman, PharmD.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M41, Breakout
TIME/DAY/LOCATION: Cancelled

TITLE: Enduring Materials: Streamlining the Process

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Theresa Gallagher, BA
Institute for Continuing Healthcare Education, 215/446-8088, tgallagher@iche.edu

CO-PRESENTER: Heidi Chandonnet, BS
Shire Pharmaceuticals Inc., 484/595-8497, hchandonnet@shire.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginner experience level

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to (1) identify problem areas in the preparation of enduring materials, and (2) apply tools and procedures to ensure that the creation of enduring materials is as smooth as possible.

METHODS: Presentation and interactive learning will be used to address principles that ensure compliant and mistake-free enduring materials.

KEY POINTS: This presentation will emphasize the use of standardized procedures to ensure quality and compliant enduring materials; specific examples of processes will be shared.

RECOMMENDED READING: ACCME Accreditation Policies; The Physician's Recognition Award and credit system. Information for accredited providers and physicians (2006 revision); ACCME Standards for Commercial Support

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M42, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/21/08, Amarante 2-3/Lower

TITLE: Extreme Makeover – the CME Office Edition 2012

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Dixie Blankenship

CME Enterprise, 317/208-4285, dixie_blankenship@cmeenterprise.com

CO-PRESENTER: Hassan Danesh, PhD

Indiana University School of Medicine, 317/274-2854, hdanesh@iupui.edu

CO-PRESENTER: Elizabeth Yarboro

American College of Cardiology, 202/375-6316, eyarboro@acc.org

CO-PRESENTER: Jason Singer, PharmD

Eli Lilly and Company, 317/277-8333, Singer_Jason@Lilly.com

CO-PRESENTER: Shelly Symmes, BS

Indiana State Medical Association, 317/261-2060, ssymmes@ismanet.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Advanced experience level

MEMBER SECTIONS: All

OBJECTIVES: Following the session, participants should be able to: 1) describe the drivers of change in CME; 2) discuss the complexities of the CME office system of 5 member groups; 3) recognize the barriers to change in the various CME offices, and 4) apply the case examples to your structure and begin to steer your organization toward 2012 with confidence.

METHODS: This session will include a brief introduction on the drivers of change in CME. Panelist will present on their organization structures -current and vision of future. Format will include audience interaction with ARS and Q&A.

KEY POINTS: The drivers of change are calling for an Extreme Makeover in our CME offices. Representatives from 5 member groups will discuss the organization of State Medical Societies, Hospitals, Associations, Universities, MECCs and Pharmaceutical Supporters; how they will address the drivers of change and collaborate to enhance their CME office and mission. The desired result for our makeover is to be aligned to provide and support Level 3 ACCME criteria and improve patient care.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M43, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/21/08, Segura 1-4/Lower

TITLE: Achieving Fair Balance: Identifying Bias in CME

COMPETENCY AREA: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Stephanie Kushner, PhD
Medscape, LLC, 212/417-9662, skushner@medscape.net

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Participants will be able to:

- 1) Define different types of bias in a variety of CME programs including print materials, live meetings, and interactive media
- 2) Evaluate a CME program to determine if it contains any type of bias
- 3) Effectively communicate the concepts of fair balance and bias to all parties involved in the development of content for CME

METHODS: Utilizing published literature and personal experience, the presenter will facilitate an interactive discussion with the participants in order to impart a clearer understanding of the types of bias that may be found in CME programs and discuss how to apply this knowledge to the development and evaluation of CME programs.

KEY POINTS: A primary goal of CME is to provide fair balanced, unbiased education. Although commercial bias may be the primary form of bias that people think of with regard to CME programs, there are other types of bias that may be introduced into CME programs as well. A comprehensive understanding of the types of bias that may occur in CME programs, how to evaluate programs for the presence of different types of bias, as well as the ability to effectively communicate the concepts of fair balance and bias to others, will enhance the educational content and outcomes of CME programs.

RECOMMENDED READING: Cornish JK, Leist JC. What constitutes commercial bias compared with the personal opinion of experts? J Contin Educ Health Prof 2006;26(2):161-167.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M44, Member Section Follow-Up Meeting (Federal Health Care Educators – All Conference Participants Welcome)

TIME/DAY/LOCATION: 12:15 – 1:15 pm, Monday, 1/21/08, Cordova 5-6/Lower

TITLE: Current Issues in CME for Federal Providers

COMPETENCY AREA: Systems Thinking

PRINCIPAL PRESENTER: Judith Sutcliffe, MEd
Federal Bureau of Prisons, 202/305-7627, jsutcliffe@bop.gov

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: 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.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M45, Member Section Follow-Up Meeting (Medical Specialty Societies – All Conference Participants Welcome)

TIME/DAY/LOCATION: 12:15 – 1:15 pm, Monday, 1/21/08, Segura 1-4/Lower

TITLE: Medical Specialty Societies

COMPETENCY AREA: Self-Assessment & Life-Long Learning

PRINCIPAL PRESENTER: Alice Henderson, MEd
The Endourology Society, 713/857-3170, Henderson.aa@gmail.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical specialty societies

OBJECTIVES: The overall objective of the member section follow-up meeting is to continue relevant discussions begun at the Wednesday session and develop a stronger resource/network of contacts. Questions from sessions during the ACME meeting will be incorporated, permitting participants the benefit of information from sessions they were unable to attend. Emphasis will be placed on the exchange of ideas and “best practices”.

METHODS: Assigned planning committee members will report to the sub-specialty members and field questions on the hot topics for the meeting.

KEY POINTS: Participants often miss relevant sessions of interest due to scheduling conflicts. The follow-up session provides an excellent opportunity for attendees to share information from sessions and hear reports on sessions at the meeting from the sub-specialty planning committee members on specific topic areas.

RECOMMENDED READING: Alliance for Continuing Medical Education, www.acme-assn.org

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M46, Intensive

TIME/DAY/LOCATION: 1:30 – 5:00 pm, Monday, 1/21/08, Cordova 5-6/Lower

TITLE: Reinventing CME with MOC: Field Perspectives

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Soroush Batmangelich, EdD

BATM Medical Education Consultants, 847/808-8182, BATM@aol.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Susan Adamowski, EdD

Alexian Brothers Hospital Network, 847/ 981-5581, adamowskis@alexian.net

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Randy Estes, MExtEd

University of Illinois College of Medicine, 312/996-9454, estesr@uic.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Marcella Hollinger, MEd

Illinois State Medical Society, 312/580-6442, hollinger@isms.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Suzanne Ziemnik, MEd

American Society for Clinical Pathology, 312/541-4744, suzanne.ziemnik@ascp.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this intensive session, participants will be able to: 1) Review MOC, CME, ABMS, ACGME competencies, components and expectations, 2) Describe CME/MOC practices, opportunities, and challenges from a hospital model perspective, 3) Discuss CME/MOC practices, opportunities, and challenges from a medical school model approach, 4) Describe CME/MOC practices, opportunities, and challenges from a state medical society perspective, and 5) Demonstrate CME/MOC practices, opportunities, and challenges from a medical specialty society model approach.

METHODS: A panel of members representing hospital, medical school, state medical society, and medical specialty society will share their experiences, thoughts, successes and challenges in approaching practices in the immersion of MOC with CME expectations. This will be a moderated interactive session among panelists and audience participants with ample QA opportunities.

KEY POINTS: This moderated interactive panel presentation and discussion 1) will review competencies, components, and expectations for MOC and CME programs; 2) provide different models of how organizations have reinvented professional education immersing MOC with CME; 3) will stimulate thoughts, shared experiences, improvement methods, and challenges among and between panelists and audience participants conducted by the moderator; and 4) prepare constituents for the emerging vision of professional education towards the theme of need to know for 2012.

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.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M47, Mini-Plenary

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/21/08, Mediterranean 1-8/Lobby

TITLE: Hot Topics in CME from Inside the Beltway

COMPETENCY AREA: Leadership

PRINCIPAL PRESENTER: John Kamp, PhD

Coalition for Healthcare Communication, 202/719-7216, jkamp@cohealthcom.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Judy Ribble, PhD

National Commission for Certification of CME Professionals, 505/281-1143, jribble@NC-CME.org

DISCLOSURE: Does have an interest in selling a technology and/or program to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: As a result of this session, participants will be able to: 1) describe actions taken by the Senate Finance Committee, HHS-OIG and the FDA during the past year that have affected the practice of CME; 2) describe how Corporate Integrity Agreements may relate to CME; and 3) cite 3 reasons why self-regulation is appropriate for the CME community.

METHODS: Federal regulations and legal cases involving CME will be presented and analyzed with reference to implications for providers, marketers, and supporters of CME activities. 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, inside the Washington beltway • No sector of the CME community is immune from federal scrutiny; • Knowledge of federal regulations and guidelines from organizations that support self-regulation of the CME enterprise will be essential for developing and funding independent educational activities during the next five years.

RECOMMENDED READING:

1. FDA Guidance Documents, <http://www.fda.gov/opacom/morechoices/industry/guidedc.htm>.
2. HHS Office of Inspector General, Fraud Prevention & Detection <http://www.oig.hhs.gov/fraud.html>.

ACKNOWLEDGEMENTS: Dr. Kamp is Executive Director of the Coalition for Healthcare Communications and consults with numerous industry companies on regulatory and policy issues.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M48, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/21/08, Segura 6/Lower

TITLE: Do Primary Care Clinicians Understand PI CME?

COMPETENCY AREA: Adult/Organizational Learning Principles

PRINCIPAL PRESENTER: Diane Zuckerman, RPh

The Foundation for Better Health Care, 212/835-2160, diane@fbhc.org

CO-PRESENTER: Andrew McCrea, PhD

The Foundation for Better Health Care, 212/835-2160, andy@fbhc.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants will be able to: 1) evaluate the interest of Primary Care Physicians (PCPs) and various stakeholders of PI activities; 2) identify the barriers to embracing PI activities in busy PCP practices and; and 3) determine the value and usability of different tools and interventions for planning PI activities.

METHODS: The results of a study initiated to measure the awareness, acceptance, and motivation of PCPs to participate in PI CME activities will be described. PCPs in 4 cities were given a live presentation introducing them to PI CME. Afterwards, they were given a questionnaire, designed to measure their attitudes and barriers to participating in PI CME activities.

KEY POINTS: Today's healthcare environment necessitates PCP's to maintain clinical excellence and facilitate quality improvement in patient care. The vision of PI demands a focus on performance measurement with regard to quality, cost, and accountability to fulfill the physician's responsibility to patient care and public health.

Performance measurement is defined as the quantitative assessment of health care processes and outcomes for which an individual physician or other practitioner, provider organization or health plan may be accountable.

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.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M49, Breakout
TIME/DAY/LOCATION: Cancelled

TITLE: Engaging Faculty to Achieve Effective Learning

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: John Delfs, MD
Convergent Health Solutions, 201/740-0774, john.delfs@convergent-health.com

CO-PRESENTER: Blythe Fichtenholtz, BA
Convergent Health Solutions, 201/740-0782, blythe.fichtenholtz@convergent-health.com

CO-PRESENTER: Elizabeth Stueck, BA
Convergent Health Solutions, 201/740-0765, liz.stueck@convergent-health.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) describe three methods to optimize faculty engagement in the content development/training process; 2) identify three benefits that accrue from collaboration with a highly participatory faculty; and 3) discuss how use of multiple educational strategies can benefit both faculty and learners.

METHODS: Innovative teaching methods. This session will employ multiple educational methods (short didactic presentation; examples from individual activities; question and answer period) to illustrate how the process of engagement can be used to energize CME faculty, learners, and activities. Participants will be encouraged to share their ideas and experiences.

KEY POINTS: This session 1) explores how interdisciplinary educational strategies used in activity delivery can also be applied to program design and development; 2) Describes methods used to apply adult learning principles and to increase faculty participation in content development and the benefits that derive from these efforts. 3) suggests that modeling interactivity at and during faculty meetings reinforces constructive engagement in activity delivery while providing an opportunity to practice and refine skills; and 4) concludes that to engage learners, CME providers should first engage faculty.

RECOMMENDED READING: Maltais P, Goulet F, Borduas F. Educational skills and knowledge needed and problems encountered by continuing medical education providers. J Contin Educ Health Prof. 2000;20(2):91-96.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M50, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/21/08, Palazzo A-C/Lobby

TITLE: A Longitudinal Collaboration and its Outcomes

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Theodore Bruno, MD

The France Foundation, 860/434-1650, tbruno@francefoundation.com

CO-PRESENTER: Betsey King, MEd

AstraZeneca Pharmaceuticals, 302/885-4199, Betsey.King@astrazeneca.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After attending this session, participants should be able to; 1. Outline the basis for using multiple interventions longitudinally to change behavior; 2. Describe the need for collaboration and alignment of goals for all CME stakeholders; and 3. Describe the educational outcomes of this activity.

METHODS: This session will consist of presentations to outline the many dimensions of content and levels of collaboration that has taken place longitudinally to create this comprehensive initiative, an overview of the educational outcomes achieved, and time for an interactive Q & A session.

KEY POINTS: It is documented that physicians require sequenced, multifaceted educational exposures before a change in behavior or attitude occurs. In January 2007 the AHRQ released a detailed review and report which showed multiple exposures were more effective than a single exposure. As CME providers we need to incorporate these types of activities in our offerings. In this session we will describe how a branded multifaceted, multiyear initiative, implemented within a collaborative effort has improved the awareness and management of patients with bipolar disorder.

RECOMMENDED READING: 1. Marinopoulos SS, et al. Effectiveness of Continuing Medical Education. Evidence Report No.149. AHRQ publication No. 07-E006. January 2007 2. Mazmanian PE, et al. Continuing Medical Education and the Physician Learner: Guide to Evidence. JAMA 2002;228:1057-1060.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M51, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/21/08, Del Lago 1-2/Lower

TITLE: Quality Oncology Practice Initiative: A PI Roadmap

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Anne Grupe, MEd

American Society of Clinical Oncology, 703/299-1078, grupea@asco.org

CO-PRESENTER: Pamela Kadlubek, MPH

American Society of Clinical Oncology, 703/519-2943, kadlubep@asco.org

CO-PRESENTER: Lisa Johnson, MHS

American Society of Clinical Oncology, 703/519-2903, johnsonl@asco.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to

- 1) outline the components and process of a practice-focused and individual-focused performance improvement activity;
- 2) determine key stakeholder groups to involve in activity development and dissemination;
- 3) list the potential uses for participant data received, both by the participants themselves and by activity planners;
- 4) evaluate the impact of performance improvement activities over time.

METHODS: Didactic presentation with shared first-hand experiences and Q&A session to follow

KEY POINTS: The Quality Oncology Practice Initiative (QOPI) is an oncologist-led, practice-based quality improvement program. QOPI uses a retrospective chart review methodology and includes a set of quality measures, a specified chart selection strategy, a secure system for data entry, automated data analysis and reporting, and a network of resources for improvement. The QOPI project enables participating oncologists to gain both CME and MOC credit by using the data for additional performance improvement activities. This session will outline the development of this comprehensive quality improvement initiative and current and potential applications for the abstracted data.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M52, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/21/08, Amarante 2-3/Lower

TITLE: Higher Level Evaluation – New Horizons & New Challenges

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Gary Lindeman, PhD

University of Wisconsin School of Medicine and Public Health, 608/240-6005, gclindeman@wisc.edu

CO-PRESENTER: Min-fen Wang, PhD

University of Wisconsin School of Medicine and Public Health, 651/788-1077, minfenwang@wisc.edu

CO-PRESENTER: Marianna Shershneva, MD

University of Wisconsin School of Medicine and Public Health, 608/240-6007, mbsershneva@wisc.edu

CO-PRESENTER: Chere Gibson, PhD

University of Wisconsin School of Medicine and Public Health, 608/824-0404, ccgibson@wisc.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this breakout, participants will be able to: (1) identify potential and actual challenges in assessing the impact of CME on clinician's behavior and patient outcomes; and (2) strategize how to prevent and respond to these challenges.

METHODS: The presenters will employ a didactic presentation format followed by a participant interactive activity. Participants will engage in small group discussions of selected evaluation challenges for problem solving. Time will be allowed for a question and answer session near the end of the presentation.

KEY POINTS: The presentation: (1) provides an example of a two-year longitudinal higher level evaluation of a didactic CME program and lessons learned from its implementation; (2) describes and explains the opportunities and challenges in planning and implementing an evaluation on levels of clinician behavior and patient outcomes; and (3) identifies specific challenges such as, participant recruitment, attrition of participants, changes related to new medical research evidence, the "Hawthorne Effect," and multiple influences of final outcomes; includes participant sharing of their own experiences and learning from each other.

RECOMMENDED READING: Kirkpatrick, D.L., (1998). Evaluating training programs: the four levels. 2nd ed., San Francisco: Berrett-Koehler.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M53, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/21/08, Segura 5/Lower

TITLE: Bringing Your CME Program into the Future with an LMS

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Christine Morales, MEd

American Heart Association, 214/706-1681, christine.morales@heart.org

CO-PRESENTER: Elizabeth Aven

American Heart Association, 214/706-1673, elizabeth.aven@heart.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this breakout session, participants will be able to 1) Assess their need for a Learning Management System (LMS) in their CME program; 2) Recognize the benefits to the learner when using an LMS; 3) Identify the benefits to the administration of the CME program; and 4) Examine the pros and cons of implementing an LMS.

METHODS: This breakout will use interactive presentations and group discussion.

