EDUCATIONAL FORMAT: W1, Intensive

TIME/DAY/LOCATION: 7:00 am – 12:00 pm, Wednesday, 1/27/10, Grand Salon A/1st

TITLE: CME Basics Seminar **($)**

COMPETENCY: 7.5 – Develop a management culture of the office that will reflect a collaborative, service oriented, continuous improvement system that meets the needs of the physicians served, the organization of the CME program, and the accreditation standards.

PRINCIPAL PRESENTER: Billie Dalrymple, BA (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: Michael Lemon, MBA (Co-Chair)
Postgraduate Institute for Medicine, 720/895-5329, mlemon@pimed.com
DISCLOSURE: Does have an interest in selling a product 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: Steve Singer, PhD
Accreditation Council for Continuing Medical Education, ssinger@accme.org, 312/527-9200
DISCLOSURE: Does have an interest in selling a program to CME professionals.

CO-PRESENTER: Sue Ann Capizzi, MBA
American Medical Association, 312/464-4230, sue.ann.capizzi@ama-assn.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-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.

TARGET AUDIENCE: Beginners

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; and (6) plan a CME activity that incorporates the Updated ACCME Accreditation Criteria.

METHODS: Experienced CME professionals will provide short lectures, interactive exercises and Q & A sessions.

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:
1. AMA, Physician's Recognition Award and credit system 2006
2. ACCME Updated Accreditation Criteria
3. Alliance for CME Competencies

FINANCIAL OR IN-KIND SUPPORT: Audience response technology provided by Audience Response Systems.

EDUCATIONAL FORMAT: W2, Intensive

TIME/DAY/LOCATION: 7:00 am – 12:00 pm, Wednesday, 1/27/10, Marlborough A-B/2nd; Prince of Wales/2nd; Cambridge/2nd

TITLE: Advanced Seminar: CME 501- A Transformational Leadership Workshop ($)

COMPETENCY: 6.4 – Promote and support appropriate change as an essential component of an effective CME program.

PRINCIPAL 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: Dennis Wentz, MD (Keynote Speaker)
WentzMiller & Associates LLC, 970/845-9910, dkwentz@aol.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Robert Fox, EdD
University of Oklahoma, 405/325-2769, rfox@ou.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Dave Davis, MD
Association of American Medical Colleges, 202/862-6275, ddavis@aamc.org
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: George Mejicano, MD
University of Wisconsin School of Medicine & Public Health, 608/240-2204, mejicano@wisc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jann Balmer, PhD
University of Virginia, 434/924-5950, jtb9s@virginia.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.

CO-PRESENTER: Mike Saxton, MEd
Pfizer Medical Education Group, 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.

CO-PRESENTER: Nancy Davis, PhD
National Institute for Quality Improvement and Education, 412/205-5368, ndavis@niqie.org
DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Mark Schaffer, EdM
SciMed, 646/416-5167, mschaffer@scimedny.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

EDUCATIONAL FORMAT: W2, Intensive (continued)

TIME/DAY/LOCATION: 7:00 am – 12:00 pm, Wednesday, 1/27/10, Marlborough A-B/2nd; Prince of Wales/2nd; Cambridge/2nd

CO-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: Shelly Rodrigues, MA
California Academy of Family Physicians, 415/345-8667, srodrigues@familydocs.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Philip Dombrowski, MBA
Annenberg Center for Health Sciences at Eisenhower, 760/773-4533, pdombrowski@annenberg.net
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Harry Gallis, MD
Performance CME, 704/883-4077, performancecme@gmail.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: A pre-conference workshop, targeting advanced (10+ years of experience) CME professionals, this session will address the critical needs of the CME arena in the area of transformational leadership. Participants will:
1. Recognize the urgent call for leaders and change-agents in the world of CME
2. Identify partners and collaborators to leverage for transformational change strategies
3. Develop and participate in communities of practice around transformational change
4. Develop a transformational change 'Plan of Action'

METHODS: A variety of methods will be utilized during this session including, but not limited to:
1. Motivational keynote speaker
2. Small group breakouts
3. Expert panel discussion
4. Audience response technology
5. Self-assessment
6. Post-activity follow-up

KEY POINTS:
1. The need for change in CME is here.
2. CME needs leaders to facilitate this change.
3. CME leaders need to understand how to facilitate change that positions CME as a relevant component of practice/performance improvement for healthcare professionals that leads to improvement patient care/outcomes.

RECOMMENDED READING:
1. Kotter, JP, Leading Change
2. Kotter, JP, A Sense of Urgency
3. Senge, PM, The Fifth Discipline: The Art and Practice of the Learning Organization Senge, PM, Kleiner, A, Roberts, C, Ross, R, Smith, B, The Fifth Discipline
4. Fieldbook: Strategies and Tools for Building a Learning Organization Schein, EH, Organizational Culture and Leadership

FINANCIAL OR IN-KIND SUPPORT: Audience response technology provided by VisionTree Software, Inc.

EDUCATIONAL FORMAT: W3, Member Section Meeting
(Federal Health Care Educators – All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/27/10, Jasperwood/3rd

LEADER: Sylvia Scherr, MS
Uniformed Services University, 301/295-0962, sscherr@usuhs.mil
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals

LEADER: Patricia Kenney, MS
Uniformed Services University, 301/295-1350, patricia.kenney@usuhs.mil
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals

DESCRIPTION: 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.

This will be primarily an interactive, round table discussion.

At the end of this meeting, participants should (1) have a broader understanding of the role of Federal CME providers; (2) be able to address CME compliance issues from a Federal perspective, and (3) have access to a network of persons at other Federal Agencies to share content, technologies, etc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W4, Member Section Meeting
(Health Care Education Associations – All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/27/10, Rosedown/3rd

LEADER: Susan Cantrell, RPh
American Society of Health-System Pharmacists, 301/664-8866, scantrell@ashp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals

DESCRIPTION: This meeting will include the following content:

— Update from the Alliance for Continuing Medical Education Board;
— Update on issues related to commercial support, best practices in seeking funding, and managing support for CME activities;
— Update on accreditation criteria, including case presentations and discussion on best practices for continued implementation;
— Presentation of Great Ideas Award, and
— Discussion of additional, timely topics affecting health care education associations.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W5, Member Section Meeting
(Hospitals and Health Systems – All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/27/10, Grand Salon A/1st

LEADER: Linda Dupont, BA
Aurora Health Care, 414/448-1112, linda.sue.dupont@aurora.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

DESCRIPTION: 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.

This member section meeting will include the following contents and methods:

— Content: Issues, challenges, and programmatic changes necessary for accreditation compliance.
— Method: Mini-lectures.

— Content: Topics of interest to participants.
— Method: Identification via Hospital/Health Systems List Serv.
— Discussion via panel presentation(s) and Q&A.

At the completion of this meeting, participants should be able to

— Identify common issues of concern to CME professionals working in hospitals and/or health systems.
— Determine if their program needs to be changed, based on the Updated Accreditation Criteria.
— Consider solutions suggested by presenters, panel, and/or other participants.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W6, Member Section Meeting
(Medical Education and Communication Company Alliance [MECCA] - All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/27/10, Grand Salon B/1st

TITLE: Medical Education Companies as Valued Stakeholders in the CME Enterprise

LEADER: Jan Perez, CCMEP
CME Outfitters LLC, 240/243-1301, jperez@cmeoutfitters.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

LEADER-ELECT: Alicia Sutton, BSJ
Omnia Education, 267/464-0996, asutton@omniaeducation.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

DESCRIPTION: It is a difficult time for CME, and specifically, for Medical Education companies. Our value to the CME enterprise is questioned, and in light of the Institute of Medicine (IOM) report, our future often seems uncertain. However, our strength is in our commitment to excellence, ideas, and entrepreneurial spirit, which drives innovation and creates positive change in education, clinical performance, and patient outcomes.

This yearly member section meeting for medical education and communication companies is an opportunity to come together to:
1. Look back at 2009;
2. Discuss the challenges we faced and those ahead;
3. Consider the impact of legislation and/or the IOM recommendations;
4. Identify opportunities, and
5. Propose ways to solidify our place at the CME table.

During this meeting, we will share results of the member survey to gauge the pulse and health of the Member Section and will create an action plan for 2010.

This meeting also includes presentations that will address the changing regulatory environment, creative uses of social media, results-drive CME collaboration, and just-in-time update in the industry.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W7, Member Section Meeting
(Medical Schools – All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/27/10, Marlborough A-B/2nd

LEADER: Morris Blachman, PhD
University of South Carolina School of Medicine, 803/434-4211, blachman@sc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

LEADER-ELECT: Andrew Crim, BS
University of North Texas Health Sciences Center, 817/735-2644, acrim@hsc.unt.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

DESCRIPTION: The content for and objectives of this meeting are as follows:

— Content: Presentation of Great Ideas Award
— Objective: Recognize and disseminate an innovative CME activity.

— Content: Update from the Alliance for Continuing Medical Education Board
— Objective: Share the Board's perspective with the member section.

— Content: Presentation of Value Statement for Medical Schools Member Section
— Objective: Provide an opportunity for discussion and suggestions for revisions of this Value Statement.

— Content: Discussion of Hot Topics
— Objective: Provide an opportunity for interactive discussion of key issues affecting CME.

— Content: Scholarship and Research in CME
— Objective: Provide an opportunity for interactive discussion of the role of scholarship in the planning and conducting of CME activities.

— Content: Identification of Other Hot Topics and Determination of Agenda for Follow-up Meeting
— Objective: Provide an opportunity for members to raise and share ideas and thoughts about issues or concerns that they believe need to be addressed.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W8, Member Section Meeting
(Medical Specialty Societies – All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/27/10, Grand Salon C/1st

LEADER: Deborah Samuel, MBA
American Academy of Pediatrics, 847/434-7097, dsamuel@aap.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

EDUCATION PROGRAMMING WORK GROUP CHAIR: Robert Bartel, MSc
The Endocrine Society, 301/951-2606, rbartel@endo-society.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

COMMUNICATIONS WORK GROUP CHAIR: Debbie Szczesniak, BA
College of American Pathologists, 847/832-7419, dszczes@cap.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

DESCRIPTION: The overall objective of the Medical Specialties Societies (MSS) Member Section Meeting is to stimulate thought and promote action through sharing of valuable information on CME topics.

MMS volunteers on the Education and the Communications Work Groups plan and implement this meeting based on member input. Emphasis is on the exchange of new and innovative ideas and "best practices". Nominees for the MSS "Great Idea Award" will share their submitted best practice. This is an excellent opportunity for MMS participants to explore new ways of tackling difficult CME issues through discussion and networking with their peers from within this member section.

This meeting will incorporate short lecture presentations, panel presentations on current hot topics with question and answer sessions, and informal sessions on new and pressing issues in CME.

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

— Identify common challenges of MMS as providers of CME;
— Evaluate and implement best practices of the Accreditation Council for Continuing Medical Education's updated criteria in daily CME unit operations;
— Discuss the Alliance competencies for CME professionals, and describe how these may be employed to strengthen the professional competence of our staff members, and
— Develop contacts with peers at other MSSs, who many serve as resources.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W9, Member Section Meeting
(Pharmaceutical Alliance for Continuing Medical Education [PACME] – All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/27/10, Grand Salon D/1st

LEADER: Pamela Mason, CCMEP
AstraZeneca, 302/885-1325, pamela.mason@astrazenica.com
DISCLOSURE: Do not have an interest in selling a technology, program, product, and/or service to CME professionals.

LEADER-ELECT: Hilary Schmidt, PhD
sanofi-aventis, 908/981-5152, hilary.schmidt@sanofi-aventis.com
DISCLOSURE: Do not have an interest in selling a technology, program, product, and/or service to CME professionals.

DESCRIPTION: This member section meeting is for all employees and retirees of the pharmaceutical, biotech, and/or device industry.

It will be an interactive session, utilizing actual examples and case studies that stimulate comments, discussion on best practices, and lead to suggestions that benefit participants.

This PACME meeting will begin by reviewing recent changes in CME-oriented guidelines and standards (e.g., Accreditation Council for Continuing Medical Education [ACCME], Institute of Medicine [IOM], Pharmaceutical Research and Manufacturers of America [PhRMA], etc.) and their impact on CME. It will progress into reviewing/evaluating examples of process and personal development initiatives through the use of practical examples and/or cases. Group discussion will focus on specific proactive action items for participants to implement in their own organizations, including ways in which industry and other CME professionals can demonstrate the value of CME to internal and external stakeholders (i.e., health care professionals [HCPs], government, patients, and the general public).

At the conclusion of this member section meeting, participants should be able to:

— Discuss shared values that are common among section members that lead to improvements within their CME departments and promote process and personal improvement;
— Adopt appropriate methods to continue to facilitate positive change in the CME industry;
— Develop communication plans with metrics that emphasize the benefits of CME to health care professionals and patients, and
— Strengthen advocacy for the value of CME to both internal and external stakeholders.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W10, Member Section Meeting
(State Medical Societies – All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/27/10, Magnolia/3rd

LEADER: Billie Dalrymple, BA
Texas Medical Association, 512/370-1446, billie.dalrymple@texmed.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

LEADER-ELECT: Leslie Howell, BA
Pennsylvania Medical Society, 717/909-2624
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

DESCRIPTION: This meeting is intended for staff and committee volunteers who work with state medical societies as accreditors of intrastate providers and/or as an Accreditation Council for Continuing Medical Education-accredited state medical society.

Its purpose is to share information on current issues in the accreditation of intrastate providers, as well as issues related to offering CME activities, and to identify a network of CME professionals who can be contacted for information and assistance throughout the year.

This meeting will cover the following content areas:

— Best practices for continued implementation of the Updated Criteria among state-accredited CME providers,
— Great Ideas Award,
— Updates form AMA regarding the credit system,
— Physician leadership in CME, and
— Any timely topics affecting state medical society involvement in CME.

The 2009-2010 goals of the State Medical Society (SMS) Member section are as follows:

— Increase SMS member in the Alliance (by communicating section activities to those who are not members [which could demonstrate the value of the Alliance for SMS functions] and identifying which states do not have representation in the Alliance)
— Continue to balance the content of the member section meeting (by offering topics of interest with open forum discussions).

The SMS member section is of value to CME in the following ways:

— Addresses local geographic needs (i.e., grass roots philosophy);
— Benefits members (by developing leadership skills, providing solutions to challenges in patient care, offering a source for CME credit, and complimenting advocacy efforts);
— Provides opportunities for state-mandated education requirements;
— Eliminates need to seek joint sponsorship for educational activities;
— Serves as a joint sponsor for educational partners within the state (e.g., county medical societies and specialty membership organizations);
— Serves as CME-accredited body in the state (which enables CME credit at the local level, promotes CME in the patient care environment, and provides opportunities for PI CME in the midst of quality data), and
— Provides a bridge for collaboration in state-wide quality projects to improve patient care.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W11, Breakout

TIME/DAY/LOCATION: 5:15 – 7:00 pm, Wednesday, 1/27/10, Grand Salon A/1st

TITLE: Mentor/Mentee Program –
Featuring Frances Maitland Memorial Lecture

COMPETENCY: 8.1 – Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

PRINCIPAL PRESENTER: Lawrence Sherman, CCMEP
Prova Education, 215/285-6034, LS@provaeducation.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.

RECOMMENDED READING: Mentor Mentee Program Materials on Alliance web site at www.acme-assn.org.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W12, Breakout

TIME/DAY/LOCATION: 5:15 – 7:00 pm, Wednesday, 1/27/10, Grand Salon A/1st

TITLE: Mentor/Mentee Program –
Featuring Frances Maitland Memorial Lecture

COMPETENCY: 8.3 – Promote professional development for self and staff.

PRINCIPAL PRESENTER: Dennis Wentz, MD
WentzMiller & Associates LLC, 970/845-9910, dkwentz@aol.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, 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 Memorial Lecture was established in 2000 as a way to honor Frances Maitland and continue her legacy as CME's best known mentor. The purpose of this lecture is to emphasize the value of mentoring with the enthusiasm and spirit of Frances who embodied the essence of mentoring.

KEY POINTS: Mentoring is a tradition in CME, as either a formal or informal process. 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. In the time that ideas and experiences are exchanged, the tradition of the mentoring process is continuously renewed.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P1, Poster

TIME/DAY/LOCATION: 7:30 am - 4:00 pm and 5:00 - 6:00 pm, Thursday, 1/28/10;
7:30 am - 4:00 pm, Friday, 1/29/10;
7:30 - 10:30 am, Saturday, 1/30/10,
HEC A-C/2nd

TITLE: Who Is Driving Family Medicine CME?

COMPETENCY: 1.3 – Conduct, support, and/or apply educational research on how physicians learn and change.

PRINCIPAL PRESENTER: Doug Klein, MD
University of Alberta, 780/407-6346, doug.klein@ualberta.ca
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: Considerable time and money is invested into continuing medical education (CME) for family physicians (FPs) but the effectiveness is uncertain. The participation of FPs as coordinators and teachers is unknown. The goal of this project was to describe the role of FPs in organizing and teaching CME events that are accredited for FPs.

METHODS: Information about accredited CME events was requested from universities, the College of Family Physicians of Canada and pharmaceutical companies. Location, coordinating site, organizing committee members, teaching faculty, and format were recorded from each event. The number and proportion of FPs involved was calculated and compared.

KEY POINTS: A total of 314 CME events were collected, comprising a total of 1472 hours of CME. From the CME events collected, there were 1730 organizing committee members and 1647 teachers. FPs comprise 59% of the organizing committees and 17% of the teachers. Significant differences in the numbers of FP planners and teachers were related to organizing group, format, location and expected audience composition. The accreditation requirement for FPs on organizing committee likely helps preserve a reasonable proportion of FP organizers but not teachers in FP CME. Low level of family physician teachers in CME may be due to FPs not selecting FP teachers or that the FP teaching pool is inadequate.

FINANCIAL OR IN-KIND SUPPORT: Janus Research Grant - College of Family Physicians of Canada.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P2, Poster

TIME/DAY/LOCATION: 7:30 am - 4:00 pm and 5:00 - 6:00 pm, Thursday, 1/28/10;
7:30 am - 4:00 pm, Friday, 1/29/10;
7:30 - 10:30 am, Saturday, 1/30/10,
HEC A-C/2nd

TITLE: The CME Professional: Channels to Improved Patient Care

COMPETENCY: 5.1 – Identify and collaborate with critical internal partners, including the quality improvement unit, performance improvement unit, the library, patients, and other related units, to accomplish the CME mission.

PRINCIPAL PRESENTER: Nancy DeRita
St. John Hospital and Medical Center, 313/343-3877, nancy.derita@stjohn.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Steven Minnick, MD
St. John Hospital and Medical Center, 313/343-3877, steven.minnick@stjohn.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) To determine physician performance gaps or learning needs identified through collecting, analyzing and evaluating existing hospital data. (2) Using the performance gaps and learning needs, to address them in Regularly Scheduled Series. (3) Learning how to move from traditional CME to embracing a paradigm that is based on performance gaps, needs data, and adult learning principles. (4) To enhance the CME Professional's general knowledge of the medical field, and the ability to provide guidance to medical staff.

METHODS: Obtain necessary support from hospital administrators, QA Departments, and physicians to successfully develop needs-based CME. Work closely with RSS departmental coordinators to ensure proper content, documentation, etc are provided to meet the ACCME's Update Criteria. Involve yourself & improve patient care by acquiring knowledge in medical practice.

KEY POINTS: *CME Professionals should meet with key physicians, administrators, department coordinators, QA Departments, etc. to discuss the strategies in identifying performance gaps. *Look for opportunities to discuss the evolution of CME from the traditional lecture to programs based on needs data. *Work closely with your RSS departmental coordinators to identify gaps and resolve them.*Performance Improvement CME will allow CME Professionals to acquire skills and knowledge to learn new approaches to education and further their knowledge in medical practice. The Ultimate goal is improvement in patient care.

RECOMMENDED READING:
1. Competency Areas for CME Professionals
2. ACCME Updated Criteria
3. AMA Booklet

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P3, Poster

TIME/DAY/LOCATION: 7:30 am - 4:00 pm and 5:00 - 6:00 pm, Thursday, 1/28/10;
7:30 am - 4:00 pm, Friday, 1/29/10;
7:30 - 10:30 am, Saturday, 1/30/10,
HEC A-C/2nd

TITLE: Pathways to Better Care for Cancer Patients: A Model Gap Analysis Process and Outcomes

COMPETENCY: 2.2 – Identify physician learning needs using data, especially clinical practice data.

PRINCIPAL PRESENTER: Karen Overstreet, EdD
Wolters Kluwer Health Medical Research, 267/481-0183, karen.overstreet@wolterskluwer.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Betsy Dennison, MS
OptumHealth Education, 973/647-6917, betsy.dennison@optumhealtheducation.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: James Epstein, MD
Imedex, LLC, 314/304-1739, J.Epstein@imedex.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: After viewing this poster and reflecting on their own practice, CME professionals should be able to (1) describe a multi-faceted model for educational gap analysis & outcomes, (2) explain the benefits of including both educators & clinicians in the gap analysis process, (3) apply the identified gaps to other heterogeneous, life-threatening diseases, and (4) identify opportunities for applying this model in their own work settings.

METHODS: Poster will describe a dynamic gap analysis that included learner surveys, market research, synthesis of expert opinion, and meetings (using nominal group technique) of academic & community clinicians & education providers with relevant experience. Timelines, deliverables, & lessons learned will be described. Handouts will be provided.

KEY POINTS: Challenges to optimal treatment of cancers such as multiple myeloma include complex biology & disease heterogeneity, and the need to ensure that treatment is effective, as well as adapted to patients' needs and preferences. Abundant new data make it difficult for physicians to translate current research into practice. Clinicians treating this and other similarly complex diseases should be able to select individualized treatment regimens, manage toxicities w/dosage adjustments, translate data to practice, and communicate effectively with other clinicians & patients. Case study presented will model how gap analysis can help improve application of new data. (Competencies: 1.3, 2.2, 2.6, 4.1, 5.2.)

RECOMMENDED READING: Overstreet KM, Golden GG. The William Campbell Felch/Wyeth Ayerst Award for Research in CME (Use and Incorporation of CME: A Survey of US Oncologists, which was presented at the Alliance for Continuing Medical Education Annual Conference. Orlando, FL. January 30–Feb 2, 2002). Alliance for CME Almanac. 2002; 24(4): 5-6.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P4, Poster

**TIME/DAY/LOCATION: 7:30 am - 4:00 pm and 5:00 - 6:00 pm, Thursday, 1/28/10;
7:30 am - 4:00 pm, Friday, 1/29/10;
7:30 - 10:30 am, Saturday, 1/30/10,
HEC A-C/2nd**

TITLE: Utilization of Internet Searching and Learning CME in a Pediatric Health System

COMPETENCY: 2.3 – Facilitate physician self-assessment, self-directed learning and evaluation using appropriate data.

PRINCIPAL PRESENTER: Jason Olivieri, MPH
Nemours Children's Clinic, 904/697-3877, jolivier@nemours.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Adam Powers
Nemours Foundation, 904/697-4039, apowers@nemours.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Pamela Arn, MD
Nemours Children's Clinic, 904/697-3586, parn@nemours.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: To describe (1) development and (2) utilization of Internet searching and learning CME in a pediatric health system.

METHODS: Describe utilization patterns of evidence-based medicine resources and Internet searching and learning CME among Nemours' approximately 400 specialty and subspecialty physicians.

KEY POINTS: Nemours, one of the nation's largest pediatric health care systems, partnered with the Center for Health Evidence (University of Alberta) to enhance the quality of patient care through a point-of-care clinical decision support tool (InfoLink) offering simultaneous access to Electronic Medical Records and knowledge-based resources (e.g. journals, algorithms, syntheses, practitioner forums). Internet searching and learning CME was added to InfoLink in early 2009. Information regarding utilization will be very helpful to other providers considering this new format of CME.

RECOMMENDED READING: Sinusas K. Internet point of care learning at a community hospital. J Cont Educ Health Prof 2009;29:39-43.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P5, Poster (Cancelled)

EDUCATIONAL FORMAT: P6, Poster

TIME/DAY/LOCATION: 7:30 am - 4:00 pm and 5:00 - 6:00 pm, Thursday, 1/28/10;
7:30 am - 4:00 pm, Friday, 1/29/10;
7:30 - 10:30 am, Saturday, 1/30/10,
HEC A-C/2nd

TITLE: Successes and Pitfalls of Creating an Internationally Accredited CME Program

(Presentation co-hosted by the Alliance for Continuing Medical Education and the Global Alliance for Medical Education)

COMPETENCY: 2.6 – Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

PRINCIPAL PRESENTER: Paul Piché, MBA
HIT Global Consulting Services Inc., 514/932-3232, paul.piche@hit-global.com
DISCLOSURE: Does have an interest in selling a technology, product, and/or service to CME professionals.

CO-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: Stephanie Bedasse, BSc
HIT Global Consulting Services Inc., 514/932-3232, stephanie.bedasse@hit-global.com
DISCLOSURE: Does have an interest in selling a technology, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Describe differences between American, Canadian, and European accreditation systems. (2) Consider the impact of various accreditation systems on learning formats and technologies in international CME programs. (3) Provide recommendations for the development of future international CME programs.

METHODS: Informational presentation outlining outcomes of a CME program as well as background information regarding accreditation standards from various countries. Focus on areas of success and suggested areas of improvement.

KEY POINTS: "COPD: What does the future hold?" is a CME program that has been approved in the United States, United Kingdom, Italy (Lombardia), Spain, and by the European Board for Accreditation in Pneumology. This poster reviews the successes and pitfalls of developing this international CME initiative including the impact of various accreditation standards on the selection of technologies and instructional design formats. By considering the requirements for accreditation in each region, effective CME programs can be adapted to meet the needs of learners around the world.

FINANCIAL OR IN-KIND SUPPORT: Unrestricted educational grant from Nycomed.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P7, Poster

TIME/DAY/LOCATION: 7:30 am - 4:00 pm and 5:00 - 6:00 pm, Thursday, 1/28/10;
7:30 am - 4:00 pm, Friday, 1/29/10;
7:30 - 10:30 am, Saturday, 1/30/10,
HEC A-C/2nd

TITLE: From Point of Care Information to Practice Reflective, Self-directed CPD: A Novel Desktop Program for Family Physicians

COMPETENCY: 2.6 – Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

PRINCIPAL PRESENTER: Bernard Marlow, MD
The College of Family Physicians of Canada, 905/629-0900, bm@cfpc.ca
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Lori Hill, MEd
The College of Family Physicians of Canada, 905/629-0900, lhill@cfpc.ca
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: To describe how The College of Family Physicians of Canada (CFPC), in collaboration with the Centre for Health Evidence (University of Alberta), developed and piloted a desktop program designed to: (1) Facilitate access to evidence-based clinical resources; (2) Guide the integration of new information into clinical practice, and (3) To provide family physicians with an opportunity to earn continuing professional development (CPD) credits.

METHODS: This poster will outline the development and preliminary testing of the ePearls Desktop. It will provide an overview of the working ePearls Desktop program, including how FPs are guided through evidence-based, self-directed learning activities and how these activities are integrated with clinical resources and EBM learning materials.

KEY POINTS: The CFPC ePearls Desktop is an electronic program that combines point-of-care clinical resources with interactive, self-directed learning activities. The Desktop provides family physicians (FPs) with clinical resources, such as Clinical Evidence, and facilitates the integration of new knowledge into practice through three accredited learning activities. The Desktop also serves as a tool for learning and enhance practice reflection and evidence-based medicine skills. Through completing evidence-based practice reflection activities, FPs earn continuing professional development (CPD) credits necessary to maintain their membership in the CFPC.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P8, Poster

TIME/DAY/LOCATION: 7:30 am - 4:00 pm and 5:00 - 6:00 pm, Thursday, 1/28/10;
7:30 am - 4:00 pm, Friday, 1/29/10;
7:30 - 10:30 am, Saturday, 1/30/10,
HEC A-C/2nd

TITLE: Internet Point of Care - How to Start Your Own Activity
(Process, Pitfalls & Performance - A One Year Review)

COMPETENCY: 2.6 – Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

PRINCIPAL PRESENTER: Jerrald Roberts
University of Utah School of Medicine, 801/581-6886, jerrald.roberts@hsc.utah.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jack Dolcourt, MD
University of Utah School of Medicine, 801/581-6887, jack.dolcourt@hsc.utah.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Brad Halvorsen, MA
University of Utah School of Medicine, 801/585-6120, brad.halvorsen@hsc.utah.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Describe the AMA three step learning cycle for IPoC. (2) Show the complete process in setting up an Internet Point of Care portal for little to no cost. (3) Identify hardware and software necessary to validate, track and issue CME credit within an IPoC activity. (4) Show a simple but effective workflow in documenting learners' participation in IPoC activity. (5) How results/anslysis of performance for a full year of IPoC operation. (6) Describe benefits to physicians of overall IPoC learning activity.

METHODS: (1) Show value of PDF as a means to provide and collect data. (2) Describe ways to work with PDF. (3) Show how to link PDF return results with an Access database. (4) Describe database reporting capabilities to meet all updated criteria of the ACCME.

KEY POINTS:
1. Provide complete working PDF documents via FTP.
2. Provide tracking database for PDF via FTP.
3. Provide graphic tutorials for learners via FTP.

All documents/software/training will be made available by FTP link at no charge to the users.

RECOMMENDED READING: How to do Everything - Adobe Acrobat 9 by Doug Sahlin.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P9, Poster

TIME/DAY/LOCATION: 7:30 am - 4:00 pm and 5:00 - 6:00 pm, Thursday, 1/28/10;
7:30 am - 4:00 pm, Friday, 1/29/10;
7:30 - 10:30 am, Saturday, 1/30/10,
HEC A-C/2nd

TITLE: 3D Visualization & Virtual Reality Environment: An Emerging Technology for CME

COMPETENCY: 2.6 – Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

PRINCIPAL PRESENTER: Bharat Soni, PhD
University of Alabama at Birmingham (UAB), 205/934-1820, bsoni@uab.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Sanjay Singh, PhD
CTS Inc., 205/259-2300, SSingh@askcts.com
DISCLOSURE: Does have an interest in selling a technology to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: The poster containing visual illustrations will provide participants: (1) understanding of why and how three-dimensional visualization and virtual environment is critical in significantly improving relevant learning experiences, and (2) recognizing the importance of visualization and Virtual Reality (VR) in adult education and training.

METHODS: Use visual poster to (1) explain the current state-of-the-art and future directions in nD-visualization and virtual reality in relation to medical education/training/practice/procedures; (2) describe hardware/software infrastructure and technology applicable to CME; and (3) demonstrate domain-specific CME related applications emphasizing oncology,

KEY POINTS: Visualization and virtual environments, traditionally applied in military and aviation training and research are now being applied in universities, industry, and research laboratories in routine education, research and development. The use of visualization technology has shown significant improvements (70% in some cases) in learning and retaining information. The CME community must take advantage of these emerging technologies in improving education delivery and procedures.

RECOMMENDED READING:
1. Computerized Medical Imaging and Graphics 30 (2006) 217-230
2. Cardiovascular Ultrasound 2005, 3:37
3. Arch Surg. 1999;134:1197-1202
4. J. Pernat. Med. 35 (2007) 10-27
5. IEEE Computer Graphics and Applications, 0272-1716/99
6. The Heart Surgery Forum#2001-03054 5 (3):E17-E21, 2002

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P10, Poster

TIME/DAY/LOCATION: 7:30 am - 4:00 pm and 5:00 - 6:00 pm, Thursday, 1/28/10;
7:30 am - 4:00 pm, Friday, 1/29/10;
7:30 - 10:30 am, Saturday, 1/30/10,
HEC A-C/2nd

TITLE: CME "Intake" – Creating an Online Tool to Implement the ACCME Updated Criteria at a Medical School

COMPETENCEY: 3.1 – Develop, use and support an effective data management system for educational and administrative purposes.

PRINCIPAL PRESENTER: Jeanne Cole, MS
Thomas Jefferson University, 215/955-8411, Jeanne.Cole@jefferson.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals

CO-PRESENTER: Pauline Sylvester, MS
Thomas Jefferson University, 215/955-5945, Pauline.Sylvester@jefferson.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals

CO-PRESENTER: Vaughn Wurst, BS
Thomas Jefferson University, 215/955-1286, Vaughn.Wurst@jefferson.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals

TARGET AUDIENCE: Non-Beginners

MEMBER SECTIONS: All

OBJECTIVES: After viewing this poster, participants should be able to (1) evaluate the functionality and effectiveness of an online intake process; (2) identify the components of the online intake process that address the ACCME Updated Criteria; (3) assess the value of the Action/Evidence component and how it identifies the learning gaps of the target audience; and (4) determine the level of evaluation of a CME activities to better identify outcomes

METHODS: Jefferson's CME leaders identified "recommended questions" to facilitate compliance with Updated Criteria and adapted them to an online process. Using embedded links to wording examples and relevant resources, this comprehensive tool incorporates data collection, record-keeping, teaching tools, and administration, and providing real-time access to CME program performance data.

KEY POINTS: Adapting entrenched processes to the Updated Criteria can be difficult. We enhanced an online CME process ("intake") to create more focused needs assessments that articulate both what participants need to change (desired actions/learner gaps) and the evidence that supports the needs identified. Through user-friendly, step-by-step processes, we align desired actions to agenda topics, objectives, and anticipated educational impact, then match these to appropriately higher outcomes levels. Our planners design activities that have an improved impact on competency, performance and/or patient outcomes. Discussions with activity planners are enriched as we work with them to complete the process.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P11, Poster

TIME/DAY/LOCATION: 7:30 am - 4:00 pm and 5:00 - 6:00 pm, Thursday, 1/28/10;
7:30 am - 4:00 pm, Friday, 1/29/10;
7:30 - 10:30 am, Saturday, 1/30/10,
HEC A-C/2nd

TITLE: CME on the Go: Evaluating the Effectiveness of Mobile CME in Multiple Brief Educational Programs

COMPETENCY: 3.2 – Use measurement data to assess outcomes/results of the learning intervention as a basis for determining future learning needs and for determining the application of the educational knowledge and skills.