KEY POINTS: Information will be shared on the suggested ways of how a Learning Management System (LMS) can be used in the CME program. The key benefits to the learner will be explained including having the access and autonomy of on-demand learning and the convenience of maintaining an educational transcript which tracks historical data within the CME organization. The main advantages to the CME office using an LMS are being able to utilize pre & post outcomes surveys to assess change in physician behavior. An LMS also allows the CME administrator to run various reports based on accreditation and demographic information or any variety of customizable reports. The group will discuss the rewards and challenges of implementing an LMS.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M54, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/21/08, Palazzo E/Lobby

TITLE: No Staff, No Money, No Time – CME Activity Evaluations

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Alice Henderson, MEd

The Endourological Society, 936/588-3170, henderson.aa@gmail.com

CO-PRESENTER: Ellen Seaback, CAE

Baylor College of Medicine, 713/798-8962, seaback@bcm.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginner experience level

MEMBER SECTIONS: Hospitals and health systems, Medical schools, Medical specialty societies

OBJECTIVES: After participating in the breakout, the participants will be prepared to 1) implement practical strategies for developing and using activity evaluations, 2) establish direction for improvement and change in future planning, and 3) create an interactive environment between their CME planning committee and CME administration with regard to evaluation processing.

METHODS: PowerPoint lecture, handout including samples and check lists, audience question and answer discussion, past course attendee feedback on successful strategies and maximum audience interaction

KEY POINTS: CME providers need the best tools to evaluate 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, design future activities and accomplish these goals within a short time frame. The two presenters have worked in environments with staff shortages, income barriers and little time. With over 45 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. Our goal is that you will leave with tools you can put into immediate use when you return to work.

RECOMMENDED READING:

1) Harrison R Van, Simple Questionnaire Studies. JCEHP Fall 1997: Volume 17 (4): 228-238.

2) Collins Jannette, Mullan Brian, Holbert John, Evaluation of Speakers at a National Radiology Continuing Medical Education Course. www.med-ed-online.org/res00047.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M55, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/21/08, Marbella 4/Lower

TITLE: Faculty Development to Role Model the Teaching of EBM

COMPETENCY AREA: Systems Thinking

PRINCIPAL PRESENTER: Hoi Ho, MD

Texas Tech University Health Sciences Center, 915/783-6222, hoi.ho@ttuhsc.edu

CO-PRESENTER: Pratibha Shirsat, MD

Texas Tech University Health Sciences Center, 915/783-6222, pratibha.shirsat@ttuhsc.edu

CO-PRESENTER: Lorenzo Aragon, MD

Texas Tech University Health Sciences Center, 915/783-6222, lorenzo.aragon@ttuhsc.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After this session, participants will be able to: 1) identify barriers and deficiencies for implementing evidence-based medicine (EBM) in current medical education; 2) estimate the knowledge-attitude-practice (KAP) gap in their institutional medical training; and 3) assist in the design of a faculty development program to address the identified deficiencies.

METHODS: Presenters analyze global data and those of their teaching institution in the implementation of EBM in patient care. Presenters will share logistics, curriculum, and steps to overcome obstacles and establish a faculty development program to implement the teaching and practice of EBM.

KEY POINTS: Although EBM is essential in medical education and patient care, it was taught but neither regularly role modeled by faculty nor practiced by physician in-training such as students and residents. After identifying a gap in the KAP at the institution, we incorporated EBM into the curriculum of our faculty development program. Reinforced with multiple workshops and utilization of PDAs, a university-based faculty development program with emphasis on adult learning and EBM has increased awareness and practice performance of EBM in both faculty and their trainees.

RECOMMENDED READING: Sharon E. Straus, Chris Ball, Nick Balcombe, et al. Teaching Evidence-Based Medicine Skills can Change Practice in a Community Hospital. J Gen Intern Med 2005;20:340-343.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M56, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/21/08, Segura 1-4/Lower

TITLE: Effective Collaboration to Enhance Compliance & Quality

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Richard Hill, RPh

ConvaTec, 908/904-2515, rich.hill@bms.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Karen Overstreet, EdD

Indicia Medical Education, LLC, 215/855-9090, karen.overstreet@indiciaed.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Destry Sulkes, MD

Medscape, LLC, 212/417-9515, dsulkes@medscape.net

DISCLOSURE: Does have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following the session, participants should be able to 1) envision the future of CME with respect to need for MECCs, Providers, and Commercial Supporters to collaborate effectively, 2) discuss criteria for selecting appropriate and effective partners based on an understanding of how the collaboration criteria were developed, 3) understand the advantages of using a standard set of criteria to comply with the Standards for Commercial Support, and 4) adapt the criteria for their own work setting.

METHODS: Short didactic presentation 1) describing why and how criteria for collaboration were developed by a task force representing MECCs and industry, 2) a short overview of assessment tools, and 3) a case study demonstrating successful implementation. This will be followed by small group interactive discussion on how these criteria might be adapted for use by other stakeholders.

KEY POINTS:

- 1) Collaboration is becoming more important and, in fact, a necessity for success in the evolving CME world.
- 2) Revisions to ACCME policies, particularly The Standards for Commercial Support, significantly changed the relationship between CME Providers/MECCs and Commercial Interests.
- 3) Stakeholders can develop objective criteria that they can use to evaluate potential collaborators/educational partners/grantors using a set of criteria that drive collaboration.

RECOMMENDED READING: ACCME • The Standards for Commercial Support

ACKNOWLEDGEMENTS: We would like to acknowledge Richard Tischler, Jacqueline Parochka, and David Rybak for their key contributions as members of the task force representing MECCs and Commercial Supporters, as they were instrumental in the development of the criteria for collaboration.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M57, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/21/08, Palazzo F-H/Lobby

TITLE: PACME Dialog – Your Questions Answered by Commercial Supporters

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Maureen Doyle-Scharff, MBA

Pfizer Inc, 212/733-6360, maureen.doyle-scharff@pfizer.com

CO-PRESENTER: Mike Saxton, MEd

Pfizer Inc, 212/733-1342, mike.saxton@pfizer.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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. Facilitators will call on industry colleagues in the audience to help provide perspective to discussion and question. 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.

ACKNOWLEDGEMENTS: Audience response technology by Maureen Doyle-Scharff, MBA and Mike Saxton, MEd

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M58, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/21/08, Marbella 1-2/Lower

TITLE: So You Want to Jointly Sponsor CME Activities?

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Deborah Samuel, MBA

American Academy of Pediatrics, 847/434-7097, dsamuel@aap.org

CO-PRESENTER: Julie Sohlberg

American Academy of Pediatrics, 847/434-4320, jsohlberg@aap.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical specialty societies

OBJECTIVES: At the conclusion of this breakout, participants will be able to:

- Identify essential components in the planning and implementation of jointly sponsored CME activities that support collaboration; and
- Discuss challenges that accredited providers face when working with non-ACCME accredited providers and identify potential solutions

METHODS: A brief didactic presentation outlining the AAP Joint Sponsorship Program will be followed by a case-based discussion of potential challenges that accredited providers may experience when working with non-ACCME accredited providers. Opportunities for sharing best practices, asking questions, and seeking possible solutions will also be incorporated.

KEY POINTS: Jointly sponsored CME activities can offer accredited providers a valuable opportunity for extending the scope of their CME program. In order to ensure 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.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M59, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/21/08, Cordova 3/Lower

TITLE: Physician/Administrator CME Partners

COMPETENCY AREA: Leadership

PRINCIPAL PRESENTER: James Swain, MD

Mayo Clinic - Arizona, 480/301-2849, swain.james@mayo.edu

CO-PRESENTER: Richard Berger, MD

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CO-PRESENTER: James Scolapio, MD

Mayo Clinic - Florida, 904/953-2221, scolapio.james@mayo.edu

CO-PRESENTER: Leanne Andreasen MBA

Mayo Clinic - Arizona, 480/301-8482, andreasen.leanne@mayo.edu

CO-PRESENTER: Maggie Peterson, MBA

Mayo Clinic - Florida, 904/953-2919, maggie@mayo.edu

CO-PRESENTER: Jonathan Torrens-Burton

Mayo Clinic - Minnesota, 507/284-2242, torrensbarton.jonathan@mayo.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All experience levels

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: 1) Develop a list of attributes that promote physician/administrator partnerships; 2) Identify barriers which may prevent the development of that productive relationship; 3) Articulate potential strategies to encourage, enhance and change existing physician/administrator partnerships in their organization, and 4) Promote and support change and improvement in physician/administrative partnerships in their organization.

METHODS: This will be an interactive session offering insights, case examples and discussion. The audience will be encouraged to participate using an audience response system with ample opportunity for interaction with the faculty. The audience will be invited to discuss key issues (what is working; what is not) and work together on solutions or next steps.

KEY POINTS: Physicians and their administrative colleagues in CME present a unique opportunity for collaboration. This relationship can have a dramatic impact on continuing medical education. The positive power of a physician/administrative partnership can advance the mission and vision of your organization. This unique partnership can have a positive impact on CME, physician behavior, and ultimately patient health outcomes.

RECOMMENDED READING: 1) O'Neil E. The opportunity of continuing medical education. Journal of Continuing Education in the Health Professions. Volume 18, Issue 1, Date: Winter 1998, Pages: 6-10.

2) Caers R, Du Bois C, Jegers M, De Gieter S, Schepers C, Pepermans R. Principal-agent relationships on the stewardship-agency axis. Nonprofit Management and Leadership, Volume 17, Issue 1, Date: Autumn (Fall) 2006, Pages: 25-47.

3) Ramanujam R, Rousseau D. The challenges are organizational not just clinical. Journal of Organizational Behavior Volume 27, Issue 7, Date: November 2006, Pages: 811-827.

ACKNOWLEDGEMENTS: Audience response technology by Mayo Clinic

EDUCATIONAL FORMAT: M60, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/21/08, Palazzo D/Lobby

TITLE: Making the Most of the Reaccreditation Process

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Jennifer Green

The Center for Health Care Education, 800/260-4378, jgreen@chce.net

CO-PRESENTER: Maurizio Mazzi

The Center for Medical Knowledge, 866/526-8290, mmazzi@cmknowledge.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) identify ways to use the reaccreditation process to improve the CME Program; 2) construct a plan to manage the reaccreditation process in a reasonable timeframe; and 3) successfully navigate the expectations and requirements of the ACCME during the reaccreditation process.

METHODS: The presenters, members of organizations who hold Accreditation with Commendation status, will discuss specific plans and experiences developing and implementing successful reaccreditation processes. Specific examples of challenges and successes will be shared with the participants and there will be ample opportunity for a question and answer session.

KEY POINTS: The process of reaccreditation can be an overwhelming proposition for a CME Program. However, completed successfully, the CME provider can gain valuable insight into the processes, procedures, policies, and other aspects of the organization that continue to operate efficiently or that need improvement. CME providers should view the reaccreditation process not as an administrative task, but rather as an opportunity to evaluate and improve the CME Program as a whole.

RECOMMENDED READING: www.accme.org

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M61, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/21/08, Del Lago 3-4/Lower

TITLE: Monitoring Your RSCs Now to Prepare for the Future

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Kelly Cuson, BS

Columbus Children's Hospital, 614/722-4902, cusonk@chi.osu.edu

CO-PRESENTER: Becky Fleig, MEd

Columbus Children's Hospital, 614/722-4938, fleigr@chi.osu.edu

CO-PRESENTER: Kelly Hallberg

Columbus Children's Hospital, 614/722-4901, hallbergk@chi.osu.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Hospitals and health systems

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, 2) incorporate the Updated Accreditation Criteria into their own RSC monitoring system, and 3) collaborate with internal stakeholders to ensure compliance and to continuously improve the quality of educational activities.

METHODS: Presenters will share their experience monitoring and improving the quality of a large number of RSCs in a hospital setting. The presenters will explain how they are using their monitoring system to prepare for review under the Updated Accreditation Criteria.

KEY POINTS: According to ACCME policy 2003-A-08, accredited providers are required to have a system in place to monitor RSCs compliance with ACCME Essential Areas and Elements. Monitoring a large number of RSCs is especially challenging. With the updated Accreditation Criteria placing an emphasis on outcomes measurement, it is now more important than ever to have a structured monitoring system in place allowing providers to focus on taking their CME program to the next level. Developing partnerships with internal stakeholders provides support in this process.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M62, Mini-Plenary

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Monday 1/21/08, Mediterranean 1-8/Lobby

TITLE: Incorporating PCPI Measures into PI CME Offerings

COMPETENCY AREA: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Alejandro Aparicio, MD

American Medical Association, 312/464-5531, alejandro.aparicio@ama-assn.org

CO-PRESENTER: Carl Sirio, MD

University of Pittsburgh Medical Center, 412/647-8403, sirioca@ccm.upmc.edu

CO-PRESENTER: Thomas Murray, MA

American Medical Association, 312/464-4929, thomas.murray@ama-assn.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: This presentation will 1) familiarize participants with performance measures developed and maintained by the Physician Consortium for Performance Improvement (Consortium), 2) assist accredited CME providers in developing appropriate PI CME offerings based on Consortium measures, and 3) inform participants about ways in which physicians can receive AMA PRA Category 1 Credit that is applicable for multiple purposes.

METHODS: The presentation will consist of a brief didactic presentation, with time provided for panel interaction and audience interaction.

KEY POINTS: AMA PRA Category 1 Credit™ has been available for Performance Improvement Continuing Medical Education (PI CME) activities since September, 2004. Accredited CME providers that develop and deliver CME offerings based on physician performance measures will help physicians to meet CME requirements for a wide range of purposes.

RECOMMENDED READING: The Physician's Recognition Award and Credit System: Information for Accredited Providers and Physicians, 2006 Revision (www.ama-assn.org/go/prabooklet); "Consortium measures" accessible at www.physicianconsortium.org

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M63, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Monday 1/21/08, Cordova 2/Lower

TITLE: State of the Industry: What to Do with Learning Theory

COMPETENCY AREA: Adult/Organizational Learning Principles

PRINCIPAL PRESENTER: Kathleen Geissel, PharmD

Medscape, LLC, 212/417-9560, kgeissel@medscape.net

DISCLOSURE: Does have an interest in selling a program to CME professionals.

CO-PRESENTER: Tiffany Cummings, MBA

Shire US Inc., 484/595-8608, tcummings@shire.com

DISCLOSURE: Does not have an interest in selling a technology, program, product and/or service to CME professionals.

CO-PRESENTER: Destry Sulkes, MD

Medscape, LLC, 212/417-9515, dsulkes@medscape.net

DISCLOSURE: Does have an interest in selling a technology, program, product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1) Recognize the importance and benefit of learning theory as a way to add value to CME programs
2) Describe the state of the industry with respect to using adult learning principles to guide CME program development
3) List the pros and cons of different way to apply learning principles with respect to enhancing the educational value of CME activities
4) Cite examples of successful integration of learning theory principles into different CME modality types

METHODS: Survey results assessing the extent to which learning theory is applied in various settings (pharmaceutical industry, provider, MECC) as of early 2007 are presented, followed by a debate style (pro/con) discussion of the survey data. The interactive session ends with a presentation of successful ways to apply adult theory to different CME modality types.

KEY POINTS: New ACCME criteria require providers to implement educational strategies that overcome/address barriers to physician change. One way the industry strives to achieve this goal is through the development of “knowledge to action”-focused CME programs. Some providers are starting to infuse instructional theory and adult learning principles into their programs to ensure the highest likelihood of knowledge retention, practice confidence, and appropriate behavior modification. Yet, for many organizations, this remains a challenge. In this session we explore the answer to the questions: “What are my peers doing now? What do I need to do in the future? Must I understand learning theory to create valuable CME programs?”

RECOMMENDED READING: Knowles MS, et al. The adult learner: The definitive classic in adult education and human resource development, 1998; Nowlen PM. A new approach to continuing education for business and the professions, 1988; Sargeant J. Facilitating interpersonal interaction and learning online: linking theory and practice. J Contin Educ Health Prof 2006;26(2):128-136.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M64, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Monday 1/21/08, Palazzo D/Lobby

TITLE: Integrating Evidence-Based Medicine Principles into CME

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Susan Tyler, MEd

American Academy of Family Physicians, 913/906-6000, ext 6540, styler@aafp.org

CO-PRESENTER: Mindi McKenna, PhD

American Academy of Family Physicians, 913/906-6000, ext. 6510, mmckenna@aafp.org

CO-PRESENTER: Nicole Kelly

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DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be able to: define evidence-based medicine concepts; describe grading and strength of evidence; use EBM databases for CME development; identify clinical topics that are appropriate for evidence-based CME; discuss the pros and cons of evidence-based CME; measure the impact of EB CME; describe how EB CME can ensure content validity and non-biased content; and review the documentation requirements for AAFP EB-CME credit.

METHODS: This presentation will provide an overview of EBM principles and how to compile documentation for applying for AAFP EB CME credit. Participants will discuss how to design EB CME presentations and how to present clinical practice recommendations to learners. Example documents will be provided, and time will be allowed to question and discuss.

KEY POINTS: Evidence-based medical content is a key component of medical education, continuing medical education and clinical practice. Recommendations based on systematically reviewed and graded scientific evidence will ensure validity and non-bias of content.

RECOMMENDED READING: Go to the AAFP website, www.aafp.org, and search “Evidence-Based Medicine” for helpful articles. See Evidence-Based Medicine: How to Practice and Teach EBM, David Sackett, MD, et al, Churchill Livingstone, 1997, for more information about how to critically review the medical and scientific literature.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M65, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Monday 1/21/08, Amarante 2-3/Lower

TITLE: Innovative Electronic Format for Effective Small Group Learning

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Benjamin Chen, MD
Queen's University, 613/5332540, benjamin.chen@queensu.ca

CO-PRESENTER: Lewis Tomalty, PhD
Queen's University, 613/533-2540, tomaltyl@post.queensu.ca

CO-PRESENTER: Amy Allcock
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DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Participants will be able to:

- 1) Transfer skills and knowledge to their own workplace by identifying the concepts and advantages of this innovative format.
- 2) Implement this methodology into their own environment by meeting the specific criteria relevant to A/V equipment and technologies, as needed and presented.
- 3) Integrate this learning intervention so as to break down barriers due to distance and time constraints.

METHODS: An overview will be provided re: the methods and specific technologies used in a pilot project to deliver CME to a small group of learners, followed by a live demonstration whereby the audience will be the learners/users. This will end with a facilitated discussion and evaluation of the format.

KEY POINTS: This session will:

- 1.) Describe and demonstrate an innovative format using pre-recorded PowerPoint presentations with narration, followed by a live voice chat using VoIP.
- 2.) Enable interactive and intimate CME for small groups without increasing the cost of delivery.
- 3.) Demonstrate a means by which interaction and engagement with presenter and peers is increased significantly.
- 4.) Describe and evaluate the potential re-use of the presentation with various small groups, both local and remote, while facilitating convenient scheduling and settings.

ACKNOWLEDGEMENTS: Kingston Family Health Team (pilot project participants)

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M66, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Monday 1/21/08, Del Lago 1-2/Lower

TITLE: CME Interactivity – A Best Practice in Dermatology

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Eric Guenin, PhD

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CO-PRESENTER: Nike Gazonas, MS

SCIOS Continuing Education, 215/867-2700, nike.gazonas@sciosce.com

CO-PRESENTER: Ed Dyer, MA

Dannemiller Memorial Educational Foundation, 210/641-8311, ext. 108, edd@dannemiller.com

CO-PRESENTER: Drilon Saliu, PharmD

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DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1) Describe a best practice live CME initiative in aesthetic dermatology that incorporated a variety of novel interactive components, including live injection techniques. 2) Explain the benefits of incorporating interactivity into live CME programs. 3) Propose novel methods to enhance interactivity into live CME programs. 4) Apply learnings and create future CME programs with enhanced interactivity.

METHODS: A CME Provider and Commercial Supporter will showcase a best practice CME initiative in aesthetic dermatology which incorporated interactive techniques such as live injections, faculty video commentary, hands-on facial assessment, and use of an audience response system. The rationale for enhancing interactivity in CME programs will be presented.

KEY POINTS: Interactive techniques were incorporated step-by-step into the educational design of a series of live regional workshops focused on aesthetic dermatology over a period of three years. These interactive components were employed to demonstrate injection techniques and key teaching points, and also to enhance audience interaction. Outcomes data revealed that as interactivity increased over time, the participants' evaluation of the educational effectiveness of the initiative also increased. The results from this best practice initiative support other reports in the literature regarding the importance of incorporating interactivity and "hands-on" teaching into the educational design.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M67, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Monday 1/21/08, Cordova 3/Lower

TITLE: Current Status of CME in Japan and How We Can Collaborate

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Aya Tokaji, BA

AT Forefront, Inc., 650/289-9710, catokaji@ATForefront.com

DISCLOSURE: Does have an interest in selling a program and/or service to CME professionals.

CO-PRESENTER: Ellen Cosgrove, MD

The University of New Mexico, 505/272-3942, ecosgrove@salud.unm.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Kiyoshi Kitamura, MD

The University of Tokyo, 81-3-5841-3583, Kitamura-tky@umin.ac.jp

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Takashi Igarashi, MD

The University of Tokyo, iga-tky@umin.ac.jp

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: To investigate current status of CME in Japan and search for how CME professionals in US can collaborate with pre-existing systems or introduce new methods of physician learning. At the conclusion of the presentation, participants should be able to discuss Japanese CME system and be able to plan a method to collaborate with professionals there.

METHODS: Japan Medical Association's CME system will be introduced and discussed. Informal survey results on physicians and physician organizations will be presented.

KEY POINTS: Japanese Medical Association currently offers CME courses for its physician members at voluntary basis. However, information such as how this system is used and what percentages of physicians participate are not closely investigated. Japanese healthcare system is currently at the major turning point with heightened patient awareness and increasing malpractice cases. We will discuss how CME professionals can assist physicians become ready for the social changes.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M68, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Monday 1/21/08, Marbella 1-2/Lower

TITLE: Integrating Data Base Technology for Grant Evaluation

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Alexandra Benarous, PharmD

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DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Marc Crawford, MBA

Educational Measures, 303/962-9970, mcrawford@cmeoutcomes.com

DISCLOSURE: Does have an interest in selling a technology and/or service to CME professionals.

CO-PRESENTER: Robert Orsetti, MA

Educational Measures, 303/962-9970, rorsetti@cmeoutcomes.com

DISCLOSURE: Does have an interest in selling a technology and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants will have an understanding of a new approach in the application and utilization of data base technology to capture, clean, store, analyze, interpret, and apply CME evaluation data to improve future activity planning.

METHODS: Discussion of need for and purpose of an innovative data base, and the approach and methods used in developing the team process for data base development, inclusion criteria, and with a demonstration of the new data base.

KEY POINTS: This presentation will describe and define the purpose and uses of the evaluation data base, illustrate a team approach to problem-solving, discuss how data base design and criteria were developed, describe how data are collected, cleaned and entered into the data base, discuss and demonstrate data base components, discuss data base-driven conclusions and findings relevant to grant funding and performance measurement, and describe initiatives to improve data base functionality.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M69, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Monday 1/21/08, Palazzo A-C/Lobby

TITLE: Balancing Compliant CME = Outcomes-Driven CME

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Frank Urbano, MD

PRIME, Inc., 954/718-6055, f.urbano@primeinc.org

CO-PRESENTER: Kathleen Moreo, RN

PRIME, Inc., 954/718-6055, k.moreo@primeinc.org

CO-PRESENTER: Dave Rybak, CPA

Ortho Biotech, 908/541-4023, DRybak2@obius.jnj.com

CO-PRESENTER: Louis Reyes

Centocor, 949/459-1784, lreyes7@CNTUS.JNJ.COM

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be able to: 1) differentiate outcomes-based CME and ROE-based CME, and demonstrate how they are not mutually exclusive; 2) construct and apply CME performance measures that demonstrate measurable practice change and maintain compliance; 3) discuss elements of compliance applicable to CME and how to apply those to CME design and development; and 4) provide examples of CME survey tools that achieves favorable results and adhere to compliance standards.

METHODS: Review of existing information (i.e., practical definitions of compliance and outcomes-based CME); dissemination of new information (i.e., survey methods); and panel and audience interactive discussion.

KEY POINTS: This presentation 1) demonstrates how to design CME program outcomes which are both compliant and provide useful data for the accredited provider and the commercial supporter; 2) provides examples of survey tools which can be used to achieve the aforementioned goal; and 3) discusses basic principles of compliance and outcomes-based CME programs and how they can co-exist.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M70, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Monday 1/21/08, Marbella 4/Lower

TITLE: Model Competency Exam for Certifying CME Professionals

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: John Kues, PhD

University of Cincinnati Academic Health Center, 513/558-3196, kuesjr@uc.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Marissa Seligman, PharmD

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DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Laird Kelly, BS

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DISCLOSURE: Does have an interest in selling a technology and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants will be able to: 1) recognize the basic concepts of testing the application of knowledge in scenario-based test questions, 2) understand the process of validating scenario-based tests and individual test items, and 3) better prepare for, and help others prepare for, a scenario-based exam designed to test the application of knowledge.

METHODS: This session will be a combination of a didactic overview of exam construction and validation principles and a hands-on demonstration of one or two scenarios and test items that will be completed by the participants and discussed.

KEY POINTS: At its foundation, an examination is a tool to assess knowledge and skill. However, the development of a good exam must be based on solid psychometric and educational assessment principles. This session will 1) illustrate the difference between testing knowledge and testing the ability to apply knowledge; 2) introduce the mechanisms used to validate test items; 3) give participants the experience of taking a competency-focused exam; and 4) make the connection between education, experience, and testing in the construction of a certification program.

RECOMMENDED READING:

1) National Organization for Certifying Agencies. Standards for the Accreditation of Certification Programs, 2004.

WWW.NOCA.ORG.

2) Gilboy N and Kane D. Unfolding case-based scenarios: A method of teaching and testing the critical thinking skills of newly licensed nurses. J. Emerg. Nurs. 2004;30:83-85.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M71, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Monday 1/21/08, Segura 6/Lower

TITLE: Healthcare Group Practices – Are They Really Teams?

COMPETENCY AREA: Systems Thinking

PRINCIPAL PRESENTER: Suzanne Murray

AXDEV Group, 888/282-9338, murrays@axdevgroup.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Dave Davis, MD

University of Toronto, 416/978-3703, dave.davis@utoronto.ca

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Dilip Patel

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DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Martin Dupuis, MA

AXDEV Group, 888/282-9338, dupuism@axdevgroup.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Trends in the structure and functioning of healthcare group versus collaborative healthcare team practices will be highlighted, drawing from a national qualitative and quantitative national needs assessment. Implications for future research and educational interventions will be discussed.

METHODS: (1) To review the results of a mixed method study of healthcare group practices and (2) to conduct an interactive discussion of emerging trends in inter-professional group practice.

KEY POINTS: Evolving primary care group practices strive to develop systems that are more coordinated, patient-centered, comprehensive, accessible, and that emphasize illness prevention and health promotion with greater use of computer technologies. This vision contrasts with current reality of group practices. Although healthcare providers are willing to make the necessary changes towards collaborative team models of patient care, there are still substantive challenges for the implementation of truly collaborative healthcare teams.

RECOMMENDED READING: Grumbach, K. & Bodenheimer, T. (2004). Can Health Care Teams Improve Primary Care Practice? Journal of the American Medical Association. 291 (10), 1246-1251.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M72, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Monday 1/21/08, Palazzo F-H/Lobby

TITLE: A Collaborative CME Initiative with Multiple Grantors

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: John Ruvane, BA

The Chatham Institute, 973/738-5901, jruvane@chatham.edu

DISCLOSURE: Does have an interest in selling a program and/or service to CME professionals.

CO-PRESENTER: Betsy Woodall, PharmD

Wyeth Pharmaceuticals, 484/865-3969, woodalb@wyeth.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Tamara McCollough

Abbott Laboratories, 847/938-6758, tamara.mccollough@abbott.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Michael Varlotta

Centocor Inc., 215/325-4070, mvarlot2@centocor.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) identify optimal and suboptimal collaborative partners early in the CME initiative development process; 2) list some of the key aspects of developing a collaborative CME initiative with multiple commercial supporters; 3) use this collaborative CME initiative as a model for developing future initiatives with multiple commercial supporters.

METHODS: Review of several case studies that were encountered during the development of a multi-component national collaborative CME initiative named RAPID [Rheumatoid Arthritis: Primary care Initiative for Improved Diagnosis and outcomes] collaborative CME initiative that will provide excellent insight for participants that they'll be able to apply in the workplace when developing collaborative initiatives with multiple commercial supporters.

KEY POINTS: This breakout 1) will provide participants with several grantors' perspectives as to the key elements they look for when reviewing a collaborative grant request; 2) will show the value of incorporating outcomes measurements and other forms of research early in the planning process in order to attract key opinion leaders as faculty; 3) will give the audience background on how the collaborative CME grant request was structured; and 4) will explore the CME provider's RFP process used with potential partners to ensure that the grant funds were used in the most efficient ways and, at the same time, educate the highest number of clinicians possible.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M73, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Monday 1/21/08, Segura 5/Lower

TITLE: Incorporating Strategies from Health Education in CME

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Matthew Lewis, MPA

Columbia University Teacher's College, 917/833-3923, mel2124@columbia.edu

CO-PRESENTER: Armine Lulejian, MPH

Columbia University Teacher's College, 818/590-7899, al2354@columbia.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) compare and contrast the development and focus of health education with that of continuing medical education (CME); 2) describe methodologies of health education program management as they relate to CME; 3) recognize relevant theories and concepts used by health educators to encourage behavioral change; and 4) apply techniques used in educating consumers and patients to develop patient-centered CME activities.

METHODS: Review of existing information including CME related competencies of health education professionals. Discuss relevant theories of health education.

KEY POINTS: The presentation 1) applies principles of health education to continuing medical education; 2) explains relevant theories and models such as the Health Belief Model, the Transtheoretical Model (Stages of Change), and the Social Cognitive Theory; and 3) explores concepts such as motivational interviewing, cultural competency, health literacy and self-efficacy.

RECOMMENDED READING: Glanz, K., Rimer, B.K., Lewis, F.M. Health Behavior and Health Education: Theory, Research, and Practice. Jossey-Bass. 2002.

ACKNOWLEDGEMENTS: The presenters would like to thank Dr. John Allegrante for his valuable contribution to this presentation.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M74, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Monday 1/21/08, Segura 1-4/Lower

TITLE: Improving Your Marketing Results: What You Need to Know

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Kathy McCoy, MBA

The Partnership for Medical Education, 714/423-7649, kmccoy@partnersmeded.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Terry Nugent, MBA

Medical Marketing Service, Inc., 630/350-1717, t-nugent@mmslists.com

DISCLOSURE: Does have an interest in selling a product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Federal health care educators, Health care education associations, Hospitals and health systems, Medical education and communication companies, Medical schools, Medical specialty societies, State medical societies

OBJECTIVES: Following this session, participants will be able to 1) describe reasons and methods for tracking results; 2) develop benefit-oriented marketing pieces; 3) develop well-designed marketing plans and forecast results to maximize budget; 4) improve list selection by identifying the audience most in need of the education and reaching that audience; 5) describe the methods for increasing e-mail deliverability.

METHODS: Review of existing information (advertising and marketing methods described in publications on the Reading List below), presenters' experiences and test results. Survey of audience experience and practices to assist participants in applying these ideas to their own setting.

KEY POINTS: This presentation will enable participants to maximize educational reach by maximizing participation by 1) applying proven marketing methods as described in leading publications to CME programs; 2) developing effective marketing plans and forecasting results to maximize budget; 4) improving mailing list selection by targeting a particular audience; 5) increasing e-mail deliverability; and 6) providing practical ways to utilize these methods to improve marketing results and reduce marketing costs.

RECOMMENDED READING:

1. Nugent, Terence, Successful CME Direct Marketing Methods, Wood Dale, IL: MMS, Inc., 2005.
2. Rosof, Adrienne and Felchm, William, Continuing Medical Education: A Primer, 2nd Edition, (Chapter 13, Marketing CME Courses). Westport, CT: Praeger, 1992.

ACKNOWLEDGEMENTS: Audience response technology by The Partnership for Medical Education

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M75, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Monday 1/21/08, Palazzo E/Lobby

TITLE: CME Documentation that Makes the Grade

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Jonathan Stotler, MAOM

Voxmedia International, 973/467-0500, jstotler@voxmedia.us

DISCLOSURE: Does have an interest in selling a technology and/or program to CME professionals.

CO-PRESENTER: Martha Silling, PhD

NE Ohio Universities School of Medicine, 330/325-6580, msilling@neoucom.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Sarah Fitzgerald

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DISCLOSURE: Does have an interest in selling a technology and/or program to CME professionals.

TARGET AUDIENCE: Beginner, Intermediate

MEMBER SECTIONS: All

OBJECTIVES:

- Translate the latest ACCME guidelines to day-to-day operations in your own CME Program
- Develop strategies to successfully meet ACCME and surveyor expectations
- Identify appropriate examples to include in self study reports
- Determine critical information to include in activity files submitted for review
- Describe the onsite or reverse-site survey process

METHODS: Didactic and case study with the opportunity for participants to ask questions of the presenters.

KEY POINTS: Every CME Program must re-apply for reaccreditation on a regular basis. Understanding appropriate documentation to both include and exclude and be presented to ACCME is a critical component for a successful outcome. This presentation will provide descriptions and examples of what to include in your self study report related to the revised Elements and Essentials including:

- 2.1 - Your planning process
- 2.2 - Use of needs assessment in planning
- 2.4 - Activity evaluation/outcomes
- 2.5 - CME Program evaluation
- 3.3 - Standards for Commercial Support

RECOMMENDED READING: Practical resources will be provided at the session as handouts.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M76, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Monday 1/21/08, Del Lago 3-4/Lower

TITLE: It's All about the User – Physician Self Directed Learning

COMPETENCY AREA: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Cyndi Grimes

Medscape, LLC, 212/302-6730, cgrimes@medscape.net

DISCLOSURE: Does have an interest in selling a program to CME professionals.

CO-PRESENTER: Linda Casebeer, PhD

Outcomes, Inc., 205/259-1500, linda.casebeer@ceoutcomes.com

DISCLOSURE: Does have an interest in selling a product to CME professionals.

TARGET AUDIENCE: Intermediate experience level

MEMBER SECTIONS: All

OBJECTIVES: Following this session participants should be able to:

- 1.) Identify adult learning principles and their connection to self assessment;
- 2.) Describe the linkage of clinical self assessment and self directed learning
- 3.) Develop educational interventions that help close the educational gaps for healthcare professionals

METHODS: Review of 2 clinical self assessments and correlating educational interventions. Panel discussion.

KEY POINTS: This presentation 1) demonstrates how applying adult learning principles to developing CME activities increases the effectiveness of educational interventions; 2) clinicians respond to self assessment and will seek out interventions to close their educational gaps 3) Clinical self assessment is part of life long learning and integral in the process of improving patient outcomes

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M77, Mini-Plenary

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Monday, 1/21/08, Mediterranean 1-8/Lobby

TITLE: What Should All CME Professionals Focus Upon in 2008?