PRINCIPAL PRESENTER: Harvey Parker, PhD
National Association for Continuing Education, 954/723-0057, hparker@naceonline.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Michelle Frisch, MPH
National Association for Continuing Education, 954/723-0057, mfrisch@naceonline.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Gregg Sherman, MD
National Association for Continuing Education, 954/723-0057, gsherman99@aol.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At completion of this poster session, participants should be able to:
1. Identify characteristics and reactions of health care providers who participate in brief, mobile CME activities delivered through handheld devices
2. Assess the effect of brief mobile CME education on knowledge and competence of participants vs controls in education in multiple therapeutic areas
3. Assess the impact of brief mobile CME education on intent to change practice behavior of participants in multiple therapeutic areas

METHODS:
1. Patient case vignettes and questions derived from mobile CME activities in three therapeutic areas:COPD, Migraine Management, and Diabetes
2. Surveys sent to sample of US PCPs who participated in mobile CME activities and random sample of non-participants
3. Analyze differences in responses of participant and control groups

KEY POINTS:
1. Brief, mobile CME activities delivered on handheld devices are used by a large number of physicians. It is important to gain a better understanding of the characteristics of PCPs who prefer this form of CME and the benefits that they derive.
2. Brief, mobile CME activities can be effective in improving knowledge and competence among primary care physicians. It is important to understand the extent to which this type of CME can improve knowledge and competence in the therapeutic areas of COPD, migraines, and diabetes.
3. Brief, mobile CME activities may be effective in producing changes in practice behavior of PCPs within the therapeutic areas of COPD, migraine, and diabetes.

FINANCIAL OR IN-KIND SUPPORT: GlaxoSmithKline, Solvay Pharmaceuticals Inc.

EDUCATIONAL FORMAT: P12, Poster

TIME/DAY/LOCATION: 7:30 am - 4:00 pm and 5:00 - 6:00 pm, Thursday, 1/28/10;
7:30 am - 4:00 pm, Friday, 1/29/10;
7:30 - 10:30 am, Saturday, 1/30/10,
HEC A-C/2nd

TITLE: Improving Adverse Drug Event Reporting with an Online Educational Curriculum

COMPETENCY: 3.4 – Promote continuous improvement and performance measurement as skills for physicians during educational interventions.

PRINCIPAL PRESENTER: Jennifer Brown, PhD
MedscapeCME, 212/417-9506, jjbrown@medscape.net
DISCLOSURE: Does have an interest in selling a program to CME professionals.

CO-PRESENTER: Kathryn Pucci
MedscapeCME, 212/301-6707, kpucci@medscape.net
DISCLOSURE: Does have an interest in selling a program to CME professionals.

CO-PRESENTER: Christine Wiebe
MedscapeCME, 435/753-3172, cwiebe@medscape.net
DISCLOSURE: Does have an interest in selling a program to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: Participants should be able to: (1) identify the elements involved in providing CME resource center focused on patient safety; (2) measure performance improvement among clinical participants; and (3) use performance outcomes data to predict effect on patient health.

METHODS: An online Resource Center of educational activities was created in collaboration with leading experts, institutions, and the FDA's MedWatch; clinical impact was measured by surveying participants with case vignettes. Responses on awareness, identification, and reporting of events were compared with demographically matched controls.

KEY POINTS: Over 30,000 US healthcare professionals earned CME/CE credit by completing programs in the Resource Center over a 12-month period. Participating clinicians were significantly more likely to report patients' adverse drug events according to best practices after completing the educational activities. Performance measures, results, and barriers to improved practice will be discussed, along with the positive impact on patient health resulting from increased drug event reporting.

RECOMMENDED READING: FDA: MedWatch Online Voluntary Adverse Reporting. Available at: https://www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm. Accessed March 13, 2009.

FINANCIAL OR IN-KIND SUPPORT: Educational activities discussed were supported by an independent educational grant from PhRMA.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P13, Poster

TIME/DAY/LOCATION: 7:30 am - 4:00 pm and 5:00 - 6:00 pm, Thursday, 1/28/10;
7:30 am - 4:00 pm, Friday, 1/29/10;
7:30 - 10:30 am, Saturday, 1/30/10,
HEC A-C/2nd

TITLE: A Health System Challenge:
An Integrated Patient Safety Curriculum for Multilevel Professionals

COMPETENCY: 4.5 – Design activities with a cumulative goal of helping physicians, or teams of learners, to adopt change incrementally, assuring there is compatibility with present systems and advantage over present behaviors.

PRINCIPAL PRESENTER: Katherine Grichnik, MD
Duke University School of Medicine, 919/401-1200, grich002@mc.duke.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or 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: Tanya Jisa, MSW
Duke University School of Medicine, 919/401-1208, tanya.jisa@duke.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: After reviewing this poster, participants should be able to (1) identify the process involved with establishing an integrated patient safety curriculum, (2) develop educational activities based on the professional practice gaps of healthcare providers in order to optimize the quality and safety of patient care, and (3) design activities that are interdisciplinary, multidisciplinary, and integrated into patient care processes.

METHODS: This poster describes the design, development, implementation, and preliminary results of an integrated patient safety curriculum developed for multi-level professionals at one academic medical center.

KEY POINTS: In 2001, the Institute of Medicine released, "Crossing the Quality Chasm, A New Health System for the 21st Century" where they noted that health care systems are complex with a range of current practices that may actually impede quality of care. A fundamental problem is communication and a common understanding of terms, goals, cultures and outcomes. To effect specific patient safety goals, CME providers need to participate within an institutional or system framework for quality improvement and design a curriculum for the entire workforce in order that common language, terms and belief systems can be established.

RECOMMENDED READING: Moore, D.E., Green, J.S., & Gallis, H.A. (2009). Achieving desired results and improved outcomes: Integrating planning and assessment through learning activities. Journal of Continuing Education in the Health Professions, 29(1): 1-15.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P14, Poster

TIME/DAY/LOCATION: 7:30 am - 4:00 pm and 5:00 - 6:00 pm, Thursday, 1/28/10;
7:30 am - 4:00 pm, Friday, 1/29/10;
7:30 - 10:30 am, Saturday, 1/30/10,
HEC A-C/2nd

TITLE: Removing Barriers to Change: A C19 Success Story

COMPETENCY: 4.6 – Identify and help modify processes that are barriers to change and the implementation of new knowledge.

PRINCIPAL PRESENTER: Jo Townson
NORCAL Mutual Insurance Company, 415/397-9700, jtownson@norcalmutual.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Sonia Rutherford
NORCAL Mutual Insurance Company, 415/397-9700, srutherford@norcalmutual.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: After viewing this poster, participants will be able to visualize processes for identifying and overcoming barriers to change with educational planning and non-educational strategies.

METHODS: Case study illustration

KEY POINTS: In the process of planning a collaborative live CME activity on the legal aspects of opioid pain management, during the gap analysis phase, planners identified two overarching barriers to physician change that are normally outside a CME provider's control: (1) system barriers, and (2) patient barriers. Planners worked with clinic leadership to revise policies, procedures and forms to overcome these barriers using both educational and non-educational strategies. Results from this intervention, as well as linkages to the provider's CME mission, are illustrated.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P15, Poster

TIME/DAY/LOCATION: 7:30 am - 4:00 pm and 5:00 - 6:00 pm, Thursday, 1/28/10;
7:30 am - 4:00 pm, Friday, 1/29/10;
7:30 - 10:30 am, Saturday, 1/30/10,
HEC A-C/2nd

TITLE: Developing CME Competencies as Individuals and Mentors: A Consortium Model

COMPETENCY: 5.2 – Identify and collaborate with external partners that enhance effective CME activities.

PRINCIPAL PRESENTER: Karen Filkins-Sanders, MA
Northeastern Ohio Universities Colleges of Medicine and Pharmacy, 330/325-6576, kfilkinssanders@neoucom.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Lori Gourley Babbey, MBA
Northeastern Ohio Universities Colleges of Medicine and Pharmacy, 330/325-6579, lgourley@neoucom.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Mary Starbuck, BA
Summa Health System, 330/375-3234, starbucm@summa-health.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Abbey Parris
Children's Hospital Medical Center, 330/543-8693, aparris@chmca.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Poster viewers will:
1. Grasp the need to develop individual professional competencies
2. Realize the effectiveness of the ACME CME Professional Competencies Self-Assessment
3. Develop an appreciation for collaboration of professional skills
4. Comprehend the ability of a consortium to share competencies for efficiency, productivity and mastery.

METHODS: This poster disseminates the findings of a collaborative approach to assessing the competencies of the CME Professionals Network affiliated with NEOUCOM. A consortium member will be at the poster to discuss the project. A model of CME professional competency development and collaborative approaches to improvement will be illustrated.

KEY POINTS: Those who collaborated are the CME Professionals Network, a consortium of hospitals affiliated with NEOUCOM. With the need for professional development and to gain a proficiency in facilitating educational activities this network of CME professionals has collaborated to share their expertise in the CME competencies. Each member completed the ACME CME Professional Competencies Self-Assessment. After analyzing the data for each assessment, personal "trends of mastery" appeared. Individuals then contributed their knowledge of that competency to the network as a resource or mentorship. This partnership promotes the improvement of education by developing individual and group competencies.

RECOMMENDED READING:
1. ACME CME Professional Competencies Self-Assessment.
2. MeetingsNet "New Competencies for the CME Professional" 1-1-05 Passin, O'Brian.
3. Galbraith, R., Hawkins, R., Holmboe, E.(2008) Making Self-Assessment more Effective. Journal of Continuing Education in the Health Professions, v28 n1 p20-24.

EDUCATIONAL FORMAT: P16, Poster

TIME/DAY/LOCATION: 7:30 am - 4:00 pm and 5:00 - 6:00 pm, Thursday, 1/28/10;
7:30 am - 4:00 pm, Friday, 1/29/10;
7:30 - 10:30 am, Saturday, 1/30/10,
HEC A-C/2nd

TITLE: Partnerships with Physicians and External Partners to Develop and Evaluate an Online Course on Marketing and Prescribing

COMPETENCY: 5.2 – Identify and collaborate with external partners that enhance effective CME activities.

PRINCIPAL PRESENTER: April Salisbury, MBA
Lovelace Clinic Foundation, 505/938-9925, april.salisbury@LCFresearch.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) describe how physicians and other prescribers evaluated a web-based educational course about drug marketing and prescribing at different stages of curriculum development, and (2) describe how a vendor of online educational services was used to reach out to participants to evaluate the effectiveness of the online course 90 days after completion.

METHODS: Description of a case study where an organization: (1) developed a web-based course, (2) partnered with a physician group to evaluate it in two stages, and (3) partnered with an online education vendor to automate a 90-day follow up survey to allow participant course evaluation beyond the immediate pre-test and post-test. (Stats on use included.)

KEY POINTS: Using the model illustrated in this case example, CME providers can envision ways to extend their capabilities for development and evaluation of educational content.

RECOMMENDED READING: The web-based course described in the case is accessible on the education pages at www.LCFresearch.org.

FINANCIAL OR IN-KIND SUPPORT: This course and other projects were funded by The Attorney General Consumer and Prescriber Education Grant Program to help physicians, pharmacists, and consumers access fair and balanced prescription drug information and to reduce product marketing's influence on prescribing decisions.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P17, Poster

TIME/DAY/LOCATION: 7:30 am - 4:00 pm and 5:00 - 6:00 pm, Thursday, 1/28/10;
7:30 am - 4:00 pm, Friday, 1/29/10;
7:30 - 10:30 am, Saturday, 1/30/10,
HEC A-C/2nd

TITLE: Restructuring the CME Committee to Optimize Support for Activity Planners

COMPETENCY: 6.4 – Promote and support appropriate change as an essential component of an effective CME program.

PRINCIPAL PRESENTER: Luis Salazar, CCMEP
Kaiser Permanente Medical Center-Los Angeles, 323/783-1429, luis.r.salazar@kp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Daniel Keatinge, MD
Kaiser Permanente Medical Center-Los Angeles, 323/783-4393, daniel.w.keatinge@kp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Describe a creative way to leverage physician CME planners' available CME planning time for maximum impact on activities. (2) Cite ways to overcome organizational or institutional barriers to redefining how the CME committee functions. (3) Define the increase in relevance to improving patient care that can result from implementing an alternative format of a CME committee.

METHODS: The poster will illustrate how our CME committee was converted from a full committee meeting structure to a small group process, to provide personalized support in planning activities. Through leveraging time physicians already had committed for CME, this structure facilitates activity planning and increases focus on improving patient care.

KEY POINTS: Physician CME planners feel they are not provided sufficient time for their educational roles. As such, available time has been a barrier to improving the quality of our CME activities. To support improving the quality of our activities and their impact on patient care, we converted our CME committee structure from a full committee structure to small group process that provides personalized support in planning activities. This process has allowed the focus of our committee to move from an administrative to an educational function and increased our CME activities' relevance to improving patient care.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T1, President's Address and Opening Plenary

TIME/DAY/LOCATION: 8:30 – 10:00 am, Thursday, 1/28/10, Grand Ballroom A-D/1st

TITLE: The Partnership between Informatics and CME to Improve Patient Care (Invited Abstract)

COMPETENCY: 4.6 – Identify and help modify processes that are barriers to change and the implementation of new knowledge.
COMPETENCY: 5.1 – Identify and collaborate with critical internal partners including the quality improvement unit, performance improvement unit, the library, patients and other related units, to accomplish the CME mission.
COMPETENCY: 5.3 – Collaborate and build relationship that support educational improvements for the patient, the physician, and the organization in which the physician works.

PRINCIPAL PRESENTER: Don Detmer, MD
American Medical Informatics Association, 301/657-1291, detmer@amia.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. Analyze the opportunities for improving physician/team performance that can be enhanced by partnerships between Informatics and CME.
2. Describe the common themes found in Informatics and CME focused upon performance improvement that can serve as a foundation for building a collaborative environment.
3. Discuss the national trends in electronic and technology advances and their potential impact on the identification, implementation and evaluation of CME activities.

METHODS: Didactic lecture with some Q and A. A follow up breakout session will provide more interaction and discussion of the partnership of Informatics and CME.

KEY POINTS: The integration of Informatics in the healthcare environment provides a vast opportunity for linking practice performance data with opportunities for continuing education of physicians and healthcare teams. The partnership of Informatics and CME provide a new foundation for the integration of education into the overall healthcare delivery systems and improved patient outcomes.

RECOMMENDED READING:
1. The Blue Ridge Academic Health Group: Advancing Value in Health Care: The Emerging Transformational Role of Informatics. Report 12. Emory University 2008.
2. Detmer DE, Steen EB: Information and Communications Technology and the Future Health Workforce: Transformative Opportunities and Critical Challenges. In Holmes DE: From Education to Regulation: Dynamic Challenges for the Health Workforce. Assoc. Acad. Health Centers, 2008, Washington, DC, pp.21-46.
3. CIIC Proposal.
4. Detmer DE, Bloomrosen M, Raymond B, Tang P: Integrated personal health records: Transformative tools for consumer-centric care. 2008 BMC Medical Informatics and Decision Making 2008; 8:45-72.
5. J Am Med Inform Assoc. 2009;16:153-157. DOI 10.1197/jamia.M3045. © 2009 American Medical Informatics Association. Perspectives on Informatics: AMIA Board White Paper. Core Content for the Subspecialty of Clinical Informatics. Reed M. Gardner, PhD, J. Marc Overhage, MD PhD, Elaine B. Steen, MA, Benson S. Munger, PhD, John H. Holmes, PhD, Jeffrey J. Williamson, Don E. Detmer, MD, MA, AMIA Board of Directors. The AMIA Board of Directors approved the Core Content for Clinical Informatics in November 2008.

EDUCATIONAL FORMAT: T2, Intensive

TIME/DAY/LOCATION: 10:30 am – 3:45 pm, Thursday, 1/28/10,
Marlborough A-B/2nd; Prince of Wales/2nd; Cambridge/2nd

TITLE: How CME Can Improve Patient Care Internationally
(Presentation co-hosted by the Alliance for Continuing Medical Education and the Global Alliance for Medical Education)

COMPETENCY: 5.2 – Identify and collaborate with external partners that enhance effective CME activities.

PRINCIPAL PRESENTER: Herve Maisonneuve, MD (Past President, GAME)
University Paris Sud 11, +33 680345960, hervemaisonneuve@gmail.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Bernard Maillet, MD
UEMS Brussels, + 32 475 64 22 21, bernie.mail@skynet.be
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Hannu Halila, MD
Finnish Medical Association, + 358-9-393-0742, hannu.halila@fimnet.fi
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Paul Piché, MBA (President, GAME 2009-2011)
HIT Global Consulting Services-Montreal, 514/932-3232, paul.piche@hit-global.com
DISCLOSURE: Does have an interest in selling a program and/or service to CME professionals.

CO-PRESENTER: Abi Sriharan, MSc
International Continuing Health Education Collaborative, 416/586-5964, asriharan@mtsinai.on.ca
DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) describe and relate the differences in CME requirements and methodologies in regions and its impact on CME; (2) identify whether their CME programs and media are adaptable to Europe, Latin America, Asia; (3) understand the need for local partners to assess needs, adapt content and measure outcomes; (4) pursue strategies for identifying and collaborating with CME organizations outside the US, and (5) develop the capability to create an international game plan

METHODS: Panel presentations are the first section of the program; case study and interactive game plan development in the second section.

KEY POINTS: CME outside the US does not follow the detailed requirements of the ACCME, but instead must focus on local needs and regulations, which are often complex if not murky. Expert presenters on Europe, Latin America and Asia will define the differences. Procedures for needs assessment, content adaptation, translation and outcomes measurement will be clarified. The importance of screening and selecting international partners will be emphasized. Finally, participants will have a chance to work collaboratively on development of a game plan based on a set of data regarding a US provider, a region and the opportunities for partnership that can lead to improved patient care.

RECOMMENDED READING: CME country profiles on www.game-cme.org.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T3, Mini-plenary

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/28/10, Grand Ballroom A-D/1st

TITLE: Dateline CME: A Year in Review **(Invited Abstract)**

COMPETENCY: 4.6 – Identify and help modify processes that are barriers to change and implementation of new knowledge.
COMPETENCY: 6.1 – Provide a vision of present role and future directions for CME and physician role and responsibilities in continued learning.

PRINCIPAL PRESENTER: Jann Balmer, PhD
University of Virginia, 434/924-5950, jtb9s@virginia.edu
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 Academic Health Center, 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.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:
1. Review the national government, IOM and AMA CEJA and other consensus reports that identify/include CME in the recommendations for specific guidance and actions by individuals and organizations.
2. Discuss the impact of these new regulations, requirements, decisions on the integration of CME /CE into improving the performance of physicians and healthcare teams toward improved patient outcomes.
3. Debate/discuss the challenges and opportunities in the implementation of these new regulations, recommendations for the CME community and also the healthcare environment at large.

METHODS: Brief overview of the major decision making events over 2009, followed by commentary on the short and long term challenges and opportunities for the CME community and its constituent members.

KEY POINTS: The events of 2009 will have a significant impact on the future of CME/CE and the expectations for performance improvement, efficiency, transparency and public trust by physicians, healthcare professionals and the healthcare system at large. The discussion will include candid analysis of the events and the role for the CME community in responding to these new parameters.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T4, Curriculum Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/28/10, Grand Salon A/1st

TITLE: Informatics Discussion Session (Invited Abstract)

COMPETENCY: 4.6 – Identify and help modify processes that are barriers to change and the implementation of new knowledge.
COMPETENCY: 5.1 – Identify and collaborate with critical internal partners including the quality improvement unit, performance improvement unit, the library, patients and other related units, to accomplish the CME mission.
COMPETENCY: 5.3 – Collaborate and build relationship that support educational improvements for the patient, the physician, and the organization in which the physician works.

PRINCIPAL PRESENTER: Don Detmer, MD
American Medical Informatics Association, 301/657-1291, detmer@amia.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. Discuss approaches to analyzing the opportunities for improving physician/team performance that can be enhanced by partnership of Informatics and CME.
2. Describe the common themes and identify strategies in Informatics and CME that can serve as a foundation for building a collaborative environment.
3. Relate the discussion to the national trends in electronic and technology advances and their potential impact on the identification, implementation and evaluation of CME activities.

METHODS: Open Discussion/Q& A – presentation of cases and models of informatics/CME collaboration will be discussed.

KEY POINTS: Informatics/CME collaborative efforts can create linkages between education and performance improvement. Discuss strategies for initiating and implementing new ideas that incorporate Informatics and CME.

RECOMMENDED READING: Detmer DE, Bloomrosen M, Raymond B, Tang P: Integrated personal health records: Transformative tools for consumer-centric care. 2008 BMC Medical Informatics and Decision Making 2008; 8:45-72 (available free from web).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T5, Curriculum Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/28/10, Grand Salon B/1st

TITLE: Physicians' Learning Methods:
A Qualitative Research Study of 4000+ AAFP Assembly Participants

COMPETENCY: 1.3 – Conduct, support, and/or apply educational research on how physicians learn and change.

PRINCIPAL PRESENTER: Mindi McKenna, PhD
American Academy of Family Physicians, 913/906-6000, mmckenna@aafp.org
DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Mark Stephens, MD
Uniformed Services University, 301/295-9464, mstephens@usuhs.mil
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Kim Carrington, MPA
American Academy of Family Physicians, 913/906-6000, kcarrington@aafp.org
DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to summarize AAFP assembly participants' views about lectures vs. other learning methods, including their (1) learning preferences, (2) recall levels, (3) awareness of ACGME/ABMS core competencies, and (4) perceptions of various method's affect on performance change in care of diabetes.

METHODS: Participants will (1) see and hear outcomes data from the qualitative study conducted at AAFP's annual Assembly, (2) discuss implications for designing CME activities for primary care clinicians and other healthcare professionals, and (3) receive an action plan template for initiating a similar study with their learners.

KEY POINTS: In order to continuously improve the effectiveness of CME, we must assess its effectiveness. In order to design educational programming appropriately, we must measure the extent to which various programmatic elements are effective in improving learner knowledge and performance.

RECOMMENDED READING: Mazmanian PE, Galbraith RG, Miller SH, et al. Accreditation, certifications and licensure: How six general competencies are influencing education and patient care. 2008; J Med Lic Disc 94(1): 8-14.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T6, Curriculum Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/28/10, Grand Salon C/1st

TITLE: Transitions 1:
Reinventing Yourself as the Future's CME/CPD Professional

COMPETENCY: 8.2 – Continually improve educational performance of the CME program through professional development.

PRINCIPAL PRESENTER: Diana Durham Pusavat, PhD
Employee Education System, 562/826-5505, ext. 4188, Diana.Durham2@va.gov
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jack Dolcourt, MD
University of Utah School of Medicine, 801/581-6887, Jack.dolcourt@hsc.utah.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Barbara Huffman, MEd
Carle Foundation Hospital, 217/383-4647, Barbara.Huffman@carle.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: In this session, participants will: (1) gain self-assessment tools for needed skills in their changed environments, for recovery after a firing or a lay-off, for adjustment to organizational change or seeking a new organization to hire; (2) will be able to summarize self assessment techniques to use in their process of recovery; and (3) develop their own individual learning plans to take them from "Where am I now?" to "Where do I want to go and how do I get there?"

METHODS: Case studies from recent field-based job-change situations; Brief CME Theatre Improv by Faculty (Your job has changed; you're perfect, now change!); Mapping your Individual Learning Plan as the new CME/CPD Professional.

KEY POINTS: CME/CPD professionals are experiencing everything from minor inconveniences (fewer subscriptions or conferences) to cut-backs in the work environment (tightening of belts; 20-40% budget cuts across their organizations) to traumatic, wrenching change (job eliminations, organizations merging, or buying one another). How CME professionals choose to cast themselves in this economic drama and how they choose to write the play of their own careers, forms the center of this breakout session. What is essential to reinventing ourselves as the future's CME/CPD professional is how we plan our roles and transform ourselves.

RECOMMENDED READING: Bhimji, A. You Can Make the Horse Drink Water: Motivating yourself and others to do the best work. AmirImage Consulting, 2002.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T7, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/28/10, Melrose/3rd

TITLE: Data-driven CME Program Development

COMPETENCY: 2.2 – Identify physician learning needs using data, especially clinical practice data.

PRINCIPAL PRESENTER: Laura Hruska, MEd
American Academy of Orthopaedic Surgeons, 847/384-4105, hruska@aaos.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Understand the peer review process and its relationship to content validity,
2. Identify meaningful sources of data,
3. Perform a needs assessment of your learners,
4. Use multiple sources of data to drive your CME program development

METHODS: A combination of a literature review and examination, CME evaluation, and survey results are used to identify learner needs for a CME program.

KEY POINTS: A comprehensive self assessment program for CME should be based upon learner needs. Using an assessment system that include multiple sources of data such as examination results, CME evaluation results, a review of the literature, and member survey results provide information to make data driven decisions based on learner input and needs to develop your CME program.

RECOMMENDED READING: Eva, Kevin W., Regehr, Glenn. Self-Assessment in the health professions: A reformulation and research agenda. Academic Medicine, Vol. 80, No. 10/ October 2005 Suppplement. Pgs. S46-s54.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T8, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/28/10, Belle Chasse/3rd

TITLE: Blended Learning Initiatives: Designing to Help all Physicians Learn

COMPETENCY: 2.6 – Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

PRINCIPAL PRESENTER: Beverly Wood, MD
American Academy of Pediatrics, 818/209-7748, bwood@usc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Scott Bradbury, MS
American Academy of Pediatrics, 800/433-9016, SBradbury@aap.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this presentation, participants will be able to:
1. Describe the advantages of blended learning experiences to enhance learning, translation of learning to patient care and performance in practice
2. Create an individualized model for a blended learning experience
3. Design learning to satisfy a diversity of preferences, styles and contexts

METHODS: Activities will involve participants in analysis of learning preferences, ways to construct learning to meet learner needs in their context, determine components of blended learning experiences, and construct a model that would work for them. Short informative presentations with participant construction and discussion of methods for blending

KEY POINTS: Increased responsibility for personal learning and choice of the learning experience are elemental in the engagement of physicians in lifelong learning. With incorporation of self assessment, collaboration, reflection, discussion and technological support, learning environments have become more flexible. With this transformation, comes the opportunity for a richer, more purposeful learning experience where content can be sought, revisited and discussed; communities of inquiry to compare experiences and introduce new content, and selected approaches and delivery methods to support collaborative-reflection processes.

RECOMMENDED READING: Caruso JB, Kvavik Students and Information Technology, 2005: Convenience, connection, control and learning. ECAR Research Study 6, 2005.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T9, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/28/10, Rosedown 3rd

TITLE: Small-group Case-based Learning:
A Practical Guide to Development and Implementation

COMPETENCY: 2.9 – Provide interactive learning and opportunities to practice skills that lead to change in physician performance.

PRINCIPAL PRESENTER: Jeanne Prater, BS
Spire Learning, 973/605-2922, jprater@spirelearning.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: JulieWhite, MS
Boston University School of Medicine, 617/638-4605, jlwhite@bu.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jill Erickson, MPH
Takeda Pharmaceuticals North America, Inc, 224/554-3171, jerickson@tpna.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) describe the evidence that supports small-group case-based learning as an effective format for CME that results in healthcare professional learning and change; (2) develop a plan to implement a small-group case-based learning initiative, and (3) identify strategies to address the challenges encountered during the process from grant submission to program implementation and assessment.

METHODS: The presenters will use a didactic lecture and a small-group case-based discussion exercise to demonstrate the effectiveness of small-group case-based learning.

KEY POINTS: An understanding of how physicians learn and what factors lead to effective continuing education for healthcare providers is fundamental to the construction of effective CME activities and programs. Physicians tend to use specialized learning skills to incorporate new information into practice. The Schön model of knowing in action concisely describes how the provider uses experience and knowledge to learn and gain knowledge.

Interactive, small-group, and case-based programs have been shown to be associated with changes in physicians' behavior. They were shown to adopt more aggressive use of appropriate therapies, improve adherence to published guidelines, and show greater satisfaction regarding their acquired knowledge after participating in these types of educational programs.

RECOMMENDED READING:
1. Borduas F, Gagnon R, Lacoursière Y, Laprise R. The longitudinal case study: from Schön's model to self-directed learning. J Contin Educ Health Prof. 2001;21:103-109.
2. Casebeer L, Centor RM, Kristofco RE. Learning in large and small groups. In: Davis D, Barnes BE, Fox R, eds. The Continuing Professional Development of Physicians: From Theory to Practice. Chicago, IL: American Medical Association; 2003;169-190.
3. Fox RD, Miner C. Motivation and the facilitation of change, learning, and participation in educational programs for health professionals. J Contin Educ Health Prof. 1999;19:132-144.
4. Price DW, Felix KG. Journal clubs and case conferences: from academic tradition to communities of practice. J Contin Educ Health Prof. 2008;28:123-130.

EDUCATIONAL FORMAT: T10, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/28/10, Ascot/Newberry/3rd

TITLE: Raising the Bar on CME Data Management: Broadening the Perspective

COMPETENCY: 3.1 – Develop, use and support an effective data management system for educational and administrative purposes.

PRINCIPAL PRESENTER: Ginny Jacobs, MEd
University of Minnesota, 612/626-7600, gjacobs@umn.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Shari Miller, BA
University of Minnesota, 612/626-7600, millerms@umn.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this session, participants should be better able to: (1) identify the key considerations and core components of an effective data management system; (2) review the advantages (and potential pitfalls) of building a system framework aligned with department services and project deliverables; and (3) highlight the continuous improvements and informed decision making that are core to the on-going monitoring of the overall performance of the CME program.

METHODS: This session will consist of a presentation outlining the design considerations and data elements central to the development of a data management system for an educational planning office. Group discussion time will also be allotted to highlight examples of data tools and best practices gathered from across a variety of institutions.

KEY POINTS: In order to make informed business decisions, data and feedback must be readily available related to the overall performance of the CME operation. Effective educational planning and project management rely upon accurate and timely information which describe progress against targeted goals.

Course directors, educational planners, and all department staff benefit from the perspective they gain through the use of an effective data management system which puts data and information to productive use. A well-designed data system enables all parties to raise the bar as they are able to monitor progress and benchmark their course performance against other CME educational activities.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T11, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/28/10, Grand Salon D/1st

TITLE: A Three-year Review of Submitted Outcomes Measures – Stumbling Blocks on the Pathway to Better Patient Care

COMPETENCY: 3.2 – Use measurement data to assess outcomes/results of the learning intervention as a basis for determining future learning needs and for determining the application of the educational knowledge and skills

PRINCIPAL PRESENTER: Susan Connelly, PharmD
Wyeth, 484/865-9885, connels2@wyeth.com
DISCLOSURE: Does not have an interest in selling a technology, program, and/or service to CME professionals.

CO-PRESENTER: Betsy Woodall, PharmD
Wyeth, 484/865-3969, woodalb@wyeth.com
DISCLOSURE: Does not have an interest in selling a technology, program, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: (1) describe methods of educational outcomes measurement (EOM) commonly used within the CME community; (2) identify criteria that mark a successful EOM plan; and (3) incorporate successful methodologies to measure and evaluate the effectiveness of independent education activities.

METHODS: This presentation will use a mix of didactic presentations, panel discussions and interactive case studies. Participants will be encouraged to complete a commitment-to-change form to reinforce what they intend to change as they approach their design and evaluation of independent education activities.

KEY POINTS: Commercial supporters are exposed to a variety of methods of educational outcomes measurement. This presentation (1) describes the methodologies of EOM examples submitted across provider types; (2) identifies emerging trends in EOM examples received from 2007 through 2009; (3) explores criteria for successful EOM; and (4) suggests techniques that can be applied to your programs. We will present the outcomes submitted to us, in the context of objectives created to support such outcomes. A reactionary panel of providers representing Academic, Medical Education and Communication Companies, and Association sectors will comment on the results of the data.

RECOMMENDED READING: Moore DE. A framework for outcomes evaluation in the continuing professional development of physicians. In: Davis D, Barnes BE, Fox R, eds. The Continuing Professional Development of Physicians. Chicago, IL: American Medical Association; 2003, p 249-274.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T12, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/28/10, Jasperwood/3rd

TITLE: A PI CME Systems-based Intervention: Why Virtual Data Is (Almost) As Good As the Real Thing

COMPETENCY: 4.5 – Design activities with a cumulative goal of helping physicians, or teams of learners, to adopt change incrementally, assuring there is compatibility with present systems and advantage over present behaviors.

PRINCIPAL PRESENTER: Gordon West, PhD
Annenberg Center for Health Sciences at Eisenhower, 760/773-4500, gwest@annenberg.net
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Steven Haimowitz, MD
RealCME, 917/885-0996, sh@realcme.com
DISCLOSURE: Does have an interest in selling a technology to CME professionals.

CO-PRESENTER: Stephen Webber
RealCME, 646/415-0878, swebber@realcme.com
DISCLOSURE: Does have an interest in selling a technology to CME professionals.

CO-PRESENTER: Thomas Elliott, MD
SMDC Health System, 218/786-3755, telliott@smdc.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) define a PI CME activity; (2) identify performance improvement measures in conjunction with their health system collaborator that may benefit from a PI CME intervention; (3) conceptualize an appropriate educational intervention that maximizes the potential for measurable outcomes; and (4) explain the value for learners and patients of a well-designed PI CME activity.

METHODS: A multifocal and multidisciplinary approach that parallels the development, deployment, user experience, and measurement of the educational intervention will be applied to this session, including slide presentation, case study, discussion, and Q&A. Join us for a focused discussion on the utility and practicability of a virtual health system.