COMPETENCY AREA: Adult/Organizational Learning Principles

PRINCIPAL PRESENTER: Ed Dellert, MBA, American College of Chest Physicians, 847/498-8333, edellert@chestnet.org

CO-PRESENTER: Mark Evans, PhD, American Medical Association, 312/464-5990, mark.evans@ama-assn.org

CO-PRESENTERS: Judy Gould, AA, Rhode Island Hospital, 401/444-4260, JGould@lifespan.org

CO-PRESENTER: Alice Henderson, MEd, The Endourology Society, 713/857-3170, Henderson.aa@gmail.com

CO-PRESENTER: Marissa Seligman, PharmD, Pri-Med Institute, 617/406-4288, mseligman@pri-medinstitute.org

CO-PRESENTER: Jennifer Spear Smith, PhD, Wyeth Pharmaceuticals, 484/865-5062, smithjs1@wyeth.com

CO-PRESENTER: Melinda Steele, MEd, Texas Tech University Health Sciences Center, 806/743-2226, melinda.steele@ttuhsc.edu

CO-PRESENTER: Robert Addleton, EdD, Medical Association of Georgia, 678/303-9285, bob@mag.org

CO-PRESENTER: Judith Sutcliffe, MEd, Federal Bureau of Prisons, 202/305-7627, jsutcliffe@bop.gov

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1) Identify key challenges and key successes within CME environment highlighted among all Alliance Member Sections, and 2) determine 3 key challenges CME providers will be required to address in 2008.

METHODS: Each Section has educational and business meeting time during the Annual Conference. For 2008, each Section is conducting a pre-conference survey of its members to identify key challenges and successes within the CME environment of their specialty area. Collected information will be synthesized for discussion during its educational meeting. Each Section then will identify 3 key challenges that must be addressed by CME professional in 2008. Section Leaders will meet prior to this session to address overlap in concepts and present “just-in-time results” during this presentation.

KEY POINTS: A May 1976 editorial in the Western Journal of Medicine stated the following about CME: “A new challenge to continuing medical education would now appear to be addressing the problem of just what is involved in the professional competence of a practicing physician in his own practice situation, and to set about making available continuing education that will enable every practitioner to assure his continuing professional competence in his own practice situation.” Thirty-one years later, this editorial is still relevant for CME professionals. It is the Member Sections’ intent to show the need for a unified medical education system that encourages questioning, reflection, creative thinking and team work in CME. Members of the CME community need to hear an integrated message that applies across all provider types and constructively advocates areas that each CME Professional needs to focus upon in 2008.

RECOMMENDED READING: 1) MSMW, A new challenge for continuing medical education. Western Journal of Medicine, 1976; 124: 414. 2) Mann, KV, Reflecting on the challenges facing continuing medical education today. Medical Education, 2005; 39: 546-547. 3) Mansouri, M.I, Lockyer, J., A meta-analysis of continuing medical education effectiveness. Journal of Continuing Education in the Health Professions, 2007; 27: 6-15.

EDUCATIONAL FORMAT: M78, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Monday, 1/21/08, Del Lago 1-2/Lower

TITLE: Creating and Composing Learning Objectives

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Patricia Britz, MEd
American Roentgen Ray Society, 703/858-4327, PBritz@arrs.org

CO-PRESENTER: Beverly Wood, MD
University of Southern California, 323/442-2377, bwood@usc.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this session, participants will be able to: **1.** Craft higher order learning objectives; **2.** Match objectives to needs and learning outcomes; **3.** Plan learning activities so that objectives, learning assessment, and instruction are interdependent, and **4.** Clarify the differences among domains and levels of learning.

METHODS: Participants will be provided with an overview of the purpose and intent of learning objectives and their relation to the planning of instruction and its assessment. Activities include application of participant learning to development of objectives in differing domains of learning. Participants will critique prepared objectives for effectiveness, clarity, and level of learning expected.

KEY POINTS: In this participatory breakout session, participants will consider ways in which objectives are central to all aspects of the learning experience including planning, designing, delivery and assessment. With objectives as guides, the teacher and learner maintain a perspective of learning goals and understand the direction of the learning experience.

RECOMMENDED READING: Diamond, RM. Designing and Assessing Courses and Curricula. 1998 Jossey Bass, San Francisco

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M79, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Monday, 1/21/08, Palazzo D/Lobby

TITLE: QI Collaborative as a Strategy to Plan CME Activities

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Thomas Van Hoof, MD

University of Connecticut School of Medicine, 860/679-4576, vanhoof@uchc.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants will be able to **1)** describe a quality improvement collaborative, including its critical elements; and **2)** understand common barriers and facilitators of using collaboratives in the context of continuing medical education.

METHODS: Following a brief description of the collaborative and the results of the formative and summative evaluation, this interactive session will include a discussion of the barriers, facilitators, and best practices associated with using QI collaboratives to plan CME activities.

KEY POINTS: This presentation: **1)** reviews the critical aspects of collaboratives as a quality improvement strategy; **2)** discusses common barriers to implementing collaboratives in the context of CME planning; and **3)** discusses the facilitators and best practices associated with collaboratives in CME planning.

RECOMMENDED READING: Ovretveit J, Bate P, Cleary P, Cretin S, Gustafson D, McInnes K, McLeod H, Molfenter T, Plsek P, Robert G, Shortell S, Wilson T. Quality collaboratives: lessons from research. Qual Saf Health Care 2002; 11:345-351.

ACKNOWLEDGEMENTS: The author would like to recognize Tierney E. Giannotti, MPA as a co-author of the Collaborative project.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M80, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Monday, 1/21/08, Amarante 2-3/Lower

TITLE: Teaching New Tricks – Challenges of Individual Learning

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Lisa Shotyk, MSN

AstraZeneca LP, 302/885-7021, Lisa.Shotyk@astrazeneca.com

CO-PRESENTER: Kelly Morrissey, MSN

AstraZeneca LP, 302/885-5076, Kelly.Morrissey@astrazeneca.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

1. Identify individual, generational and cultural learning differences among healthcare providers seeking continuing medical education.
2. Review and discuss learning theories that address appropriate selection of teaching strategies, based on learner similarities and differences.
3. Explore current and evolving teaching strategies in medical education, (including computer-based training, simulation techniques and virtual learning) which accommodate tailoring to meet unique individual learning needs.

METHODS: Didactic presentation and discussion regarding assessment of learner characteristics and their impact on learning. Interactive exercise designed to assess and evaluate these characteristics in the attendant audience. Exploration of learning theories that support or negate use of specific teaching strategies, based on learner characteristics. Discussion and “hands-on” experience with the latest in teaching strategies and tactics.

KEY POINTS:

1. The heterogeneous HCP population requires tailored or unique learning approaches to meet individual educational needs.
2. Many new teaching strategies and tactics are available or evolving in medical education.
3. New strategies may be innovative but if they don’t “fit” the audience, there will likely be limited learning success.

RECOMMENDED READING:

1. Davis, D., et al (2003). The Continuing Professional Development of Physicians: From Research to Practice. AMA Press: USA.
2. Kolb, David A. (1984). Experiential learning: Experience as the Source of Learning and Development. Prentice –Hall, Inc., Englewood Cliffs, NJ
3. Knowles, M. S. (1980). The modern practice of adult education: From pedagogy to andragogy. Prentice Hall/Cambridge: Englewood Cliffs, NJ.
4. Knowles, M. S., et al. (1984). Andragogy in action: Applying modern principles of adult education. Jossey-Bass: San Francisco.
5. DeYoung, S. (2003). Teaching Strategies for Nurse Educators. Prentice Hall, Upper Saddle River, NJ
6. Hozat, M., et al. (2003). An Operational Measure of Physician Lifelong Learning: its development, components, and preliminary psychometric data. AISR Staff Papers & Presentations. Thomas Jefferson University

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M81, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Monday, 1/21/08, Marbella 1-2/Lower

TITLE: Evaluation of Web-based CME

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Vernon Curran, PhD
Memorial University, 709/777-7542, vcurran@mun.ca

DISCLOSURE: Does not have an interest in selling a technology, program, product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: 1) describe and discuss the implications of evaluation literature in the design and delivery of Web-based CME interventions; 2) identify & discuss key principles and elements in conducting Web-based CME evaluation; 3) describe fundamental steps in planning and executing a Web-based CME evaluation.

METHODS: Systematic review of peer-reviewed literature. Presentation, structured small group discussion, and Q/As.

KEY POINTS: This presentation 1) summarizes evidence from Web-based CME peer-reviewed evaluation studies; 2) identifies and describes key concepts, principles and models for Web-based CME evaluation; 3) presents a model for planning and designing systematic evaluations of Web-based CME interventions; 4) discusses key challenges in conducting rigorous evaluation studies of Web-based CME interventions.

RECOMMENDED READING: Curran, V.R., Fleet, L. A review of evaluation outcomes of web-based CME. Medical Education 2005; 39:561-567.

ACKNOWLEDGEMENTS: Professional Development and Conferencing Solutions, MDcme.ca.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M82, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Monday, 1/21/08, Del Lago 3-4/Lower

TITLE: Integrating Data and Technology into CME Initiatives

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Sandy Weaver, MS
i3 CME, 814/321-9353, sandra.weaver@i3cme.com

CO-PRESENTER: Carl Kraus, MD
i3 Global, 919/677-5971, carl.kraus@i3global.com

CO-PRESENTER: Ezra Ernst, BA
i3 CME, 973/647-6955, ezra.ernst@i3cme.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1. Recognize how data and technology are utilized to identify educational gaps, design educational strategies, execute activities and measure their outcomes 2. Identify the sources and utility of publicly available information on hospital and physician quality 3. Summarize how administrative claims data are used to identify changes in performance and patient outcomes

METHODS: This presentation will introduce how accredited providers can utilize technology and data sources from organizations such as The Leapfrog Group, AHRQ, JCAHO, NQF, CMS and other payers to identify gaps in care. These gaps in care will become the focus of educational initiatives.

KEY POINTS: i3 CME uses three tools, EBM Connect, Clinical Research, Analysis, and Feasibility Tool (CRAFT) and Ingenix iQ throughout its identification, designing, implementation and measuring process. EBM Connect searches claims data to identify how physicians' clinical performance compares with clinical guidelines. CRAFT interfaces with patient claims databases to identify patients with clinical disorders and health care professionals who care for them. Ingenix iQ organizes data on national quality measures to determine gaps in care. Examples will be shared.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M83, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Monday, 1/21/08, Segura 1-4/Lower

TITLE: Impact Reports: Physician Performance and Future CME

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Jayashree Gokhale, PhD
Medscape, LLC, 212/417-9670, jgokhale@medscape.net

CO-PRESENTER: Allan Gibofsky, MD
Hospital for Special Surgery, 212/606-1423, gibofskya@hss.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to:

(1) Discuss key components for creating impact reports for their CME programs (2) Analyze participant responses to program questions, with faculty's perspective on participants' performance (3) Identify educational gaps and future educational activity for the target audience and (4) Evaluate overall impact of the program

METHODS: After 250 participants have completed the online CME activity, question-by-question analysis of correct and incorrect responses is conducted. Final report includes discussion regarding the activity's achievement of learning objectives and identifying areas for future education.

KEY POINTS: Impact reports can be developed following any CME activity. They provide information about the interest and performance of the target audience, and identify knowledge gaps and potential need for additional education in the specific therapeutic area. Faculty input is incorporated to address the overall level of physicians' performance, likely reasons for incorrect responses, and specific recommendations for future educational activities.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M84, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Monday, 1/21/08, Segura 6/Lower

TITLE: Health Care Teams – Retooling CME to Meet the Challenge

COMPETENCY AREA: Systems Thinking

PRINCIPAL PRESENTER: Susan Wheelan, PhD

GDQ Associates, Inc., 508/487-3750, gdq@gdqassoc.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) describe the relationship between the effectiveness of health care teamwork and patient outcomes; 2) describe the magnitude of organizational culture change necessary to improve health care teamwork, and 3) describe 3 CME strategies to influence increases in effective health care teamwork and decreases in disruptive behavior, adverse events, and medical errors.

METHODS: Review of recent research on health care teamwork and patient outcomes. Structured small group discussion of needed organizational changes in health care systems to support teamwork. Methods to assess team dynamics. Descriptions of the 3 strategies and case studies utilizing the 3 approaches.

KEY POINTS: This presentation will 1) highlight the current state of health care teams and their link to patient outcomes; 2) explore organizational barriers that impede health care teamwork; 3) describe 3 strategies to increase the effectiveness of health care teams, and 4) utilize case studies demonstrating the strategies in action.

RECOMMENDED READING: Wheelan, S. Creating effective teams: A guide for members and leaders (2nd Ed.). Thousand Oaks, CA: Sage, 2005.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M85, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Monday, 1/21/08, Palazzo E/Lobby

TITLE: Maximize Impact of CME with an Annual Plan

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Kathleen Geissel, PharmD

Medscape, LLC, 212/417-9560, kgeissel@medscape.net

DISCLOSURE: Does have an interest in selling a program to CME professionals.

CO-PRESENTER: Melanie Fagan

AstraZeneca, 302/886-1274, melanie.fagan@astrazeneca.com

DISCLOSURE: Does not have an interest in selling a technology, program, product and/or service to CME professionals.

CO-PRESENTER: Steven Scrivner, MA

University of Kentucky, 859/257-5320, steven2@email.uky.edu

DISCLOSURE: Does have an interest in selling a technology and/or program to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

- 1) Identify internal and external partners to the CME planning process.
- 2) Recognize the who, what, and when of communicating and informing vested partners in three different provider segments.
- 3) Construct a long-reaching CME strategy that satisfies internal and external partners and is tied to improving patient outcomes.

METHODS: Presenters from a MECC, the pharmaceutical industry, and a provider share strategies, tools, and real-world successes for developing CME plans that satisfy partners to the CME process, including the need for outcomes. The open-forum format encourages the audience to interact with the presenters and fellow attendees in this knowledge-sharing session.

KEY POINTS: The updated ACCME criteria require providers of CME interventions to focus on learner competencies and performance, as well as patient outcomes. The guidelines, as well as other external factors and internal organizational priorities can influence the quantity and types of programs supported/developed. Because of these factors, all provider segments are faced with making strategic decisions about the programs and activities offered by their organization. This session will highlight best practices on building CME strategies that satisfy internal and external partners of the CME process, and are still tied to advancing patient outcomes.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M86, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Monday, 1/21/08, Cordova 3/Lower

TITLE: Adult Education Partners – Cooperative Extension

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Sereana Howard Dresbach, PhD
Ohio State University, 614/293-3576, dresbach.7@osu.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this session, participants will be able to Identify adult education delivery mechanisms available in all communities and counties in the US and territories. Identify and formulate partner opportunities for program delivery, marketing and evaluation/outcomes impact.

Locate and diagram specific contact information for Cooperative Extension in each state and territory of US.

METHODS: Review of existing structure and mission of Cooperative State Research, Education and Extension System of USDA and all cooperating academic institutions. Review of CSREES program mission and research in adult education.

KEY POINTS: Cooperative Extension is the largest adult education network in the world. The adult education research base generated from the formal, non-formal and informal learning environments is considered the most extensive, yet few continuing medical education programs have tapped this network. For over sixty years, evaluation of adult education programs, outcomes management and impact documentation has been fundamental to the breadth of Extension programming. This research base and practical application of research has yet to be effectively tapped by the continuing medical education arena. This partner could be very strategic for future programming and evaluation efforts.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M87, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Monday, 1/21/08, Cordova 2/Lower

TITLE: Expanding Your CME Market to Include PAs

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Greg Thomas, PA

American Academy of Physician Assistants, 703/836-2272, ext 3107, greg@aapa.org

CO-PRESENTER: Adrienne Harris, BA

American Academy of Physician Assistants, 703/836-2272, ext 3404, aharris@aapa.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the end of the session, participants should be able to: **1)** describe the current demographics and practice characteristics for PAs; **2)** describe the CME requirements for PAs; **3)** structure their CME programming to include PAs as potential participants; and **4)** 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.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M88, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Monday, 1/21/08, Marbella 4/Lower

TITLE: People, Process & Systems – 3 Keys to Program Success

COMPETENCY AREA: Leadership

PRINCIPAL PRESENTER: Edward Sleeper, MS
Medscape, LLC, 212/417-9554, esleeper@medscape.net

CO-PRESENTER: Lois Grossman
Beth Israel Medical Center, 212-420-2341, LGrossma@chpnet.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Intermediate experience level

MEMBER SECTIONS: All

OBJECTIVES: 1) Define and differentiate the three key areas that are vital to team success in developing successful CME programs
2) People: understand how communication (both internally and externally) is necessary for overall program success
3) Process: analyze your deliverables to determine what processes are necessary for successful program rollout, with a constant focus on challenging those processes
4) Systems: implement the appropriate tracking system(s) that will positively support successful program rollout

METHODS: An interactive session discussing and demonstrating how the People, Process, and Systems approach has led to beneficial results in the Medscape organization. Audience members will also be encouraged to share their experiences and best practices resulting in a well-rounded learning session for all.

KEY POINTS: 1) The criticality of healthy team communication and its role in successful program delivery (internally as well as with our providers and commercial supporters)
2) The required mapping of detailed processes that will lead to successful program delivery (documented timelines and standard operating procedures)
3) The importance of choosing systems that are viewed as a positive extension of the team and not as a burden to program delivery

RECOMMENDED READING:

Primal Leadership: Learning to Lead with Emotional Intelligence (Goleman).
The Leadership Challenge (Kouzes & Posner).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M89, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Monday, 1/21/08, Palazzo A-C/Lobby

TITLE: AMA PRA Q&A

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Sue Ann Capizzi, MBA

American Medical Association, 312/464-4230, sue.ann.capizzi@ama-assn.org

CO-PRESENTER: Jeanette Harmon, MBA

American Medical Association, 312/464-4677, jeanette.harmon@ama-assn.org

CO-PRESENTER: Mary Kelly

American Medical Association, 312/464-4668, mary.kelly@ama-assn.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) discuss the AMA PRA credit system; 2) evaluate how changes in the AMA PRA credit system have impacted CME providers, as well as the physician learners they target; 3) discuss processes and successful strategies CME providers can pursue related to the AMA PRA credit system; 4) identify resources for further information related to the AMA PRA credit system

METHODS: The presentation will consist of a brief didactic presentation, after which the panel will discuss participants' questions regarding the AMA PRA credit system.