KEY POINTS: The 2008 Joint Commission Annual Report showed significant variability in performance among states and institutions for the National Patient Safety Goals and hospital quality measures. One way to address inconsistencies in performance is through performance improvement (PI) CME activities that are aligned with national benchmarks and organizational goals. A novel approach to PI CME is through an online systems-based "virtual clinic" that follows a single patient across the care continuum and assesses performance at each point of care in the health system. Join us for a focused discussion on the utility and practicability of an online virtual health system for improved patient care and outcomes.

RECOMMENDED READING:
1. Eisenberg JM. Continuing Education Meets the Learning Organization: The Challenge of a Systems Approach to Patient Safety. J Contin Educ Health Prof. 2000;20(4):197-207.
2. Incorporating PI CME activities into your CME program. http://www.ama-assn.org/ama1/pub/upload/mm/455/cppd21-23.pdf.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T13, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/28/10, Magnolia/3rd

TITLE: Barriers are Legitimate CME Outcomes

COMPETENCY: 4.6 – Identify and help modify processes that are barriers to change and the implementation of new knowledge.

PRINCIPAL PRESENTER: David Price, MD
Kaiser Permanente-Colorado, 303/614-1308, david.price@kp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants will be able to assess barriers to implementing learnings as an outcome of their CME program.

METHODS: In an interactive session, the presenter will describe how to assess, categorize & summarize barriers to implementing CME learnings in practice, & how these barriers can be presented to system leaders to assist in further organizational improvement efforts. Participant examples will be used to illustrate how these methods can be applied.

KEY POINTS: CME providers seeking ACCME accreditation with commendation (criteria 16-22) are required to plan CME within an organizational context; identify factors outside of CME control that impact patient outcomes; implement strategies to remove, overcome, or address barriers to physician change; work collaboratively with others in an organizational framework; and influence the scope and content of educational interventions. This session will help participants identify and use barrier assessment and analysis in their CME programming to not only assist practice system efforts, but assist CME providers in meeting ACCME criteria for exemplary compliance.

RECOMMENDED READING: Price DW, Felix K. Journal Clubs and Case Conferences: From Academic Tradition to Communities of Practice. J Cont Educ Health Prof, 28(3):123–130, 2008.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T14, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/28/10, Oak Alley/3rd

TITLE: Engaging Physicians in Quality Improvement by Teaching a Fair Culture: Partnering of CME, Medical Staff, and QI Leaders

COMPETENCY: 5.1 – Identify and collaborate with critical internal partners, including the quality improvement unit, performance improvement unit, the library, patients, and other related units, to accomplish the CME mission.

PRINCIPAL PRESENTER: Lucille Leong, MD
City of Hope Comprehensive Cancer Center, 626/359-8111, ext. 62307, lleong@coh.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Robert Morgan, MD
City of Hope Comprehensive Cancer Center, 626/-359-8111, ext. 62307, rmorgan@coh.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Mary Mendelsohn, MSN
City of Hope Comprehensive Cancer Center, 626/359-8111, ext. 65529, mmendelsohn@coh.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jean Kagan, BA
City of Hope Comprehensive Cancer Center, 626/359-8111, ext. 68895, jkagan@coh.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. To describe the challenges in engaging physicians in partnering with quality improvement (QI) units.
2. To identify critical internal partners within hospital medical staff organizations; (MEC, QRRM, HIMS, Pharmacy).
3. To describe the concept of an open and fair culture and its importance in engaging medical staff in a physician-driven QI process.
4. To recognize the importance of case-based learning in changing physician perceptions.
5. To identify measurable/trackable QI outcomes after educational interventions.

METHODS: Innovative teaching methods were used by a partnership of CME, Medical Staff leaders, and the QI Unit to encourage physician ownership in the QI process: Use of a special tool for open and fair culture, audience response system pre/post-testing to assess physician attitude change, and prospective teaching of physician performance measures.

KEY POINTS: To improve patient care, physicians must have ownership in QI processes. Physicians often do not perceive value in these processes, deeming them arbitrary and inefficient. CME is an effective and powerful partner of QI and Medical Staff leaders. After receiving training with a case-based learning model highlighting a fair and open culture, physicians demonstrated:
1. That they were interested at baseline in a physician-driven QI process,
2. That they perceived that QI processes seemed less arbitrary and more efficient,
3. That there was more awareness and concern about the justness of the processes, and
4. More willingness to participate first hand in QI processes.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T15, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/28/10, Fountain/3rd

TITLE: Promoting CME Integrity:
The Top 10 Ways to Effectively Explain CME and Your Role

COMPETENCY: 6.6 – Be an advocate for the CME program, its mission and its activities.

PRINCIPAL PRESENTER: Brandy Lewis, CCMEP
Global Education Group, 303/395-1782, ext. 74, blewis@globaleducationgroup.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Identify tools and means for promoting CME integrity
2. Cite the role of CME in improving patient care
3. Develop a brief description of your professional CME role that anyone can understand

METHODS: Use ARS questions, audience participation, and didactic lecture to (1) explain the evolution of CME from the participant and news media perspectives; (2) share results of national surveys and other valid data points regarding attitudes about CME; (3) demonstrate steps learners can take to effectively explain their roles in CME

KEY POINTS:
1. Physician CME Surveys and Testimonials
2. CME in the journals and news media: literature survey and synopses
3. How perception creates reality
4. Defining and describing the difference between CME and non-CME activities
5. Expert Interviews: Top 10 ideas for explaining the positive impact of CME in patient care
6. A resource list of CME organizations and articles that promote continuous professional development
7. Use interactive audience Q&A and input to identify ways to help achieve a key goal of the 2008 Mayo CME Consensus Conference to advance CME integrity and public perception

RECOMMENDED READING:
1. 2007 AHRQ Report on "The Effectiveness of CME".
2. 2008 Mayo CME Consensus Conference Proceedings.
3. 2007 Rand Corporation Report Card on U.S. Healthcare Quality.

FINANCIAL OR IN-KIND SUPPORT: Audience response technology provided by Turning Technologies, LLC.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T16, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/28/10, Elmwood/3rd

TITLE: Setting the Standard: Determining Fair Market Value for Honoraria

COMPETENCY: 7.2 – Manage finances of the CME program to meet the organizational needs.

PRINCIPAL PRESENTER: Gabriella Cruze, CCMEP
Scienta Healthcare Education, 919/544-0052, ext. 2136, gabriellac@scienta-edu.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Sandie Coleman, MAEd
Wake Area Health Education Center (Wake AHEC), 919/350-8547, sacoleman@wakemed.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to (1) identify the components of a fair market value calculator, (2) research sources of data to determine hourly rates by specialty (eg. salary, benefits, overhead, etc) to be included in the calculator, (3) enter data in an excel template to determine compensation by role, (4) compare honoraria policies of different provider types, and (5) propose a policy and future implementation of a procedure for determination of honoraria

METHODS: A qualitative survey will be conducted across provider types to determine current practices regarding honoraria payment. Didactic lecture with slide presentation, case studies, Q&A, and an expert panel discussion will allow learners to identify best practices in determining fair market value.

KEY POINTS: Determining honoraria through a fair market value process establishes benchmarks for compensation of faculty with varying roles and levels of responsibility. This session focuses on the utility and importance of creating a calculator for payment of honoraria relative to a fair market value. A calculator serves as the foundation for determining fair market value and can be an integral component of internal policies and procedures in compliance with government and industry regulations.

RECOMMENDED READING:
1. ACCME Standards for Commercial Support, Standard 3.7.
2. CME Faculty Management: Focus on Faculty Fee for Service, Almanac, Vol. 27, No. 6, June 2005.
3. Office of Inspector General, Compliance Program Guidance for Pharmaceutical Manufacturers, April 2003.
4. AMA Code of Medical Ethics, Opinion 8.061.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T17, Mini-plenary

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/28/10, Grand Ballroom A-D/1st

TITLE: Maintenance of Certification (MOC): Reality Check
(Invited Abstract)

COMPETENCY: 6.1 – Provide a vision of present role and future direction for CME and physician role and responsibilities in continued learning.

PRESENTER: Doug Coursin, MD
University of Wisconsin - Madison, 608/263-9131, dcoursin@wisc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Eric Holmboe, MD
American Board of Internal Medicine, 215/446-3500, eholmboe@abim.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: To help continuing medical education professionals embrace their critical role in improving physicians' professional competence and practice through educational activities that support the current and anticipated requirements for Maintenance of Certification (MOC).

METHODS: Because of their various professional responsibilities, the presenters are highly knowledgeable about MOC. Dr. Doug Coursin is a Professor of Anesthesiology and Medicine at the University of Wisconsin and he currently serves on the Board of Directors of the American Board of Anesthesiology (ABA). Dr. Eric Holmboe currently serves as the Senior Vice President for Quality Research and Academic Affairs for the American Board of Internal Medicine (ABIM).

The certifying boards have accepted the challenge of making board certification integral to improving practice. How can this laudable goal be achieved? What resources are needed to help the certifying boards measure physician competence, performance, and clinical outcomes? What are the practical and political barriers related to measuring physician performance and how will these barriers be overcome?

The speakers will touch on these questions and also address the following issues related to MOC:
• The blurring division between physician assessment and education as a means to improve competence and performance of board certified physicians;
• The current and future challenges facing small (e.g., ABA) and large (e.g., ABIM) certifying boards with regards to MOC;
• The role of standards for MOC Part 2 and Part 4 (e.g., the requirements for self assessment as well as practice assessment and quality improvement); and
• The role(s) that accredited CME providers have in supporting MOC and the skill set needed for CME providers to meet them.
The session will include ample time for questions and answers from the participants in the audience.

KEY POINTS: CME providers need to understand and support physician Maintenance of Certification. By learning about the challenges and opportunities facing the certifying boards, CME professionals can better position themselves and their organizations to meet the evolving standards and requirements for MOC.

RECOMMENDED READING: American Board of Medical Specialties, Standards for ABMS MOC® (Parts 1-4) Program (Approved March 16, 2009). The report is available at the ABMS website and the following URL:
http://www.abms.org/News_and_Events/Media_Newsroom/pdf/Standards_for_ABMS_MOC_Approved_3_16_09.pdf.

EDUCATIONAL FORMAT: T18, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/28/10, Fountain/3rd

TITLE: The Medical Education Theater (MET): An Innovative Approach to Address Gaps in Medical Knowledge and Skills

COMPETENCY: 2.4 – Assist physician-learners to reflect upon present and desired levels of performance and plan the next step in their personal education.

PRINCIPAL PRESENTER: Richard Aghababian, MD
University of Massachusetts Medical School, 508/856-3041, Richard.aghababian@umassmed.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) discuss various methods currently being used to assess physician competence; (2) describe how physicians who communicate effectively with patients generate better outcomes than physicians who's communication skills need improvement, and (3) identify effective educational methods that can be used to help physicians overcome gaps in knowledge or correct behavioral inadequacies.

METHODS: To evaluate a novel education technique, "The Medical Education Theater (MET)" the UMMS OCME office staged simulated patient encounters that focused on physician-patient communications. Inappropriate and appropriate communication techniques were highlighted in different role playing activities that focused on informing patients they had metastatic cancer.

KEY POINTS: At UMMS we believe that to maintain competence physicians should participate in self-assessment and educational activities that will identify and resolve gaps in medical knowledge. The brisk dialogue between the learner's and educators between and after the two role playing activities, along with the favorable evaluations completed by the learners suggest that this type of educational activity deserves further study. Use of the "MET" approach to deliver CME programs targeted at specific gaps in medical knowledge and patient-physician interactive skills appears to be effective for physicians and their healthcare teams.

RECOMMENDED READING: Epstein RM, N. Engl J Med 2007; 358:387-96.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T19, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/28/10, Grand Salon A/1st

TITLE: Linking Needs Assessment to Objectives to Competencies to Outcomes: Making Your Point and Presenting the Package to Potential Grantors

COMPETENCY: 2.5 – Translate physician needs into measureable objectives.

PRINCIPAL PRESENTER: Pam McFadden
University of North Texas Health Science Center, 817/735-2581, mcfadden@hsc.unt.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Andrew Crim
University of North Texas Health Science Center, 817/735-2644, acrim@hsc.unt.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) describe how objectives are linked to needs assessment data and outcomes measurement; (2) describe how clinical competencies can be used to support learning objectives, and (3) present learning objectives in a format where they are clearly linked to needs assessment data, competencies and outcomes metrics.

METHODS: Presenters will provide examples from its own grant proposals. Successful and unsuccessful proposals will be examined to see how effective needs assessment data, learning objectives, clinical competencies and outcomes measurement were linked and identify areas for improvement.

KEY POINTS: Linking each element of a CME initiative is essential to that initiative's success. Mapping out the process is an effective way to visualize the interplay among the various elements of a CME activity. A simplified grid-based system can help CME providers link needs assessment to learning objectives to clinical competencies to outcomes metrics.

RECOMMENDED READING: The ACCME's Essential Areas and Their Elements, http://www.ACCME.org.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T20, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/28/10, Melrose/3rd

TITLE: Exploring Interactive Educational Formats at Live Events

COMPETENCY: 2.6 – Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

PRINCIPAL PRESENTER: Rebecca DeVivo, MPH
American Society for Gastrointestinal Endoscopy, 630/570-5634, rdevivo@asge.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Kimberly Davis, MAT
American Society for Gastrointestinal Endoscopy, 630/570-5621, kimdavis@asge.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to:
1. Discuss multiple interactive formats and how they may apply to their own CME activities
2. Identify strategies for increasing interactivity without breaking the budget
3. Determine which formats may enhance current educational offerings.

METHODS: This session will discuss and demonstrate multiple interactive learning formats.

KEY POINTS: Interactivity can be increased in live events in multiple ways, which can range in difficulty and costs. The pros, cons, and costs of multiple formats will be discussed including: audience response system methods, live cases, hands-on skills training, simulations, case discussions, "Experts in the Hot Seat," and more. This session is intended to help CME professionals think beyond lectures and Q&A to determine how education can be enhanced within a realistic budget. Outcomes results will also be presented for certain formats.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T21, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/28/10, Grand Salon B/1st

TITLE: Turning the Technology Page:
A Multi-faceted Approach to Case-based E-learning

COMPETENCY: 2.9 – Provide interactive learning and opportunities to practice skills that lead to change in physician performance.

PRINCIPAL PRESENTER: Erica Keleher, MBA
TCL Institute, LLC, 919/467-0006, ekeleher@tclinstitute.com
DISCLOSURE: Does have an interest in selling a technology to CME professionals.

CO-PRESENTER: Kevin McCarthy, RPh
Pharmcon, 843/488-5550, kevin.mccarthy@pharmcon.com
DISCLOSURE: Does have an interest in selling a technology to CME professionals.

CO-PRESENTER: Sandy Bihlmeyer
Primary Care Network, 417/886-2026, Sandy@primarycarenetwork.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: After this session, participants should be able to (1) identify situations where technology and collaboration can be utilized with CME activities to achieve desired outcomes, (2) develop case-based content from performance gaps that translate into effective educational interventions, and (3) utilize case-based learning formats to steer successful outcomes measurement of clinical performance.

METHODS: Internet case simulation and audience participation.

KEY POINTS: Internet technology provides the opportunity to engage learners by incorporating interactive, self-paced decision trees with feedback throughout case-based learning. Furthermore, case vignettes have gained considerable support for their value in predicting physician practice patterns. Results from recent research demonstrate that case vignettes (compared to chart review and standardized patients) are a valid and comprehensive method to measure processes of care in actual clinical practice. Additionally, case vignettes are more cost-effective and less invasive than other means of measurement.

RECOMMENDED READING:
1. Peabody JW, et al. Comparison of vignettes, standardized patients, and chart abstraction: A prospective validation study of 3 methods for measuring quality. JAMA. 2000;283:1715-1722.
2. Peabody, JW, et al. Measuring the quality of physician practice by using clinical vignettes: a prospective validation study. Ann Intern Med. 2004 Nov 16;141:771-80.

FINANCIAL OR IN-KIND SUPPORT: Takeda, Ortho-McNeil, Pfizer, Forest, Eli Lilly, sanofi-aventis.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T22, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/28/10, Elmwood/3rd

TITLE: The Value of Fact Checking: It's More Than Just an Expert Review

COMPETENCY: 2.11 – Assure content validation in any CME educational intervention

PRINCIPAL PRESENTER: Erik Brady, PhD
Scienta Healthcare Education®, 919/544-0052, erikb@scienta-edu.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Sandra Manheimer, PhD
Scienta Healthcare Education®, 919/544-0052, sandram@scienta-edu.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-Beginner

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to (1) relate the value of fact checking for delivery of scientifically accurate and valid content; (2) develop a fact check checklist for use within the framework of the learner's organization; and (3) implement an organization-wide procedure for fact checking medical content across format types.

METHODS: Learners will study examples of content derived from primary references and will be challenged to assess their scientific accuracy. In this case study–based session, examples of practical fact checking procedures and guidance on how to incorporate fact checking into an organizational structure will be outlined.

KEY POINTS: This session will focus on the value of fact checking in the preparation of medical content using a case study design. The key points:
1. Fact checking is a worthwhile part of content validation
2. Educational partners should be responsible for instituting an internal fact check in addition to external review by expert faculty
3. Use of checklists is practical for tracking organizational compliance to fact checking

RECOMMENDED READING: Validation of the Clinical Content of CME: The ACCME Expectations of Providers and of the Accreditation Process. Available at:
http://www.accme.org/dir_docs/doc_upload/55b39478-d56a-440f-97a3-9272bd906785_uploaddocument.pdf.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T23, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/28/10, Jasperwood/3rd

TITLE: Performance Improvement CME Model for the Community Hospital

COMPETENCY: 3.4 – Promote continuous improvement and performance measurement as skills for physicians during educational interventions.

PRINCIPAL PRESENTER: Karen Bazzetta, MEd
Waukesha Memorial Hospital, 262/928-2245, karen.bazzetta@phci.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Madelyn Sieraski, MD
Prohealth Care Medical Associates, 262/513-7555, madelyn.sieraski@phci.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: Hospitals and Health Systems

OBJECTIVES: At the completion of this session, participants should be able to
1. Describe needs assessment and planning stages of a PI CME unique to a community hospital program.
2. Define necessary elements of a PI CME leadership team.
3. Describe an example of a PI CME program through Stages A, B and C as it looks for a community hospital.
4. Define successes and barriers to a PI CME program as they relate to a community hospital approach.

METHODS: Presenters will guide learners through the development and implementation of a directly sponsored PI CME program at a community hospital. A combination of a presentation, discussion, and actual data will allow for participants to create a framework of a model for PI CME in the community hospital environment.

KEY POINTS: PI CME projects as tools to integrate CME and health care quality are growing. Several model projects have been presented and published from larger and teaching organizations or through joint sponsorship with such partners. To attempt such intersection of QI and CME at the community hospital level is somewhat novel, and carries its own unique challenges and rewards. This session provides a PI CME model attempted at a community hospital through a sepsis improvement project in the Emergency Department. This presentation and discussion will include how the PI CME leadership team was assembled, what barriers were overcome, what novel educational tools were created, and what unique circumstances

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T24, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/28/10, Grand Salon C/1st

TITLE: 4i–Acute Coronary Syndrome (ACS): Creating Programs to Link Data to Performance

COMPETENCY: 3.6 – Provide measurement tools and utilize reliable data to enable physician-learners to compare present levels of performance with optimum performance.

PRINCIPAL PRESENTER: Ron Murray, EdD
University of Virginia School of Medicine, 434/982-3687, rtm7a@virginia.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Ladislava Carr, PhD
University of Virginia School of Medicine, 434/982-3687, ladicarr@virginia.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Martin Robert, PhD
HIT Global Consulting Services Inc., 514/932-3232, martin.robert@hit-global.com
DISCLOSURE: Does have an interest in selling a technology, product, and/or service to CME professionals.

CO-PRESENTER: Stephanie Bedasse, BSc
HIT Global Consulting Services Inc., 514/932-3232, stephanie.bedasse@hit-global.com
DISCLOSURE: Does have an interest in selling a technology, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this presentation, participants should be able to:
1. Discuss the use of chart reviews as a needs assessment method for CME development.
2. Describe the role of online platforms for data capture in Practice Improvement Programs (PIPs).
3. Recognize the value of comparing individual physician data with those of their peers and recommendations from the latest guidelines.

METHODS: Didactic presentation with group discussion.

KEY POINTS: The 4i–ACS Program facilitates the self-identification of care gaps in physicians' current management of patients with acute coronary syndrome (ACS). Using participant chart reviews as a method of gathering needs assessment data, CME activities and practice improvement tools are developed to enable physicians to address their care gaps. After creating and implementing practice improvement plans, physicians who participate in the CME activity then complete a prospective chart review to measure practice improvement. The purpose of this presentation will be to discuss methods for capturing and applying data in PIPs through peer and guideline recommendation comparisons.

FINANCIAL OR IN-KIND SUPPORT: Unrestricted educational grant from Bristol-Myers Squibb and sanofi-aventis.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T25, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/28/10, Grand Salon D/1st

TITLE: The ABC's of PI CME

COMPETENCY: 5.1 – Identify and collaborate with critical internal partners, including the quality improvement unit, performance improvement unit, the library, patients, and other related units, to accomplish the CME mission.

PRINCIPAL PRESENTER: Stacy Hess, MD
Penn State Milton S. Hershey Medical Center, 717/531-8521, pager 1067, shess@hmc.psu.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Luanne Thorndyke, MD
Penn State College of Medicine, 717/531-1101, lthorndyke@hmc.psu.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Patty Linton
Penn State College of Medicine, 717/531-6494, plinton@hmc.psu.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to:
1. Identify practical steps and considerations in initiating a PI program
2. Describe the importance of utilizing a team approach and identifying potential key team members
3. Describe the value of aligning with organizational priorities
4. Identify strategies to promote the concepts of PI CME within your organization

METHODS: Team members guide learners through a PI program development plan, a combination of a didactic presentation, small group discussion, and an application exercise.

KEY POINTS: PI CME is emerging as a potential bridge between physician knowledge and its application in an effort to create a culture of both self-improvement and improved patient care. After a short presentation, team members will guide learners through a PI CME development plan using a step-wise process to allow beginners to develop and implement a new CME initiative. In this workshop we hope to provide information and tools to assist CME professionals to develop competence focusing on partnering and team-building skills.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T26, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/28/10, Magnolia/3rd

TITLE: Effective Collaboration among Diverse Communities of Practice to Address a National Health Priority

COMPETENCY: 5.2 – Identify and collaborate with external partners that enhance effective CME activities.

PRINCIPAL PRESENTER: Theodore Bruno, MD
The France Foundation, 860/598-2274, tbruno@francefoundation.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Sean Conlan, BA
The France Foundation, 860/598-2314, sean@francefoundation.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Lois Colburn
University of Nebraska Medical Center, 402/559-2824, lcolburn@unmc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: After attending this session, participants should be able to:
1. Describe the criteria needed for compatible collaborators that can lead to a successful partnership.
2. Outline the basis for using a multi-level collaboration to improve physician competency and performance;
3. Describe the educational outcomes of learners from multiple disciplines involved in a collaboration focused on educational activities to improve immunization rates.

METHODS: This session will describe criteria for choosing collaborators and to outline the basis for a multi-level collaboration. It will describe a case study surrounding education to improve immunization rates across a multidisciplinary group of learners. There will be time for an interactive question and discussion session.

KEY POINTS: Collaborations have become increasingly important to improve the success of CME initiatives. However the benefits gained depends upon the contribution of each collaborator. The ACCME's updated accreditation criteria encourage providers to build bridges with other stakeholders through collaboration and cooperation to improve the overall impact of the CME activity and to improve in closing the quality gaps that exist. Through the utilization of a case study, the PROTECT immunization CME initiative; the presenters will demonstrate the effectiveness of a multi-level collaboration on improving clinician competency and performance regarding immunization rates.

RECOMMENDED READING: Leadership. Learning, and Change Within the ACCME System: CME as a Bridge to Quality. ACCME 2008 available at:
http://www.accme.org/dir_docs/doc_upload/e2843247-7cae-40fe-a0eb-27a982b8fcc0_uploaddocument.pdf.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T27, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/28/10, Ascot/Newberry/3rd

TITLE: Affecting Change through Relationship-building and Engaging with the Healthcare Environment

COMPETENCY: 5.3 – Collaborate and build relationships that support educational improvements for the patient, the physician, and the organization in which the physician works.

PRINCIPAL PRESENTER: Stephen Farber
NORCAL Mutual Insurance Company, 415/397-9700, sfarber@norcalmutual.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jo Townson
NORCAL Mutual Insurance Company, 415/397-9700, jtownson@norcalmutual.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session participants should be able to: (1) explain how a CME joint sponsorship can be planned to effectuate change on multiple intersecting levels (i.e. physician behavior, systems change, patient outcome); and (2) document joint sponsorship planning to demonstrate compliance with ACCME Updated Criteria, particularly Criteria 16-22.

METHODS: Using case study, presentation and discussion, learners will be guided through a phased, multiple-format collaborative project.

KEY POINTS: As CME aligns with the safety and quality movements, lessons from a medical malpractice insurance environment prove valuable to the planning of collaborative educational and non-educational interventions. This presentation explores one such collaboration to demonstrate how gap analysis can support numerous intervention types to change physician behavior, overcome barriers on the system level, and improve patient outcomes. Conclusions from this case study demonstrate that CME in silos are a "thing of the past; however, collaborative, multiple-format, phased interventions create meaningful change, meet compliance criteria (especially C16-22), and situate CME at the core of healthcare improvement.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T28, Breakout (Cancelled)

EDUCATIONAL FORMAT: T29, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/28/10, Oak Alley/3rd

TITLE: Lining-up Your CME Ducks in a Row: The Functioning CME Committee

COMPETENCY: 7.4 – Facilitate the work of educational committees to achieve CME program goals.

PRINCIPAL PRESENTER: Elizabeth Paczolt, MD
Medical Society of New Jersey, 609/896-1766, drbeth@bellatlantic.net
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Emmanuel Ashong, MD
Medical Society of New Jersey, 609/896-1766, ashongf@lourdesnet.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Karen Thomas, CCMEP
The Institute for Continuing Healthcare Education, 215/446-8088, kthomas@iche.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Ruth Zarzycki
Medical Society of New Jersey, 609/896-1766, rzarzycki@msnj.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) establish a standard for a functioning, efficient, and economical CME committee; (2) develop a standard, basic agenda for a CME committee meeting and for planning of CME activities that can be modified to best reflect individual provider needs, and (3) identify best practices for enhanced communication between committee members, providers, and the planning team, including enhanced compliance with ACCME criteria and standards for commercial support.

METHODS: The presenters will assist learners in identifying key qualities of a functioning CME committee by guiding them through an interactive exercise that will focus on creating a basic and standard agenda for committee meetings that will assist in educational planning and in communication and compliance with appropriate criteria and standards.

KEY POINTS: A difficult issue confronting many accredited providers is both establishing and maintaining a functioning CME committee, as members usually have significant limits on the time and effort they can devote to the committee. As a result, the CME program can often become decentralized with different departments or planners managing activities in different ways, which may lead to noncompliance with required criteria and standards. This activity will focus on methods to improve the efficiency and economy of the CME committee in having effective meetings, planning CME activities, and maintaining compliance, including creating a usable meeting agenda and planning form to streamline committee processes.

RECOMMENDED READING: Rosof AB, Felch WC. Continuing Medical Education: A Primer. 1992.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T30, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/28/10, Belle Chasse/3rd

TITLE: Professional Development for Faculty: Getting Your Experts on Board

COMPETENCY: 8.2 – Continually improve educational performance of the CME program through professional development.

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: 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: Jackie Massey
American College of Cardiology, 202/375-6000, jmassey@acc.org
DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of the session, participants should be able to: (1) identify professional development needs of their expert contributors in the areas of adult learning, instructional design, and presentations skills; (2) apply to their own setting information presented about a specialty society professional development program for expert contributors, and (3) state the value to achieving the desired outcomes for their own CME activities through the informed participation of their expert contributors.

METHODS: A professional development program will be described, including its needs-based design, outcomes, and relationship to continuing engagement with a CME program.

KEY POINTS: Changing ACCME requirements are driving an increased need for faculty development. A national specialty society has developed an evolving faculty development program for emerging and established expert contributors. The core competencies enhanced through this program include principles of instructional design and physician learning, presentation skills, design of instructional interventions, and writing robust single-best answer self assessment questions. The program features hands-on training with simulated exercises and videotaped/critiqued presentations.

RECOMMENDED READING: Green, J. and de Boer, P. AO Principles of Teaching and Learning. Switzerland: AO Publishing, 2005.

FINANCIAL OR IN-KIND SUPPORT: Partial funding for the 2008 ACC Emerging Faculty Development Program is provided by the Michael Wolk Heart Foundation. Funding for a 2009 faculty development program is provided by grant support from Pfizer, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T31, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/28/10, Melrose/3rd

TITLE: Improving Patient Adherence with Motivational Interviewing: An Innovative and Unique Intervention

COMPETENCY: 2.1 – Use evidence based adult learning principles to guide the practice of CME.

PRINCIPAL PRESENTER: Cynthia Kear, CCMEP
California Academy of Family Physicians, 415/586-6660, ckear@aol.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Steve Casebeer, MBA
Impact Education, LLC, 215/619-8812, steve.casebeer@impactedu.net
DISCLOSURE: Does have an interest in selling a program to CME professionals.

CO-PRESENTER: Alison Kocanda
Takeda Pharmaceuticals North America, Inc., 224/554-6147, akocanda@tpna.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Discuss the philosophy and proven principles of motivational interviewing that practitioners can implement to empower patients to achieve their health goals.
2. Explain how practitioners can apply motivational interviewing techniques in typical practice settings with patients to improve adherence to treatments.
3. Describe methods to improve practitioner competence and performance regarding patient-practitioner communications.
4. Cite level 4 educational outcomes results for programs involving the use of Motivational.

METHODS: Didactic presentations, discussion, and case study examples will be used to achieve the program learning objectives. A discussion forum will be used to address questions and encourage interaction from stakeholders with the CME community.

KEY POINTS: Patient-practitioner communication exemplifies the art and the science of medicine but the challenge of getting patients to follow a mutually accepted change in health-related behavior is daunting. Communication skills are not an inherent part of personality, but skills that can be learned, practiced, and improved. Motivational Interviewing is a collaborative method that elicits from patients their own motivation or reasons for changing behavior. Motivational Interviewing based health coaching embraces methodology that is evidence-based and involves a discrete skill set of the provider and entire care team that can be objectively coded and measured.

RECOMMENDED READING:
1. Butterworth S., Linden A., McClay W. Health Coaching as an Intervention in Health Management Programs. Dis Manage Health Outc. 2007. 15(5).
2. Prochaska, J.O., Butterworth, S., Redding, C.A., et al. (2008). Initial Efficacy of MI, TTM Tailoring and HRI's with Multiple Behaviors for Employee Health Promotion. Preventive Medicine, 46, 226-31.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T32, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/28/10, Elmwood/3rd

TITLE: Utilization of Secondary Data to Design Tailored Education: A Case Study in Parkinson's Disease for Family Physicians

COMPETENCY: 2.2 – Identify physician learning needs using data, especially clinical practice data.

PRINCIPAL PRESENTER: Theresa Barrett, MS
New Jersey Academy of Family Physicians, 609/394-1711, tjb@njafp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Cari Miller
New Jersey Academy of Family Physicians, 609/394-1711, cari@njafp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Matt Lewis, MPA
Outcomes, Inc., 205/259-1500, matt.lewis@ceoutcomes.com
DISCLOSURE: Does have an interest in selling a product to CME professionals.

CO-PRESENTER: Nancy Roepke, MBA
Outcomes, Inc., 205/259-1500, nancy.roepke@ceoutcomes.com
DISCLOSURE: Does have an interest in selling a product to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Recognize the value of utilizing multiple streams of data to triangulate valid clinician learning needs
2. Determine which contexts are appropriate for the use of geographic information system analysis
3. Define segmentation and utilize customized or tailored approaches to the design of educational interventions
4. Implement an evidence-based evaluation methodology to determine the impact of a complex program

METHODS: The presenters intend to utilize the following instructional methods in this educational session: (1) lecturette; (2) case study; (3) handout, and (4) panel.

KEY POINTS: To implement a multifaceted intervention, geographic information was used to identify location of intended learners. This geographic information included population % over 65 years old, concentration of neurologists and Parkinson's Disease Centers of Excellence. A multifaceted educational opportunity was developed which included enduring material, a face-to face learning session and an online decision-driven educational tool. A baseline assessment was implemented to measure existing performance gaps. A follow-up case based survey was implemented to measure improvement in knowledge over baseline and effectiveness of multiple exposures to the educational content.

RECOMMENDED READING:
1. Norman, C. and Huerta, T. (2006) Knowledge transfer and exchange through social networks: building foundations for a community of practice within tobacco control. Implementation Science (1)20
2. Legler, J. et al. (2002, August). Predicting patterns of Mammography use: A Geographic Perspective on National Needs for Intervention Research. Health Services Res

FINANCIAL OR IN-KIND SUPPORT: This educational intervention was supported by an educational grant from Boehringer Ingelheim Pharmaceuticals, Inc.

EDUCATIONAL FORMAT: T33, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/28/10, Belle Chasse/3rd

TITLE: Implementation of Small Group Discussions in CME Activities

COMPETENCY: 2.6 – Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

PRINCIPAL PRESENTER: Angela Faulhaber, RN
AO North America, 610/993-5127, faulhaber.angela@aona.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Alexa Hawley, MEd
AO North America, 610/993-5115, hawley.alexa@aona.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-Beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Identify skills for effectively conducting small group discussions
2. Recognize key external factors influencing the interaction of small group discussion for a positive result
3. Integrate small group discussions into already existing educational programs

METHODS: AO North America Continuing Medical Education Department will guide participants by a combination of presentation, discussion and case examples on how to integrate small group discussions into CME activities.

KEY POINTS: Integrating small group discussion (SGD), allows learners to build on newly gained knowledge. SGD will provide the opportunity to reflect on what is learned, helping to improve judgment and decision-making. Conducting SGD takes skill to achieve the predetermined expected results. Along with the skill set, identifying and understanding external factors may influence the outcome of the discussions. Once skills are identified and a favorable environment is established, moderators that follow certain steps will ensure a seamless transition from lectures to discussion when integrating them into existing programs.

RECOMMENDED READING: Green, J. et al. AO Principles of Teaching and Learning, 2005.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T34, Breakout (Cancelled)

EDUCATIONAL FORMAT: T35, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/28/10, Grand Salon B/1st

TITLE: One Size Does Not Fit All:
Comparing Performance Improvement Activities in Smoking Cessation

COMPETENCY: 3.6 – Provide measurement tools and utilize reliable data to enable physician-learners to compare present levels of performance with optimum performance.

PRINCIPAL PRESENTER: Elizabeth Mullikin, MS
University of WI School of Medicine and Public Health, 608/240-6003, eamullikin@wisc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Shelly Rodrigues, CAE
California Academy of Family Physicians, 415/345-8667, srodrigues@familydocs.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Mary Ales, BA
Interstate Postgraduate Medical Association, 608/237-7331, males@ipmameded.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Mike Speight, BS
Iowa Foundation for Medical Care, 515/440-8251, mspeight@ifmc.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Compare and contrast different methodologies of performance improvement
2. Identify best practices of PI projects while avoiding pitfalls
3. Evaluate results from 4 different PI methodologies using the same clinical measures
4. Effectively plan for your PI activity

METHODS: Panelists will present challenges and benefits associated 4 separate performance improvement projects and engage learners in comparison of the projects. Results data from the CS2day smoking cessation educational initiative will be shared.

KEY POINTS: Performance improvement CME engages physician learners as they apply quality improvement within their practice setting. Multiple strategies exist for implementing PI-CME requiring varying time, technology, cost, recruitment, schedule challenges and CME office management. Four organizations will share results and challenges encountered using different methods to improve practice surrounding smoking cessation.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T36, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/28/10, Rosedown/3rd

TITLE: Co-management of the Geriatric Fracture Patient

COMPETENCY: 4.2 – Consider a multi-disciplinary focus for needs assessment, educational design, and evaluation, as appropriate.

PRINCIPAL PRESENTER: Stephen Kates, MD
University of Rochester Medical Center, 610/993-5117, Stephen_Kates@URMC.Rochester.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jane Mihelic, MA
AO North America, 610/993-5117, mihelic.jane@aona.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Kimberly Ross-Aguilar, RN
AO North America, 610/993-5122, aguilar.kimberly@aona.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion, participants should be able to:
1. Explain co-managed care of the geriatric fracture patient
2. Discuss challenges and solutions for meeting the educational needs of diverse multi-specialty audiences
3. Identify strategies for selecting appropriate educational formats for multi-specialty audiences
4. Recognize the importance of faculty preparation

METHODS: This session will consist of didactic presentation and an interactive panel discussion to answer participant questions

KEY POINTS: The elderly are the fastest growing segment of the population. Fracture management of this fragile population is changing, especially with frequently encountered osteoporotic fractures. Orthopaedic surgeons, geriatricians, and hospitalists who care for elderly patients with fractures must develop strategies and systems of care to work together to better manage these patients from admission through surgery and discharge.

The evolution of a CME intervention will demonstrate the importance of selecting educational formats, preparing faculty to convey key teaching points, attracting the right audience mix, and changing attitudes in order to impact a significant patient care problem.

RECOMMENDED READING:
1. Green, J. et.al. AO Principles of Teaching and Learning, AO Publishing 2005.
2. Friedman, S.M., et.al Geriatric co-management of proximal femur fractures: total quality management and protocol-driven care result in better outcomes for a frail patient population. J Am Geriatr Soc. 2008 Jul;56(7):1349-56.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T37, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/28/10, Magnolia/3rd

TITLE: Taking Education to the Healthcare Team:
In-situ Simulation in Acute MI Care as a Model for Team-focused CME

COMPETENCY: 4.4 – Enable physicians, or teams, to apply in practice what is learned with limited fear of failure.

PRINCIPAL PRESENTER: Laura Lee Hall, PhD
American College of Cardiology Foundation, 202/375-6420, lhall@acc.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Elizabeth Yarboro, BA
American College of Cardiology Foundation, 202/375-6316, Eyarboro@acc.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) describe the importance of improving teamwork and communication among multi-disciplinary healthcare teams; (2) characterize in-situ simulation's unique approach to education for multi-disciplinary teams; (3) analyze video footage from the ACC's In-situ Medical Simulation Training and Research to Improve D2B Time Among Healthcare Teams project, and (4) discuss the application of in situ simulation approaches to other team-based healthcare scenarios.

METHODS: Through brief presentation, review of video clips from actual simulations, brief video interviews of participating healthcare providers concerning the impact of the educational exercise, and facilitated discussion, learners will review in situ simulation approaches to healthcare team education and performance improvement.

KEY POINTS: Simulation is recognized as a powerful tool in healthcare education, facilitating procedural competency as well as teamwork and communication, which is critical in many healthcare scenarios. Acute myocardial infarction care relies on the rapid functioning of multidisciplinary health care teams, although education has not focused on team functioning to date. Using in situ simulation, we video-recorded healthcare teams treating a patient-actor and computerized simulator, from the ambulance to emergency department and catheterization lab in their own hospital. Post-simulation, providers reviewed the video and discussed areas for improvement, which we measured along with clinical indicators.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T38, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/28/10, Jasperwood/3rd

TITLE: Developing a Model of Care to Discover Systemic Practice Gaps

COMPETENCY: 4.6 – Identify and help modify processes that are barriers to change and the implementation of new knowledge.

PRINCIPAL PRESENTER: Jack 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.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) use qualitative methodologies to develop a model of care for specific health conditions; (2) identify practice gaps based on models of care data, and (3) develop educational interventions that address systemic barriers to better care.

METHODS: The first part will be to describe a model of care study that was conducted at UC for COPD. The methodology and findings will be presented in a didactic format. The second part of the session will be to have the audience develop a methodology to assess the care of another condition.

KEY POINTS: Many of the most serious problems in providing good patient care occur at the interface between the different disciplines involved in patient management. It is important to see health care as a "system" and to examine practice gaps as system failures or system barriers to better care. Educational interventions to improve care at the system level generally focus on better communication and Interprofessional coordination. Developing a model of care is a very valuable tool for identifying practice gaps systems.

RECOMMENDED READING: Institute of Medicine. Crossing the Quality Chasm: A new health system for the 21st century. Washington, DC: National Academy Press; 2001.

FINANCIAL OR IN-KIND SUPPORT: The original Model of Care for COPD project was funded by a grant from BI and Pfizer.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T39, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/28/10, Grand Salon C/1st

TITLE: The Outcomes Gap: Where We Are and Where We Need to Be

COMPETENCY: 7.1 – Document the value of the CME program to its own organization and to the physicians that it serves.

PRINCIPAL PRESENTER: Theresa Vera, PhD
Takeda Pharmaceuticals North America, Inc., 224/554-6192, tvera@tpna.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Christine Beebe, MS
Takeda Pharmaceuticals North America, Inc., 224/554-6035, cbeebe@tpna.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Sean Hayes, PsyD
AXDEV Group, 888/282-9338, hayess@axdevgroup.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Suzanne Murray
AXDEV Group, 888/282-9338, murrays@axdevgroup.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to (1) identify strengths and limitations of current outcomes reports; (2) list strategies to minimize the cumulative opportunity loss that arises from suboptimal outcome reports; and (3) create a plan to enhance outcomes reporting to demonstrate impact of education to relevant stakeholders.

METHODS: A presentation, which incorporates a case study, will inform participants of strategies implemented within the context of one organization. Participant interaction will stimulate debate, address questions and generate additional suggestions from breakout participants.

KEY POINTS: Educational activity evaluation has the potential to provide information regarding the effectiveness of education and to identify further educational needs. However, unless outcomes data is thoroughly analyzed as opposed to simply summarized, the intellectual investment is not fully realized. Retrospective analyses of educational program evaluation and outcomes reports identified a number of areas for improvement as relates to the collection, analysis, reporting, and use of available data. Strategies that have been implemented to minimize the cumulative opportunity loss within one organization will be described.

RECOMMENDED READING: Phillips, J.J. and Stone, R. D. (2002) How to Measure Training Results. McGraw-Hill: New-York.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T40, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/28/10, Grand Salon D/1st

TITLE: Dealing with Bundled Requests for Support

COMPETENCY: 7.4 – Facilitate the work of educational committees to achieve CME program goals.

PRINCIPAL PRESENTER: Kristin Rand, JD
Genentech, 650/225-8333, rand.kristin@gene.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Heidi Chandonnet
Shire, 484/595-8497, hchandonnet@shire.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Pamela Mason, CCMEP
AstraZeneca, 302/885-1325, pamela.mason@astrazeneca.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Recall at least two challenges bundled requests for support can cause for supporters.
2. Explain at least two best practices for minimizing bundled requests.
3. Apply skills acquired to identify bundled requests.
4. Apply best practices to decrease number of bundled requests submitted or received.

METHODS: Mock requests for funding that include multiple areas for support will be discussed. Learners will review requests in small groups and determine how to move forward. Best practices regarding how bundled requests are handled in different organizations, both by providers writing the requests and supporters receiving them, will be shared with the larger group.

KEY POINTS: Providers submit, and commercial supporters receive, requests for support that contain multiple support types including grants and promotional sponsorship opportunities. These bundled requests can result in process and compliance obstacles. Providers and supporters must be aware of the barriers that can arise with bundled requests and identify appropriate actions to minimize these challenges.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T41, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/28/10, Grand Ballroom A-D/1st

TITLE: ACCME's Accreditation Process – Tools and Tips

COMPETENCY: 7.6 – Assure that the CME program is in compliance with the Accreditation Essentials, Elements, and Policies and other regulatory requirements.

PRINCIPAL PRESENTER: David Baldwin, MPA
Accreditation Council for Continuing Medical Education, 312/527-9200, dbaldwin@accme.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: The breakout session will target all ACCME accredited organizations and all CME professionals who are interested in learning about the ACCME accreditation process. 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.

RECOMMENDED READING: See www.accme.org for information and documents related to ACCME's "Accreditation Process".

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T42, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/28/10, Oak Alley/3rd

TITLE: Physician Self-assessment: A CME/CPD Professional Competency

COMPETENCY: 8.1 – Engage in self-assessment, identify gaps in knowledge/practice and design an individual learning plan for ongoing improvement.

PRINCIPAL PRESENTER: Bruce Bellande, PhD
CME Enterprise, 317/846-2690, bruce_bellande@cmeenterprise.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be able to (1) define physician self-assessment, (2) determine the role of physician self-assessment in CME/CPD, (3) describe self-assessment and systems improvement, (4) define the potential barriers to self-assessment, (5) articulate the need for externally determined self-assessment, (6) articulate the methodologies for self-assessment, and (7) link self-assessment to performance improvement CME/CPD.

METHODS: Use competency-based and evidence-based learning and change to define physician self-assessment, describe its role in CME/CPD, present the methodologies for self-assessment, and explain how self-assessment links to performance improvement.

KEY POINTS: Self-assessment in the healthcare industry can be broadly defined as any process of self/external authority-administered examination, metacognitive self-evaluation, or personal reflection in which a healthcare professional assesses his/her own professional competency in terms of technical knowledge, cognitive skills, clinical performance, or relationship to the external healthcare system using evidence-based standards of care, practice guidelines, performance measures, competencies, certification, accreditation, etc., established by the profession, accreditors, or regulators. Self-assessments are executed episodically to address a specific deficiency or performance gap(s).

RECOMMENDED READING:
1. Epstein, RE and Hundert, EM. (2002). Defining and Assessing Professional Competence. JAMA, Vol. 287 (2): 226, 227, 230.
2. Duffy, FD and Holmboe, ES. Self-assessment in lifelong learning and improving performance in practice. JAMA. 2006; 296(6): 1137-1139.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T43, Breakout (Cancelled)

EDUCATIONAL FORMAT: T44, Breakout (Cancelled)

EDUCATIONAL FORMAT: F1, Plenary

TIME/DAY/LOCATION: 8:30 – 9:30 am, Friday, 1/29/10, Grand Ballroom A-D/1st

TITLE: Hot Topics in CME – Critical Issues in Health Care
(Invited Abstract)

COMPETENCY: 6.1 – Provide a vision of present role and future direction for CME and physician role and responsibilities in continued learning.

PRINCIPAL PRESENTER: To be determined

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: This session will provide an overview of the major proposals being undertaken and/or considered for national health care reform. At the completion of this session, participants should be able to: (1) describe the overall objectives of healthcare reform; (2) state one or more facts about changes in universal health care coverage, insurance program expansion, funding/tax incentives, disease management, controlling unnecessary testing/procedures and medical costs, improving physician performance, reducing medical errors, use of technology, etc., and (3) determine new roles for CME relative to reforms and performance improvement.

METHODS: This session will feature a presentation by a leading national authority on health care to provide an overview of health care reform initiatives either being contemplated or in the process of being implemented. The audience will be encouraged to engage in a dialog with the speaker at the end of the presentation to determine the impact healthcare reform will have on CME and physician learners.

KEY POINTS: CME providers work in a dramatically changing health care environment where there will be an increasing demand to improve physician performance and patient outcomes and at the same time to reduce costs and medical errors. Health care reform will be challenging, however at the same time it will provide opportunities for CME providers to engage physicians in PI-CME learning programs. This session will provide all attendees with a greater understanding of health care reform initiatives and how these changes might positively impact CME activities in the future.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F2, Intensive

TIME/DAY/LOCATION: 10:00 am – 12:15 pm, Friday, 1/29/10,
Marlborough A-B/2nd; Prince of Wales/2nd; Cambridge/2nd

TITLE: E-learning Blueprint: Answers to Why, What, Where, When and How Much E-learning in CME

COMPETENCY: 2.6 – Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

PRINCIPAL PRESENTER: Chitra Subramaniam, PhD
American Society for Clinical Pathology, 312/541- 4757, chitra.subramaniam@ascp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Timothy Keenan
The American Society for Clinical Pathology, 312/541- 4757, tim.keenan@ascp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: Medical Specialty Societies

OBJECTIVES: At the completion of this session, participants should be able to
1. Analyze the different e-learning technology and tools available for delivery of education
2. Discuss the need for e-learning and its relationship to performance improvement and meeting member needs
3. Analyze e-learning strategies and best practices
4. Describe instructional design approaches for online learning activities
5. Evaluate rapid production techniques and tools available for the same
6. Discuss learning commerce and return on investment

METHODS: Through lectures, demonstrations, case studies, and examples, presenters will discuss many of the key elements, the best practices, technology, tools and resources available for e-learning. The discussions will apply to all levels providers: those who are making a case for e-learning, and those that already have courses deployed.

KEY POINTS: Besides the flexibility and convenience of anytime, anywhere, anyplace learning that online delivery of education brings to its users, interactivity, high levels of engagement, cost efficiency, and a well organized streamlined approach to map needs to outcomes are some of the advantages that e-learning offers. However, in order to be successful, it is critically important to have a thorough understanding of industry trends, best practices in e-learning, available tools, resources and their application, learning management systems, content management, and other technology based solutions. Join us for this intensive workshop and leave with a higher level of understanding and with tools that you can use.

RECOMMENDED READING:
1. Horton, W., (2000), Designing web based training, John Wiley and Sons.
2. Bersin, J.,(2008), The High Impact Learning Organization, Bersin & Associates.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F3, Mini-plenary

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/29/10, Grand Ballroom A-D/1st

TITLE: Maintenance of Licensure/Certification: Its Effect on CME
(Invited Abstract)

COMPETENCY: 4.6 – Identify and help modify processes that are barriers to change and implementation of new knowledge.
COMPETENCY: 6.1 – Provide a vision of present role and future directions for CME and physician role and responsibilities in continued learning.

PRINCIPAL PRESENTER: Jann Balmer, PhD
University of Virginia, 434/924-5950, jtb9s@virginia.edu
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, 513/558-3196, kuesjr@uc.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:
1. Discuss the latest issues/advances in the CME and healthcare environments that have an impact on the design and delivery of CME
2. Debate the advantages and disadvantages of the current decisions/actions at governmental, regulatory, national and regional level.
3. Describe the trends in maintenance of certification, maintenance of licensure and other related topics that affect physicians and healthcare professional audiences.

METHODS: Interactive discussion with questions and answers.

KEY POINTS: Individuals and organizations involved in supporting, designing and delivering CME need to be aware of the changes in the national and regional environment that affect their work. The CME community also needs to advocate for regulations, processes and measurements in professional education (CME/CE) that foster improvement of performance and patient outcomes.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F4, Curriculum Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/29/10, Grand Salon A/1st

TITLE: Transitions 2: Making Competencies Work for You **(Invited Abstract)**

COMPETENCY: 8.1 – Engage in self-assessment, identify gaps in knowledge/practice and design an individual learning plan for ongoing improvement.
COMPETENCY: 8.3 – Promote professional development for self and staff.

PRINCIPAL PRESENTER: Destry Sulkes, MD
917/504-7607, drdestry@hotmail.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Winnie Brown, MPA
Research Medical Center, 816/276-4467, Winnie.Brown@hcamidwest.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Karen Overstreet, EdD
Wolters Kluwer Health Medical Research, 267/481-0183, karen.overstreet@wolterskluwer.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. Discuss the use of Alliance Competencies as one measure in the self assessment process.
2. Discuss the role of the competencies in helping to develop an individualized learning plan for professional development.

METHODS: Brief overview of the role of self-assessment as a strategy for professional development. Q & A session to facilitate the use of a learning plan for professional development.

KEY POINTS: The Alliance Competencies provide a foundation for professional development and self-assessment. Strategies that incorporate the Alliance Competencies can be used as a framework for professional development.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F5, Curriculum Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/29/10, Grand Salon B/1st

TITLE: Educational Outreach Visits as a Vehicle to Improve Prevention in Primary Care: Lessons Learned

COMPETENCY: 3.4 – Promote continuous improvement and performance measurement as skills for physicians during educational interventions.

PRINCIPAL PRESENTER: Thomas Van Hoof, MD
University of Connecticut, 860/486-0575, tom.vanhoof@uconn.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: Participants will be able to:
1. Describe educational outreach visits as a strategy to change clinician behavior and improve patient outcomes
2. Discuss strategies to overcome common barriers to using educational outreach in private practice primary care offices

METHODS: This breakout session will disseminate findings from a quality improvement study that utilized educational outreach visits as the centerpiece of a multifaceted intervention strategy. The workshop will include opportunities to discuss barriers identified and possible solutions to barriers using this intervention.

KEY POINTS: The study involved the experience of a Quality Improvement Organization (QIO) providing educational outreach to promote use of quality improvement (QI) tools in primary care private practice. Two QIO outreach workers conducted visits. Data were analyzed on physician demographics, visits, and use of QI tools using standard quantitative and qualitative methods. QIO staff frequently encountered difficulty in accessing physicians and administrative staff and reported many barriers to QI. Despite these challenges, outreach visits were associated with adoption of QI tools, and certain physician characteristics were associated with greater numbers of outreach visits and tools adopted.

RECOMMENDED READING: Meehan TP, et al. A Descriptive Study of Educational Outreach to Promote Use of Quality Improvement Tools in Primary Care Private Practice. American Journal of Medical Quality. (in press).

FINANCIAL OR IN-KIND SUPPORT: The analyses upon which this breakout is based were performed under contract number 500-02-CT02, funded by the Centers for Medicare & Medicaid Services, an agency of the US Department of Health and Human Services.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F6, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/29/10, Oak Alley/3rd

TITLE: Achieving a Successful Electronic Meeting:
From Proposal to Evaluation, Including Disclosures

COMPETENCY: 1.2 – Maintain awareness of organizational development practices that improve individual and organizational learning and performance.

PRINCIPAL PRESENTER: Theresa Woike, BS
American Academy of Pediatrics, 847/434-7890, twoike@aap.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Tori Davis
American Academy of Pediatrics, 847/434-7882, tdavis@aap.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: This session will provide the tools to prepare and execute an all electronic meeting whether your meeting is small or large. At the completion of this session, participants should be able to (1) learn pros and cons of using an electronic process for all aspects of their meetings – including disclosures, (2) engage in discussions related to the cost savings vs. efficiency of going electronic with staff and supervisors, and (3) ideas to design, implement and evaluate going electronic.

METHODS: Using presenter/attendee interaction and discussion the presenters will engage the attendees in a discussion of best and worst practices in their attempts to move to an electronic meeting.

KEY POINTS: CME providers and meeting planners continually face problems related to decreasing costs while attempting to maintain or improve the quality of their meetings. This session will provide all attendees with pearls to take with them no matter what size meeting they are involved in planning.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F7, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/29/10, Grand Salon C/1st

TITLE: Elements of a Quality Grant Request: Commercial Supporter Perspectives

COMPETENCY: 2.1 – Use evidence based adult learning principles to guide the practice of CME.

PRINCIPAL PRESENTER: Kristin Rand
Genentech, 650/225-8333, rand.kristin@gene.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Christine Beebe, MS
Takeda Pharmaceuticals, 224/554-6035, cbeebe@tpna.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Bryan King
GlaxoSmithKline, 919/315-3939, bryan.c.king@gsk.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jacqueline Mayhew
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.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Articulate the necessary quality and compliance requirements to apply for an educational grant from industry commercial supporters. (2) Recognize the importance of a valid gap assessment to identify meaningful educational interventions to increase health care provider performance that improves quality of healthcare. (3) Explain the linkage between gap assessment, learning objectives, educational design, and evaluation and outcomes. (4) Identify alternative resources and innovative approaches to partnerships.

METHODS: This session will present an update from several pharmaceutical company education departments, the criteria that are being applied to grant applications today, as well as plans for the future. The session will be practical, and, utilize industry received grants as examples and provide the participants opportunity for small group discussion and interaction.

KEY POINTS: CME activities are evolving from:
1. Relying on didactic, large or small audience lectures
2. Emphasizing knowledge transfer with little focus on implementation
3. Utilizing gratuitous case studies
4. Measuring effectiveness by attendance and satisfaction to Continuing Professional Development/Performance Improvement CME that:
   a. Emphasizes knowledge transfer incorporating Evidence Based Medicine to guide competency development on emerging science and to narrow existing knowledge gaps
   b. Includes Performance Improvement (PI) components to facilitate the translation of knowledge in the practice setting to improve patient outcomes
   c. Focuses on the learner and innovative learning designs

RECOMMENDED READING: Hosansky, T. (2009). Top of the Heap: How to Make Your CME Grant Proposal Stand Out From the Crowd. Medical Meetings, March/April, 29-32.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F8, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/29/10, Jasperwood/3rd

TITLE: Transitioning from Needs Assessment to Practice Gaps

COMPETENCY: 2.2 – Identify physician learning needs using data, especially clinical practice data.

PRINCIPAL PRESENTER: Christine Presta
American Academy of Dermatology, 847/240-1698, cpresta@aad.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Rebecca DeVivo, MPH
American Society for Gastrointestinal Endoscopy, 630/570-5634, rdevivo@asge.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Define the difference between needs assessment and practice gap.
2. Identify evidence-based sources to gather practice gap data.
3. Develop tools to collect practice gap data from learners and experts.

METHODS: Case-based examples will be used to facilitate an interactive group discussion.

KEY POINTS: ACCME now requires that providers incorporate into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their learners. Using an interactive format, this breakout will focus on how to transition from traditional needs assessment to the identification of practice gaps. Examples of assessment tools will be provided to participants.

RECOMMENDED READING: ACCME Essential Areas and Elements (www.accme.org).

PARTICIPANT NOTE SPACE:

TITLE: Experiential CME: Moving Hearts and Minds

COMPETENCY: 2.6 – Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

PRINCIPAL PRESENTER: Debra Bryan, MEd
HealthPartners Institute for Medical Education, 952/883-6904, debra.j.bryan@healthpartners.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Carl Patow, MD
HealthPartners Institute for Medical Education, 952/883-7185, carl.a.patow@healthpartners.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants will: (1) identify the most effective educational methods to change physician attitudes, beliefs and behaviors; (2) describe the use of patients' narratives as an effective means for participants to acknowledge, absorb, interpret and act on the stories of others, and (3) describe the importance of eliciting (or building) participants' self awareness, curiosity, imagination, and empathy and the relationship of these qualities to excellent patient care.

METHODS: This presentation will demonstrate a variety of interactive learning techniques that best achieve affective, attitudinal objectives in CME. Exercises and examples will demonstrate a range of experiential learning formats.

KEY POINTS: CME is often presented in a lecture and PowerPoint format. Lectures have advantages in transferring information and are low cost, but they are ineffective in changing attitudes and behaviors. CME professionals play an important role in assisting physicians in gaining awareness of how attitudes and beliefs affect patient care. For example, listening to patient narratives can heighten physician's awareness and sensitivities to issues of disparity, barriers to care and life experiences. This type of learning is experienced in one's heart, not just the mind. Creating imaginative learning environments using experiential CME can lead to empathy, compassion and ultimately, to better patient care.

RECOMMENDED READING: Curriculum Development for Medical Education – A Six Step Approach by David Kern, MD., MPH et al. and Theory U by C. Otto Scharmer.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F10, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/29/10, Melrose/3rd

TITLE: Education Outcome Assessment for Regularly Scheduled Series (RSS)

COMPETENCY: 3.2 – Use measurement data to assess outcomes/results of the learning intervention as a basis for determining future learning needs and for determining the application of the educational knowledge and skills.

PRINCIPAL PRESENTER: Jason Olivieri, MPH
Nemours Children's Clinic, 904/697-3877, jolivier@nemours.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Karen Bidus, MBA
Alfred I. duPont Hospital for Children, 302/651-6752, kbidus@nemours.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Pamela Arn, MD
Nemours Children's Clinic, 904/390-3586, parn@nemours.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to implement an evaluation approach to capture participant satisfaction and competency outcomes related to participation in RSS.

METHODS: Use didactic lecture to describe: (1) validated instruments for evaluating learner satisfaction with a CME activity, (2) the assessment of learner competence and performance change via the commitment to change method, and (3) a step-by-step protocol for combining these methods into a single evaluation approach.

KEY POINTS: CME providers are required to evaluate their CME activities for impact on learner competence, performance, or patient outcome. However, learner satisfaction data is still an important outcome that can help in identifying the influence of specific components of a given CME activity on higher level outcomes. In that the frequency of RSS and resulting exposure of participants to evaluation can lead to low response rates, an evaluation strategy that combines both satisfaction and competency outcomes into a single evaluation and is distributed online on a quarterly basis can be very effective.

RECOMMENDED READING: Wood TJ, Marks M, Jabbour M. The development of a participant questionnaire to assess continuing medical education presentations. Medical Education 2005;39:568-72.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F11, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/29/10, Belle Chasse/3rd

TITLE: The Process of Developing a Performance Improvement Program in a Medical Specialty Society

COMPETENCY: 3.6 – Provide measurement tools and utilize reliable data to enable physician-learners to compare present levels of performance with optimum performance.

PRINCIPAL PRESENTER: Lauren Patrick, MS
NetHealth LLC, 610/590-2229, lpatrick@nethealthinc.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Michelle Adams
American Academy of Dermatology, 847/240-1693, madams@aad.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: Medical Specialty Societies

OBJECTIVES: At the completion of this session, participants should be able to:
1. Understand the challenges faced when implementing a PI program within a medical society.
2. Understand approaches and processes which lead to better results in a PI program.
3. Understand the continuous process improvement involved in continuing to refine a program based upon feedback.

METHODS: During this breakout session, presenters will present their experience implementing the AAD's Clinical Performance Assessment tool for PI. Data will be presented to document the experience within the program to date. Questions and discussion will be invited.

KEY POINTS: The American Academy of Dermatology undertook a program to develop a Performance Improvement Program for its members and has launched several modules which members are actively using for their Performance Improvement activities. During this implementation, lessons have been learned regarding the implementation and the participants' perceived and actual improvements in practice performance. Presenters will document strategies and results from multiple PI activities in this session.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F12, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/29/10, Magnolia/3rd

TITLE: The Emerging Role of Open Source, Web 2.0 Technologies in Continuing Medical Education: A Case Study

COMPETENCY: 4.6 – Identify and help modify processes that are barriers to change and the implementation of new knowledge.

PRINCIPAL PRESENTER: Jeremy Lundberg, MSSW
DLC Solutions, LLC, 703/593-3641, jlundberg@dlc-solutions.com
DISCLOSURE: Does have an interest in selling a technology to CME professionals.

CO-PRESENTER: Logan Thomison, MS
OptumHealth Education, 212/300-7443, logan.thomison@optumhealtheducation.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Ezra Wolfe, MS
DLC Solutions, LLC, 215/868-5336, ewolfe@dlc-solutions.com
DISCLOSURE: Does have an interest in selling a technology to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Session participants will be able to: (1) explain the definition and emerging role of open source software in CME; (2) explain how open source, Web 2.0 software can reduce costs and streamline administrative processes associated with CME; (3) understand the role of open source software in measuring educational outcomes; and (4) describe how open source software applications can be integrated to create rich, collaborative e-learning environments and peer-to-peer communities of practice.

METHODS: Team members will guide learners through the planning process, production, challenges, benefits, and outcomes associated with creating an open source, Web 2.0 CME platform. A combination of presentation, discussion, and case studies will be used.

KEY POINTS: Today, healthcare organizations are able to integrate open source, Web 2.0 technologies to create rich, collaborative learning environments that facilitate communication, collaboration, and the transfer of knowledge among healthcare professionals. OptumHealth Education and DLC Solutions partnered together to create an innovative Web platform for CME. The platform was designed to: (1) facilitate physician learning through learner-driven communication tools, SCORM-compliant courseware, and live activities; (2) streamline and reduce costs associated with CME program administration and data collection; and (3) conduct education outcomes studies by combining public and proprietary data sources.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F13, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/29/10, Ascot/Newberry/3rd

TITLE: An Electronic Discussion Forum that Supports Developing Cultural and Linguistic CME Content to Improve Patient Care

COMPETENCY: 5.2 – Identify and collaborate with external partners that enhance effective CME activities.

PRINCIPAL PRESENTER: Luis Salazar, CCMEP
Kaiser Permanente Medical Center-Los Angeles, 323/783-1429, luis.r.salazar@kp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Yumi Aikawa, MPH
Institute for Medical Quality, 415/882-5188, yaikawa@imq.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Sheryl Horowitz, PhD
Institute for Medical Quality, 415/882-5178, shorowitz@imq.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Cite the benefits to patient care and CME of a peer-mentored electronic discussion forum focused on supporting inclusion of relevant cultural and linguistic competence (CLC) content in CME activities.
2. Navigate the process of participating in such an electronic discussion forum.
3. Access through partnership new resources for CLC that can enhance CME to achieve patient care improvements.
4. Develop a system to support participants' communities of practice with inclusion of relevant CLC in CME activities.

METHODS: This activity will include a demonstration of the forum, including participant navigation and an overview of participants' and moderators' roles. Actual cases presented on the forum and their resolution will be discussed. Facilitated discussion in this session will exemplify the collaborative, beneficial nature of the forum.

KEY POINTS: The Institute for Medical Quality, a subsidiary of the California Medical Association, implemented a peer-mentored electronic discussion forum to support CME providers' impactful inclusion of CLC in CME. Discussion is moderated by content experts to facilitate participants' sharing of accurate and relevant information. The forum allows active partnership between CME providers from all corners of the state and has served as a foundation to cultivate a sense of community among providers. Through this session, participants will gain a wider view on how CLC can be integrated effectively into CME and resources and methods for partnering when developing CLC content to improve patient care.

RECOMMENDED READING:
1. Shaya, F.T., et al. (2006). The Case for Cultural Competence in Health Professions Education. American Journal of Pharmaceutical Education; Vol. 70(6):124.
2. Betancourt, J.R., et al. (2005). Cultural Competence and Health Care Disparities: Key Perspectives and Trends. Health Affairs, Vol. 24(2):499-505

FINANCIAL OR IN-KIND SUPPORT: The CLC program at the Institute for Medical Quality is funded by the California Endowment.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F14, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/29/10, Fountain/3rd

TITLE: Strategies and Tools for Effective Change Management

COMPETENCY: 6.4 – Promote and support appropriate change as an essential component of an effective CME program.

PRINCIPAL PRESENTER: Debra Gist, MPH
Consultant, 760/331-7775, dgist@debragist.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) describe the principles of change management for individuals and for organizations; (2) delineate the common errors made in change implementation; (3) delineate optimal strategies and tools for managing change, and (4) apply change management principles, strategies, and tools in a case scenario.

METHODS: A combination of presentation, discussion, and case study.

KEY POINTS: A useful framework in approaching change is problem solving, the status quo is no longer working, which represents the problem state, and change efforts represent the processes in moving to a solved state. The world of CME is experiencing more change than at any other time in its existence. This change, paired with the fact that 70% of change efforts in organizations fail, creates a clear path to taking the suggestions and adopting the strategies of change experts in order to optimize the chances of making successful change.

RECOMMENDED READING:
1. Harvard Business Review on Change. Harvard Business School Press, September 1998.
2. Harvard Business Review on Leading through Change. Harvard Business School Press, September 2006.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F15, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/29/10, Grand Salon D/1st

TITLE: Incorporating ACCME's Updated Accreditation Criteria into Daily Practice: A Case-based Primer for CME Professionals

COMPETENCY: 7.6 – Assure that the CME program is in compliance with the Accreditation Essentials, Elements, and Policies and other regulatory requirements.

PRINCIPAL PRESENTER: Ann Lichti, CCMEP
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.