KEY POINTS: This presentation is designed to address the audience's questions about the application of the AMA PRA credit system in their practice of implementing CME activities. The session will highlight and clarify policies and issues that are new to providers, as well as provide answers to frequently answered questions.

RECOMMENDED READING: The Physician's Recognition Award and Credit System: Information for Accredited Providers and Physicians, 2006 revision. (www.ama-assn.org/go/prabooklet).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M90, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Monday, 1/21/08, Palazzo F-H/Lobby

TITLE: Using the New Criteria to Improve the CME Program

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Joseph Green, PhD

American College of Cardiology, 202/375-6692, jgreen@acc.org

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Peshia Rubinstein

education | outcomes | science, 212/849-7822, prubinstein@health-nyc.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1) Network with representatives from different CME provider types to define strategies for translating the ACCME's Updated Accreditation Criteria into CME program improvements. 2) Develop strategies for the participant's CME program that better incorporate some critical criteria from the ACCME's Updated Accreditation Criteria.

METHODS: The presenters will focus on the following ACCME Updated Accreditation Criteria: 3, 13, 14, 15, 20, and 21. The speakers will offer examples of how these criteria have been incorporated into CME programs. Attendees will then break into groups to engage in a 15-minute interactive discussion sharing how each of their provider types has or plans to incorporate these criteria into its program. All groups will reconvene, and group leaders will share their strategies with all attendees. The presenters will record feedback in a Word table organized by CME provider type. This document will be available after the session to any ACME member who requests it by e-mail.

KEY POINTS: The ACCME's Updated Accreditation Criteria offer challenges as well as opportunities for improving the CME Program across all provider types. Interaction across CME provider types increases communication and generates ideas. During this session, the presenters and the small groups will deal with the following concepts inherent in the 6 identified criteria: designing activities and assessing organizational performance based on physician competence, performance, or patient outcomes; developing stakeholder collaborations; and participating within an institutional framework for quality improvement.

RECOMMENDED READING:

1) ACCME Updated Accreditation Criteria.

2) The Continuing Professional Development of Physicians: From Research to Practice, by David A. Davis (Editor), Barbara E. Barnes (Editor), Robert D. Fox (Editor).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M91, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Monday, 1/21/08, Segura 5/Lower

TITLE: Assessment and Programs for Physician Practice Re-Entry

COMPETENCY AREA: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Richard Christiansen, MD

University of Wisconsin - Madison, 608/265-5226, rgchristians@wisc.edu

CO-PRESENTER: Julia Savoy, BA

University of Wisconsin - Madison, 608/265-0478, jnsavoy@wisc.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) understand the scope of the issue of practice re-entry, 2) describe needs assessment methods for persons returning to medical practice after extended leaves of absence, and 3) suggest appropriate continuing professional education and development approaches for persons who seek to re-enter practice.

METHODS: Using lecture and discussion, the presenters will describe methods of assessing the learning and operational needs of physicians returning to practice, and various model approaches for re-entry to guide educational program planning.

KEY POINTS: The next decades will see the needs of persons returning to medical practice grow. Increasing numbers of persons, for various reasons, will have extended periods of time when they are not able to maintain their skills and knowledge. Educational institutions and providers must develop schemes allowing physicians to “keep up” during the absence or provide assessment and training prior to returning to practice. Using models and lessons from programming experience and literature from related professional disciplines, we hope to provide a foundation to guide future programming.

RECOMMENDED READING: Mark, S., Gupta, J. (2002). Re-entry into clinical practice: Challenges and strategies. JAMA, 288(9), 1091-1096.

ACKNOWLEDGEMENTS: We would like to thank Cathy Means, Linda Pittz, and Marianna Shershneva for their assistance in developing this discussion.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T1, Intensive

TIME/DAY/LOCATION: 8:30 am – 12:15 pm, Tuesday, 1/22/08, Palazzo F-H/Lobby

TITLE: Finding Pleasures among Pains of Commercial Support

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER/MODERATOR: Lawrence Sherman, FACME, Physicians Academy, 212/984-0711, LS@physiciansacademy.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Dan Burgess, Pfizer, 212/733-5355, dan.burgess@pfizer.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Walt Fox, Ortho-McNeil Janssen, 908/218-7201, wfox@omj.us.jnj.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Laura Muttini, MBA, TAP Pharmaceutical Products, 847/582-2203, laura.muttini@tap.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Gisela Paulsen, Genentech, 650/467-2300, Paulsen.gisela@gene.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Linda Raichle, PhD, Spectrum Medical Education, 610/278-1036, Linda_raichle@spectrummeded.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: David Rybak, CPA, Ortho Biotech, 908/541-4023, drybak2@obius.jnj.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jennifer Spear Smith, PhD, Wyeth, 484/865-5062, smithjs1@wyeth.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jon Ukropec, PhD, McNeil Consumer Healthcare, 215/273-7256, jukropec@mccus.jnj.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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; and **4)** identify areas for personal improvement in both grant preparation and grant provision.

METHODS: A 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.

KEY POINTS: The current hyper-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.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T2, Mini-Plenary

TIME/DAY/LOCATION: 8:30 – 9:30 am, Tuesday, 1/22/08, Mediterranean 1-8/Lobby

TITLE: Performance Measures in CME Planning: Preparing for 2012

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Robert Galbraith, MD

National Board of Medical Examiners, 215/590-9834, RGalbraith@NBME.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this mini-plenary session, participants will be able to: (1) understand the importance of incorporating measures of physician performance in planning educational activities that are designed to improve patient outcomes; (2) appreciate improved availability of practice and self-assessment data that allow planners to better design CME interventions based on performance gaps; (3) reflect on key principles that performance measures should incorporate; and (4) embrace the notion that the provision of compelling feedback to each physician is the best approach to improved patient care.

METHODS: The speaker will give examples of recent advances related to measuring physician performance, including a description of how data sets for individual physicians are being created, how these data sets are being analyzed in new ways, and how performance data can be reported to third parties with the authorization of the physician. The speaker will then delineate important principles related to performance measures. Specifically, performance measures should be:

- Driven primarily by the individual for professional development rather than the system for regulatory reasons;
- Supportive (e.g., formative and low stakes) rather than punitive (e.g., summative and high stakes);
- Geared primarily to the individual's practice profile rather than theoretical or group constructs (e.g., specialty/subspecialty);
- Tailored to objective learning needs (e.g., as determined by self-assessment) rather than subjective preferences alone;
- Based on integration of education and assessment approaches rather than education alone;
- Relevant seamlessly across the education-to-practice continuum;
- Monitored in terms of processes of care and patient outcomes as well as standard measures (e.g., credits and knowledge tests);
- Focused on performance in context as well as competence in simulated settings;
- Broadened to include skills, and behaviors or attitudes, as well as knowledge; and
- Linked to external measures of proficiency (e.g., Maintenance of Certification) rather than being free-standing.

Finally, the speaker will close the session by describing the importance of feedback to individual physicians in motivating them to change behavior that has a lasting, positive effect on patient outcomes.

KEY POINTS: CME is now paying major attention to measures of performance. Implementing measures of performance will require major changes in education and assessment, for example: compilation of hitherto unobtainable data sets for individual physicians; new analysis approaches; and new external reporting mechanisms. While daunting in prospect, some progress is already being made both in terms of new technologies and strategic and political collaborations. The provision of compelling feedback to individual physicians on their performance remains the best approach to effective life-long learning and improved patient care.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T3, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Tuesday, 1/22/08, Cordova 5-6/Lower

TITLE: Accelerated Learning: Building Principles into Your CME

COMPETENCY AREA: Adult/Organizational Learning Principles

PRINCIPAL PRESENTER: Becky Harris, CPLP

American Society for Clinical Pathology, 312/541-4748, Rebekah.Harris@ascp.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) compare the accelerated learning cycle to traditional instructional design models; 2) identify three ways to incorporate AL into your CME activity to reduce participants' learning time; 3) using a job aid, construct a lesson using the accelerated learning cycle; and 4) use AL to make your own learning more efficient.

METHODS: Review of accelerated learning model. Structured small group activities to practice and integrate the concepts. Presentation includes concrete examples of accelerated learning in action.

KEY POINTS: Who doesn't want to learn better and faster? This session explores an instructional design methodology that uses the mind and personality to enhance learning. Accelerated learning principles extend good design with neuroscience research to engage learners. The tools are simple – for example, music, visuals, small group activities, feedback – and are tied to the performance context. The benefit to designers: a shorter design and development cycle.

RECOMMENDED READING: Meier, Dave. The Accelerated Learning Handbook. New York: McGraw Hill, 2000. ISBN 0-07-135547-2 Russell, Lou. The Accelerated Learning Fieldbook. San Francisco, CA: Jossey-Bass/Pfeiffer, 1999. ISBN 0-7879-4639-7

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T4, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Tuesday, 1/22/08, Marbella 1-2/Lower

TITLE: Improve Practice with an Outcomes-Based Learning Model

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Joseph Green, PhD

American College of Cardiology, 202/375-6692, jgreen@acc.org

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Jane Eckstein, MA

Physicians Postgraduate Press, Inc., 901/273-2714, jeckstein@psychiatrist.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After this session, 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: Brief lectures including real-world examples will be followed by small-group practice sessions. 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.

KEY POINTS: All facets of the planning process for educational activities should be linked together. The needs assessment, which should provide data that identifies gaps in physician competence or performance, will 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 JS, Eckstein JB. A Practical Guide to Integrating an Outcomes-Based Learning Model Into Your Planning Process, parts 1 and 2. Almanac. Dec 2005 and January 2006

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T5, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Tuesday, 1/22/08, Segura 1-4/Lower

TITLE: Interactivity and Format in Education – Learning and Retention

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Gordon West, PhD

Annenberg Center for Health Sciences at Eisenhower; 760/773-4294, gwest@annenberg.net

CO-PRESENTER: Philip Dombrowski, MBA

Annenberg Center for Health Sciences at Eisenhower; 760/773-4500, pdombrowski@annenberg.net

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this activity, participants should be better able to: 1) describe research into the impact of interactivity and format in CME; 2) assess educational needs and messages for opportunities in educational design; and 3) utilize format to enhance interactivity in educational interventions.

METHODS: A review of an ongoing federally funded research protocol into the role of interactivity and format in learning and retention and implications for educational practice. Group discussion and questions based on participants' experiences will be combined with the research findings.

KEY POINTS: 1) This presentation discusses preliminary results of government funded research into learning and retention for health care professionals, 2) examines ways to incorporate participant involvement in educational offerings, and 3) examines ways to incorporate format considerations into educational design.

RECOMMENDED READING:

1) Casebeer L, Andolsek K, Abdolrasulnia M, Green J, Weissman N, Pryor E, Zheng S, Terndrup T. Evaluation of an online bioterrorism continuing medical education course. *J Contin Educ Health Prof.* 2006 Spring;26(2):137-44.

2) Lockyer J, Ward R, Toews J. Twelve tips for effective short course design. *Med Teach.* 2005 Aug;27(5):392-5.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T6, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Tuesday, 1/22/08, Segura 5/Lower

TITLE: Journal Club & Case Conference – Communities of Practice

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: David Price, MD

Kaiser Permanente Colorado, 303/614-1308, david.price@uchsc.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Intermediate experience level

MEMBER SECTIONS: Federal health care educators, Hospitals and health systems, Medical schools, Medical specialty societies, State medical societies

OBJECTIVES: Following this session, participants should be able to 1) Define “communities of practice” (COP); 2) Describe how key concepts of COPs can be used to structure journal clubs and recurring case conferences to facilitate changes in clinician practice.

METHODS: Review of existing information (concepts of COPs); review of new information and innovative teaching methods (results of a pilot program structuring journal clubs and recurring case conferences as COPs that has lead to changes in physician practice); and audience discussion regarding the applicability of these findings to their educational setting.

KEY POINTS: Journal clubs & case conferences (ie, “M&M” conferences) are staples of graduate, post-graduate, and continuing medical education. Typically, journal club articles and scenarios at case conferences are chosen based on “academic interest” or “interesting findings”; rarely is content determined with explicit intention of changing practice. This presentation highlights how CPMG has used concepts of COP to structure these conferences to achieve changes in physician practice. These concepts can be applied by other CME providers.

RECOMMENDED READING: Parboosingh JT. Physician communities of practice: Where learning and practice are inseparable. *Journ Cont Ed Health Prof* 2002;4:230-35.

ACKNOWLEDGEMENTS: The presenter would like to thank Kate Felix, RN, PhD for her assistance with analyzing the outcomes of this project.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T7, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Tuesday, 1/22/08, Amarante 2-3/Lower

TITLE: If You Have No Patients, How Do You Get Outcome Data?

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Jeffrey Melin, MEd

American Epilepsy Society, 860/586-7505, jmelin@aesnet.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Sean Hayes, PsyD

Axdev Global, 888/282-9338, hayess@axdevgroup.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: David Labiner, MD

University of Arizona, 520/626-2006, labinerd@email.arizona.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Intermediate experience level

MEMBER SECTIONS: Federal health care educators, Health care education associations, Medical education and communication companies, Medical specialty societies, State medical societies

OBJECTIVES: At the end of this session, participants will be able to: 1) Understand how and why AES undertook this program evaluation, 2) Identify the components of a program evaluation, 3) Understand the rationale behind the need to evaluate program effectiveness over time, and 4) Understand the value of a mixed method approach and how program evaluations such as this one will raise the bar for how CME is evaluated in the future.

METHODS: Presenters will provide an overview of an AES program evaluation project designed with AXDEV, and involve the learners through Q & A and group exercises emphasizing the process of mapping out this approach.

KEY POINTS: The Conjoint Committee on CME's 2002 vision emphasized enhancing quality care and producing measurable outcomes. Accordingly, this evaluation uses a matched sample of healthcare providers and patients in order to directly assess the program's perceived impact on patients care. This innovative program evaluation uses a time-series method, and incorporates both qualitative and quantitative data collection techniques within a mixed-method approach, to measure concrete changes in practice and patient care outcomes.

RECOMMENDED READING: Chatterji, M. (2005). "Evidence on "What Works": An Argument for Extended-Term Mixed Method "ETMM" Evaluation Designs." Educational Researcher 34(5): 14-24.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T8, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Tuesday, 1/22/08, Cordova 3/Lower

TITLE: CME Leadership in Addressing Health Care Disparities

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Robert Like, MD

UMDNJ-Robert Wood Johnson Medical School, 732/235-7662, like@umdnj.edu

DISCLOSURE: Does have an interest in selling a program and/or service to CME professionals.

CO-PRESENTER: Robert Kristofco, MSW

Meniscus Educational Institute, 610/834-1810, rekristofco@meniscusedu.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Karen Overstreet, EdD

Indicia Medical Education, LLC, 215/855-9090, karen.overstreet@indiciaed.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Mei Ling Schwartz, MPH

Kaiser Permanente - Panorama City, 818/375-3808, Mei.LING.Schwartz@kp.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following the session, participants will be able to: 1) describe exemplary practices being used to educate physicians and other health professionals about racial and ethnic disparities in health and health care, and culturally competent service delivery; and 2) describe examples of CME activities and programs that have been developed to reduce disparities in health and health care.

METHODS: Educational strategies will include a panel discussion about “best and promising” practices for cultural competency training, case studies of CME programs for decreasing disparities in depression (www.i-3d.org) and other chronic illnesses, and successful dissemination approaches. Audience participation will be encouraged throughout the session.

KEY POINTS: CME professionals can expect to play an increasingly important role in developing training programs for physicians and other health professionals about health disparities and culturally competent care, and connecting these efforts to ongoing quality improvement and patient safety initiatives. This presentation will help participants 1) expand their knowledge about educational initiatives relating to cultural competency and disparities in health and health care; and 2) enhance their ability to develop CME/CPD programs relating to the delivery of culturally and linguistically appropriate services that are responsive to emerging legislative, accreditation, and regulatory requirements.

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.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T9, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Tuesday, 1/22/08, Del Lago 1-2/Lower

TITLE: Assessment 101

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Armine Lulejian, MPH
Columbia University, 818/590-7899, a12354@columbia.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Intermediate experience level

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: 1) describe methods of evaluation as they relate to continuing medical education (CME); 2) identify barriers to meaningful evaluation; 3) generate preliminary questions for planning a CME needs assessment, activity evaluation and/or outcomes study; and 4) recognize sources of error when interpreting results of such assessments.

METHODS: Review of existing methodology and literature related to assessments as they apply to CME activities. Discuss relevant strategies in data collection and measurement for CME related assessments.

KEY POINTS: The presentation 1) explains three main types of assessments used in CME programming and evaluation; 2) distinguishes between evaluation of CME programming activities, learner and performance outcomes, and needs assessment for future CME planning; 3) explores limitations of these assessments.

RECOMMENDED READING:

- 1) Singleton, RA, Straits BC. Approaches to Social Research. New York: Oxford University Press, 2005.
- 2) Fowler, FJ. Improving survey questions: Design and Evaluation. Thousands Oaks: Sage Publications, 1995.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T10, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Tuesday, 1/22/08, Del Lago 3-4/Lower

TITLE: Dynamic Integration of Outcome Metrics

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Timothy Petersen, PhD

Massachusetts General Hospital, 617/726-2992, tpetersen@partners.org

CO-PRESENTER: Robert Birnbaum, MD

Massachusetts General Hospital, 617/726-9421, rbirnbaum@partners.org

CO-PRESENTER: Jeff Huffman, MD

Massachusetts General Hospital, 617/724-2910, jhuffman@partners.org

CO-PRESENTER: Anthony Weiss, MD

Massachusetts General Hospital, 617/726-0519, aweiss@partners.org

CO-PRESENTER: Charissa Andreotti

Massachusetts General Hospital, 617/726-2992, candreotti@partners.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of the session, participants will be able to 1) identify critical considerations in the design of EOM for multi-platform educational programs; 2) demonstrate an understanding, with the use of real data examples, of ways in which data can guide ongoing adjustment of EOM strategies, and 3) illustrate what methods are most effective in integrating educational platforms into an overall EOM strategy.