CO-PRESENTER: Karen Thomas, CCMEP
Institute for Continuing Healthcare Education, 215/446-8088, ext. 1104, kthomas@iche.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be better prepared to (1) devise mechanisms for incorporating ACCME's updated accreditation criteria at the CME activity level; (2) develop a plan for documenting the planning, development, implementation, and evaluation of CME activities, and (3) share success stories and real-world lessons learned from ACCME reaccreditation.

METHODS: Didactic presentation, interactive case studies, and panel discussion. A take-home CME documentation tool-kit will be provided that audience participants can adapt and use in their organizations.

KEY POINTS: The Alliance for CME's needs assessment survey has shown that participants of their recent 2009 annual conference seek to learn more about implementing, documenting, and/or complying with ACCME's Updated Accreditation Criteria. This interactive workshop will (1) compare and contrast ACCME's Updated Accreditation Criteria and the Essential Areas and Their Elements to highlight the similarities, and (2) discuss practical approaches to implementing ACCME's Updated Accreditation Criteria at both the overall CME Program level and the CME activity level.

RECOMMENDED READING:
1. Accreditation Council for Continuing Medical Education Updated Accreditation Criteria. http://www.accme.org
2. Lichti AC, Harden N. Updated Criteria Up the Ante. Medical Meetings. June 1, 2008.
3. Lichti AC. Translating Accreditation Council for Continuing Medical Education Criteria for Faculty. Medical Meetings. September 1, 2008.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F16, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/29/10, Rosedown/3rd

TITLE: AMA PRA Credit System Basics

COMPETENCY: 7.6 – Assure that the CME program is in compliance with the Accreditation Essentials, Elements, and Policies and other regulatory requirements.

PRINCIPAL PRESENTER: Jeanette Harmon, MBA
American Medical Association, 312/464-4667, 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: Kevin Heffernan
American Medical Association, 312/464-4637, kevin.heffernan@ama-assn.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be able to (1) explain the requirements of the AMA PRA credit system and why AMA PRA credit is important to physicians, (2) apply the knowledge gained to the process of appropriately designating and awarding AMA PRA credit, and (3) cite resources for further information related to the AMA PRA credit system

METHODS: The session will consist of a didactic presentation, after which the panel will answer participants' questions regarding the AMA PRA credit system.

KEY POINTS: This presentation is designed to give an overview of the AMA PRA credit system and its application in an accredited CME providers' CME program. The session will highlight and clarify policies and issues that are frequently asked by providers.

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: F17, Mini-plenary

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/29/10, Grand Ballroom A-D/1st

TITLE: Using FDA Information and Resources in CME Programming to Enhance Patient Safety **(Invited Abstract)**
(Presentation co-hosted by the Alliance for Continuing Medical Education and the U.S. Food and Drug Administration)

COMPETENCY: 2.2 – Identify physician learning needs using data, especially clinical practice data.
COMPETENCY: 4.1 – Recognize that, when offering learning interventions, CME professionals and the individual physicians they serve are part of a team and the system in which they work

PRINCIPAL PRESENTER: Karen Weiss, MD
Food and Drug Administration, 301/796-1481, Karen.Weiss@FDA.hhs.gov
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Anna Wojas
Food and Drug Administration, 301/827-4460, Anna.Wojas@fda.hhs.gov
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals

CO-PRESENTER: Dale Slavin, PhD
Food and Drug Administration, 301/796-3757, Dale.Slavin@fda.hhs.gov
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals

CO-PRESENTER: Claudia Karwoski
Food and Drug Administration, 301/796-5600, Claudia.Karwoski@fda.hhs.gov
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals

CO-PRESENTER: Destry Sulkes, MD
917/ 504-7607, drdestry@hotmail.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. Describe the breadth and nature of FDA information and resources that can be used to identify needs for patient-safety centered CME activities.
2. Incorporate FDA safety information and MedWatch reports into CME activity development, focusing on educational interventions that use a systems-based approach to safe medication use and patient safety.
3. Develop CME programs that address REMS program requirements.

METHODS: Presentations by FDA staff experts on MedWatch, the "Safe Use" initiative, and REMS programs in the context of how each resource or requirement can be incorporated in developing CME programs that improve patient safety.

KEY POINTS: Learning about and utilizing publicly-available FDA resources and information and integrating these into CME programs, may help direct activity development to urgent educational topics to improve clinicians' performance and improve patient safety, while decreasing misuse of regulated medications.

RECOMMENDED READING:
1. MedWatch: The FDA Safety Information and Adverse Event Reporting Program
   http://www.fda.gov/Safety/MedWatch/default.htm.
2. Postmarket Drug Safety Information for Patients and Providers
   http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/default.htm.
3. Food and Drug Administration Amendments Act (FDAAA) of 2007
   http://www.fda.gov/RegulatoryInformation/Legislation/FederalFoodDrugandCosmeticActFDCAct/SignificantAmendmentstotheFDCAct/FoodandDrugAdministrationAmendmentsActof2007/default.htm.

EDUCATIONAL FORMAT: F18, Curriculum Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/29/10, Grand Salon A/1st

TITLE: Quality Improvement – Learning a Foreign Language
(Invited Abstract)

COMPETENCY: 3.5 – Promote continuous improvement as an administrative skill for the staff of the CME office.

PRINCIPAL PRESENTER: Bob Addleton, EdD
Physicians' Institute for Excellence in Medicine, 678/303-9290, bob@mag.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Mike Speight, BS
Iowa Foundation for Medical Care, 515/440-8251, mspeight@ifmc.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 should be able to:
1. Understand the roles of major organizations involved in healthcare quality improvement.
2. Be able to name and describe the 7 Basic Quality Tools.
3. Understand how CME offices may interact with PI/QI departments in hospitals, QIOs, and national quality improvement organizations.
4. "Speak PI" - have a basic vocabulary; and 5. Develop a road map for "what it takes" to do Performance Improvement CME.

METHODS: The presenters will use a combination of presentation, discussion, and case studies to illustrate the functions of quality improvement organizations.

KEY POINTS: As CME practitioners begin to design and implement performance improvement activities as part of their overall CME program; they need to develop a basic understanding and ability to use the concepts and structures that are familiar to organizations that have been doing quality improvement for years. The structure, language, and tools of quality improvement are well-established but largely unfamiliar to CME professionals.

RECOMMENDED READING: Langley, G., et al. The Improvement Guide. Jossey-Bass: SF, 1996.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F19, Curriculum Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/29/10, Grand Salon B/1st

TITLE: Using CME to Turn a Battleship

COMPETENCY: 4.1 – Recognize that, when offering learning interventions, CME professionals and the individual physicians they serve are part of a team and the system in which they work.

PRINCIPAL PRESENTER: David Price, MD
Kaiser Permanente-Colorado, 303/614-1308, david.price@kp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: George Mejicano, MD
University of Wisconsin School of Medicine & Public Health, 608/240-2204, mejicano@wisc.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 session, participants should be able to utilize at least 3 principles to design and carry out, and position CME interventions to assist practice systems with ongoing improvement efforts.

METHODS: Interactive case based session. Adult & organizational improvement theory will be illustrated through stories of CME design & implementation in large practice systems. Participants share relevant experience in applying these principles and commit to applying learnings in a future CME program.

KEY POINTS: CME professionals can use principles of adult learning theory and organizational improvement models to design CME interventions that can assist practice systems (from large practice systems to small office-based 'microsystems') in improving the processes and outcomes of care delivered to their patients. Application of these principles can also help CME providers develop programs to improve competence, processes and outcomes of care; demonstration of use of these principles can help providers meet ACCME criteria C16-C22 for accreditation with commendation.

RECOMMENDED READING: Price D. Continuing medical education, quality improvement, and transfer of practice. Medical Teacher 2005;27(3): 259-268.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F20, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/29/10, Belle Chasse/3rd

TITLE: Maintenance of Certification (MOC):
Implications and Opportunities for CME Professionals

COMPETENCY: 2.4 – Assist physician-learners to reflect upon present and desired levels of performance and plan the next step in their personal education.

PRINCIPAL PRESENTER: Eric Peterson, EdM
Annenberg Center for Health Sciences at Eisenhower, 760/773-4587, epeterson@annenberg.net
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Philip Dombrowski, MBA
Annenberg Center for Health Sciences at Eisenhower, 760/773-4533, pdombrowski@annenberg.net
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Shelly Rodrigues, CAE
California Academy of Family Physicians, 415/345-8667, srodrigues@familydocs.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session the participant should be able to do the following: (1) describe the ABMS MOC structure and implementation plans of various member boards, (2) identify the potential implications of MOC for physicians in light of current maintenance of licensure and Joint Commission credentialing proposals, (3) identify challenges that physicians face as they cope with MOC, (4) formulate strategies to support physicians in the MOC process, and (5) identify short and long-term implications and opportunities that

METHODS: A combination of presentation and discussion will be used.

KEY POINTS: The ABMS MOC profoundly changes the way that physicians maintain the board certification extending the ACGME competency structure as the means of evaluating the physician's competency throughout his/her career. One of the major changes is that physicians must participate in MOC-related activities throughout their certification period. Coping with the demands of MOC will present specific challenges to certain groups of physicians. Supporting physicians in the MOC process provides CME professionals with both short-term and long-term challenges and opportunities.

RECOMMENDED READING: The American Board of Medical Specialties. ABMS Maintenance of Certification. http://www.abms.org/Maintenance_of_Certification/ABMS_MOC.aspx (accessed March 17, 2009).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F21, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/29/10, Ascot/Newberry/3rd

TITLE: How to Effectively Organize a Hands-on Procedural Educational Session

COMPETENCY: 2.6 – Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

PRINCIPAL PRESENTER: Brian Thompson, MBA
The Society of Thoracic Surgeons, 312/202-5825, bthompson@sts.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this session, participants will be able to: (1) identify the need for procedural education; (2) describe how to implement procedural education in an education program; (3) discuss steps to take to properly organize a hands-on procedural educational session, and (4) identify practice gaps and how to address them in a hands-on procedural educational session.

METHODS: This presentation will combine didactic presentation and case studies to demonstrate the need and value for hands-on procedural education, with the goal to foster discussion between attendees and presenter.

KEY POINTS: There is a need for more hands-on procedural education within the world of Continuing Medical Education (CME). CME providers must evaluate the effectiveness of their current education program to determine if traditional education methods satisfy the needs of their learners. Research suggests that hands-on procedural education leads to improvement in clinical practice when compared against traditional education methods. Providing hands-on procedural education in addition to traditional continuing medical education activities such as didactic symposia, instructional videos and mentoring is likely to improve the physicians' knowledge and ultimately improves patient outcomes.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F22, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/29/10, Melrose/3rd

TITLE: Practical Approaches to Creating Tools for Effective Program Evaluation: Evaluation Forms, Surveys, and Beyond

COMPETENCY: 3.1 – Develop, use and support an effective data management system for educational and administrative purposes.

PRINCIPAL PRESENTER: Eve Wilson, PhD
The Endocrine Society, 301/951-2614, ewilson@endo-society.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Euny Lee, MS
education | outcomes | science, 212/849-7814, elee@health-ny.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: (1) identify survey assessment types and strategies for assessing practice performance gaps, barriers to physician change, and changes in competence and/or performance; (2) craft survey questions that yield reliable, valid, and useful responses for needs assessments and outcomes data; and (3) select standard questions to include in evaluations and follow-up surveys, to provide data for assessing providers' overall CME Program evaluation.

METHODS: Interactive, lecture-based presentations including specific cases, along with opportunities for learner interaction and discussion, will illustrate survey types and strategies; provide practical tips to ensure survey effectiveness; and explain when, how, and why to use these tools.

KEY POINTS: In compliance with the ACCME requirements and to improve the quality of physicians' care, accredited providers must create CME that is designed to improve competence, performance, or patient outcomes. To create effective CME, providers need to be able to gather quality data and provide analysis of gaps in practice performance; barriers to physician change; and changes in competence, performance, or patient outcomes as uniquely tied to participation in an educational intervention. Developing and implementing evaluation and survey tools that consistently ask the right questions at the right times are crucial to these efforts.

RECOMMENDED READING:
1. Schwartz, N., Oyserman, D. Asking questions about behavior: Cognition, communication, and questionnaire construction. American Journal of Evaluation, 2001, 22:127-160.
2. Fowler, F. Survey Research Methods. Thousand Oaks, CA: Sage Publications, 2002.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F23, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/29/10, Elmwood/3rd

TITLE: Measuring Outcomes: A Pilot Outcomes Evaluation Study for Online and Onsite Continuing Medical Education (CME)

COMPETENCY: 3.2 – Use measurement data to assess outcomes/results of the learning intervention as a basis for determining future learning needs and for determining the application of the educational knowledge and skills.

PRINCIPAL PRESENTER: Lisa Fleet, MA
Memorial University, 709/777-4293, lfleet@mun.ca
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Cecilia Mesh
Memorial University, 709/777-8380, cmesh@mun.ca
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Fran Kirby, MEd
Memorial University, 709/777-8381, fkirby@mun.ca
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: To present the results of a pilot outcomes evaluation study identifying health professionals' self-reported changes to clinical practices, as well as patient health outcomes, as a result of their participation in online and onsite CME programs. Breakout session participants will have the opportunity to: (1) increase their knowledge of the research framework used to evaluate CME outcomes; (2) review the pilot findings; and (3) reflect on their experiences with outcomes evaluation.

METHODS: Combination of didactic lecture and group discussion. Pilot study methodology, findings, and conclusions will be presented in detail.

KEY POINTS: One of the goals of accredited CME is to address the educational needs of physicians in order to improve the health care patients receive. Measuring outcomes is one way to determine if this is actually happening. The purpose of this pilot study is to evaluate if and how participants completing accredited programs in two formats (online and onsite) translate what they learn into their practices. The findings of this pilot study will inform the broad implementation of an outcomes evaluation strategy across all program offerings.

RECOMMENDED READING: Goodrich A, Seligman M. Use of uniform outcomes methodologies to measure clinical impact of large-scale CME initiatives. CE Measure 2006;1(1):2-10.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F24, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/29/10, Oak Alley/3rd

TITLE: Constructing and Using Multifaceted Needs Assessments

COMPETENCY: 4.1 – Recognize that, when offering learning interventions, CME professionals and the individual physicians they serve are part of a team and the system in which they work.

PRINCIPAL PRESENTER: Christopher 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: 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: Jack Kues, PhD
University of Cincinnati Academic Health Center, 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.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) evaluate the components in a multifaceted needs assessment; (2) develop educational interventions for known gaps; (3) link needs to outcomes through appropriate educational interventions, and (4) develop a strategy for data collection identifying various stakeholders to include knowledge gaps as well as, system and personal barriers to change.

METHODS: In a case study format, learners will examine the literature on systems thinking the methodology to accomplish a multifaceted needs assessment and the application of a needs assessment in program design. The need for stakeholder input into the process will be emphasized.

KEY POINTS: Simply combing literature for a needs assessment is ineffective for developing strategies to address specific gaps in knowledge and physician behavior as defined by ACGME competencies. CME professionals must recognize not only where practice strays from best evidence but also why these variances exist. Only by taking into account the system in which healthcare providers practice is effective educational programming developed. Using a case study in chronic pain learners will concentrate on developing strategies for a validated needs assessment and application of the needs assessment in activity design.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F25, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/29/10, Rosedown/3rd

TITLE: Engaging the Medical Staff: A Year Long Focus on Health Care Disparities

COMPETENCY: 5.1 – Identify and collaborate with critical internal partners, including the quality improvement unit, performance improvement unit, the library, patients, and other related units, to accomplish the CME mission.

PRINCIPAL PRESENTER: Jay Williamson, MD
Summa Health System, 330/375-3107, jcw@neoucom.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Mary Starbuck, BA
Summa Health System, 330/375-3107, starbucm@summa-health.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Sally Missimi, PhD
Summa Health System, 330/375-3107, missimis@summa-health.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to:
1. Describe a process to engage the medical staff with internal stakeholders
2. Explain the link between a key hospital initiative and CME
3. Outline a process to describe a key identified need area and link this area to necessary resources to lead to an important patient care initiative

METHODS: Presenters will define the process by which physician input and engagement were obtained, discuss identification and utilization of stakeholders to provide required data for gap identification, and demonstrate a timeline for producing programs to address the identified gap and establish the process for measuring the outcome of education.

KEY POINTS: CME organizations continue to be challenged with responsibilities of educating and engaging the medical staff in the updated criteria. Group leaders will discuss a process one hospital implemented to gather medical staff input and educate key CME leaders about the new criteria. After gathering this input, a key area of need, health care disparities, was identified and necessary resources (quality/performance improvement, medical education, library, insurance plan) were engaged to develop a robust plan for developing links with internal stakeholders.

RECOMMENDED READING: Nahwrold, D. Continuing Medical Education Reform for Competency-Based Education and Assessment. The Journal of Continuing Education in the Health Professions. 2005: 25. pp. 168-73.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F26, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/29/10, Jasperwood/3rd

TITLE: To Collaborate or Not to Collaborate, That Is the Question:
Practical Considerations for CME/CE Coordination

COMPETENCY: 5.2 – Identify and collaborate with external partners that enhance effective CME activities.

PRINCIPAL PRESENTER: Jennifer Pitts, MA
The American College of Chest Physicians, 847/498-8373, jpitts@chestnet.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: JoEllen Wynne, MSN
The American Academy of Nurse Practitioners, 512/442-4262, jwynne@aanp.org.
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the end of this session attendees will be able to:
1. Differentiate between informal vs. formal methods of collaboration and true collaboration and "pseudo collaboration".
2. Identify key aspects of how collaborative relationships impact the accreditations process.
3. Discuss opportunities where collaborations may be appropriate to enhance your educational opportunity.
4. Recognize the relationship between multi disciplinary collaboration in CME/CE and positive patient outcomes.

METHODS: This session will utilize case studies and interactive group discussion to illustrate how successful collaborative partnerships can be utilized in creative ways at all stages of the CME/CE process from program design through evaluation.

KEY POINTS: In the current CME/CE environment organizations are receiving more and more pressure to collaborate with various types of external partners to ensure program success, as well as measure program impact on patient outcomes. The practical question is how do these issues affect your planning and budget process and your ability to demonstrate ROI? This session will explore practical considerations of these collaborative relationships at all stages of planning live CME/CE activities including sponsorship, course design and development, implementation, evaluation and planning for performance improvement. It will highlight how the American College of Chest Physicians and the American Academy of Nurse Practitioners successfully collaborated on a number of projects to the benefit of both organizations. Discussion will include review of benefits of organizational collaboration to association members as well as the patient populations they serve. This session will also explore more informal ways to encourage collaboration within your own membership and highlight internal resources to enhance the educational experience for the attendees.

RECOMMENDED READING:
1. The Accreditation Council for Continuing Medical Education. "CME as a Bridge to Quality" Updated Accreditation Criteria, September 2006.
2. Committee on Healthcare in American, Institute of Medicine. "Crossing the Quality Chasm: A New Health System for the 21st Century" Executive Summary, 2001.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F27, **Breakout**

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/29/10, Grand Salon C/1st

TITLE: Implementing a CME Compliance Program to Meet Current and On-going Regulatory Issues in the CME Community

COMPETENCY: 7.6 – Assure that the CME program is in compliance with the Accreditation Essentials, Elements, and Policies and other regulatory requirements.

PRINCIPAL PRESENTER: Kristin Fludder, BS
Pri-Med Institute, 617/406-4253, kfludder@pri-medinstitute.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Marissa Seligman, PharmD
Pri-Med 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.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: Preparing your CME office to meet on-going regulatory requirements issued by the various accrediting bodies, the OIG, State regulators, and the pharma industry is key to ensuring you will meet the new challenges placed on your CME office. In this workshop, we will discuss the basics of implementing a compliance program including creating a compliance committee, assigning a designated person in your office as a central compliance resource, developing policies and procedures, and establishing standards of practice.

METHODS: Given the ongoing regulatory challenges facing the CME Provider, attendees will: (1) review current regulatory issues; (2) discuss how these affect the CME office staff, faculty, and other collaborators, and (3) develop specific strategies to ensure your office meets the required protocols of the various regulatory bodies.

KEY POINTS: Review of the current regulatory issues effecting the CME provider; strategies for ensuring your CME office is prepared to meet the current regulations; establishing standards of practice for CME staff, faculty, and collaborators

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F28, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/29/10, Grand Salon D/1st

TITLE: Low (or No) Cost Approaches for CME Office Automation

COMPETENCY: 7.7 – Apply effective management skills including problem solving, communication and interpersonal skills, performance management, delegation and supervision, and organizational development.

PRINCIPAL PRESENTER: Brad Halvorsen, MA
The University of Utah School of Medicine, 801/585-6120, brad.halvorsen@hsc.utah.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Renae Hanson
The University of Utah School of Medicine, 801/581-8664, renae.hanson@hsc.utah.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jerrald Roberts
The University of Utah School of Medicine, 801/581-6886, jerrald.roberts@hsc.utah.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jack Dolcourt, MD
The University of Utah School of Medicine, 801/581-6887, jack.dolcourt@hsc.utah.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Utilize the built-in capabilities of Microsoft Outlook to automate the sorting and filing of e-mailed RSS performance in practice documentation into customized mailboxes. (2)Use planning and disclosure templates for electronic submission of CME activity documentation. (3) Be aware of benefits and pitfalls to automation. (4) Use free or low cost software to produce instructional web-based video clips that answer the CME office's frequently asked questions (FAQs).
(5) Operate the CME office more efficiently.

METHODS: CME office personnel will describe the process of automation, demonstrate examples and show video clips that address frequently asked questions (FAQs).

KEY POINTS: CME offices are expected to do more while using less staff resources. Concurrent monitoring of RSSs can greatly impact the office workload. Automation can reduce the workload for collecting and filing RSS performance in practice documentation, while still allowing staff to perform their monitoring responsibilities in a timely manner. We will demonstrate how Microsoft Office (Outlook, PowerPoint, Media Player) can accomplish this automation using decision rules and customized mailboxes, and demonstrate how you can create instructional videos that can be placed on the website for answering operational or compliance FAQs.

RECOMMENDED READING:
1. ACCME accreditation criteria; How to do Everything, Adobe Acrobat 9, Doug Sahlin, McGraw-Hill, September 2008.
2. Adobe Acrobat 9 PDF Bible, Ted Padova, Wiley Publishing, Inc., November 2008.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F29, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/29/10, Magnolia/3rd

TITLE: Practicing What We Preach:
Tools for Getting Serious About Our Own CPD

COMPETENCY: 8.3 – Promote professional development for self and staff.

PRINCIPAL PRESENTER: Heather Flynn, BS
CME Enterprise, 317/846-2895, heather_flynn@cmeenterprise.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Sheila Robertson, MPH
CME Enterprise, 317/846-2881, sheila_robertson@cmeenterprise.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Richard Thielen, PhD
CME Enterprise, 317/846-2875, richard_thielen@cmeenterprise.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) adapt the CME Professional Competencies Self-Assessment for use as a staff needs- assessment tool; (2) create a timeline for developing a staff continuing professional development (CPD) program; (3) describe approaches to establishing a curriculum framework, including possible resources and interventions, to use in their CPD program, and (4) describe ways to overcome common barriers to implementing a staff CPD program.

METHODS: Presenters will use lecture and visual aids to demonstrate their use of the Alliance Self-Assessment in developing a comprehensive staff CPD program. Details of their program's effectiveness to date will be shared, and discussion will elicit best practices and ways to overcome barriers to implementing such a program.

KEY POINTS: With today's challenges facing CME providers, the sense of urgency is at its highest for developing and maintaining competent, credible CME professionals committed to lifelong learning as the foundation for the development and delivery of effective CME that improves the public's health. This session will provide learners with practical methods and tools for implementing a competency-based staff CPD program, grounded in the application of common CME activity planning principles. Topics will include staff needs assessment/gap analysis, curriculum framework for organization-wide and department-level needs, resource and intervention catalogues, and tracking/metrics systems.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F30, Intensive

TIME/DAY/LOCATION: 1:30 – 5:00 pm, Friday, 1/29/10, Marlborough A-B/2nd; Prince of Wales/2nd; Cambridge/2nd

TITLE: Partners for Improved Patient Care: Practical Strategies Linking Education and Quality Improvement

COMPETENCY: 5.1 – Identify and collaborate with critical internal partners, including the quality improvement unit, performance improvement unit, the library, patients, and other related units, to accomplish the CME mission.

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: Laura Lee Hall, PhD
American College of Cardiology, 202/375-6420, lhall@acc.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Cathlin Bowman, MBA
American College of Cardiology, 202/375-6327, cbowman@acc.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Kristi Mitchell, MPH
American College of Cardiology, 202/375-6356, kmitchel@acc.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) define key elements of educational (PI-CME, MOC programs, lifelong learning) and quality improvement (QI) initiatives; (2) compare and contrast aspects of education and QI activities; (3) identify ways registries and QI initiatives can be integrated with educational activities from planning and needs assessment through outcome measurement, and (4) consider options for bridging barriers between education and QI initiatives.

METHODS: ACC leaders in the Professional Development & Education and Science & Quality divisions, through brief presentations, case studies, discussion, and small group exercises, will describe the integration of specific educational initiatives with QI databases and activities, from planning through assessment.

KEY POINTS: ACC has pioneered many innovative, evidence-based educational activities, registries and QI initiatives, including PI-CME, MOC, the Lifelong Learning, practice guidelines, performance measures, appropriateness criteria, the D2B Alliance, and NCDR™ registries. Although divergent in significant ways (e.g., governance, funding mechanisms, and professional expertise), recent educational initiatives have identified common ground between education and quality activities. This intensive session will focus on challenges to integrating educational and QI-activities and the powerful result of collaboration, from planning approaches to applying registry data to needs assessment and outcome measures.

RECOMMENDED READING: Moore DE, Green JS and Gallis HA, Achieving Desired Results and Improved Outcomes: Integrating Planning and Assessment Throughout Learning Activities, Journal of Continuing Education in the Health Professions, 29(1):1-14, 2009.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F31, Mini-plenary

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/29/10, Grand Ballroom A-D/1st

TITLE: Translating What You Do into What You Write in Your Self-Study for ACCME Accreditation **(Invited Abstract)**

COMPETENCY: 7.6 – Assure that the CME program is in compliance with the Accreditation Essentials, Elements, and Policies and other regulatory requirements.

PRINCIPAL PRESENTER: Mark Schaffer, EdM (Moderator)
SciMed, 646/416-5167, mschaffer@scimedny.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Rebecca DeVivo, MPH
American Society for Gastrointestinal Endoscopy, 630/570-5634, rdevivo@asge.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Morris Blachman, PhD
University of South Carolina School of Medicine, 803/434-4211, blachman@sc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Elizabeth Ward, BBA
University of Medicine and Dentistry of New Jersey, 973/972-3605, wardes@umdnj.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:
1. Contrast and compare experiences of multiple ACCME providers who recently experienced reaccreditation under the new criteria.
2. Highlight the strategies that were effective in presenting relevant material for the self-study.
3. Discuss the challenges in preparing an ACCME self-study and strategies employed to overcome them.

METHODS: Moderated panel with a question and answer format related to questions from the audience.

KEY POINTS: The ACCME accreditation is complex and requires thoughtful preparation as part of the self-study and reaccreditation performance in practice documentation. Experiences, insights and ideas from ACCME providers who recently experienced the reaccreditation process provide evidence-based and anecdotal recommendations regarding the process.

RECOMMENDED READING: ACCME reaccreditation documents, www.accme.org.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F32, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/29/10, Grand Salon A/1st

TITLE: The Road to CME Improvement – Let ADDIE (Analyze, Design, Develop, Implement, and Evaluate) Be Your Guide

COMPETENCY: 2.1 – Use evidence based adult learning principles to guide the practice of CME.

PRINCIPAL PRESENTER: Andrea Thrasher, MEd
Cincinnati Children's Hospital Medical Center, 513/803-0689, Andrea.Thrasher@cchmc.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: Following this activity, participants will be able to:
1. Name and define the 5 components of the ADDIE instructional systems model.
2. Explain how ADDIE works within the PSDA Quality Improvement model.
3. Align ADDIE Model components with the relevant ACCME accreditation criteria.
4. Discuss implementation of an ADDIE model-based system in their CME office.

METHODS: The breakout will be interactive incorporating the following methods: interactive review, small group work, role play, reporting back, and some lecture. Question and answer time will also be used.

KEY POINTS: To communicate and implement the high standards of the ACCME criteria, the CME Office at Cincinnati Children's implemented the ADDIE instructional systems design model. ADDIE (Analyze, Design, Develop, Implement, and Evaluate) systematically defines what needs to be learned, by whom, content sequence and delivery, and whether it was learned – symbolizing how every part of an activity affects another. Within the PDSA (Plan, Do, Study, Act) quality improvement model, ADDIE can be help drive improvements in CME. Implementation of ADDIE has reduced confusion about the educational process, ACCME criteria, and paved the road for better outcomes.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F33, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/29/10, Grand Salon B/1st

TITLE: CME Breaks into Second Life

COMPETENCY: 2.9 – Provide interactive learning and opportunities to practice skills that lead to change in physician performance.

PRINCIPAL PRESENTER: Jack Kues, PhD
University of Cincinnati, 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: Susan Tyler, MEd
University of Cincinnati, 513/558-3132, tylersn@uc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this activity, learners should be able to:
1. Discuss uses of virtual worlds such as Second Life to engage learners and enhance skills.
2. Describe educational activities that can be enhanced through a Second Life-type environment.
3. List advantages and disadvantages of education conducted in a virtual setting.
4. Examine the concept of social networking to foster education.

METHODS: Presenters will give general information about the use of virtual worlds as educational tools and describe their experience of offering a CME activity in a Second Life setting. Examples of the educational "environment" used for this activity will be provided through demonstration. Discussion and Q & A encouraged. Others encouraged to share.

KEY POINTS:
1. CME professionals need to be open to the use of new technologies for reaching and engaging their target audience to present effective education.
2. Physician learners are more likely to become engaged in an educational experience that captures and holds their interest.
3. Virtual environments can enable new models of learning.
4. Virtual education can be cost-effective and time-efficient.
5. Virtual worlds may offer the opportunity to simulate change in a medical practice or health system setting before undertaking action in the "real" world.

RECOMMENDED READING:
1. How Meeting in Second Life Transformed IBM's Technology Elite into Virtual World Believers, Linden Lab, 2009.
2. The Wired Campus: A virtual world of education, Chronicles 07.
3. 7 Things You Should Know about Virtual Learning, EDUCAUSE Learning Initiative, June 2006.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F34, Breakout (Cancelled)

EDUCATIONAL FORMAT: F35, Breakout (Cancelled)

EDUCATIONAL FORMAT: F36, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/29/10, Magnolia/3rd

TITLE: Addressing Practice Barriers in CME Initiatives

COMPETENCY: 3.4 – Promote continuous improvement and performance measurement as skills for physicians during educational interventions.

PRINCIPAL PRESENTER: Pamela Ring
PeerPoint Medical Education Institute, LLC, 847/563-9520, Pam.Ring@peerpt.com
DISCLOSURE: Does have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Rick Kennison, DPM
PeerPoint Medical Education Institute, LLC, 847/563-9520, Rick.Kennison@peerpt.com
DISCLOSURE: Does have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) identify practice barriers to optimal care; (2) understand how practice barriers derail effective learning; (3) develop educational strategies to address and potentially overcome practice barriers; and (4) implement effective CME programming to move clinicians toward optimal practice and improved care.

METHODS: Use of an interactive didactic presentation to increase participants knowledge on how to incorporate practice barriers into programming; determine effective ways to increase effective learning where barriers exist; and delineate programming methods and formats (PI vs. traditional CME) intended to address practice barriers of participants.

KEY POINTS: For those of us that are instructional designers for educational initiatives, questions are asked regarding the effectiveness and participation levels of our programming. By understanding barriers, we can formulate better designed initiatives that help us achieve our educational goals. Presenters will be presenting barriers to effective learning that prevent HCPs from moving toward optimal practice and improved care. The participants and presenters will work to create strategies to overcome these barriers. This presentation is intended to help CME providers navigate the landscape from the earliest stages in order to not fall subject to its numerous pitfalls associated with practice barriers.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F37, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/29/10, Belle Chasse/3rd

TITLE: Role of Community in Linking Education to Performance

COMPETENCY: 4.5 – Design activities with a cumulative goal of helping physicians, or teams of learners, to adopt change incrementally, assuring there is compatibility with present systems and advantage over present behaviors.

PRINCIPAL PRESENTER: Martin Robert, PhD
HIT Global Consulting Services Inc., 514/932-3232, martin.robert@hit-global.com
DISCLOSURE: Does have an interest in selling a technology, product, and/or service to CME professionals.

CO-PRESENTER: Ron Murray, EdD
University of Virginia School of Medicine, 434/982-3687, rtm7a@virginia.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Ladislava Carr, PhD
University of Virginia School of Medicine, 434/982-3687, ladicarr@virginia.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Stephanie Bedasse, BSc
HIT Global Consulting Services Inc., 514/932-3232, stephanie.bedasse@hit-global.com
DISCLOSURE: Does have an interest in selling a technology, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this presentation, participants should be able to:
1. Describe the impact of face-to-face meetings and online interactions on fostering collaboration in Practice Improvement Programs (PIPs).
2. Recognize the benefit of participants presenting their own practice data and care gaps to peers during the course of a PIP.
3. Discuss the role of peer involvement when implementing PIPs for team-managed conditions.

METHODS: Didactic presentation with group discussion.

KEY POINTS: This presentation describes a program that facilitates the self-identification of care gaps in physicians' current management of patients with ACS. The program actively encourages participants to engage their peers in the identification and improvement of care gaps through online and face-to-face interactions. Recognizing that many medical conditions are treated by teams, this presentation will discuss the role of peer involvement in PIPs and its impact on physician self-reflection and care gap improvement.

FINANCIAL OR IN-KIND SUPPORT: Unrestricted educational grant from Bristol-Myers Squibb and sanofi-aventis.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F38, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/29/10, Grand Salon C/1st

TITLE: Performance Improvement (PI) Dos and Don'ts:
A Report from the Trenches

COMPETENCY: 4.5 – Design activities with a cumulative goal of helping physicians, or teams of learners, to adopt change incrementally, assuring there is compatibility with present systems and advantage over present behaviors.

PRINCIPAL PRESENTER: Julie White, MS
Boston University School of Medicine, 617/638-4605, jlwhite@bu.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Lara Zisblatt, MA
Boston University School of Medicine, 617/638-4605, laraz@bu.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: (1) describe a variety of strategies for implementing successful PI activities, (2) avoid common pitfalls that inhibit clinicians' advancement in PI activities, and (3) discuss clinicians' response to PI CME and the positive outcomes of these activities.

METHODS: Presentation of information and tools for practice, discussion

KEY POINTS: Testimony from PI activity participants, sample data from PI activities, and perspectives from three years of sponsoring PI activities will be presented. Successes and challenges gleaned from conducting a number of local, regional, and national PI activities will be shared. Discussion among breakout participants will be encouraged to facilitate the sharing of best practices. Tools for practice will be offered.

RECOMMENDED READING:
1. AHRQ Fact Sheet - Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies - http://www.ahrq.gov/clinic/epc/qgapfact.pdf.
2. The Rand Corporation - Providing Performance Feedback to Individual Physicians - http://www.rand.org/pubs/working_papers/WR381.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F39, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/29/10, Melrose/3rd

TITLE: The Performance Improvement Quality Star:
     The Integration of CME, OPPE, MOC, and ACGME Outcomes

COMPETENCY: 5.1 – Identify and collaborate with critical internal partners, including the quality improvement unit, performance improvement unit, the library, patients, and other related units, to accomplish the CME mission.

PRINCIPAL PRESENTER: Judith Brillman MD
University of New Mexico School of Medicine, 505/401-4033, jbrillman@salud.unm.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: This program will enable participants to: (1) define and understand the inter-relationships of Performance Improvement with not only CME, but also Ongoing Professional Performance Evaluations (OPPE), Maintenance of Certification (MOC) and the ACGME outcomes programs; (2) implement a clinical pathway in a Plan-Do-Study-Act cycle in this schema; (3) use a model framework integrating these outcomes, and (4) import this system into their home environments.

METHODS: We will define OPPE, MOC and the ACGME outcomes programs. We will discuss the rational for the use of clinical pathways in PI. We will demonstrate our instrument for integrating the data from the various programs. We will describe the experience with this activity at one institution.

KEY POINTS: We have created the infrastructure to manage compliance with multiple program requirements. Currently performance improvement activities are fragmented to meet narrow programmatic requirements. This comprehensive system allows the integration of documentation of performance improvement activities so the same activities can meet requirements for CME, OPPE, MOC and ACGME Outcomes projects. As a model pathway, we will study the venous thrombo-embolism (VTE) prophylaxis order set. We will describe our experience this model and report on the change in real time protocol use

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F40, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/29/10, Jasperwood/3rd

TITLE: Better Health from the Start: Breastfeeding CME as a Model for Outcomes Improvement

COMPETENCY: 5.3 – Collaborate and build relationships that support educational improvements for the patient, the physician, and the organization in which the physician works.

PRINCIPAL PRESENTER: Teresa Kovarik, MD
HealthPartners Medical Group & Clinics, 651/641-6217, Teresa.F.Kovarik@HealthPartners.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Lori Ricke, MD
HealthPartners Medical Group & Clinics, 651/779-1500, Lori.A.Ricke@HealthPartners.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Debra Curran, MA
HealthPartners Institute for Medical Education, 952/883-6221, Debra.M.Curran@HealthPartners.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Sharon Kopp-Huth, BA
HealthPartners Institute for Medical Education, 952/883-6224, Sharon.A.KoppHuth@HealthPartners.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants will (1) recognize how action research can be used to improve patient outcomes by building partnerships between disciplines, (2) describe the benefits of using patient satisfaction surveys along with hospital data to develop educational strategies and measures, and (3) discuss methods to reach large target audiences and stakeholders with key messages.

METHODS: An example is presented of a system-wide CME initiative to close a practice gap in care delivery for breastfeeding mothers and babies. Interactive group discussion will address evaluation methods and non-educational strategies that contribute to improved patient care.

KEY POINTS: CME providers can assist physician and administrative leaders with quality improvement initiatives by identifying points where CME can be most effective. CME staff can identify practice gaps, and patient and physician barriers to change. This session demonstrates how hospital data and patient surveys are used to develop and evaluate CME activities designed to improve comfort with breastfeeding. Reaching teams of medical professionals and patients with simple evidence-based reminders about breastfeeding practices provides momentum for improved lactation support across multiple health disciplines in the health care system.

RECOMMENDED READING: Planning Responsibly for Adult Education: A Guide to Negotiating Power and Interests. Ronald M. Cervero and Arthur L. Wilson.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F41, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/29/10, Ascot/Newberry/3rd

TITLE: Navigating Waters and Building Bridges: The CME Professional's Guide to Creating a Model Learning Organization

COMPETENCY: 6.2 – Develop a model learning organization.

PRINCIPAL PRESENTER: Steven Folstein, MFA
American Academy of Allergy, Asthma and Immunology, 414/272-6071, sfolstein@aaaai.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Ben Butz, MPA
American Association of Medical Society Executives, 414/221-9275, bbutz@aamse.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Shelly Rodrigues, CAE
California Academy of Family Physicians, 415/345-8667, srodrigues@familydocs.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Participants will be able to: (1) identify all units (e.g., CME, executive, quality improvement, legislative, & meetings) whose collaboration is needed to create, sustain and grow a model, continuous improvement CME learning organization that fosters physician performance improvement and improved patient outcomes; (2) describe the role of the CME professional in fostering collaboration and identify useful strategies, tools & resources that for doing so, and (3) identify external collaboration opportunities.

METHODS: A combination of presentation, discussion, and case studies will be used to engage participants in this learning activity.

KEY POINTS: The CME professional faces myriad and complex responsibilities associated with day-to-day operations; building a model CME learning organization, however, depends on effective bridge building and collaboration across an organization's discrete units or departments. By ensuring that all units - from the executive to the legislative, quality improvement, and meetings - understand and fulfill their unique and critical roles, the CME professional can focus everyone on a key goal: building a continuous improvement CME learning organization. This session will provide the tools and resources that help CME professionals navigate the waters and build the bridges that foster collaboration.

FINANCIAL OR IN-KIND SUPPORT: Grant support from Pfizer, Inc., to AAMSE will cover presenter expenses.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F42, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/29/10, Oak Alley/3rd

TITLE: Developing a Data Management Tool for CME Activity Documentation and Its Usefulness for Staff Educational Interventions

COMPETENCY: 7.6 – Assure that the CME program is in compliance with the Accreditation Essentials, Elements, and Policies and other regulatory requirements.

PRINCIPAL PRESENTER: Mary Berg, MA
American College of Chest Physicians, 847/498-8347, mberg@chestnet.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: Identify opportunities for streamlining activity documentation across your CME program. Assess documentation data for areas of potential staff educational interventions.

METHODS: The ACCP developed an internal database to document ACCME requirements for its CME program. This database outlined each of the ACCME Elements that pertained to an educational activity and served as a checklist of the common items that support ACCP's compliance. Staff educational interventions were identified based on the use of this system.

KEY POINTS: In a rapidly changing CME environment, activity documentation is crucial for a successful CME program. This presentation will outline the American College of Chest Physician's process for developing its internal activity documentation management system, how the system was modified and enhanced to adapt to the changing environment, and how this data collection tool was used to identify areas for future educational intervention opportunities for ACCP education division staff.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F43, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/29/10, Grand Salon D/1st

TITLE: Applying CACME's Risk Stratification Process to Mitigate Potential Non-compliance with Standards for Commercial Support

COMPETENCY: 7.6 – Assure that the CME program is in compliance with the Accreditation Essentials, Elements, and Policies and other regulatory requirements.

PRINCIPAL PRESENTER: Jeanne Cole, MS
Thomas Jefferson University, 215/955-8411, jeanne.cole@jefferson.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Tracy Allgier-Baker
Penn State College of Medicine, 717/531-6483, tallgier-baker@hmc.psu.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Derek Warnick, MSPT
Curatio CME Institute, 610/363-1619, derek.warnick@curatiocme.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: In the current CME environment relating to commercial support, it is imperative that CME administrators not only identify but also manage activities at risk for non-compliance with the Standards for Commercial Support (SCS). At the completion of this session, participants should be able to:
1. Apply a risk stratification process to case studies of CME activities, and
2. Identify best practices and develop strategies in managing activities to reduce non-compliance with SCS.

METHODS: Presenters will review CACME's risk stratification tool and present case studies where a risk for noncompliance with the SCS is present. Small group discussion will focus on developing risk-management plans. Facilitated discussion on how to deal with "risky" activities will identify ways of ensuring compliance.

KEY POINTS: This interactive workshop will help participants identify factors which might place an activity at risk for non-compliance with the SCS. Participants will work with case studies to develop methods to mitigate potential risk. Participants will actively contribute their ideas and identify best practices using a unique, engaging educational design.

RECOMMENDED READING: Barnes BE, Cole JG, Thomas King C, Zukowski R, Allgier-Baker T, McGartland Rubio D, Thorndyke LE. A Risk Stratification Tool to Assess Commercial Influences on Continuing Medical Education. Journal of Continuing Education in the Health Professions. 2007:27(4):234-240.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F44, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/29/10, Fountain/3rd

TITLE: CCMEP™ Certification, a Pathway to Professional Competence: Exam Development and How it Relates to Alliance Competencies

COMPETENCY: 8.3 – Promote professional development for self and staff.

PRINCIPAL PRESENTER: Marissa Seligman, PharmD
Pri-Med 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: Karen Overstreet, EdD
Wolters Kluwer Health Medical Research, 267/481-0183, karen.overstreet@wolterskluwer.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Sharyn Lee, RN
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: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to (1) identify how initial goals of the NC-CME certification program for CME professionals [CCMEP] were validated through the examination development process; (2) assess achievements in areas of competency tested by the initial certification examination, and how they were used to create the 2nd form of the examination, and (3) explain how competencies tested by the CCMEP examination align with the Alliance Competencies.

METHODS: Evolution of NC-CME's certification goals will be discussed and beginners will help position future goals. Goals will be mapped to the certification process and CCMEP data regarding the achievement of competencies tested in the exam will then be mapped to the Alliance competencies. Considerations for Form 2 of the exam will be presented.

KEY POINTS: After more than a year of administering the CCMEP exam, NC-CME is taking a look back at the process of exam development and inviting beginners in the field to contribute to the ongoing review and evaluation of the effects and contributions of the certification program to persons working in CME. The certification process relates to multiple competencies published by the Alliance (eg, 3.5, 6.2, 6.5, 8.1, 8.2, 8.3).

RECOMMENDED READING:
1. Candidates Handbook. Available at:
   http://www.nccme.org/downloadfile.asp?MyPath=resources&MyFile=NC-CME_CANDIDATES_HANDBOOK.pdf.
2. Alliance for Continuing Medical Education's Competency Areas for CME Professionals,
   http://www.acme-assn.org/home/compreport/Competenties_Analysis_Report_FINAL.pdf.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F45, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/29/10, Fountain/3rd

TITLE: Ethnographic Research in CME: Bridging Gaps and Affecting Care of Diabetes in the Latino Community

COMPETENCY: 1.3 – Conduct, support, and/or apply educational research on how physicians learn and change.

PRINCIPAL PRESENTER: Robert Hennis
Ethical Drug CME, LLC, 201/841-2423, rhennis@ethicaldrugcme.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Amaryllis Soto, CCMEP
sanofi-aventis, 908/981-5149, amaryllis.soto@sanofi-aventis.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) discuss the importance of cultural competency training for improving the quality of care; (2) explain ethnographic research and how it's applied in a multi-tiered educational intervention; and (3) describe how use of evidence-based (research-based) tools impact clinical practice and improve patient outcomes

METHODS: (1) PowerPoint slide lecture to present background, video of ethnographic research, activity designs, sample components (tools) and key findings; (2) interactive discussion; and (3) question-and-answer session with audience.

KEY POINTS: Ethnography has been used throughout the world to gain solid, experience-based answers to difficult behavioral situations. Until now ethnography has not been used to its full extent in education despite its acceptance by the Office of Health and Human Services. Educational providers can maximize effectiveness by using research in the instructional design of a program in order to maximize outcomes and achieve validated, evidence-based results. Ethical Drug CME, LLC employs this technique and helps hospital teams implement new practices to improve patient communication in the overall care of Latinos with diabetes.

RECOMMENDED READING:
1. Caban A et al. Culturally relevant issues for hispanics with diabetes. Diabetes Educ. 2007;32:584-595.
2. Walker EA et al. Telephone interventions to promote diabetic retinopathy screening among the urban poor. Am J Prev Med. 2008;34:185-191.
3. Caballero AE. Diabetes in the Hispanic population: genes, environment, culture, and more. Curr Diab Rep. 2005:217-225.

FINANCIAL OR IN-KIND SUPPORT: This program is supported by an educational grant from sanofi-aventis U.S.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F46, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/29/10, Rosedown/3rd

TITLE: A Collaborative Approach to Developing PI CME Using National Quality Indicators

COMPETENCY: 2.3 – Facilitate physician self-assessment, self-directed learning and evaluation using appropriate data.

PRINCIPAL PRESENTER: Victoria Street, BA
National Committee for Quality Assurance (NCQA), 202/955-1708, street@ncqa.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Annette Boyer, RPh
CECity.com, Inc., 412/338-0366, ext. 312, aboyer@cecity.com
DISCLOSURE: Does have an interest in selling a technology to CME professionals.

CO-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.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: After completing the breakout session, participants should be able to:
1. Utilize national performance measures as CME Performance Improvement activity measures;
2. Describe enhancements to the PI model utilizing self-assessment and evaluation;
3. Plan an outcome evaluation for a PI program; and
4. Discuss the role of technology in creating a performance improvement activity.

METHODS: A didactic presentation will describe the HEDIS measures and will present a case study in which national healthcare indices guided development of a performance improvement program with a unique collaboration of partners. Participants will use a HEDIS measure to gain practical experience in developing, implementing and assessing a PI activity.

KEY POINTS: Participants will advance their skills in developing a performance improvement program that encompasses several levels of self-assessment and evaluation while taking advantage of technological enhancements and higher level educational outcomes. We will also share our experiences via the case study and report initial results and outcomes for an ADHD PI activity.

RECOMMENDED READING: The State of Health Care Quality. National Committee for Quality Assurance, Washington, DC. Available at www.ncqa.org/sohc

FINANCIAL OR IN-KIND SUPPORT: We acknowledge Ortho-McNeil Janssen Scientific Affairs for providing an educational grant in support of this performance improvement activity.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F47, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/29/10, Belle Chasse/3rd

TITLE: CME Snacks:
An Overview of Activities Designated for Less Than 1.0 Credit

COMPETENCY: 2.6 – Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

PRINCIPAL PRESENTER: Richard Vanderpool, CCMEP
Consultant, 972/854-2808, cmerichard@aol.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Barbara Fuchs, MS
EPiQ Services, LLC, 610/392-7155, bfuchs.EPiQSvc@comcast,net
DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Analyze feedback from a physician survey regarding learning preferences and the convenience and efficacy of CME Snacks. (2) Identify various delivery technologies appropriate for delivering this type of CME. (3) Incorporate CME Snacks as part of their overall CME program to deliver stand alone or follow-up activities to reinforce/enhance previously offered activities.

METHODS: Interactive presentation with case examples and handout materials containing slides, physician survey and summary of results. The presenters will facilitate an active discussion amongst participants to share thoughts and experiences throughout the session.

KEY POINTS: In recent years the number of CME activities available to physicians that are designated for less than 1.0 CME credit has increased drastically. This is largely due to the Internet and mobile handheld devices. Convenience, dependability, and reliability are key ingredients for these significant bits of insight. Through the use of modern technologies, understanding physicians' opinions and learning preferences, and utilization of effective design and evaluation strategies, CME providers can address the needs of physicians for this innovative educational format and enhance their overall CME program.

RECOMMENDED READING: Mamary, E, Charles, P. Promoting self-directed learning for continuing medical education. Medical Teach. 2003 Mar;25(2):188-190.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F48, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/29/10, Ascot/Newberry/3rd

TITLE: Creating Programs with Multiple Standardized Patient Encounters

COMPETENCY: 2.9 – Provide interactive learning and opportunities to practice skills that lead to change in physician performance.

PRINCIPAL PRESENTER: Elizabeth Kachur, PhD
Medical Education Development, 212/982-8436, mededdev@earthlink.net
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Anne Dembitzer, MD
New York Harbor VA, 212/263-4248, Anne.Dembitzer@nyumc.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of the session participants should be able to: (1) Discuss the opportunities and challenges inherent in multiple station/encounter training events; (2) Describe a Group OSCE example related to post-disaster mental health screening; (3) Identify and solve scheduling and throughput issues, and (4) List available resources for program development and implementation.

METHODS: The session includes brief presentations (e.g., definitions, video, literature review, description of an NYU Group Objective Structured Clinical Exercise (GOSCE) program), brainstorming (e.g., regarding opportunities and challenges), small group exercises (to work through decisions necessary for creating a multiple station/encounter exercise).

KEY POINTS: Evidence has shown that high levels of interactivity and relevance to daily practice result in better learning. Simulated multiple patient encounters (e.g., Objective Structured Clinical Exercises – OSCEs) provide opportunities to address a variety of clinical problems and skills in a single training session. To overcome logistical and financial challenges, one can develop group formats in which those who are not directly involved in skills practice can achieve educational gains from observation and discussion. This breakout session will provide practical information to help program organizers.

RECOMMENDED READING: Triola, M., Feldman, H., Kalet, A., et al. A Randomized Trial of Teaching Clinical Skills Using Virtual and Live Standardized Patients. J Gen Intern Med. 2006;21(5):424-429.

FINANCIAL OR IN-KIND SUPPORT: The program received funding from a CDC/AAMC Cooperative Agreement grant.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F49, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/29/10, Oak Alley/3rd

TITLE: From Design to Results: Practical Approaches Utilized for Evaluation Design and Improving Response Rates

COMPETENCY: 3.2 – Use measurement data to assess outcomes/results of the learning intervention as a basis for determining future learning needs and for determining the application of the educational knowledge and skills.

PRINCIPAL PRESENTER: Acacia Baker, MS
American Society of Clinical Oncology, 571/483-1398, acacia.baker@asco.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Robert Bartel, MS
The Endocrine Society, 301/951-2606, rbartel@endo-society.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to:
1. Identify where to begin in evaluation design
2. Articulate widely accepted conceptual models for measuring learning outcomes
3. Identify key elements of evaluation design
4. Apply practical approaches to increase evaluation response rates
5. Assess current practices and consider implementation of various methods for increasing data collection and accuracy

METHODS: This interactive session will utilize case-based scenarios, current evaluation literature and lessons learned to demonstrate several approaches toward evaluation design and improving response rates.

KEY POINTS: This session will educate CME providers on widely accepted conceptual schemes of the Kirkpatrick and Philip models for measuring learning outcomes, evaluation design approaches, and mixed-method approaches toward maximizing results obtained from CME activities. The session will give practical examples and share successes/frustrations of various evaluative tools and identify effective evaluation approaches and follow up methods that can be applied to CME activity evaluation processes. The case-based learning activity will be incorporated to assist participants in understanding and applying approaches to their own CME situation with an emphasis on the updated ACCME criteria.

RECOMMENDED READING: Van Gest, Johnson, and Welsh. 2007. Methodologies for Improving Response Rates in Surveys of Physicians. Evaluation & the Health Professions, Vol. 30, No. 4, 303-321.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F50, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/29/10, Melrose/3rd

TITLE: Applying a Tested Problem Solving Approach to PI CME

COMPETENCY: 3.4 – Promote continuous improvement and performance measurement as skills for physicians during educational interventions.

PRINCIPAL PRESENTER: Floyd Pennington, PhD
CTL Associates, Inc, 770/506-8150, ctlassoc@mindspring.com
DISCLOSURE: Does have an interest in selling a program and/or service to CME professionals.

CO-PRESENTER: John Pennington
PCI Associates, Inc., 317/865-3403, jspennnig2@aol.com
DISCLOSURE: Does have an interest in selling a program and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) define the "PI" part of PI CME; (2) introduce their physician constituents to a systematic approach to engaging in PI CME in their practice setting; and (3) identify tools their physician constituents can use to engage in effective PI CME in their practice setting.

METHODS: Presenters will guide learners through a systematic approach to conducting PI CME activities. A combination of presentation and discussion is used to develop a deep understanding of the effectiveness of the approach.

KEY POINTS: Utilizing the PDCA Cycle, A3 problem solving makes it possible to address performance issues quickly and not in such a broad scope that PI CME efforts seem excessively time consuming and undoable. A3 mimes the clinical decision process the physician engages in every time they see a patient - making it a comfortable model to use in assessing their own professional performance as well as the operational effectiveness of their practice. The "science" behind A3 comes from years of effective use in improvement efforts in business and industrial settings. CME providers who utilize A3 as a systematic approach to PI CME will find the outcomes from their physician learning efforts will be significant. In addition, physicians using this approach will find it teaches them skills they can utilize to implement a "Culture of Improvement" in their practice setting(s).

RECOMMENDED READING:
1. Jimmerson, C. A3 Problem Solving for Healthcare. HCP Press. 2007.
2. Shook, J. Managing to Learn. The Lean Enterprise Institute. 2008.
3. Sobek, D. and Smalley, A. Understanding A3 Thinking. CRC Press. 2008.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F51, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/29/10, Grand Salon A/1st

TITLE: Point of Care Performance Improvement and Patient Outcomes Using a Hand-held, Web-based Device

COMPETENCY: 3.6 – Provide measurement tools and utilize reliable data to enable physician-learners to compare present levels of performance with optimum performance.

PRINCIPAL PRESENTER: Timothy Hayes, MD
Academic CME, 610/772-7505, thayes@academiccme.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Michael Davidson, MD
University of Chicago School of Medicine, 312/494-2220, michaeldavidson@radiantresearch.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to (1) design an appropriate point of care patient outcomes plan for a CME activity; (2) train physicians and their staff in the use of mobile devices for data collection; (3) Support the data collection process over the length of the study; (4) Apply a mentor program to the mobile device, and (5) Add personalized CME content to the mobile device in response to outcomes data.

METHODS: A combination of presentation, discussion and case studies with device demonstration is used to demonstrate program effectiveness.

KEY POINTS: The collection of patient visit data to assess performance improvement and patient outcomes is an important tool in the evaluation of CME activities. The challenge has been to collect reliable accurate information without subjective error. There is little "free" time during a physician/patient visit to conduct a "major" study. We have used pre-programmed web-based hand held mobile devices to collect predetermined patient parameters. Physician compliance and retention has been excellent. These devices allow for two way communication and thus recommended CME material may be loaded onto the device remotely after assessing outcomes data. We also describe a mentor program.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F52, Breakout (Cancelled)

EDUCATIONAL FORMAT: F53, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/29/10, Grand Salon B/1st

TITLE: Innovation in Collaboration: The ACES Case Study

COMPETENCY: 5.2 – Identify and collaborate with external partners that enhance effective CME activities.

PRINCIPAL PRESENTER: Suzanne Murray
AXDEV Group, 888/282-9338, murrays@axdevgroup.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Dixie Blankenship
Interstate Postgraduate Medical Association, 608/237-1490, dblankenship@ipmameded.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jann Balmer, PhD
University of Virginia, 434/924-5950, jtb9s@virginia.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: George Mejicano, MD
University of Wisconsin School of Medicine & Public Health, 608/263-4591, mejicano@facstaff.wisc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: This session is designed to explore the process of forming and formalizing a consortium of multiple, non-homogenous organizations targeting performance improvement of healthcare professionals and teams in COPD and asthma care. The collaborative model implemented to agree upon clear outcomes will be discussed. This presentation will also highlight successes and challenges experienced by this consortium in which each organization brought its own culture and understanding of equitable collaboration to the table.

METHODS: Models of collaboration will be reviewed to propose changes that would address pitfalls of existing models. A case study of collaboration (ACES) will be presented along with concrete challenges. Participants will be encouraged through small group breakouts to identify best practices in establishing a successful multi-organization collaboration

KEY POINTS: At the end of this breakout, participants will better understand: (1) how learnings from the ACES collaboration can be adapted to develop transparent and systematic collaborative processes; (2) the unique challenges regarding the strategy, operations, decision making, accountability, roles, responsibilities, legal and ethical boundaries of the collaboration, and (3) how leveraging the relationship between collaborative stakeholders, representing different disciplines, can provide a structural framework that will stand up to the challenges of time, change of players, and evolution of the health education environment.

RECOMMENDED READING: Wheelan S. Group Processes: A Developmental Perspective, 2nd Ed. Needham Heights, MA: Allyn & Bacon; 2005.

FINANCIAL OR IN-KIND SUPPORT: The presenters acknowledge the support of all members of the ACES consortium.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F54, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/29/10, Grand Salon C/1st

TITLE: Industry and Association Interactions: A Study Group's Recommendation for Educational Grants and Other Support Requests

COMPETENCY: 5.2 – Identify and collaborate with external partners that enhance effective CME activities.

PRINCIPAL PRESENTER: Walter Wolyniec, MSc
Confluent Healthcare Solutions, Inc., 203/417-3990, wwolynie@hotmail.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Pamela Mason, CCMEP
AstraZeneca Pharmaceuticals, Inc., 302/885-1325, Pamela.mason@astrazeneca.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Deborah Samuel, MBA
American Academy of Pediatrics, 847/434-7097, dsamuel@aap.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: (1) describe industry's interpretation of grants, sponsorships, charitable contributions and promotional activities and how that relates to provider interpretation; (2) identify examples of each type of support; (3) identify optimal organizational structures for providers when requesting and administering industry support, and (4) apply this knowledge to correctly identify compliant solutions for routing requests for support to industry.

METHODS: A brief didactic lecture will be followed by an interactive discussion of the study group's consensus and recommendations for optimizing the compliance and efficiency of interactions and relationships between Industry and Medical Association / specialty societies.

KEY POINTS: Industry and Medical Association/specialty society representatives convened a study group to discuss options and best practices to manage requests for support. The results of this discussion will assist the Association / society group to better understand the perspectives of industry with regard to the key definitions, compliant routing and mechanisms to interact with industry for financial support. Commercial supporters will gain an understanding of the Association / society structure and how funding types are interpreted and managed. Discussion of proper firewalls within both stakeholder groups will help to ensure compliance within the current regulatory environment.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F55, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/29/10, Grand Ballroom A-D/1st

TITLE: 2010 AMA Update and Open Forum

COMPETENCY: 6.4 – Promote and support appropriate change as an essential component of an effective CME program.

PRINCIPAL PRESENTER: Alejandro Aparicio, MD
American Medical Association, 312/464-5531, 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: Sue Ann Capizzi, MBA
American Medical Association, 312/464-4230, sue.ann.capizzi@ama-assn.org
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, 312/464-4667, jeanette.harmon@ama-assn.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be able to (1) discuss current AMA initiatives related to CME/CPPD, (2) describe updates on AMA/CPPD policies and/or procedures, including those related to the AMA PRA credit system, and (3) share ideas related to how the AMA PRA credit system can be of increased value to physicians.

METHODS: The session will consist of a didactic presentation, after which the panel will answer participants' questions regarding activities of the AMA Division of Continuing Physician Professional Development.

KEY POINTS: In this presentation, the AMA will share updates on current initiatives and policies related to CPPD/CME, and invite input from participants related to the value of the AMA PRA credit system.

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: F56, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/29/10, Grand Salon D/1st

TITLE: From Budget to Reconciliation: An Industry Perspective

COMPETENCY: 7.2 – Manage finances of the CME program to meet the organizational needs.

PRINCIPAL PRESENTER: Samantha Bidwell, CCMEP
Daiichi Sankyo, Inc., 973/944-2599, sbidwell@dsus.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Greselda Butler
Independent Medical Education, LLC, 908/288-0131, greselda.butler@ime-edu.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to:
1. Differentiate between program development fees and out-of-pocket expenses;
2. Identify line items that may be a cause for concern;
3. Apply project management from the beginning to aid in reconciliations;
4. List the basic items every budget should include; and
5. Identify what types of receipts are required in accounting for final reconciliation at the completion of the activity.

METHODS: Practical examples will be used showing the difference between average budget detail and exceptional budget detail. Discussion around what an adequate reconciliation should look like will also take place.

KEY POINTS: The accountability of funds awarded through an educational grant, has raised many concerns for the government. Current ACCME Standards for Commercial Support provide guidance on CME provider accountability whereby each must be able to produce accurate documentation of detailing the receipt and expenditure of the commercial support. In the world of shrinking money, learn how to provide detailed information that will assist grantors when reviewing funding requests for compliance as well as cut down on their review time. And, because of increasing scrutiny, learn how to provide a reconciliation that will be up to snuff.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F57, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/29/10, Elmwood/3rd

TITLE: How in the World Do You Manage It All? Light and Easy Documentation: The Trimmer and Slimmer Complete Activity File

COMPETENCY: 7.5 – Develop a management culture of the office that will reflect a collaborative, service oriented, continuous improvement system that meets the needs of the physicians served, the organization of the CME program, and the accreditation standards.

PRINCIPAL PRESENTER: Karen Thomas, CCMEP
Institute for Continuing Healthcare Education, 215/446-8088, ext. 1104, kthomas@iche.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Elizabeth Paczolt, MD
Medical Society of New Jersey, 609/896-1766, drbeth@bellatlantic.net
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to:
1. Establish an activity file system that is user-friendly and supports its electronic counter part.
2. Develop tools useful in documenting educational planning processes that are easily customizable to be used for external reporting.
3. Create analysis report templates for activity evaluation and outcomes measurement reporting.

METHODS: Informational presentation accompanied with a PowerPoint presentation and handouts, including examples of strategies and specific tools. Time will be dedicated for group discussion, and Q &A.

KEY POINTS: Activity files range in format from binders to accordion organizers to drawers that become caskets of documentation! Every four/six years we are challenged to review these files as they will be requested for submission to the ACCME. A couple of years ago we talked about going "paperless;" that is just not the reality for our field. Activity files exist in multiple formats and are still required as hardcopy during the reaccreditation process. In this session we will review, through example, documents designed to alleviate the amount of paperwork thus being greener and more organized, what we like to call light and easy documentation: the trimmer and slimmer activity file.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F58, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/29/10, Magnolia/3rd

TITLE: Group Completion of American Board of Internal Medicine (ABIM) Knowledge Modules

COMPETENCY: 8.3 – Promote professional development for self and staff.

PRINCIPAL PRESENTER: Amit Ghosh, MD
Mayo Clinic, 507/538-1128, ghosh.amit@mayo.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants will be able to (1) identify current ABIM requirements for maintenance of certification (MOC), (2) describe current expectations of public and health organizations for MOC, (3) identify opportunities for professional development and lifelong leaning by promoting MOC in CME programs, (4) identify institutional resources necessary to aid in MOC, CME session, and (5) describe the components of MOC, CME program.

METHODS: The presenter will guide learners through the various steps of creating a successful MOC program. A combination of presentation, discussion and techniques summarizing key components of MOC program will be used to demonstrate the ability of MOC, CME activities in enhancing lifelong learning.

KEY POINTS: (1) Identification of MOC module relevant within a specialty. (2) Contacting ABIM to use specific module. (3) Identify institutional resources (experts, preexisting knowledge database, CME administrators, room with online capabilities). (4) Advertise MOC sessions using institutional websites (internal sessions) and ABIM website (for external sessions). (5) Create an atmosphere of adult learning that is non-threatening and discuss the questions as a group, reviewing data, revising and repeating. (6) Assess retention of information. (7) Assess staff satisfaction. Join us to learn more first hand.

FINANCIAL OR IN-KIND SUPPORT: Holmboe ES. Assessment of practicing physicians: Challenges and opportunities. Journal of Continuing Education in the Health Professionals 2008; 28(Suppl (1) : S 4-10.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F59, Mini-plenary

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/29/10, Grand Ballroom A-D/1st

TITLE: Determining and Disseminating CME as a Value Center
(Invited Abstract)

COMPETENCY: 7.1 – Document the value of the CME program to its own organization and to the physicians that it serves.

PRINCIPAL PRESENTER: Todd Dorman, MD
Johns Hopkins University School of Medicine, 410/955-5928, tdorman@jhmi.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 session, participants should be able to:
1. Formulate a presentation, pertinent to their environment so as to establish themselves as a Value Center within their organization.
2. List the values CME brings to their organization at the macro and micro environmental levels.

METHODS: A combination of instructional designs will be used including self reflection, small group discussion and didactic lecture.

KEY POINTS: CME is an essential component of our health system and should be seen as a Value Center not a Profit Center. A transition to a Value Center approach will permit CME to serve as a strategic asset for its organization.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F60, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/29/10, Grand Salon A/1st

TITLE: Using Technology and the Web to Enhance, Support, and Deliver CME

COMPETENCY: 2.6 – Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

PRINCIPAL PRESENTER: Scott Bradbury, MS
American Academy of Pediatrics, 847/434-7147, sbradbury@aap.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) list many of the ways a medical specialty society or CME provider can use the Web to support and deliver learning; (2) define the features and design of how the American Academy of Pediatrics has implemented various technologies; (3) describe the advantages and disadvantages of various implementations and technologies; and (4) recognize different methods and strategies that might be a good fit for doing e-learning at their organization.

METHODS: Use didactic lecture and Web-based demonstrations to (1) present and describe various e-learning technologies and methodologies that support CME and are in-use at the American Academy of Pediatrics (AAP); (2) discuss what has worked well and not worked well at AAP; and (3) share our experience in this area with other providers.