METHODS: Multiple speakers will present brief didactic lectures, with an emphasis on speaker-audience interaction and the use of real data examples. Audience members will be encouraged to identify unique learning needs at the outset of the presentation in order to customize the learning experience.

KEY POINTS: Design and ongoing modification of EOM for multi-platform educational programs is a complex and dynamic process that requires use of several critical tools, which include frequent needs assessments, teaching methods adjusted by platform utilized and sophisticated data analytic approaches. Effective and meaningful EOM, within large-scale programs, must involve continuous refinement of strategy with consideration to these critical issues.

RECOMMENDED READING: 1) Peabody, J. W., J. Luck, et al. (2004). Measuring the quality of physician practice by using clinical vignettes: a prospective validation study.[see comment][summary for patients in Ann Intern Med. 2004 Nov 16;141(10):167; PMID: 15545673]; Annals of Internal Medicine 141(10): 771-80.

2) Rossett, A. and J. A. McDonald (2006). Evaluating technology-enhanced continuing medical education; Med Educ Online 11(4).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T11, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Tuesday, 1/22/08, Marbella 4/Lower

TITLE: Nurse Practitioners (NPs): An Important CHE Audience

COMPETENCY AREA: Systems Thinking

PRINCIPAL PRESENTER: Mary Jo Goolsby, EdD

American Academy of Nurse Practitioners, 512/276-5903, mjgoolsby@aanp.org

DISCLOSURE: Does not have an interest in selling a technology, program, product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1. Briefly describe the history of the NP role 2. Discuss characteristics of the 120,000 U.S. NPs 3. Describe complex NP certification and regulatory CE requirements 4. Discuss NP educational needs and interests, based on large-scale needs surveys 5. Identify strategies to develop/implement educational programs targeting NPs

METHODS: Review of NP history and information on approximately 120,000, to include demographics, practice patterns, and documented outcomes. Coverage of NP CE requirements, as well as findings from two recent and large-scale educational needs assessments. Review of strategies to provide CE for NPs. Q&A.

KEY POINTS: There are approximately 120,000 NPs practicing in the U.S. As independently licensed healthcare providers, NPs' educational needs are similar to those of physicians. However, NPs have a unique practice philosophy blending aspects of medicine and nursing and have specific CE requirements, based on their regulatory and certifying bodies. Moreover, in 2006, AANP conducted two large-scale surveys (n=5000 and n=1400) to identify NP ongoing educational needs and interests. This program will share a wealth of information about this growing population of high-quality health care providers, their educational needs/interests, and how CHE providers can develop and implement programs to incorporate NPs as learners.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T12, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Tuesday, 1/22/08, Palazzo D/Lobby

TITLE: Implementing a Communication Plan for Stakeholders

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Kristin Rand, JD

Wyeth Pharmaceuticals, 484/865-4230, randk@wyeth.com

CO-PRESENTER: Barbara Fuchs, MSA

Wyeth Pharmaceuticals, 484/865-5021, fuchsb@wyeth.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the end of this breakout, commercial supporter participants will be better prepared to communicate with internal and external stakeholders and providers will understand internal communication challenges faced by commercial supporters and be better prepared to communicate with supporters and with educational partners.

METHODS: Presenters will explain the background for the development of a communications plan in a commercial supporter CME department, the structure of the plan, and its outcomes. Time will be allotted for questions and answers.

KEY POINTS: As a result of the changing environment many commercial supporters have revised their company organizational structures and processes for review and approval of grant support for independent education to ensure compliance and better educational opportunities. Consequently commercial supporters have much information to communicate to internal and external stakeholders, including new processes and outcomes of independent education activities. The purpose of the breakout is to provide the target audience with an example of a communications plan to assist commercial supporters with communicating with internal and external stakeholders from a commercial supporter's perspective. The sample plan may be used as a tool by both commercial supporters and providers to improve communication within their own organizations and with educational partners.

RECOMMENDED READING: 1. Corporate Conversations: A Guide to Crafting Effective and Appropriate Internal Communications by Shel Holtz AMACOM/American Management Association (September 2003) 2. Communication Planning: An Integrated Approach (SAGE Series in Public Relations) by Sherry Devereaux Ferguson Sage Publications, Inc (August 3, 1999) 3. Assessing Organizational Communication: Strategic Communication Audits (Guilford Communication Series) by Cal W. Downs The Guilford Press (May 26, 2004)

ACKNOWLEDGEMENTS: Audience response technology by Vistacom Information Systems, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T13, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Tuesday, 1/22/08, Cordova 2/Lower

TITLE: Hospital QI Through State Medical Society Support

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Sheldon Putterman, MD
Beam Institute, 212/600-3195, sputterman@cmp.com

CO-PRESENTER: Marsha Peruo, MFA
Beam Institute, 212/600-3193, mperuo@cmp.com

CO-PRESENTER: Joanne Wise
Medical Society of the State of New York, 518/465-8085, jwise@mssny.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Hospitals and health systems, State medical societies

OBJECTIVES: At the completion of this session, participants will recognize how CME accreditation from a State Medical Society for quality improvement activities at the Hospital level enhances self-directed learning, giving the independent practitioner experience in evaluating quality improvement activities for his/her own practice

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: Providing the physician with a self-assessment experience to meet the challenges of 2012.

RECOMMENDED READING: Groopman, Jerome. How Doctors Think. Boston: Houghton Mifflin Company, 2007.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T14, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Tuesday, 1/22/08, Segura 6/Lower

TITLE: Negotiate Your Way to Success – A Training Workshop

COMPETENCY AREA: Leadership

PRINCIPAL PRESENTER: Jacqueline Parochka, EdD

Excellence in Continuing Education, Ltd., 847/680-6419, jacquelineparochka@comcast.net

DISCLOSURE: Does have an interest in selling a product and/or service to CME professionals.

CO-PRESENTER: Susan Adamowski, EdD

Alexian Brothers Hospital Network, 847/981-5581, adamowskis@alexian.net

DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to **1)** identify situations in which negotiation skills can be used to achieve desired results; **2)** decide on particular negotiation objectives in given situations, and apply the necessary skills to achieve success, and **3)** list a minimum of three different types of negotiating situations, and explain the differences in negotiating for each.

METHODS: This case-based, interactive session will define negotiating skills in everyday and special situations. Different negotiating skills will be role-played by presenters. Participants will be provided mini-opportunities to practice these skills in a supportive situation.

KEY POINTS: Whether we realize it or not, we negotiate all the time, and one of the reasons some people become leaders is that they are better negotiators than others. Different types of negotiating situations call for different skills; one size DOES NOT fit all. This session will teach participants how to recognize a minimum of three types of negotiating situations that call for different types of skills. The presenters will role-play the skills and coach participants on practicing these skills in real life situations.

RECOMMENDED READING: McRae, Bradley C. Negotiating and Influencing Skills: The Art of Creating and Claiming Value. London: Sage Publications, 2002.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T15, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Tuesday, 1/22/08, Palazzo E/Lobby

TITLE: Resolution of COI – Where Are We Now?

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Chris Presta

American Academy of Dermatology, 847/240-1698, cpresta@aad.org

CO-PRESENTER: Susan Carlson, MEd

American Academy of Dermatology, 847/240-1696, scarlson@aad.org

CO-PRESENTER: Michelle Adams, BA

American Academy of Dermatology, 847/240-1693, madams@aad.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginner, Intermediate

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: 1) discuss resolution of COI methods; 2) evaluate resolution of COI methods; and 3) identify strategies to overcome barriers to change with internal stakeholders.

METHODS: Presentation with a case discussion will be used to describe the creation of resolution of COI procedures, implementation those procedures, and the evaluation its effectiveness. An opportunity for discussion with a question and answer period will be included.

KEY POINTS: The ACCME Updated Standards for Commercial required providers to re-examine disclosure processes and create new procedures to ensure commercial bias was addressed prior to the educational activity. This session will illustrate steps taken to facilitate policy and procedure changes for resolution of COI, identify barriers to the implementation of the changes, address how those barriers were overcome, provide outcomes data on the effectiveness of the procedures, and discuss how outcomes data was used to create a more effective method of resolving COI.

RECOMMENDED READING: ACCME Standards for Commercial Support

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T16, Breakout

TIME/DAY/LOCATION: 8:30 – 9:30 am, Tuesday, 1/22/08, Palazzo A-C/Lobby

TITLE: ACCME's Accreditation Process – Tools and Tips

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: David Baldwin, MPA

Accreditation Council for CME, 312/755-7401, dbaldwin@accme.org

CO-PRESENTER: Heidi Richgruber

Accreditation Council for CME, 312/755-7401, hrichgruber@accme.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After this session, participants should 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 related to the process.

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. Please note that this breakout session will not explore the content of the Updated Criteria, self study application or the accreditation interview.

RECOMMENDED READING: See www.accme.org for information and documents related to ACCME's "Accreditation Process."

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T17, Mini-Plenary

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/22/08, Mediterranean 1-8/Lobby

TITLE: Hot Topics in CME

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Marcia Jackson, PhD

CME by Design, 803/854-9034, marcia.jackson@cmebydesign.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Mike Saxton, MEd

Pfizer, 212/733-1342, mike.saxton@pfizer.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: By the end of this activity, participants will have refined the concept of “collaboration” or “cooperation” between CME providers and commercial interests by defining more precisely the boundaries that govern appropriate patient centric cooperation at each stage of the instructional design process.

METHODS: Facilitated case based dialog around boundaries for the audience to judge as appropriate or inappropriate.

KEY POINTS: (1) Collaboration can be synergistic and result in effective learning outcomes. (2) Defining appropriate and inappropriate boundaries at the following stages of the instructional design process will lead to a greater understanding of effective collaboration: (a) determining learner needs, (b) developing learning objectives; (c) developing content; (d) determining delivery formats, and (e) assessing outcomes. (3) Considering this risk spectrum will result in conscious decisions to create effective collaborations.

RECOMMENDED READING: ACCME Essential Areas and Elements; ACCME Standards for Commercial Support

EDUCATIONAL FORMAT: T18, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/22/08, Segura 6/Lower

TITLE: Adult Learners – Findings and Applications of Research

COMPETENCY AREA: Adult/Organizational Learning Principles

PRINCIPAL PRESENTER: Sereana Howard Dresbach, PhD
Ohio State University, 614/293-3576, dresbach.7@osu.edu

CO-PRESENTER: Joe Heimlich, PhD
Ohio State University, 614/292-6926, heimlich.1@osu.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this session, participants will be able to discuss and distinguish adult learning principles. Examine adult learning venues for barriers to information transfer. Recommend facilitation techniques and venues for future continuing medical education programs based on current adult education research.

METHODS: Review of emerging research and facilitated interactive discussion of adult education facilitation and learning. Critique and evaluate common approaches in continuing medical education for barriers to information transfer.

KEY POINTS: All professional learning is adult education. Using the most current research is critical to communication of the technical information that is the basis of continuing medical education and thus, physicians using that information for positive patient outcomes. Research in adult education facilitation and learning theory has direct application to continuing medical education and must be utilized to create effective programs, now and in the future.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T19, Breakout
TIME/DAY/LOCATION: Cancelled

TITLE: The Zen of CME – Concepts and Applications

COMPETENCY AREA: Adult/Organizational Learning Principles

PRINCIPAL PRESENTER: Donald Nelinson, PhD
InterQuest Medical and Scientific Communications, LLC, 973/263-0338, dnelinson@interquestmed.com

CO-PRESENTER: Donald Moore, PhD
Vanderbilt University School of Medicine, 615/322-4030, don.moore@vanderbilt.edu

CO-PRESENTER: Jann Torrance Balmer, PhD
University of Virginia School of Medicine, 434/924-5950, jtb9s@virginia.edu

CO-PRESENTER: Richard Tischler, Jr., PhD
Viator Medical Communications, 301/829-5775, rich.tischler@viator-med.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Advanced experience level

MEMBER SECTIONS: All

OBJECTIVES: 1. Identify key concepts from Zen philosophy that have practical application to the design and management of continuing medical education. 2. Apply Zen concepts in practice-simulations designed to enhance skills in needs assessment, educational design, and CME program administration. 3. Utilize Zen teachings to expand quality and relevance of educational content and outcomes measures.

METHODS: Multi-media presentations, interactive mini-didactic vignettes and problem-solving small group exercises will be utilized. Participants will work with faculty to define the Zen concepts within the context of various CME programs. Interactive exercises and brief Socratic presentations will prepare participants to engage in simulations of CME challenges. Simulations will be drawn from various CME practice environments/settings. The group will assess the value of the concepts as translated and applied in these simulations.

KEY POINTS: An important Zen quote will guide the process of this session:
“Quality isn’t something you lay on top of subjects and objects like tinsel on a tree...it is the core from which the tree must start”. Zen is derived from an ancient Sanskrit word meaning “to observe”. This session will invite participants to observe the elements of our educational practice from a point of view often not employed in this context. By doing so, the value of our practice will take on broader meaning and the quality of work will improve. The practice of CME is fraught with many twists and turns. Zen education will guide participants to maneuver these twists and turns with understanding, insight, attuned listening skills, and balance.

Key areas for exploration and application will include: * Control * Staying in the present * Expectations lead to misery
* Paint the part of the picture that has yet to be painted * Dangers of a fully painted palate * The journey is as important as the destination

RECOMMENDED READING: Gaillour FR. Zen and the art of dealing with difficult patients: a 3-fold path for enlightened leaders. Physician Executive. 2003;29(5):22-26.
Heron F. The Zen of nursing: A meditation on the universality of caring. Revolution. 2000;1(3):9-11.
Neher JO, Brown N. Teaching tips for clinical faculty from the Zen tradition. Family Medicine. 1997;29(7):513-516.

EDUCATIONAL FORMAT: T20, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/22/08, Segura 5/Lower

TITLE: Learner Assessment Strategies in Multidisciplinary CE

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Toni McKenna, DNSc
VHA Inc, 972/830-1983, amckenna@vha.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

- * Identify the purpose of learner assessment.
- * Explore the difference between learner assessment and educational activity evaluation.
- * Describe multiple strategies and techniques for learner assessment.
- * Discuss the application of learner assessment to multidisciplinary continuing education.

METHODS: A combination of didactic presentation and interactive discussion with participants. A variety of learner assessment tools will be presented and demonstrated.

KEY POINTS: The definition, purpose, and role of learner assessment in continuing education will be explored in this session. The characteristics and benefits that differentiate learner assessment from activity evaluation will also be discussed. Using this approach, which is faculty-designed and managed, has definitive benefits for both the faculty in gauging learner grasp of content, and for the learner to more actively direct their learning experience. To explore this unique educational intervention, time will be devoted to describing and demonstrating several strategies and techniques that can be used in learner assessment. The application of this approach to multidisciplinary education will be explored.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T21, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/22/08, Palazzo A-C/Lobby

TITLE: Elements of Successful Grants – Industry Perspectives

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Walter Wolyniec, MS

Boehringer Ingelheim Pharmaceuticals, Inc., 203/791-6239, wwolyniec@rdg.boehringer-ingelheim.com

CO-PRESENTER: Jacqueline Mayhew, BA

Pfizer, Inc., 212/733-7254, jacqueline.mayhew@pfizer.com

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1. Complete the steps to apply for an educational grant from industry 2. Predict funding success based upon quality of a needs assessment. 3. Explain the linkage between needs assessment, objectives, educational design, and evaluation and outcomes 4. Assess the overall quality of a grant application.

METHODS: This session will present an update from several pharmaceutical company education department employees, the criteria that are being applied to grant applications today, as well as plans for the future. The session will be practical and interactive with opportunities for small group discussion.

KEY POINTS: Grant applications to commercial supporters are being evaluated against increasing standards of quality. The traditional elements of educational planning and design are the benchmarks as well as other factors such as potential impact of the educational intervention on closing a gap in healthcare quality, and potential influence of the results of the activity on future education in the area. Attendees at this session will learn how pharmaceutical support for CME is evolving from traditional knowledge-based CME to Continuing Professional Development and Performance Improvement CME.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T22, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/22/08, Cordova 2/Lower

TITLE: Show Me – Graphics for Learning

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Steve Singer, PhD

Accreditation Council for Continuing Medical Education, 312/755-7401, ssinger@accme.org

CO-PRESENTER: Beverly Wood, MD

University of Southern California Keck School of Medicine, 323/442-2377, bwood@usc.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session learners will be able to: 1. Predict the effectiveness of visual presentation on comprehension and action; 2. Apply specific criteria to ensure that visual presentation of information and data promote learning and behavioral change; 3. Utilize an understanding of the psychological and communication effects of visual presentation to enhance a learning experience.

METHODS: Brief didactic expositions will be interspersed with the opportunity for participants to experience and analyze visual and graphical presentation of information and critique the utilization and appropriateness of graphics as a teaching tool. Participant activities will assist in understanding the role of graphics, differences in individual interpretation and response to them, and importance of visual memory to cognition and behavioral change.

KEY POINTS: Participants will consider graphics as an explanatory method, as a learning tool, as a memory device, and as an enhancement of text and words for education in a healthcare setting. That graphics possess the power to motivate by illuminating data, illustrating a concept, demonstrating a procedure, and guide and explain is the foundation of this learning experience. A keen focus on the role of visual presentation and graphics for learning enhances any presentation of information and supports retention and change.