KEY POINTS: The World Wide Web offers up a wide range of possibilities for medical specialty societies looking to expand, enhance, and further support their CME offerings. The list is seemingly endless: from things that support learning like Web-based CME search tools, discussion boards, online registration, CME transcript services, and interactive learning plan portfolios; to online CME and e-learning itself via Web-based educational courses, Internet Point-of Care activities, Web-based quality-improvement courses, webinars, podcasts, and wiki's. CME providers can learn from what has worked and what has not for AAP, and use that knowledge to make smart decisions for themselves.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F61, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/29/10, Oak Alley/3rd

TITLE: Listening to Patients as a Means to Establish CME as a Pathway to Better Patient Care

COMPETENCY: 3.2 – Use measurement data to assess outcomes/results of the learning intervention as a basis for determining future learning needs and for determining the application of the educational knowledge and skills.

PRINCIPAL PRESENTER: David Schlumper, MS
Quintiles Medical Education, 617/957-3054, david.schlumper@quintiles.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, 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: Matthew Frese, MBA
Quintiles Medical Education, 914/829-4202, matthew.frese@quintiles.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to;
1. Discuss the use of patients' feedback to educate health care professionals (HCPs),
2. Re-state the commercial supporter's perspectives in assessing patient feedback included within a grant proposal,
3. Reiterate the key learning principles found when using patient feedback to assist in the instruction of HCPs.

METHODS: Six live meetings were conducted throughout the U.S. during 2009, endured with a webcast. We asked kidney transplant patients a series of questions about their care, then asked learners participating in each activity to identify what these patients said, thus highlighting gaps between patient experiences and HCPs' perspectives.

KEY POINTS: We used case studies to illustrate the proper clinical management of patients who have undergone or are facing kidney transplant surgery, and asked learners a series of knowledge-based questions.

We will explain the criteria used for patient inclusion, the Treatment Satisfaction Questionnaire for Medication (TSQM), a fully validated survey instrument. We differentiated between learners introduced to patient comments versus those not getting patient comments using knowledge, satisfaction and bias. Additionally, we compared the live and online learners to determine the impact of learning between the two educational modalities.

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: F62, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/29/10, Grand Salon B/1st

TITLE: Translating Learning into Patient Care: Implementation and Results of a Level 4 (Competency) Outcomes Curriculum

COMPETENCY: 3.4 – Promote continuous improvement and performance measurement as skills for physicians during educational interventions.

PRINCIPAL PRESENTER: Michael Reilly, BS
QuestMedEd, LLC, 215/896-8451, mreilly@questmeded.com
DISCLOSURE: Does have an interest in selling a program to CME professionals.

CO-PRESENTER: Nancy Davis, PhD
National Institute for Quality Improvement and Education, 412/205-5368, ndavis@niqie.org
DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Janet Cline, RPh
Creative Educational Concepts, Inc., 859/260-1717, jcline@ceconcepts.net
DISCLOSURE: Does have an interest in selling a program to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to (1) identify and resolve the real-world challenges of implementing an advanced outcomes educational activity, (2) assess the importance of developing care team performance improvement mechanisms and measures in a multidisciplinary curriculum, and (3) formulate strategies to leverage results from advanced outcomes educational activities to address secondary knowledge gaps uncovered in the original initiative.

METHODS: A combination of didactic lecture and interactive discussion will be used to review the educational design and results of level 4 outcomes eCME activities. Participants will discuss the applicability of inter-related sequential teaching events that act to instruct, apply, and reinforce key concepts identified as educational gaps, and review and analyze actual outcomes data sets.

KEY POINTS: Despite an increasing call for tangible evidence of the effect of CME activities, very few have been developed that demonstrate objective, measurable learning and retention and appropriate translation of knowledge in patient care scenarios. This session will provide insights into the design, implementation, and updated results from a series of Level 4 outcomes (Competency) activities designed to translate new knowledge across the interdisciplinary care team (physician, nursing, and pharmacy). This multi-organization collaborative project seeks to address identified gaps in knowledge and practice processes within oncology care as an example. Participants will explore the steps of the carefully designed educational initiative which will assist them in the development of their own performance-based education that is based on "best evidence" and translates data and treatment advances into measurable competency gains.

RECOMMENDED READING: Moore DE, Green JS, Gallis HA. Achieving Desired Results and Improved Outcomes: Integrating Planning and Assessment Throughout Learning Activities, JCEHP 2009, 29(1): 1-14.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F63, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/29/10, Magnolia/3rd

TITLE: CME CSI

COMPETENCY: 4.1 – Recognize that, when offering learning interventions, CME professionals and the individual physicians they serve are part of a team and the system in which they work.

PRINCIPAL PRESENTER: Arnold Meyer, EdD
Temple University School of Medicine, 215/707-1550, ameyer@temple.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) critically evaluate challenging situations in our current CME environment; (2) develop strategies for dealing with challenging issues related to the cases presented (Accreditation issues, outcomes measurement, commercial support), and (3) institute policies and procedures that anticipate difficult CME issues in everyday practice.

METHODS: Long time CME veteran sleuth will guide beginner participants through an interactive critical evaluation and problem solving process of interesting CME cases that frequently appear in the current CME environment. Participants will be encouraged to present perplexing problems for critical examination and group problem solving.

KEY POINTS: The CME industry can be challenging to the beginner and this is an opportunity for beginners (as well as experienced CME professionals) to walk through some of the tougher situations that can arise in the CME Office (related to accreditation, outcomes measurement, and commercial support). Bring your toughest cases and allow the CME CSI to interactively solve your CME mystery.

RECOMMENDED READING: The ACCME essentials and Standards for Commercial Support found on the ACCME's website — http://www.accme.org.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F64, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/29/10, Grand Salon C/1st

TITLE: A Different Viewpoint On Performance Improvement CME: Systems vs. Individual Impact

COMPETENCY: 4.5 – Design activities with a cumulative goal of helping physicians, or teams of learners, to adopt change incrementally, assuring there is compatibility with present systems and advantage over present behaviors.

PRINCIPAL PRESENTER: Theodore Bruno, MD
The France Foundation, 860/598-2272, tbruno@francefoundation.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Sean Conlan, BA
The France Foundation, 860/598-2314, sean@francefoundation.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Chad Messick, PharmD
GlaxoSmithKline, 919/483-9980, Chad.R.Messick@gsk.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: After attending this session, participants should be able to:
1. Identify national quality improvement and performance sources
2. Describe how to utilize national quality standards as the basis for CME activities
3. Discuss how to integrate a CME activity into a hospital quality improvement initiative to improve the competency and performance of the clinicians.
4. Describe the educational outcomes of this educational activity.

METHODS: This session will outline examples of national quality improvement sources and a case highlighting the integration of CME activities on appropriate use of therapies to prevent hospital VTE events into a QI initiative within a hospital setting. There will be time for an interactive question and discussion session.

KEY POINTS: In the IOM's A Bridge to Quality report, a core competency area for clinicians was to be able to possess the ability to apply quality improvement approaches into their patient care. Many organizations have published quality performance measures and the recent emphasis of CME in this area can be seen with the AMA's PI CME and the ACCME's new criteria for accreditation. Yet despite these well defined performance measures there is still a need to improve and better integrate the utilization of CME activities into existing quality improvement initiatives to help achieve improvements in patient care.

RECOMMENDED READING: Institute of Medicine. Health Professions Education: A Bridge to Quality. Greiner AC, Knebel E, eds. Washington, DC: National Academy Press. 2003.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F65, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/29/10, Rosedown/3rd

TITLE: Improving Public Health with Public Health: Public Health Departments as CME Partners

COMPETENCY: 5.3 – Collaborate and build relationships that support educational improvements for the patient, the physician, and the organization in which the physician works.

PRINCIPAL PRESENTER: Pam McFadden
University of North Texas Health Science Center, 817/735-2581, mcfadden@hsc.unt.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Andrew Crim
University of North Texas Health Science Center, 817/735-2644, acrim@hsc.unt.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) describe the mission and essential services of Public Health in the United States; (2) discuss which essential areas practiced by Public Health that should be of interest to CME providers, and (3) identify ways CME providers can partner with local, regional and state public health departments to identify educational needs, outcomes data and content delivery vehicles.

METHODS: Presenters will walk participants through existing or planned initiatives in which a local, regional or state public health department has been a valuable partner. Participants will identify areas in their CME program where Public Health collaboration may be appropriate and ways to effectively partner with these vital organizations.

KEY POINTS: Public health departments are a largely untapped resource for CME providers. However, many of their collective essential services overlap with the missions of CME providers. Public health departments can provide a mechanism for content delivery, partnerships for content development, current, up-to-the-minute epidemiological data for needs assessment and outcomes measurement, and facilitated access to government grant funds.

RECOMMENDED READING:
1. The Future of the Public's Health in the 21st Century (2002).
2. Board on Health Promotion and Disease Prevention (HPDP), Institute of Medicine (IOM).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F66, Breakout (Cancelled)

EDUCATIONAL FORMAT: F67, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/29/10, Jasperwood/3rd

TITLE: Leading Transformational Change in CME:
ACCME Level 3 Criteria Implementation

COMPETENCY: 6.4 – Promote and support appropriate change as an essential component of an effective CME program.

PRINCIPAL 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: 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: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Participants should be able to: (1) explain the need and process for leading change in CME; (2) identify a "BIG IDEA" that describes a change needed in their unit, or organization; (3) outline an action plan for implementation of the "BIG IDEA" using the "Transformational Change Worksheet"; (4) select at least one practice for each ACCME criterion (16-12) from the previous year's cohort to implement, and (5) participate in regular ongoing electronic discussions with faculty/colleagues to monitor progress in making the change.

METHODS: Use an interactive lecture and discussion about the transformational change process and implementation of a "BIG IDEA". Provide examples of change implementation from members of the last year's cohort. Small group interactions about strategies to implement change by venues.

KEY POINTS: The culture of CME must change for CME to continue as a valued partner in healthcare. To change the culture, effective leadership is necessary. Leading change requires leadership skills including a vision for change that is visible and adds value to the organization/profession. There some risks, but a leader must be responsible. Steps in the change process are (BIG IDEA, urgency, teamwork, vision, resources, barriers, short term wins and anchoring change) from Kotter's Leading Change text and are critical for Leading Transformational Change and shaping the future for CME. Implementations of ACCME Level 3 Criteria require leadership. Progress from the last year's cohort will be shared.

RECOMMENDED READING:
1. Leading Transformational Change, Harvard Business Review: January 2007:96-103.
2. Kotter, J, A Sense of Urgency, Harvard Business Press, 2008:196pp.
3. Collins,J, Good to Great and the Social Sectors 2005:35pp.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F68, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/29/10, Melrose/3rd

TITLE: The AOA and AAFP Credit Systems

COMPETENCY: 7.6 – Assure that the CME program is in compliance with the Accreditation Essentials, Elements, and Policies and other regulatory requirements.

PRINCIPAL PRESENTER: Diane Burkhart, PhD
American Osteopathic Association, 312/202-8051, dburkhart@osteopathic.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Kathy Marian, MEd
American Academy of Family Physicians, 913/906-6000, kmarian@aafp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be able to (1) discuss the AOA and AAFP credit systems, (2) identify and compare the requirements for designating and awarding the different types of credit, and (3) cite resources for further information related to these credit systems.

METHODS: The session will consist of didactic presentations, after which the panel will answer participants' questions regarding the AOA and AAFP credit systems.

KEY POINTS: This presentation is designed to give an overview of the two credit systems most widely used by physicians and their application in an accredited CME providers' CME program. The session will highlight and clarify policies and issues that are frequently asked by providers.

RECOMMENDED READING:
1. AAFP CME Center: www.aafp.org/online/en/home/cme.html.
2. AOA CME Guide for Osteopathic Physicians (www.osteopathic.org/index.cfm?PageID=cme_guidereqs).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F69, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/29/10, Belle Chasse/3rd

TITLE: Monitoring CME Activities with Real-Time Data

COMPETENCY: 7.6 – Assure that the CME program is in compliance with the Accreditation Essentials, Elements, and Policies and other regulatory requirements.

PRINCIPAL PRESENTER: Becky Williams, MEd
Nationwide Children's Hospital, 614/355-0672, Becky.Williams@nationwidechildrens.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: Hospitals and Health Systems

OBJECTIVES: At the completion of the session, participants should be able to (1) design an activity monitoring system to ensure practice gaps, needs, and competencies are addressed, (2) incorporate a process to verify compliance with Standards for Commercial Support, (3) collaborate with internal stakeholders to ensure compliance and to continuously improve the quality of educational activities, and (4) connect the monitoring process to the completion of the ACCME's self study for reaccreditation.

METHODS: Through didactic lecture and examples, the presenter will share their experience monitoring a large number of activities in a hospital setting. The session will include planning, evaluating, and improvement processes. Finally, the presenter will link data from the overall monitoring process to the completion of the self study.

KEY POINTS: With the ACCME's Updated Criteria for CME activities having 22 criteria, monitoring a large number of activities is especially challenging over an entire accreditation period. Providers need to assess compliance with all activities through the entire approval process to ensure practice gaps and needs are being address and that changes to physicians behaviors are occurring. From the gathered data, providers must implement improvement strategies to meet/exceed compliance at all levels. Finally, it is important to have a monitoring system which lends itself to support the self-study for reaccreditation report.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F70, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/29/10, Ascot/Newberry/3rd

TITLE: Becoming a CME Researcher: A Pathway to Improving Patient Care

COMPETENCY: 8.2 – Continually improve educational performance of the CME program through professional development.

PRINCIPAL PRESENTER: Sandra Pinkerton, PhD
Texas Health Research & Education Institute, 682/236-6739, 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
Texas Health Research & Education Institute, 682/236-6744, MarilynPeterson@TexasHealth.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. List benefits of CME research for novice researchers and their institutions.
2. Describe the competencies, institutional factors and relationships supporting research.
3. Identify types of research questions relevant in a hospital system setting & elicit research questions in other contexts.
4. List some resources for learning how to conduct research.
5. Identify institutional and funding resources that might support research.

METHODS: Presenters will: (1) discuss the benefits to CME professionals and their institutions of doing CME research; (2) present our experience of learning to do research; (3) respond to questions, and (4) provide open discussion about participants' own nascent research experiences.

KEY POINTS: The presentation traces our on-going experience of "becoming CME researchers" in a community-based hospital system. Its goal is to encourage novice researchers to explore the benefits of conducting CME research. We sketch out the competencies, environmental elements and relationships that have supported our ability to do research. We discuss ways of learning how to do research, identify potential research partners and mentors, talk about connecting with data, discovering "hypotheses", getting institutional buy-in, and finding the time and financial support for research when one is a novice researcher.

RECOMMENDED READING: Schifferdecker K (Dartmouth Medical School): When Quantitative or Qualitative Data Are Not Enough: Application of Mixed Methods Research in Medical Education, MedEdPortal-AAMC 07/07/08

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F71, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/29/10, Grand Salon D/1st

TITLE: Assess Your CME Program's Current Outcomes Measurement and Plan Improvements for Compliance with ACCME Updated Criteria

COMPETENCY: 8.2 – Continually improve educational performance of the CME program through professional development.

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 service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to (1) assess any current deficiencies with respect to the integration of outcomes measurement into their CME program, (2) evaluate their CME organizations' outcomes measurement compliance with ACCME's Updated Accreditation Criteria, (3) identify areas for improvement, and (4) plan improvements.

METHODS: Using a set of assessment questions, the presenter will lead learners through an organizational self-assessment of their CME program's educational outcomes measurement. Learners will use the assessment tool to record their current status, take notes on areas for improvement, and make plans for improvement. Facilitated interactive discussion will assist learners as they share their improvement strategies with colleagues.

KEY POINTS: The ACCME's Updated Accreditation Criteria require CME providers to further integrate outcomes measurement into their CME programs. A first step to integration of outcomes measurement is an organizational self-assessment of current compliance and effectiveness. Join us and use an assessment tool to evaluate your organization's current outcomes measurement compliance and capabilities, and learn strategies from your colleagues to improve and optimize the value of your outcomes measurement.

RECOMMENDED READING: ACCME Updated Accreditation Criteria, September 2006. Dietze DT. Basic Tasks and Skills Necessary for Implementing Educational Outcomes Measurement. Alliance for CME Almanac, March 2008, pg 8.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F72, Breakout (Cancelled)

EDUCATIONAL FORMAT: S1, Member Section Follow-up Meeting
(Medical Schools – All Conference Participants Welcome)

TIME/DAY/LOCATION: 7:00 – 8:00 am, Saturday, 1/30/10, Marlborough A-B/2nd

LEADER: Morris Blachman, PhD
University of South Carolina School of Medicine, 803/434-4211, blachman@sc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

LEADER-ELECT: Andrew Crim, BS
University of North Texas Health Sciences Center, 817/735-2644, acrim@hsc.unt.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

DESCRIPTION: This meeting will be a follow-up discussion from the member section meeting held early in the conference (i.e., 1:30 – 5:00 pm, Wednesday, January 27, 2010).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S2, Member Section Follow-up Meeting
(Medical Specialty Societies – All Conference Participants Welcome)

TIME/DAY/LOCATION: 7:00 – 8:00 am, Saturday, 1/30/10, Grand Salon C/1st

LEADER: Deborah Samuel, MBA
American Academy of Pediatrics, 847/434-7097, dsamuel@aap.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

EDUCATION PROGRAMMING WORK GROUP CHAIR: Robert Bartel, MSc
The Endocrine Society, 301/951-2606, rbartel@endo-society.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

COMMUNICATIONS WORK GROUP CHAIR: Debbie Szczesniak, BA
College of American Pathologists, 847/832-7419, dszczes@cap.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

DESCRIPTION: During this follow-up member section meeting, offices are elected and a call for volunteer service in 2010 is completed.

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

— Identify key issues for further exploration by the member section via its education, communications, and/or advocacy efforts.
— Develop contacts with peers at other MSSs who may serve as resources.

The format of this follow-up meeting is a moderated open forum. All participants are invited to raise issues for consideration and discussion by the member section.

This is an excellent opportunity for MSS participants to share new information learned at the Alliance Annual Conference and to bring forward topic areas for emphasis in the activities of the MSS member section. It is expected that this forum will serve as a qualitative needs assessment for the development and planning of the 2010 summer meetings and other activities with the member section.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S3, Plenary

TIME/DAY/LOCATION: 8:30 – 9:30 am, Saturday, 1/30/10, Grand Ballroom A-D/1st

TITLE: Hot Topics in CME: The State of CME Funding **(Invited Abstract)**

COMPETENCY: 7.1 – Document the value of the CME program to its own organization and to the physicians that it serves.
COMPETENCY: 7.2 – Manage finances of the CME program to meet the organizational needs.

PRINCIPAL PRESENTER: George Mejicano, MD (Moderator)
University of Wisconsin School of Medicine & Public Health, 608/240-2204, mejicano@wisc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Dave Davis, MD
Association of American Medical Colleges, 202/862-6275, ddavis@aamc.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 Medical Education Group, 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.

CO-PRESENTER: Mike Speight, BS
Iowa Foundation for Medical Care, 515/440-8251, mspeight@ifmc.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: In 2009, the Institute of Medicine issued a report that called upon the medical profession and other interested parties to come up with a plan to fund CME that is "free of industry influence, enhances public trust in the integrity of the system, and provides high-quality education" by April 2011. The objective of this session is to provide a forum to consider and debate a variety of ideas and options that will achieve that goal.

METHODS: Each speaker will address the value proposition of continuing medical education from their unique perspectives in academic medicine, the pharmaceutical industry, and the quality improvement industry. Each presenter will be asked to comment on the practical, political, and professional consequences of the following four ideas related to funding CME:
• Maintain the status quo (i.e., allow commercial support as long as conflicts of interest are resolved using the ACCME Standards for Commercial Support);
• Develop a centralized pool of funds that (1) is maintained by contributions from interested parties and (2) is controlled by an independent group that distributes dollars in response to proposals from providers;
• Require physicians and/or their employers to pay a larger share of the actual cost of CME (either directly or through a yearly contribution to a certifying board, a medical society, a hospital, or the government); or
• Tap into alternate sources of third party funds to support CME (e.g., government or insurance payers).

In addition, each of the speakers will be asked to present their own alternatives to the current funding model. The session will close with a question and answer session so that participants' ideas may be brought to light.

KEY POINTS: The current funding model for CME is under scrutiny. New models and ideas for funding CME need to be considered, developed, and debated so that the profession of medicine meets the IOM deadline.

RECOMMENDED READING: Bernard Lo and Marilyn J. Field, Editors; Conflict of Interest in Medical Research, Education, and Practice; Institute of Medicine. Washington DC: National Academy Press, 2009.

FINANCIAL OR IN-KIND SUPPORT: Audience response technology provided by Turning Technologies.

EDUCATIONAL FORMAT: S4, Intensive

TIME/DAY/LOCATION: 10:00 am – 12:15 pm, Saturday, 1/30/10,
Marlborough A-B/2nd; Prince of Wales/2nd; Cambridge/2nd

TITLE: Practical Application of Embedding Simulation Enhanced Education into Your CME Course Offerings

COMPETENCY: 2.9 – Provide interactive learning and opportunities to practice skills that lead to change in physician performance.

PRINCIPAL PRESENTER: Chad Jackson, MS
American College of Chest Physicians, 850/321-1823, cjackson@chestnet.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Identify components of a CME course offering that are appropriate to incorporate simulation-enhanced education.
2. Discuss through examples presented how various CME courses have incorporated simulation-enhanced education.
3. Illustrate how simulation-enhanced education has been demonstrated in CME course offerings, and how participants can incorporate this into their programs.

METHODS: This course will focus on the experiences of the American College of Chest Physicians, and how they have incorporated simulation-enhanced education into virtually every aspect of CME course offerings. Successes and failures will be covered, through multimedia presentation as well as hands-on demonstration of potential application for learners.

KEY POINTS:
1. Many people understand the value of simulation-enhanced education.
2. Many people do not understand how to incorporate simulation-enhanced education into CME activities or programs
3. Illustrated examples from CME programs conducted by the ACCP will be used to encourage participants on how to facilitate application to their own programs.
4. Good, Bad and Ugly: Successes and failures incorporating simulation-enhanced technology will also be discussed, so that participants might learn from the ACCP's successes and failures.

RECOMMENDED READING: Effectiveness of Continuing Medical Education: American College of Chest Physicians Evidence-Based Educational Guidelines. CHEST, Vol. 135, Supplement Number 3, March 2009.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S5, Mini-plenary

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/30/10, Grand Ballroom A-D/1st

TITLE: Guidelines for CME: From Practical Advice Today to Research Directions for the Future **(Invited Abstract)**

COMPETENCY: 1.4 – Remain current on the CME literature.

PRINCIPAL PRESENTER: Ed Dellert, MBA
American College of Chest Physicians, 847/498-8333, edellert@chestnet.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Dave Davis, MD
Association of American Medical Colleges, 202/862-6275, ddavis@aamc.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Todd Dorman, MD
Johns Hopkins University School of Medicine, 410/955-5928, tdorman@jhmi.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 session, participants should be able to meet the following objectives:
1. Understand strengths and limitations within the CME literature and correlate implications to CME programs.
2. List future CME research opportunities within one's CME program.
3. Identify future directions within CME and its impact upon CME programs, providers and physician educators.

METHODS: The American College of Chest Physicians (ACCP) published an evidence review on effectiveness in CME in collaboration with the Agency for Healthcare Research and Quality (AHRQ). An expert writing panel incorporated a modified "GRADE" system by categorizing the strength of each recommendation and the quality of evidence.

KEY POINTS: CME as we know it today is entering a paradigm shift. Although lecture-based learning is effective when combined with other modalities, as a single mode of instruction, it is the least effective form of learning for physicians. CME providers and physician educators will need to begin offering CME that provides a more diversified set of instructional models, strategies, methods, and media. This session will highlight findings from the ACCP CME guideline with emphasis upon the use of a consistent set of CME terminology, methodologies, as well as a standardized approach to CME research.

RECOMMENDED READING:
1. Moores, LK, Dellert, E., Baumann, M. and Rosen, M. Effectiveness of Continuing Medical Education: American College of Chest Physicians Evidence-Based Educational Guidelines. CHEST, March 2009; 135 (3 suppl).
2. http://www.chestjournal.org/content/135/3_suppl.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S6, Curriculum Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/30/10, Grand Salon A/1st

TITLE: Joslin "CME 180": Longitudinal, Multi-interventional Path to Comprehensive Diabetes Care PI CME Adoption and CQI

COMPETENCY: 2.8 – Provide longitudinal interventions when appropriate.
COMPETENCY: 2.9 – Provide interactive learning and opportunities to practice skills that lead to change in physician performance.

PRINCIPAL PRESENTER: Richard Beaser, MD
Joslin Diabetes Center, 617/226-5910, richard.beaser@joslin.harvard.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Julie Brown
Joslin Diabetes Center, 617/226-5913, julie.brown@joslin.harvard.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Enrique Caballero, MD
Jolsin Diabetes Center, 617/226-5910, enrique.caballero@joslin.harvard.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: James Neighbours, MEd
Joslin Diabetes Center, 617/226-5917, james.neighbours@joslin.harvard.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: (1) Describe the process of integrating a continuum of educational interventions — from didactic transfer, to skills improvement, to office staff and systems support, intended to promote CQI and PI CME adoption. (2) Understand how to coordinate multiple educational interventions toward a clearly identified goal with measurable performance improvement. (3) Describe how a comprehensive performance-improvement program can meet the challenges and opportunities inherent in today's environment and the related organizational impact

METHODS: Presentation, demonstration, and case-study discussion will illustrate Joslin's experience in implementing their unique and innovative approach to Diabetes performance improvement, the Joslin Professional Education Consortium (JPEC).

KEY POINTS: Join us as we outline our innovative approach to PI CME. The Joslin Professional Education Consortium (JPEC) system incorporates multiple interventions and methods to address barriers to change and promote the adoption of PI CME. Connectivity 'peer to peer' and with Joslin offers structured support for both learning and navigating the PI CME process. All Joslin CME activities work as feeders into PI CME. Assessment of knowledge, competencies, performance and outcomes are vital components of impact measurement. Adoption of PI CME and related data collection and tracking as a basis for office-based CQI is the ultimate longitudinal objective

RECOMMENDED READING:
1. JPEC Website, www.jpec.joslin.org.
2. Peterson K et al. Improving diabetes in practice: Findings from the TRANSLATE trial. Diabetes Care.2008 Dec;31(12): 2238-43.
3. Solberg L et al. Practice systems are associated with high-quality care for diabetes. AM J Manag Care.2008;14:85-92.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S7, Curriculum Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/30/10, Grand Salon B/1st

TITLE: Performance Improvement CME: What Do We Think It Is?

COMPETENCY: 3.4 – Promote continuous improvement and performance measurement as skills for physicians during educational interventions.

PRINCIPAL PRESENTER: Robert Addleton, EdD
Physicians' Institute for Excellence in Medicine, 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 have an interest in selling a program and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Participants will:
1. Learn what ACME member sections, companies, and specialty societies define as essential components of the Performance improvement (PICME) process.
2. Learn what these same groups define as essential tools and educational components of a PICME process.
3. Be presented with a proposed model for a common understanding of what comprises PICME

METHODS: This session will present the results of a survey of CME providers, funders, and medical specialty societies regarding what each of these groups consider to be the essential characteristics of PICME. Individual commonalities and differences will be highlighted.

KEY POINTS:
1. PICME has been recognized as a legitimate and important method for CME by regulatory bodies (AMA, ACCME), medical specialty societies, commercial supporters, and providers.
2. There is no recognized common agreement by these various constituencies about what does or does not constitute a useful or essential approach to PICME.
3. No current survey has been done to determine what CME professionals consider to be the essential components of PICME.
4. No model of PICME has been offered based on input from the profession as a whole.

RECOMMENDED READING: AMA PRA Booklet.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S8, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/30/10, Grand Salon C/1st

TITLE: Facilitating Physician Self-directed Learning: AAFP Case Study

COMPETENCY: 2.3 – Facilitate physician self-assessment, self-directed learning and evaluation using appropriate data.

PRINCIPAL PRESENTER: Mindi McKenna, PhD
American Academy of Family Physicians, 913/906-6000, mmckenna@aafp.org
DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) differentiate self-directed learning from traditional CME participation, (2) describe the key elements of a physician-centric self-directed learning framework that facilitates performance improvement, and (3) develop an actionable plan to initiate a self directed learning framework for your learners.

METHODS: Participants will (1) learn how AAFP facilitates self-directed lifelong learning for the performance improvement of its 94,000 physician members, (2) discuss ideas and barriers to applying these concepts on behalf of their learners, and (3) receive an action plan template for initiating a self-directed learning and performance improvement framework

KEY POINTS: In order to facilitate improvement in professional competence, practice performance, and patient outcomes, CME providers must facilitate physician self-assessment, self-directed learning, and ongoing evaluation. AAFP's experience in developing a framework for members' self-directed learning and performance improvement can suggest factors that contribute to the successful launch and adoption of such a framework. Scope of practice, learning style preference, use of technology, and other considerations will be highlighted. Attend this session to identify factors your organization may need to address in order to facilitate physicians' self-directed learning and performance improvement.

RECOMMENDED READING: Several references will be shared with session participants.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S9, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/30/10, Rosedown/3rd

TITLE: Incorporating ACGME/ABMS Competencies into Needs Assessments, Outcomes, and CME Activities

COMPETENCY: 2.4 – Assist physician-learners to reflect upon present and desired levels of performance and plan the next step in their personal education.

PRINCIPAL PRESENTER: Jill St. Ambrogio
MedscapeCME, 212/301-6735, jstambrogio@medscape.net
DISCLOSURE: Does have an interest in selling a program to CME professionals.

CO-PRESENTER: Jennifer Brown, PhD
MedscapeCME, 212/417-9506, jjbrown@medscape.net
DISCLOSURE: Does have an interest in selling a program to CME professionals.

CO-PRESENTER: Cyndi Grimes
MedscapeCME, 212/301-6730, cgrimes@medscape.net
DISCLOSURE: Does have an interest in selling a program to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At completion of this session, participants will learn to:
1. Assess how CME activities address competencies as outlined by the Accreditation Council for Graduate Medical Education and the American Board of Medical Specialties (ACGME/ABMS) Core Competencies
2. Recognize individual attributes
3. Design effective curriculum series that build on clinician learnings from CME evaluation surveys, case studies and interactive-polling in CME activities

METHODS: The ACGME/ABMS competencies were applied to needs assessments and CME activities to support clinician performance improvement. Review of evaluation surveys, interactive polling and outcomes reports were measured to identify continuing gaps in education.

KEY POINTS: Assessing educational gaps and identifying best-practice approaches to lifelong learning is essential to clinician performance improvement and improved patient outcomes. This session reviews ACGME/ABMS competencies and helps participants to identify key issues that relate to Performance Improvement and patient health.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S10, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/30/10, Magnolia/3rd

TITLE: Creating Effective CME Programs and Learning Environments about Health Disparities and Culturally Competent Care

COMPETENCY: 2.6 – Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

PRINCIPAL PRESENTER: Robert Like, MD
UMDNJ-Robert Wood Johnson Medical School, 732/235-7662, like@umdnj.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants will be able to: (1) identify states and accreditation standards requiring physicians to receive training about health disparities and culturally competent patient-centered care; (2) describe examples of exemplary live and online CME programs that focus on improving the quality of care provided to diverse populations; and (3) discuss the "good, bad, and ugly" of cultural competency training and the value and impact of different learning environments.

METHODS: Educational strategies that will be employed include a didactic PowerPoint lecture, cross-cultural videos, case studies, experiential exercises, and small group discussion. Audience participation will be actively encouraged.

KEY POINTS: This presentation will enable CME professionals to: (1) develop more effective training programs for physicians and other health professionals about the provision of culturally responsive and effective care; (2) recognize and avoid key mistakes that are sometimes made in planning, developing and delivering these programs; and (3) address selected "hot button" issues that often emerge as well as strategies for managing resistance and inertia and facilitating buy-in. A comprehensive list of print, multi-media, and online resources will be provided.

RECOMMENDED READING: Like RC, Barrett TJ, Moon J. Educating Physicians to Provide Culturally Competent, Patient-Centered Care. Perspectives: A View of Family Medicine in New Jersey 2008; 7(2):10-20. http://www.njafp.org/documents/NJAFP_2008_2QFINAL_20081016111034.pdf.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S11, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/30/10, Belle Chasse/3rd

TITLE: How to Write a Successful Abstract for the Alliance Annual Conference (Invited Abstract)

COMPETENCY: 8.3 – Promote professional development for self and staff.

PRINCIPAL PRESENTER: Barbara Huffman, MEd
Carle Foundation Hospital, 217/383-4647, Barbara.Huffman@carle.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-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: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) describe the abstract selection process used by the Alliance for CME Annual Conference Committee; (2) given a sample concept, construct an abstract that meets the selection criteria, and (3) score an abstract using the selection criteria.

METHODS: The presenters will guide participants through the selection process using case examples. Participants will have the opportunity to develop a sample abstract and give and receive constructive feedback.

KEY POINTS: The Annual Conference Committee uses multiple factors to weigh submitted abstracts during the abstract selection process. As time slots become more competitive, the need to balance the program with a wide variety of topics emanating from the eight competency areas is critical. This session will focus on the abstract selection process, the criteria for selection, tips that members can use to get their submission recognized for approval and the opportunity for guided practice.

RECOMMENDED READING:
1. 2011 Call for Educational Abstracts document.
2. Writing and Speaking for Excellence by Deborah St. James with Howard Spiro.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S12, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/30/10, Grand Salon D/1st

TITLE: Scratching Beneath the Surface:
Leveraging Outcomes to Provide Insight, Direction and Value

COMPETENCY: 3.2 – Use measurement data to assess outcomes/results of the learning intervention as a basis for determining future learning needs and for determining the application of the educational knowledge and skills.

PRINCIPAL PRESENTER: Venkat Gullapalli, MD
Gullapalli and Associates, 201/984-3332, vg@gullapalliandassoc.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Theresa Vera, PhD
Takeda Pharmaceuticals North America, Inc., 224/554-6192, tvera@tpna.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Charles Willis, MBA
American Gastroenterological Association Institute, 301/941-2604, cwillis@gastro.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: JoEllen Wynne, MSN
American Academy of Nurse Practitioners, 512/442-4262, jwynne@aanp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) Identify needs of multiple stakeholders for the prioritization and utilization of formative and summative outcomes data from CME activities, (2) List examples of strategic insight gained through analysis of outcomes data, and (3) Describe benefits of synthesizing and disseminating knowledge gained through outcomes analysis to internal and external stakeholders.

METHODS: Interactive presentation utilizing survey data, case studies, audience interaction to convey and discuss opportunities, methodologies and benefits in the utilization of outcomes data. Participant interaction will be highly encouraged through various case vignettes and ARS-styled questions.

KEY POINTS: As our CME community continues to translate and convey the effectiveness of the education provided to healthcare providers, it has become more critical that we all understand how to identify, prioritize and communicate to both internal and external stakeholders the outcomes data that is collected. Through data collected from surveys done in 2009, perspectives from commercial supporters, accredited providers, MECCs, societies, institutions and others will be shared and discussed to provide participants with an inside look into opportunities and best practices for leveraging outcomes data.

FINANCIAL OR IN-KIND SUPPORT: Audience response technology provided by 2digiti, LLC.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S13, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/30/10, Melrose/3rd

TITLE: Activity Outcomes Measurement Made Practical

COMPETENCY: 3.2 – Use measurement data to assess outcomes/results of the learning intervention as a basis for determining future learning needs and for determining the application of the educational knowledge and skills.

PRINCIPAL PRESENTER: Jeffrey Mallin, MD
Kaiser Permanente-Downey, 562/657-2343, jeffrey.s.mallin@kp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Design practical outcomes measures for a variety of common educational interventions.
2. Use evaluation methods (C11) that logically link the educational needs (C2) with what the activity is designed to change (C3).

METHODS: An interactive presentation with audience discussion and sharing of ideas, methods, and tools.

KEY POINTS: Measuring outcomes for educational activities requires an analysis of learners' changes in competence, performance, or patient outcomes. A common misconception is that this is only possible in integrated healthcare systems or with the use of sophisticated technology. However, providers of all types and sizes can implement practical ways to measure changes. The choice of what and how to evaluate should be linked to the educational needs and what the activity is designed to change. Participants will see and be able to apply the logic, value, and practicality in considering the interconnectedness between C2, C3, and C11.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S14, Breakout (Cancelled)

EDUCATIONAL FORMAT: S15, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/30/10, Oak Alley/3rd

TITLE: PI Lockdown: Implementing Performance Improvement CME in a Large Correctional Healthcare System

COMPETENCY: 3.6 – Provide measurement tools and utilize reliable data to enable physician-learners to compare present levels of performance with optimum performance.

PRINCIPAL PRESENTER: Dion Richetti, DC
DIME, 312/553-8071, dion.richetti@dimeed.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Casi Doughty, MA
University of Texas Medical Branch Correctional Managed Care, 409/747-2719, ctdought@utmb.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Describe a method of organizational collaboration to integrate a PI CME activity into the QI process in a correctional healthcare organization.
2. Discuss the selection of appropriate educational formats for a system wide PI CME activity.
3. Discuss the use of technology in analyzing practice data on a system level.
4. Identify opportunities and challenges to motivate physician participation.
5. Discuss the analysis of system data in interpreting change.

METHODS: Representatives of the collaborators in the development of this PI CME activity will discuss how this unique PI CME activity was planned and implemented. Presenters will share their impressions and analysis of the successes and challenges of the contribution of CME to the quality improvement process.

KEY POINTS: The University of Texas Medical Branch, Correctional Managed Care system has collaborated with DIME, an independent accredited CME provider on a Performance Improvement CME activity whose purpose is to improve health outcomes for patients with Hepatitis C. The high seroprevalance (>30%) within the incarcerated population requires high standards of medical care for patient success. This activity targeted 100 facilities across the state of Texas, with approximately 150 clinicians serving over 100,000 patients.

RECOMMENDED READING: The Physician's Recognition Award and credit system; Information for accredited providers and physicians, American Medical Association, 2006: pp 10-11.

FINANCIAL OR IN-KIND SUPPORT: The activity around which this presentation is supported by an independent educational grant from Roche.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S16, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/30/10, Elmwood/3rd

TITLE: Does My CME Outcome Evaluation Project Need IRB's Approval?

COMPETENCY: 4.6 – Identify and help modify processes that are barriers to change and the implementation of new knowledge.

PRINCIPAL PRESENTER: Lea Ann Hansen, PharmD
Educational Concepts Group, 804/393-0498, lhansen@educationalconcepts.net
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Alison Heintz, MPH
Educational Concepts Group, 770/951-7370, aheintz@educationalconcepts.net
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Describe Levels 4/5 CME outcomes measurements that evaluate patient/population-level changes.
2. Define "human subjects research (HSR)".
3. List examples of CME outcome evaluation that may fall under the definition of HSR.
4. Discuss the function of the Institutional Review Board (IRB) for HSR.
5. Describe how to efficiently obtain IRB approval for CME outcome evaluation when necessary.

METHODS: Didactic and group discussion of higher-level CME outcome evaluation, ethical principles of HSR, and applicable regulations will be led by an IRB Chairperson and CME Outcomes Coordinator. Case studies of CME program evaluations will be used to exemplify when IRB involvement is necessary and how to successfully navigate the process.

KEY POINTS: Outcome measurement has become a more important emphasis of the ACCME, ranging from knowledge attainment (level (1) to level 4/5 evaluations assessing population/patient-based changes. Higher order outcomes include both self-reported and objectively measured change in clinician behavior or practice—and at the highest level, objective measures of patient health status. It is these higher levels that may involve HSR, defined, in part, as a systematic investigation that is designed to contribute to generalizable knowledge through intervention or interaction with a living individual or their identifiable private information. Therefore, CME providers may be involved in HSR that requires IRB review.

RECOMMENDED READING: Ratanawongsa N, Thomas PA, Marinopoulos SS, et al. The reported validity and reliability of methods for evaluating continuing medical education: a systematic review. Acad Med. 2008;83:274-283.
http://www.hhs.gov/ohrp/faq.html.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S17, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/30/10, Ascot/Newberry/3rd

TITLE: The Partnership Handbook:
Tips and Tools for Managing Collaborative Partnerships

COMPETENCY: 5.4 – Apply effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

PRINCIPAL PRESENTER: Mary Ales, BA
Interstate Postgraduate Medical Association, 608/237-7331, males@ipmameded.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Shelly Rodrigues, CAE
California Academy of Family Physicians, 415/345-8667, srodrigues@familydocs.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Robyn Snyder, BA
CME Enterprise, 317/846-2761, robyn_snyder@cmeenterprise.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Mary Conklin, BS
Interstate Postgraduate Medical Association, 608/237-1356, msconklin@ipmameded.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Explain the pros and cons of tools utilized in collaborative management.
2. Integrate relevant practices into CME partnerships.
3. Create appropriate expectations and accountability for partners.

METHODS: Panelists will share their experience and the tools they utilized in managing the Cease Smoking Today (CS2day) collaboration and will facilitate a discussion of the tools and techniques among the session's learners.

KEY POINTS: Collaborative partnerships require coordination, communication, and accountability to thrive. Proactive discussions and decisions around a communication platform, budget management, project milestones, governance, reporting and project changes are critical to ensuring all partners meet both internal and external organizational demands and in enabling the partnership to supply stakeholders with necessary information. Best practices from the CS2day collaboration will be shared including specific tools and processes.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S18, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/30/10, Jasperwood/3rd

TITLE: The Wicked Mess:
How to Strategically Retool Your CME Initiative for the Future

COMPETENCY: 6.4 – Promote and support appropriate change as an essential component of an effective CME program.

PRINCIPAL PRESENTER: Jane Nester, DrPH
Memorial University Medical Center, 912/350-8302, nesteja1@memorialhealth.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jean Wiggins
Memorial University Medical Center, 912/350-8302, wiggije1@memorialhealth.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Edward Abrams, DEd
Memorial University Medical Center, 912/350-8302, abramed1@memorialhealth.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: William Wessinger, MD
Memorial University Medical Center, 912/350-8302, wessiwi1@memorialhealth.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: Hospitals and Health Systems

OBJECTIVES: At the conclusion of this session, participants should be able to: (1) understand the complex nature of CME by systematically working with stakeholders to organize and deliver effective CME initiatives; (2) apply insights to their own CME Department and Committee; (3) bring order to chaos and complexity in leading a CME Department and Committee, and (4) utilize key strategies to retool and re-energize their CME Department and Committee.

METHODS: Didactic presentation with Power Point slides including examples and tools to use followed by interactive question and answer session.

KEY POINTS: Are you new in the CME profession and feel overwhelmed with all you need to learn and do and don't know where to start? Or does your CME Department need to step it up to meet the new ACCME guidelines? Or do you need to re-energize your CME Department and Committee? We will demonstrate a methodical way of leading or introducing change in the most efficient way to maximize performance of your CME Department and Committee. Key strategies will be discussed with examples and documents provided to help structure the process.

RECOMMENDED READING:
1. Collins, J.(2001) Good to Great. NY,NY: HarperCollins Publishers Inc.
2. Horn, R. & Weber, R. (Copyright 2007) New Tools for Resolving Wicked Problems: Mess Mapping and Resolution Mapping Processes. MacroVU, Inc. & Strategy Kinetics, LLC.
3. Senge, P. (1990)The Fifth Discipline. NY,NY: DoubleDay/Currency.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S19, Curriculum Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/30/10, Grand Salon A/1st

TITLE: CME: The Profession - It's Here **(Invited Abstract)**

COMPETENCY: 6.1 – Provide a vision of present role and future direction for CME and physician role and responsibilities in continued learning.
COMPETENCY: 6.5 – Maintain a high standard of professional ism and ethics for all CME staff.

PRINCIPAL PRESENTER: Jack Kues, PhD
University of Cincinnati, 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: Paul Weber, MA
Alliance for CME, 205/824-1355, pweber@acme-assn.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jann Balmer, PhD
University of Virginia, 434/924-5950, jtb9s@virginia.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Lois Colburn
University of Nebraska Medical Center, 402/559-2824, lcolburn@unmc.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:
1. Discuss the current stage of development of CME as a profession.
2. Discuss the Ethical Code of Conduct for CME and core components for that code that will help to further define the profession.
3. Analyze the next steps for the emergence of CME as a profession.

METHODS: Brief didactic overview followed by discussion and analysis of critical components that will help CME to emerge as a profession.

KEY POINTS: CME is emerging as a profession. Discussion of the core elements of a profession and its relevance to the CME community. Identify the impact of a CME Profession on individuals, institutions, and organizations.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S20, Curriculum Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/30/10, Grand Salon B/1st

TITLE: Transitions 3:
Finding and Leveraging Untapped Resources **(Invited Abstract)**

COMPETENCY: 5.3 – Collaborate and build relationships that support educational improvements for the patient, the physician, and the organization in which the physician works.
COMPETENCY: 5.4 – Apply effective communication and interpersonal skills to facilitate partnership with appropriate organizations.
COMPETENCY: 8.1 – Engage in self-assessment, identify gaps in knowledge/practice and design an individual learning plan for ongoing improvement.

PRINCIPAL PRESENTER: Barbara Huffman, MEd
Carle Foundation Hospital, 217/383-4647, Barbara.Huffman@carle.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Diana Durham Pusavat, PhD
Employee Education System, 562/826-5505, ext. 4188, Diana.Durham2@va.gov
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Barbara Fuchs, MS
EPiQ Services, LLC, 610/392-7155, bfuchs.epiqsvc@comcast,net
DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:
1. Demonstrate how to leverage professional skills and knowledge in changing practice environments.
2. Discuss strategies to adapt to significant changes in an organizational environment.
3. Identify untapped resources within your organization to supplement labor, subject matter knowledge experts and materials needed to maintain an effective CME program.
4. Analyze the next steps for the emergence of CME as a profession.

METHODS:
Faculty will use a blend of formal presentation with discussion and case examples to demonstrate how one might identify skill sets and knowledge acquired in one setting and transform to a new or different work environment. This session will also allow participants to identify changes in their organization and develop a strategy for adaptation using pro-active thinking.

KEY POINTS:
1. Life is change but growth is optional.
2. Win-Win is better than Win-Lose or Draw.

RECOMMENDED READING:
1. Stephen Covey, 7 Habits of Highly Effective People, 1989.
2. Richard Bolles, What Color is Your Parachute? 2002 Edition.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S21, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/30/10, Belle Chasse/3rd

TITLE: Paths of Feedback to Improved Patient Care

COMPETENCY: 2.1 – Use evidence based adult learning principles to guide the practice of CME.

PRINCIPAL PRESENTER: Mary Grantner, MA
Radiological Society of North America (RSNA), 630/368-3733, mgrantner@rsna.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Francis Kwakwa, MA
Radiological Society of North America (RSNA), 630/368-7889, fkwakwa@rsna.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Review the levels of feedback when defined as a non-judgmental learning tool.
2. Discuss the value of repetition of course teaching points for the adult learner.
3. Apply feedback and spaced repetition principles in an online assessment tool.

METHODS: Presenters will use a lecture/discussion format to demonstrate the effectiveness of feedback and repetition.

KEY POINTS: When medical specialty societies in radiology assemble CME activities that also act as self-assessment modules (SAMs), they provide learner feedback on a multitude of levels. First, the society provides immediate feedback on questions in the live didactic setting using the electronic Audience Response System and presenter reinforcement. Second, the SAMs learner receives more detailed, written feedback post-event, including questions, learner's responses compared to responses from all participants, and references to more information. Third, six months post-course the learner receives via e-mail a variation of a question that had been presented during the live event.

RECOMMENDED READING:
1. Georges Bordage, et al, Continuing Medical Education Effect on Physician Knowledge. Chest 2009;135;29S-36S.
2. John Hattie, Helen Timperley. The Power of Feedback. Review of Educational Research; 2007; 77; 81. (Also see http://rer.aera.net).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S22, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/30/10, Rosedown/3rd

TITLE: Continuous Quality Improvement Process:
Measuring Quality and Performance in a CME Program

COMPETENCY: 3.1 – Develop, use and support an effective data management system for educational and administrative purposes.

PRINCIPAL PRESENTER: Chitra Subramaniam, PhD
The American Society for Clinical Pathology, 312/541- 4757, chitra.subramaniam@ascp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Describe the Continuous Quality Improvement process as it relates to CME.
2. Discuss current processes that exist in measuring quality in continuing education.
3. Comprehend the CQI process as it relates to the overall accomplishment of an organization's CME mission.
4. Differentiate between quality and performance data.
5. Integrate performance data from educational interventions as a measure in the CQI process.

METHODS: Participants will be guided through the Continuous Quality Improvement Process through discussion of a case study- Design and Implementation of the CQI process at the American Society for Clinical Pathology (ASCP) to measure quality and performance in a CME program. The presenter will share tools, data collected, analysis and results obtained.

KEY POINTS: Design and implementation of systems that measure both quality and performance data in CME and can be used as tools for continuous improvement, is key to accomplishing your CME goals and mission. Addressing the updated ACCME criteria and moving towards performance improvement in CME requires the evaluation of all CME activities, learner performance, systems and processes at an organizational level and their implications to the overall goals of your organization. Join us as we share with you our experiences designing and implementing a Continuous Quality improvement process that includes both quality and performance measures. The session will also demonstrate the use of tools developed.

RECOMMENDED READING:
1. McLaughlin, C., Kaluzny, A. (1999) Continuous quality improvement in health care: theory, implementation, and applications, Jones & Bartlett Publishers, Inc.
2. Biggs, J. (1999) Teaching for Quality Learning at University, Open University press, Buckingham UK, pp 165-203.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S23, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/30/10, Fountain/3rd

TITLE: Demonstrating Meaningful Improvement Using Microsoft Excel for Basic Statistical Analysis: An Introduction

COMPETENCY: 3.2 – Use measurement data to assess outcomes/results of the learning intervention as a basis for determining future learning needs and for determining the application of the educational knowledge and skills.

PRINCIPAL PRESENTER: Jamie Reiter, PhD
CME LLC, 951/265-1878, jamie.reiter@cmellc.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should (1) have a better appreciation for the importance of proper statistical analysis, (2) have a better understanding of which basic statistical methods are appropriate for their needs, and (3) be able to enter data into Microsoft Excel, perform a basic analysis and interpret the results.

METHODS: Didactic lecture, interspersed with demonstrations using Microsoft Excel. Participants bringing a laptop can practice the techniques presented as we go along. In addition, the presenter will provide (electronically) a complimentary Excel template which includes customized "code" and which simplifies the entire process.

KEY POINTS: With improvements in patient health as the ultimate goal of CME activities, it is crucial to accurately represent increases in clinician competence, attitudes and practice behaviors through statistical analysis. Satisfying ACCME requirements for demonstrating program success also depends on appropriate statistical procedures. Setting arbitrary criteria for defining improvements, or using inappropriate statistical procedures, can result in misleading and inaccurate conclusions. This session will not only emphasize the importance of statistical analysis, but will also provide basic information and tools for conducting proper statistical tests.

RECOMMENDED READING: StatSoft, Inc. (2007). Electronic Statistics Textbook. Tulsa, OK: StatSoft. http://www.statsoft.com/textbook/stathome.html.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S24, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/30/10, Jasperwood/3rd

TITLE: Competency-based CME Outcomes with Real-time Behavioral Technology

COMPETENCY: 3.2 – Use measurement data to assess outcomes/results of the learning intervention as a basis for determining future learning needs and for determining the application of the educational knowledge and skills.

PRINCIPAL PRESENTER: Mark Evans, PhD
AMA, 312/464-5990, mark.evans@ama-assn.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Melinda Somasekhar, PhD
Temple University School of Medicine, 215/707-4711, somasem@temple.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to (1) identify assessment strategies for web-based outcomes deployment, (2) reinforce the necessity for formative outcomes data management and procurement applications, (3) develop methods for streamlining outcomes measurement procedures, and (4) relate real-time permission-based outcomes data sharing capabilities for all CME stakeholders.

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

KEY POINTS: CME educators should look towards web-based process enhancements to help streamline outcomes measurement data procurement. Such enhancements should free up organizational resources normally dedicated to manual data procurement for enhanced actual outcomes data interpretation. The use of web based outcomes technology creates provider efficiencies and strengthens formative evaluation throughout the CME cycle.

RECOMMENDED READING:
1. Clark, MN et al. Impact of Education for Physicians on Patient Outcomes. Ped. 1998; 101:831-836.
2. David D., Thomson, MA., Freemantle, N., Wolf FM., Mazmanian, PE, Taylor-Vaisey, A. Impact of formal continuing medical education. Do conferences, workshops, rounds and other traditional continuing education activities change physician behavior or health care outcomes?

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S25, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/30/10, Grand Salon C/1st

TITLE: Designing and Measuring Interventions to Improve Patient Health within a Managed Care Population

COMPETENCY: 4.3 – Consider healthcare organizational needs and goals when offering CME interventions.

PRINCIPAL PRESENTER: Steve Casebeer, MBA
Impact Education, LLC, 215/619-8812, steve.casebeer@impactedu.net
DISCLOSURE: Does have an interest in selling a program to CME professionals.

CO-PRESENTER: Annette Boyer, RPh
CECity, Inc., 412/338-0366, aboyer@cecity.com
DISCLOSURE: Does have an interest in selling a technology, program, product and/or service to CME professionals.

CO-PRESENTER: Victoria Street
National Committee for Quality Assurance, 202/955-1708, Street@ncqa.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jon Ukropec, PhD
Ortho-McNeil Janssen Scientific Affairs, LLC, 609/730-2288, jukropec@omjus.jnj.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Explain system barriers within managed care that create educational challenges for this audience
Indicate how health plans can assist providers with strategies to increase quality and improve overall patient health
Describe interventions, including P.I. initiatives, to improve clinical and quality outcomes within a managed care setting
Review the use of technology in data collection and reporting across diverse groups of providers
Cite level 4 outcomes results that compare and contrast interventions for managed care

METHODS: Didactic presentations, discussion, and case study examples will be used to achieve the program learning objectives. A discussion forum will be used to address questions and encourage interaction from stakeholders with the CME community.

KEY POINTS: Managed care plans have the capacity to collect information to understand practice patterns and performance of clinicians in their system. Analysis of these practices and the patient populations, coupled with current treatment guidelines and evidence-based medicine, enables plans to deploy educational interventions and potential tools. Plans can encourage participation to a network of providers creating economies of scale for programming by reaching the entire care team through a single gateway. Examples of programs include P.I. CME designed to improve HEDIS quality measures as well as adoption of the patient-centered medical home model for coordinating care. These are potential areas where interventions may be integrated as part of the evolving health care system for a holistic team approach to improving patient care.

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: S26, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/30/10, Oak Alley/3rd

TITLE: COPD: Improving Patient Care by Overcoming the Barriers to the Appropriate Use of Spirometry

COMPETENCY: 4.5 – Design activities with a cumulative goal of helping physicians, or teams of learners, to adopt change incrementally, assuring there is compatibility with present systems and advantage over present behaviors.

PRINCIPAL PRESENTER: Bob Meinzer, BS
New Jersey Academy of Family Physicians, 651/636-2729, rlmeinz@visi.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Theresa Barrett, MS
New Jersey Academy of Family Physicians, 609/394-1711, theresa@njafp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Kelly Hitchcock, BS
New Jersey Academy of Family Physicians, 716/652-5846, kelly@njafp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Suzanne Murray, BA
AXDEV, 450/465-2011, murrays@axdevgroup.com
DISCLOSURE: Does have an interest in selling a product to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to:
1. Differentiate between a knowledge gap and a skill gap
2. Design an educational intervention that overcomes barriers
3. Integrate outcomes measures that evaluate physician behavioral change at the practice level

METHODS: The presentation team will outline the project, describe the challenges they faced and how they overcame them, discuss the adult education strategy that was employed, explain the workshop format and outline the outcomes process, which included follow-up with physician learners.

KEY POINTS: Spirometry is a simple, inexpensive test that is crucial to distinguish COPD from asthma. In 2005, spirometry was added to the HEDIS measures to improve the diagnosis. Only 35% of those patients covered by commercial insurance and 26% of Medicare and Medicaid patients were undergoing spirometry testing. Workshops were organized at family physician meetings, with a maximum of 30 participants, where barriers were discussed and hands-on spirometry demonstrations occurred. Enduring materials were included, as well as an E-learning program and a performance improvement module. Outcomes were evaluated one day after the program and at 3 months and included physician and patient interviews.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S27, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/30/10, Grand Salon D/1st

TITLE: Debating the Satellite Symposium Conundrum:
   Does a Practical Model Exist?

COMPETENCY: 5.2 – Identify and collaborate with external partners that enhance effective CME activities.

PRINCIPAL PRESENTER: Amanda Pauley, BA
American College of Cardiology Foundation, 202/375-6416, apauley@acc.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Elizabeth Yarboro, BA
American College of Cardiology Foundation, 202/375-6316, eyarboro@acc.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: Medical Specialty Societies

OBJECTIVES: (1) Identify areas for improvement that exist in the current model for planning, implementing and securing funding for satellite symposia. (2) Effectively collaborate with external partners to maximize the resources and strengths of all involved parties. (3) Reach a consensus, within the medical specialty provider section, on a practical model for the implementation of all future satellite symposia.

METHODS: Several models currently used to plan and implement satellite symposia will be presented. Attendees will break into small groups to discuss the pros/cons of the presented models then the entire group will reconvene to develop a practical model for the implementation of all future satellite symposia.

KEY POINTS: Specialty societies recognize the multitude of issues that existing satellite symposia models present and are eager to implement changes that will address all relevant regulatory issues and improve the overall quality and effectiveness of the educational interventions they implement. This session will provide an opportunity for representatives from a wide variety of specialty societies to discuss the successes and setbacks they have encountered in their attempts to implement revised satellite symposia model. The group will use this information to guide the development of a more practical model.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S28, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/30/10, Melrose/3rd

TITLE: Practice-based Research Networks (PBRNs) as a Source for Needs Assessment, Outcomes Data and Performance Improvement

COMPETENCY: 5.3 – Collaborate and build relationships that support educational improvements for the patient, the physician, and the organization in which the physician works.

PRINCIPAL PRESENTER: Pam McFadden
University of North Texas Health Science Center, 817/735-2581,
mcfadden@hsc.unt.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Andrew Crim
University of North Texas Health Science Center, 817/735-2644, acrim@hsc.unt.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) describe what is meant by "Practice-Based Research Network (PBRN)"; (2) describe the goals and missions of PBRNs; (3) identify ways CME providers can partner with PBRNs to identify practice gaps, assess outcomes of educational interventions, conduct performance improvement initiatives and translate research findings into clinical practice, and (4) locate additional information on the 101 PBRN networks in the US.

METHODS: Presenters will provide background information on AHRQ-sponsored PBRNs, walk participants through existing or ongoing projects with one PBRN and explore the potential these primary care networks have for improving the development, implementation and assessment of CME.

KEY POINTS: Increasingly, PBRNs are recognizing their potential to expand their purpose, and are supporting quality improvement activities within primary care practices and the adoption of an evidence-based culture in primary care practice. Many PBRN leaders have begun to envision their networks as places of learning, where clinicians are engaged in reflective practice inquiries, and where clinicians, their patients, and academic researchers collaborate in the search for answers that lead to the improved delivery of primary care. PBRNs have not traditionally centered research activities around CME, although great potential exists for CME providers to partner with these networks.

RECOMMENDED READING: Green LA, Hickner J. A short history of primary care practice-based research networks: From concept to essential research laboratories. JABFM. 2006: 19(1): 1-10.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S29, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/30/10, Ascot/Newberry/3rd

TITLE: Lead, Follow, or Get Out of the Way!

COMPETENCY: 6.2 – Develop a model learning organization.

PRINCIPAL PRESENTER: Eric Peterson, EdM
Annenberg Center for Health Sciences at Eisenhower, 760/773-4587, epeterson@annenberg.net
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Philip Dombrowski, MBA
Annenberg Center for Health Sciences at Eisenhower, 760/773-4533, pdombrowski@annenberg.net
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this breakout session the participants should be able to do the following: (1) conceptualize leadership as a process in which all may participate; (2) describe a framework for analyzing the interaction between leaders and followers; (3) identify situations in which they may be in either a leadership or followership position; (4) Discuss the ethical dimensions of endorsing the leadership of others, and (5) constructively contribute to the leadership process.

METHODS: This breakout session will use brief presentations, discussion, and small group activities to convey the material to participants.

KEY POINTS: We often think of leadership as the preserve of individuals who are in designated positions of leadership. While these individuals indeed have special responsibilities for leadership, leadership can be understood as a process in which all individuals participate either by making attempts to influence the behavior and actions of others, or supporting the attempts of others to exercise influence. Attempts to lead need not come from those in designated positions of leadership, and those in positions of leadership ironically find themselves in the position of following as often as they are in a position to lead. The decision to constructively follow has important ethical dimensions.

RECOMMENDED READING:
1. Riggio RE, Chaleff I, Lipman-Blumen J, Eds. The Art of Followership. Jossey-Bass, San Francisco. 2008.
2. Kellerman B. Followership: How Followers are Creating Change and Changing Leaders. Harvard Business Press. Boston, 2008.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S30, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/30/10, Elmwood/3rd

TITLE: Activity Compliance:
Case Studies for Successful CME Planning and Review

COMPETENCY: 7.6 – Assure that the CME program is in compliance with the Accreditation Essentials, Elements, and Policies and other regulatory requirements.

PRINCIPAL PRESENTER: Allison Kickel
Global Education Group, 303/395-1782, ext. 77, akickel@globaleducationgroup.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Brandy Lewis, CCMEP
Global Education Group, 303/395-1782, ext. 74, blewis@globaleducationgroup.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to:
1. Identify the key components and steps in planning a compliant and successful CME activity
2. Translate project management skills in application to a CME activity
3. Cite criteria that guides CME planning and development

METHODS: Use a case-based discussion to review techniques and processes to improve and streamline the CME activity planning and review system, followed by practical examples (case studies) to focus on error prone areas and drive group discussion on quality solutions.

KEY POINTS:
1. Examine competencies in the planning process, LOA's, faculty, content, and post-activity audit and closure.
2. Define the processes and pitfalls of a CME clinical review.
3. Review frequently overlooked issues that jeopardize 100% ACCME compliance.
4. Compare tracking and documentation processes.
5. Assess critical path and the effect it can have on projects.
6. Illustrate solutions for organizations, large and small, focusing on a team effort.
7. Describe communication and documentation methods with partners and faculty.

RECOMMENDED READING:
1. The ACCME's Essential Areas and Their Elements, Retrieved: March 19, 2009, from the Accreditation Council for Continuing Medical Education. Web site:
   http://www.accme.org/dir_docs/doc_upload/f4ee5075-9574-4231-8876-5e21723c0c82_uploaddocument.pdf.
2. University of Medicine & Dentistry of New Jersey, Center for Teaching Excellence: Active Learning- Case-Based Lear.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S31, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/30/10, Magnolia/3rd

TITLE: Current, Compliant…and Awake: The CME "PACE" Program – CME Professionals Attaining Competency via Education

COMPETENCY: 8.3 – Promote professional development for self and staff.

PRINCIPAL PRESENTER: Karen Thomas, CCMEP
Institute for Continuing Healthcare Education, 215/446-8088, ext. 1104, kthomas@iche.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-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: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) establish an internal compliance and training program within their own accredited provider settings; (2) promote competency-based professional development for CME office staff; (3) construct active and engaging discussion sessions to build team confidence in the competencies, and (4) create alternate learning tools and strategies for the "hard-to-reach" team member(s).

METHODS: Informational presentation accompanied with a PowerPoint presentation and handouts, including examples of strategies and specific tools. Time will be dedicated for group activity, discussion, and Q&A.

KEY POINTS: Establishing internal systems that promote self-assessment and life-long learning for CME professionals is key to the continued evolution of the CME enterprise. The CME "PACE" Program is geared towards effectively educating the CME team. Competencies for CME professionals now reflect the competency expectations of the entire CME organization. Compliance training activities create building blocks that will strengthen the strong foundation of knowledge your team currently possesses; and use a variety of fun educational formats that will make learning easy for even those "hard-to-reach" team members. Confidence assessment tools help gauge personalized learning opportunities.

RECOMMENDED READING: King, R., North, S. (2008). Alliance for Continuing Medical Education's Competency Areas for CME Professionals. Retrieved March 17th, 2009, from Alliance for Continuing Medical Education. Online: http://www.acme-assn.org/home/compreport/Competenties_Analysis_Report_FINAL.pdf.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S32, Mini-plenary

TIME/DAY/LOCATION: 11:15 am-12:15 pm, Saturday, 1/30/10,
Grand Ballroom A-D/1st

TITLE: Hot Topics in CME: Recommendations from the Institute of Medicine and the AAMC/AACN Lifelong Learning Consensus Conference **(Invited Abstract)**

COMPETENCY: 2.7 – Consider multi-disciplinary educational interventions when appropriate.
COMPETENCY: 4.1 – Recognize that, when offering learning interventions, CME professionals and the individual physicians they serve are part of a team and the system in which they work.
COMPETENCY: 6.1 – Provide a vision of present role and future directions for CME and physician role and responsibilities in continued learning.

PRINCIPAL PRESENTER: Robert Fox, EdD
University of Oklahoma, 405/325-2769, rfox@ou.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Dave Davis, MD
Association of American Medical Colleges, 202/862-6275, ddavis@aamc.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

DESCRIPTION: Dr. Fox, a member of the IOM Committee on Planning a Continuing Health Care Professional Education Institute, will report on the major recommendations from their report entitled *Redesigning Continuing Education in the Health Professions*. These recommendations serve as an indicator of the future of continuing education in the health professions and the value of its integration in the healthcare system at large. The findings provide a new framework for the design and implementation of continuing education that incorporates inter-professional education as well as profession specific education and other important factors related to the future of CME.

Dr. Davis will provide the recommendations from the Consensus Conference hosted by the Association of American Medical Colleges and the American Association of Colleges of Nursing. The recently released report focuses on 5 major areas: Formal CE, Point of Care Learning, Inter-professional Education, Lifelong Learning, and Workplace Learning. The recommendations include general and specific recommendations for profession specific and inter-professional education strategies.

METHODS: Brief overview of the reports followed by open discussion/Q&A.

KEY POINTS: These two reports signal a substantial shift in the role of CE in the Health Professions, with CME as a critical element in that larger framework. The value proposition for lifelong learning and continuing professional development of healthcare professionals is being reviewed, restructured and evaluated with respect to its relevance to improving patient care and outcomes.

RECOMMENDED READING: IOM Report: http://books.nap.edu/openbook.php?record_id=12704

PARTICIPANT NOTE SPACE:

MEETING: Alliance 2009 Annual Business & Town Hall Minutes

TIME/DAY/LOCATION: 12:15 am-1:15 pm, Fri, 1/30/09, Yerba Buena 7-9/Lower B2
San Francisco Marriott®, San Francisco, California

I. CALL TO ORDER

The Alliance 2009 Annual Business Meeting was called to order by Sue Ann Capizzi, MBA, President, at 12:30 pm PST, January 30, 2009. Ms. Capizzi introduced the current Alliance Board of Directors.

II. APPROVAL of JANUARY 20, 2008 MINUTES

A motion was made and passed to approve the January 20, 2008 Annual Conference Business Meeting minutes.

III. PRESIDENT'S REPORT