RECOMMENDED READING: 1) Clark, Ruth C, Lyons, Chopeta. Graphics for Learning. Pfeiffer, San Francisco, 2004.
2) Tufte, Edward R. Beautiful Evidence. Graphic Press, Cheshire, 2006.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T23, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/22/08, Amarante 2-3/Lower

TITLE: Using Novel Interactive Technology to Enhance Live CME

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Brian Moss, MBA

Research To Practice, 305/377-2828, bmoss@researchtopractice.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Claire Scott

Genentech BioOncology, 650/225-8722, scott.claire@gene.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Steven Passin

Steve Passin & Associates, 610/325-3611, passin@passinassociates.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

- 1) Analyze the advantages and limitations of using networked computers during live CME activities.
- 2) Identify situations appropriate for the integration of this technology and apply to your CME organization.
- 3) Evaluate the Oncology Chat Room and apply its ability to enhance learner-directed education within your CME interventions.
- 4) Project how data generated via this mechanism can be utilized as a needs assessment to optimize the effectiveness of your organization's future CME activities.

METHODS: The presenter will review examples of how interactive "Chat Room" interfaces were utilized to enhance learning in live CME. A panel discussion will provide perspectives from commercial supporters and CME providers on the novel application of this technology.

KEY POINTS: This presentation will describe how networked computers and interactive Chat Rooms were utilized during live educational interventions to impact competency and performance-in-practice. The presenter will provide examples of how the technology enhanced learner-directed education including the facilitation of question-and-answer interactions in real time. The discussion will explore the use of data captured in the chat room to develop future CME activities and provide strategies to deploy this technology during future live education.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T24, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/22/08, Marbella 1-2/Lower

TITLE: Learning from Internet Point of Care (IPoC)

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Sondra Moylan, MS

American Academy of CME, 609-921-6622, smoylan@academycme.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Laird Kelly, BS

RSi/Focal Search, 845/613-7992, laird.kelly@rsifocalsearch.com

DISCLOSURE: Does have an interest in selling a technology and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

- 1) Interpret the principles of Internet Point of Care CME credit;
- 2) Develop IPoC activities to help physician learners obtain useful information to their patient care questions;
- 3) Utilize IPoC activities to generate useful data relative to physicians' educational needs and practice gaps;
- 4) Utilize collected data to support or review "needs analysis" of other educational offerings;
- 5) Identify potential for IPoC activities to measure their impact on physician performance.

METHODS: In late 2006 the presenters embarked on a self-supported, national Internet Point of Care project offering physicians the ability to earn credit as they searched a set of selected online resources. Since this learner-initiated activity requires physicians to identify their learning goals and the application of the learning to their practice, the presenters will share their experience in using IPoC data to enhance the quality and relevance of CME offerings in any medium.

KEY POINTS: Internet Point of Care is a learner-initiated form of CME activity. The AMA requires providers, when offering IPoC credit, to have the learner identify the purpose of their online search and the application of the learning to their practice. These data, when studied in aggregate, can provide educators with a finger on the pulse of the information needs of physicians and the impact IPoC activities can have on the practice of medicine.

RECOMMENDED READING: American Medical Association, The Physician's Recognition Award and credit system, 2006 revision, pages 8-12.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T25, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/22/08, Del Lago 1-2/Lower

TITLE: Outcomes Measurement and the Educational Continuum

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: James Rosenberg

Outcomes in Education, Inc, 973/758-0050, jrosenberg@cognimed.net

CO-PRESENTER: Gordon West, PhD

Annenberg Center for Health Sciences at Eisenhower, 760/773-4294, gwest@annenberg.net

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this activity, participants should be better able to:

- 1) describe a holistic approach to outcomes assessment;
- 2) evaluate the role of outcomes research in overall educational design and continuous improvement; and
- 3) utilize outcomes research as a vital component of overall program review to meet ACCME requirements.

METHODS: A review of an outcomes model and implications for educational practice. Group discussion of methods to integrate the outcome results into overall programmatic review.

KEY POINTS: This presentation discusses development and deployment of an outcomes measurement system designed to evaluate physician decision-making in treating specific disease states after multiple exposures (and limited exposures) to a variety of educational activities addressing knowledge, diagnosis, and treatment skills. It also examines how providers may use such data to evaluate major components of their overall program to gain insight into their educational effectiveness, to facilitate continuous improvement and to ensure the sponsor's compliance with the ACCME's new levels of accreditation.

RECOMMENDED READING: Curran V, Lockyer J, Sargeant J, Fleet L. Evaluation of learning outcomes in Web-based continuing medical education. Acad Med. 2006 Oct;81(10 Suppl):S30-4.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T26, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/22/08, Palazzo D/Lobby

TITLE: Optimize the Value of Outcomes Results: 3 Case Examples

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Derek Dietze, MA

Improve CME, LLC, 480/888-9195, derek.dietze@improvecme.com

DISCLOSURE: Does have an interest in selling a product and/or a service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Desired Results

- 1) Participants will have an increased awareness of specific strategies for using educational outcomes measurement results to:
 - a) improve their CME activities
 - b) improve their overall CME program, and
 - c) secure new or additional commercial support.
- 2) Participants will have increased confidence in their ability to apply these strategies within their organization.

METHODS: Three sets of outcomes measurement results (real cases) will be described, followed by a facilitated discussion of how the participants would use the results to improve future CME or an overall CME program, and secure new or additional commercial support. Insights into actual strategies used in these cases will be described by the presenter, for further discussion.

KEY POINTS:

- 1) Many CME providers do not use their outcomes measurement results to improve their CME: an increase in competence is needed.
- 2) Educational outcomes measurement results can effectively be used to improve future CME activities, improve an overall CME program, and to secure new or continued commercial support.
- 3) Strategies include, but are not limited to: using outcomes results as needs assessment for future CME, aggregating outcomes results in reports to evaluate achievement of your organization's mission, and effective communication and dialogue about outcomes measurement results with faculty and commercial supporters.

RECOMMENDED READING: Green, J and Eckstein, J. A Practical Guide to Integrating An Outcomes-Based Learning Model Into Your Planning Process (Parts 1 & 2). Almanac. Alliance for CME. December 2005 & January 2006.

ACKNOWLEDGEMENTS: Audience response technology by Moss Cairns LLC

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T27, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/22/08, Del Lago 3-4/Lower

TITLE: Changing Behavior – Embracing Quality in CME

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Mary Ales, BA

Interstate Postgraduate Medical Association, 608/231-9045, males@ipmameded.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Don Lovasz, MBA

Iowa Foundation for Medical Care, 515/223-2860, DLovasz@ifmc.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Chris Larrison, BA

Healthcare Performance Consulting, 317/733-9816, larrison@changingperformance.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Dixie Blankenship

CME Enterprise, 317/208-4285, dixie_blankenship@cmeenterprise.com

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

1. Develop a roadmap of how your organization can utilize quality data to improve physician behavior.
2. Identify quality stakeholders within your organization.
3. Explore the interface between quality improvement organizations (QIOs) and physician continuing professional development.
4. Understand the impact of QIOs on changing physician behavior.
5. Learn the framework within which QIOs operate.

METHODS: Three providers, one outcomes enabler, and one QIO will describe how they collaborated to understand the interface of their organizations to physician behavior through specific educational initiatives.

KEY POINTS: Accreditation with commendation challenges providers to remove barriers to physician change, build bridges with stakeholders and participate within a framework of quality improvement. Many providers are challenged to understand how they might incorporate the quality improvement process into their educational programs. Only through understanding of each others needs, market forces, strengths and weaknesses can organizations begin to collaborate.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T28, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/22/08, Palazzo E/Lobby

TITLE: The Changing Role of the CME Planner

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Jenny Kundert, CMP

Mayo Clinic School of Continuing Medical Education - Rochester, 507/266-9849, kundert.jenny@mayo.edu

CO-PRESENTER: Gloria Cadden, BS

Mayo Clinic School of Continuing Medical Education - Arizona, 480/301-4659, cadden.gloria@mayo.edu

CO-PRESENTER: Sheila Newby, BS

Mayo Clinic School of Continuing Medical Education - Jacksonville, 904/953-2944, newby.sheila@mayo.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: 1) recognize resources to help the CME planner achieve an understanding of the new CME competencies, 2) recognize the key components of implementing quality, outcomes, and GAP models into course design, and 3) identify tools and resources available to manage the increasing responsibility of the CME planner.

METHODS: An informational presentation by the speakers will discuss the changing role of the CME planner and introduce the participants to the processes that will help them to navigate through CME course development. A question and answer session will conclude the presentation.

KEY POINTS: As the role of the CME planner continues to change, CME planners are faced with new challenges and levels of competency. CME planners need to have an understanding of the new role and the various hats that planners are expected to wear. There are various resources and tools available to help planners gain an increased understanding and insight to this changing role and meet the expectations that are now required.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T29, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/22/08, Segura 1-4/Lower

TITLE: The Joint Commission (JACHO) and CME

COMPETENCY AREA: Administration/Management

PRINCIPAL PRESENTER: Steve Minnick, MD

St. John's Hospital and Medical Center, 313-343-3823, Steven.Minnick@stjohn.org

DISCLOSURE (ACCME): If discussion relevant to a commercial interest arises, anyone in a position to control CME content must disclose all relevant relationships with commercial interest(s).

DISCLOSURE (PROMOTION): Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All, including physicians

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this breakout session, participants will be able to: 1) list the new Joint Commission (JACHO) Medical Staff Standards; 2) determine whether their organization is able to develop CME activities that can help physicians and healthcare facilities meet the new standards; and 3) understand how the new standards relate to Maintenance of Certification (MOC), the ACCME's updated criteria, and quality initiatives being implemented by the Centers for Medicare and Medicaid Services (CMS).

METHODS: First, the speaker will review with participants important new changes to the Joint Commission's Medical Staff Standards. Second, the speaker will discuss the new standards within the larger context of the Updated Criteria from the Accreditation Council for Continuing Medical Education, the evolving quality initiatives being implemented by CMS, and the expectations set forth by the American Board of Medical Specialties (ABMS) for Maintenance of Certification. Third, the speaker will engage the attendees in a discussion on how their CME units may help hospitals meet the new standards.

KEY POINTS: The Joint Commission has issued new Medical Staff Standards related to CME. These new standards have important implications for hospitals and their medical staffs. In the future, CME providers will play an important role in helping healthcare facilities meet these new standards. Further, the standards dovetail with other initiatives from ACCME, ABMS, and CMS. Understanding the new standards and what they imply is important for all CME providers whose target audience includes hospital based physicians.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T30, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/22/08, Marbella 4/Lower

TITLE: GME, MOC and Leader(ship) Development – Ideal Partners

COMPETENCY AREA: Leadership

PRINCIPAL PRESENTER: Nicole Roberts, PhD

Southern Illinois University School of Medicine, 217/545-9502, nroberts@siumed.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Soroush Batmangelich, EdD

BATM Medical Education Consultants, 847/808-8182, BATM@aol.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Jon Bowermaster, PhD

University of Illinois, 217/328-5217, bowermaster@ameritech.net

DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: Advanced experience level

MEMBER SECTIONS: All

OBJECTIVES: 1. Discuss how leader(ship) development fits with ACGME competencies, MOC for practicing physicians, and organizational imperatives for quality.

2. Consider how leader development across the medical education continuum can lead to organizational improvement.

3. Describe how leader development meets competency requirements.

4. Describe the organizational benefits of leadership development as it assists in meeting quality imperatives.

5. Discuss how CME/GME can provide leader(ship) development.

METHODS: 1. Five minute lecture: leader development vs. leadership development

2. Discussion: 3 imperatives leader(ship) development impacts: MOC, ACGME competencies, and the Quality movement.

3. Discussion: Practical approaches CME/GME educators can take to provide leader/leadership development.

KEY POINTS: 1. Leader and leadership development are imperative for healthcare organizations, in order to assist individuals and organizations in meeting new criteria for success. These criteria include meeting the ACGME competencies in graduate medical education, Maintenance of Certification for practicing physicians, and addressing the Quality movement for organizations.

2. The medical education enterprise, across the continuum, is essential in meeting these imperatives.

RECOMMENDED READING: Conger, J. A. and Benjamin, B. (1999). Building Leaders. San Francisco: Jossey-Bass.

Roberts, N. K. (2005). Transaction and Physician Leadership Development in Large Multispecialty Clinics: A Grounded Theory. Doctoral Dissertation, University of Illinois at Urbana Champaign.

ACKNOWLEDGEMENTS: The presenters wish to acknowledge the Alliance for Continuing Medical Education and Merck for providing funding for the seed research for this project.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T31, Mini-Plenary

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/22/08, Mediterranean 1-8/Lobby

TITLE: Medical Education Initiatives That You Need to Know

COMPETENCY AREA: Leadership

PRINCIPAL PRESENTER: Alejandro Aparicio, MD

American Medical Association, 312/464-5531, alejandro.aparicio@ama-assn.org

CO-PRESENTER: Dave Davis, MD

Association of American Medical Colleges, 202/862-6275, ddavis@aamc.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this mini-plenary, participants will be able to: (1) compare and contrast the American Medical Association's *Initiative to Transform Medical Education* (ITME) and the Association of American Medical College's initiatives in continuing health care education and physician improvement; (2) appreciate the impact that ITME and AAMC initiatives will have across the continuum of medical education; and (3) consider the changes that CME providers will likely need to make as a result of the reforms that these programs will foster.

METHODS: Each speaker will describe the initiative that their organizations are championing (i.e., Dr. Davis, on behalf of the Association of American Medical Colleges, and Dr. Aparicio, on behalf of the American Medical Association). The speakers will then provide updates on the progress of each initiative to date. The presenters will include a segment on the possible CME implications of the respective initiatives, followed by ample time for an interactive discussion with persons attending the session.

KEY POINTS: Approximately 100 years ago, the medical education establishment in the United States was the subject of a highly, and appropriately so, critical report written by Abraham Flexner. Reforms championed by Flexner were instituted and now form the cornerstones of our modern medical education system. One century later, the medical education system is once again under scrutiny. Health care needs of individuals and society have evolved and advances in information technology and public health mandate new skills in the physician workforce. The AMA and AAMC have generated initiatives focused on (1) analyzing the current environment, (2) identifying areas where reform in our medical education system is needed, and (3) finding solutions that may help to bridge gaps in the current system. CME professionals need to be aware of these initiatives so they can (1) actively participate in the creation of solutions and (2) anticipate the changes that will be necessary in CME as a result of the changes they will foster.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T32, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/22/08, Cordova 2/Lower

TITLE: Measuring Professional Practice Gaps of Your Physicians

COMPETENCY AREA: Adult/Organizational Learning Principles

PRINCIPAL PRESENTER: Andrew McCrea, PhD

The Foundation for Better Health Care, 212/835.2160, andy@fbhc.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants will be able to improve their needs assessment methodology to: a) better integrate CME educational activities into professional practice improvements; b) influence the scope and content of CME educational activities; and c) continuously improve the quality of CME interventions.

METHODS: Recent data using a triple-scale rating measurement tool used to calculate an index of need with the following items: Importance, Proficiency and Desire will illustrate that identifying competencies that are rated high on Importance, lower on Proficiency and high on Desire help establish and prioritize CME educational activities.

KEY POINTS: Today's healthcare environment necessitates practicing physicians to evaluate his/her specific competency and proficiency. This triple-scale tool has been constructed to rate current and desired practice performance states. It is used to calculate an index of need with the following items:

- a) Importance - Extent to which the competency is important in your practice
- b) Proficiency - Extent of your proficiency regarding the competency
- c) Desire - Extent of your desire to participate in an educational activity, which addresses the competency

RECOMMENDED READING:

- 1) Witkin BR, Altschuld JW. Planning and Conducting Needs Assessments. Sage Publications.1995.
- 2) Altschuld JW, Witkin BR. From Needs Assessment to Action. Sage Publications.2000.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T33, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/22/08, Amarante 2-3/Lower

TITLE: Getting Creative – Collaborating Around Needs Assessment

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Marissa Seligman, PharmD
Pri-Med Institute, 617/406-4288, mseligman@mc-comm.com

CO-PRESENTER: Anne Goodrich, BS
Pri-MED Institute, 617/406-4055, agoodrich@mc-comm.com

CO-PRESENTER: Nathalie Rouviere, PhD
Pri-Med Institute, 617/406-4534, nrouviere@pri-medinstitute.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of the session, participants will be able to 1) Better understand a multi-collaborator needs assessment approach that clearly and longitudinally defines physician learning gaps on a national and regional level, including the roles and outputs of each stakeholder in the process. 2) Design appropriate research methodologies and corresponding tools based on study objectives. 3) Learn a practical strategy to augment research with patient level metrics to further assess and validate areas in which physicians require learning.

METHODS: Outline and summarize using case based discussions how providers creatively utilize the seven core methods of needs assessments and identify key elements of how in the new accreditation environment, collaborators can better work together to contribute to the identification of specific gaps in physician competence, performance and patient level outcomes on a national and regional level.

KEY POINTS: It's a CME professional's responsibility to understand physician learning needs and define practice and knowledge gaps as the beginning of the process in planning and designing educational curriculums. To execute and synchronize on a multi level and multi source needs assessment plan on an initial and ongoing basis, collaboration is key, as well as for achieving upper levels of ACCME accreditation. Identifying how each stakeholder can contribute to the design, logistics and completion of their joining needs assessments will ultimately enhance the educational utility. Participants will be able to assess and determine practical and real-world strategies for a collaborative needs assessment approach.

RECOMMENDED READING: Epstein R. Assessment in Medical Education. N Engl J Med 2007;356:387-96.
Epstein RM, Hundert EM. Defining and assessing professional competence. JAMA 2002;287:226-35.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T34, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/22/08, Cordova 3/Lower

TITLE: ACGME Competencies in CME Course Development

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Sharyn Lee, DHL
MEBN, 603/432-7099, sharyn.lee@mebn.net

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Advanced experience level

MEMBER SECTIONS: Hospitals and health systems, Medical schools, Medical specialty societies

OBJECTIVES:

1. Utilize the ACGME general competencies in preparation of educational content for MD's earning CME credit.
2. Analyze the A4 model of guidelines acceptance and the competencies in the instructional design of CME courses for practicing physicians.
3. Measure the progress of physicians along the A4 model to adopt best practices through Level 4 outcomes.

METHODS: Level 4 Outcomes Analysis utilizing the Pathman A4 Model (Awareness-Agreement-Adoption-Adherence), case vignettes, commitment to change will be measured serially throughout the program via pre-program survey; emails, alerts, and tracking of participant success in the A4 knowledge model. Utilize ACGME competencies (1-6) in all content development and assessment.

KEY POINTS: With the introduction of the ACGME competencies to resident trainees in 2003, and the Joint Commission requirement in 2007 that physicians seeking privileges or renewal of privileges in hospital settings be evaluated against their competence in the ACGME model, CME educational content should use instructional design to promote medical knowledge and other competencies. Practicing physicians are unfamiliar with the general competencies, yet are held accountable for them in hospital practice. CME content must include the competencies in the format of all future programs for practicing physicians.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T35, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/22/08, Marbella 1-2/Lower

TITLE: Integrating CME and PBL&I

COMPETENCY AREA: Educational Interventions

PRINCIPAL PRESENTER: Mary Webster, RN

Charlotte AHEC, 704/512-6545, mary.webster@carolinashealthcare.org

CO-PRESENTER: Laura Noonan, MD

Charlotte AHEC, 704/355-3156, laura.noonan@carolinashealthcare.org

CO-PRESENTER: Stephanie Ramsey, RN

Charlotte AHEC, 704/512-6535, stephanie.r.ramsey@carolinashealthcare.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) list key principles of practice-based quality improvement CME and the documentation required; 2) explore and discuss practice-based CME implementation for a variety of practice settings; 3) list ideas for spread and sustainability of PBL with the individual intensive and/or the accelerated model; 4) discuss marketing strategies for innovative PB-CME; and finally 5) use the strategies discussed to map out a 12 week accelerated learning model using QI principles

METHODS: Review of the existing information (The Improvement Guide, The Chronic Illness Model) and innovative programs (A1R/1000). Small group discussion to assist participants in applying the ideas in their own settings.

KEY POINTS: This presentation 1) applies The Improvement Guide methodology into the structures of designing practice-based CME activities; 2) describes steps necessary in the design and marketing of such projects; 3) elicits group discussion of how this model applies to CME; and 4) details the necessary steps towards leading practices toward improved patient outcomes through QI methodology.

RECOMMENDED READING: Langley et al., The Improvement Guide, Jossey-Bass. Article: Peabody, J. (2006) Why we love quality but hate to measure it. Quality Management in Health Care, 15 (2), 116-120. AACME requirements for Practice-based learning CME.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T36, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/22/08, Segura 6/Lower

TITLE: Participation in a Practice-Based Research Network Project

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Robert Leverage, MD

University of New Mexico School of Medicine, 505/272-2147, rlverage@salud.unm.edu

CO-PRESENTER: Gina Cardinali, MSW

University of New Mexico School of Medicine, 505/272-3489, gcardinali@salud.unm.edu

CO-PRESENTER: Ellen Cosgrove, MD

University of New Mexico School of Medicine, 505/ 272-8435, ecosgrove@salud.unm.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1) Describe how CME enhances a primary care, practice-based research network to promote practice change and improve physician satisfaction and patient outcomes. 2) Describe how to plan a sequenced, multi-step activity that communicates factual information and develops new practice data. 3) Describe “Academic Detailing” by an actual practitioner of the art—the approach, keys to success, barriers.

METHODS: From 2002-2003 we conducted a study to determine the prevalence of diabetes and diabetes risk factors in PBRN member practices. The study included web based CME on Acanthosis Nigricans, a risk factor for type II diabetes and a visit from RIOS-Net Academic Detailers. From November 2006 to January 2007 the remaining seventy six members were surveyed for practice change.

KEY POINTS: Response rate was 95% (72/76). Clinicians reported their participation in the project and CME activity influenced them to check the back of patients’ necks (79%), inquire about diabetic risk factors (54%), and spend more time counseling at-risk patients (54%). Ninety five percent of clinicians agreed that the identification of AN provided a good opportunity to address diabetic risk factors, and 68% believed the identification of AN improved patients receptivity to risk factor counseling. Clinicians also indicated that participation in the project and CME activity helped increase awareness and foster earlier detection of diabetes, and improved their professional satisfaction. **CONCLUSION:** Participation in a PBRN project and CME activity appears to positively impact clinician behavior regarding early detection of diabetes and improve professional satisfaction.

RECOMMENDED READING: Avorn J Soumerai SB Academic detailing NEJM 1983 308 (24):1457-63 Schuster RJ

Terwood NA Tasosa Changing MD Practice Behavior to Measure & Improve Clinical Outcomes J Am J Med Qual 2006 Nov-Dec 21(6); 394-400

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T37, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/22/08, Del Lago 1-2/Lower

TITLE: Linking CME to Quality Measures & Core Competencies

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Debra Gist, MPH

Consultant, 619/303-3880, dgist@debragist.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Brooke Taylor, MPH

Duke University School of Medicine, 919/401-1205, brooke.taylor@duke.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product and/or service to CME professionals.

CO-PRESENTER: Mila Kostic, BA

University of Pennsylvania School of Medicine, 215/898-8872, mkostic@mail.med.upenn.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Hospitals and health systems, Medical education and communication companies, Medical schools, Medical specialty societies, Pharmaceutical companies, State medical societies

OBJECTIVES: Following this session, participants should be able to **1)** describe the “big picture” of quality measurement and identify the players; **2)** delineate physician core competency areas and restate strategies for linking the CME Program to these areas; **3)** outline existing measurement activities currently taking place at health care provider institutions; **4)** discuss examples of CME-performance improvement activities; and **5)** formulate an action plan for linking with practice performance improvement and measurement activities.

METHODS: Didactic combined with case-based discussion.

KEY POINTS: This presentation **1)** explores practical ways in which CME Providers can link to existing measurement activities; **2)** provides examples of practice improvement projects; **3)** provides tips for improving the value of the CME Program to health care provider institutions; and **4)** suggests how CME Providers might position themselves in the future to optimize linkage with measurement activities.

RECOMMENDED READING: **1)** Bennett NL, et al. Continuing Medical Education: A New Vision of the Professional Development of Physicians. Academic Medicine, Vol. 75, No.12, December 2000. **2)** D Gist, J Llorente, and J Mayer. A clinical algorithm for the management of abnormal mammograms. A community hospital’s experience. West J Med. 1997 January; 166(1): 21–28.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T38, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/22/08, Palazzo A-C/Lobby

TITLE: When can a CPD Activity be Considered a Success?

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Curtis Olson, PhD

University of Wisconsin School of Medicine & Public Health, 608/265-8070, caolson2@wisc.edu

CO-PRESENTER: Lisa Elsinger, MEd

University of Wisconsin School of Medicine & Public Health, 608/265-0478, lmelsinger@wisc.edu

CO-PRESENTER: William Mencia, MD

Professional Education Services Group, 703/421-2610, wmencia@pesgce.com

CO-PRESENTER: Betsy Woodall, PharmD

Wyeth Pharmaceuticals, 484/865-3969, woodalb@wyeth.com

CO-PRESENTER: Elizabeth Mullikin, MS

University of Wisconsin School of Medicine and Public Health, 608/240-6003, eamullikin@wisc.edu

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Participants will learn to: 1) identify various perspectives from which success in CME outcomes can be viewed; 2) list key issues pertaining to the use of varying outcomes levels for accountability, 3) determine expectations for participants at different stages in the change process and what degree of change is needed to view a CME as successful, and 4) create safety nets to guard against failure.

METHODS: An interactive panel discussion with representatives from commercial supporters, MECCs, and accredited CME providers will discuss case studies involving CPD evaluation results, and how they determine if an activity was successful.

KEY POINTS: The use of more sophisticated outcomes assessment strategies to evaluate CPD activities raises questions of how to use findings to decide to what extent the activity was successful. This discussion begins with the recognition that the heart of evaluation is assigning value – making judgments about worth and merit and ultimately success. To maximize the value of CME and continue the profession's momentum toward success in an ever-changing environment, it is necessary to engage in a dialogue about the standards by which CPD activities can be declared successful.

RECOMMENDED READING: Patton, M.Q. (1997). Utilization-focused evaluation (3rd ed). Thousand Oaks, CA: Sage.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T39, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/22/08, Palazzo D/Lobby

TITLE: Coming Full Circle – Needs, Evaluation, and Outcomes

COMPETENCY AREA: Performance Measurement

PRINCIPAL PRESENTER: Cyndi Grimes

Medscape, LLC, 212/301-6730, cgrimes@medscape.net

CO-PRESENTER: Jill St. Ambrogio

Medscape, LLC, 212/301-6735, jstambrogio@medscape.net

DISCLOSURE: Presenters do have an interest in selling a program to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to:

1. Identify different levels of outcome measurements 2. Describe the linkage between needs assessment, evaluation, and outcomes measurements 3. Use outcomes and participant feedback to develop educational interventions that help close the educational gaps for healthcare professionals

METHODS: Examples will be presented with discussion for each example and questions concerning implementation and expected barriers

KEY POINTS: This presentation: (1) demonstrates the continuous cycle of education based on need, implementation, and evaluation of CME activities; (2) shows how using feedback from an activity increases the effectiveness of the next educational interventions; and (3) explains how providers of CME activities can improve their overall program by basing it on feedback and outcomes that can lead to activities that help bridge educational gaps and improved physician performance and patient outcomes.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T40, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/22/08, Segura 1-4/Lower

TITLE: Developing & Managing a Multiple-Supporter CME Activity

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Maurizio Mazzi

The Center for Medical Knowledge, 866/526-8290, mmazzi@cmknowledge.com

CO-PRESENTER: Jennifer Green

The Center for Health Care Education, 800/260-4378, jgreen@chce.net

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to 1) identify activities where having multiple commercial supporters are necessary and/or beneficial; 2) construct a systematic plan to identifying appropriate companies to approach for support; 3) successfully navigate the numerous submission processes for multiple supporters, including on-line grant submissions, and 4) avoid the pitfalls of managing multiple commercial supporters during activity implementation.

METHODS: The presenters will discuss experience developing and implementing regional and national CME activities with multiple supporters. Specific examples of challenges and successes will be shared with the participants and there will be ample opportunity for a question and answer session.

KEY POINTS: The process of securing multiple commercial supporters can be time consuming and often frustrating. However, there are many benefits to a CME organization obtaining multiple educational grants. The financial benefits are obvious, but the additional benefits may not be as clear. Identifying, securing, and working with multiple commercial supporters for a CME activity is one way to potentially alleviate the potential appearance of commercial bias. Presenters will review the benefits to multiple commercial supporters, share lessons learned, identify pitfalls to avoid, and review examples of a regional and a national CME initiative developed through the supporter of multiple commercial supporters.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T41, Breakout
TIME/DAY/LOCATION: Cancelled

TITLE: Performance Improvement Collaboration

COMPETENCY AREA: Partnering

PRINCIPAL PRESENTER: Jonathan Stotler, MAOM
Voxmedia International, 973/467-0500, jstotler@voxmedia.us

DISCLOSURE: Does have an interest in selling a technology and/or program to CME professionals.

CO-PRESENTER: Martha Silling, PhD
NE Ohio Universities School of Medicine, 330/325-6580, msilling@neoucom.edu

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

- Identify opportunities for performance improvement (PI) collaboration
- Define barriers to successful PI collaboration
- Translate the updated ACCME criteria into realistic strategies to apply within your own CME Program
- Formalize workable strategies for CME intended to improve practice

METHODS: Didactic presentation combined with multiple examples and the opportunity for participants to ask questions of the presenters

KEY POINTS: The updated ACCME Accreditation Criteria include several revisions that pose substantial challenges to most CME providers. This session will translate the updated criteria into realistic strategies to enhance performance improvement efforts through effective collaboration of stakeholders. This session will also define barriers to effective collaboration and identify opportunities for successful collaborative partnerships in order for providers to reach ACCME Level 3 accreditation.

RECOMMENDED READING: Practical resources will be provided at the session as handouts.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T42, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/22/08, Segura 5/Lower

TITLE: Ethics and Professionalism in CPE – An Exploration (Part 2)

COMPETENCY AREA: Leadership

PRINCIPAL PRESENTER: Brian O'Toole, PhD

Medical Education Group LLC, 215/604-0400, ext 357, briano@mededgrp.com

CO-PRESENTER: Kristin Rand, JD

Wyeth Pharmaceuticals, 484/865-4230, randk@wyeth.com

CO-PRESENTER: Richard Tischler, Jr., PhD

Viator Medical Communications, Inc, 301/829-5775, rich.tischler@viator-med.com

CO-PRESENTER: John Kamp, PhD

Coalition for Healthcare Communication, 202/719-7216, jkamp@cohealthcom.org

DISCLOSURE: Presenters do not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1. Determine the need for a code of ethics and professionalism based on perceptions presented by various industry stakeholders germane to their domain.

2. Formulate a list of ethical and professional issues and concerns.

3. Employ the list of concerns and issues using a questionnaire in discussing with colleagues and friends.

4. Report finds back to group and participate in development of outline or position paper.

METHODS: This session will occur using 2 one hour time blocks at the beginning and end of the annual meeting as follows;

Session 1 will consist of several stakeholders presenting their view on ethical and professional issues germane to their domain in particular and the industry in general. Participants will assist in formulating a list of issues and then take the list of issues and a questionnaire and discuss with colleagues and friends over the next couple of days.

Session 2 will occur toward the end of the annual meeting and the participants will report their findings and outline /draft of a position paper will be assembled.

KEY POINTS: Most professional societies/associations have a code of ethics, (CE) that serves as a standard of conduct for members in how they conduct business, relate to each other, and interact/relate to external persons and groups. CE's convey the tenets of behavior expected of its membership and reflect the ideals and values of the association.

CE professionals, while highly regulated in terms of the requirements of doing business do not have any guidance that addresses professional ethics, standards or values. Increasing complexity, competition regulatory requirements and the notion of change in general, affect how people think and behave. Frequently this behavior is questionable in terms of ethical or professional values. Is the CE industry ripe for ethical guidance?

RECOMMENDED READING: Code of Ethical Conduct and Whistleblower Policy. Alliance for CME,

<http://www.acme-assn.org/about/wblower.shtml>.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T43, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/22/08, Marbella 4/Lower

TITLE: Successfully Managing a Remote Workforce

COMPETENCY AREA: Administrative/Management

PRINCIPAL PRESENTER: Richard Vanderpool

CME Outfitters, 240/243-1305, rvanderpool@cmeoutfitters.com

CO-PRESENTER: Sharon Tordoff

CME Outfitters, 240/243-1322, stordoff@cmeoutfitters.com

CO-PRESENTER: Jan Perez

CME Outfitters, 240/243-1301, jperez@cmeoutfitters.com

CO-PRESENTER: Christopher Perez

CME Outfitters, 240/243-1303, cperez@cmeoutfitters.com

DISCLOSURE: Presenters do have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

- 1) Describe tactics to build rapport and maximize efficiencies among remote teams
- 2) Describe communication strategies (huddles) essential to maintaining effective remote work teams
- 3) Identify human resource considerations related to managing a remote workforce
- 4) Define technology resources required to manage an effective remote workforce

METHODS: Information will be presented in a didactic format with case examples and handouts. The participants will be encouraged to share thoughts and experiences throughout the presentation.

KEY POINTS: In the niche CME industry, providers often have difficulty recruiting ideal candidates for key positions, often due to geographic location differences. However through the use of effective organizational processes, computers, high-speed Internet access, secure networks, and a host of other technologies, it is now feasible for providers to incorporate remote work teams into their organization and select the best staff from a national pool of qualified candidates.

RECOMMENDED READING: 1) Janove J. Management by remote control. HR Magazine. April 2004.

2) Gillis T. Managing the virtual workforce requires knowledge of communication behavior – foundation findings. Communication World. Aug-Sep 2003.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T44, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/22/08, Palazzo E/Lobby

TITLE: Basics Seminar: Wrapping Up Your Conference

COMPETENCY AREA: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Billie Dalrymple, BA, Chair, 2009-
Texas Medical Association, 484/ 865-5879, billie.dalrymple@texmed.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Diana Durham, PhD, Chair, 2006-2008
Audio Digest Foundation, 818/240-7500, ext. 241, ddurham@audio-digest.org

DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: James Leist, EdD
Alliance for CME, 704/394-6294, jleist@carolina.rr.com

DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: Beginner experience level

MEMBER SECTIONS: All

OBJECTIVES: CME Basics participants should be able to use this session to:

1. Define their own answers to the question: What do I need to know for 2012?

AND

2. What should I do when I get back to the CME office on Wednesday, January 23, 2008?

METHODS: CME Basics participants:

Join us for a wrap-up session and the opportunity to discuss any outstanding questions you might have. After attending this final session, you should be able to clarify any concepts learned at the conference and develop a plan for implementing new concepts into your practice of CME.

KEY POINTS: For CME Basics participants:

You have attended various sessions over the last two days and heard some wonderful ideas about how to conduct needs assessment, develop appropriate learning objectives, find outside funding, and design an activity evaluation that documents outcomes. You may well have connected with an all-knowing mentor who has introduced you to many new ideas and people within the CME profession. You have roamed the exhibit expo hall to learn about the most fascinating software programs to assist with physician learning and managing a meeting, the most complete mailing lists, and fabulous hotels at which to hold meetings. Now, you are wondering how best to pull it all together and, stay in touch with new colleagues and resources you've gained, and continue building your own CME professional development.

RECOMMENDED READING:

The 2008 Alliance for CME Program Guide

The Alliance for CME website

The AMA CPPD website

The ACCME website

PARTICIPANT NOTE SPACE: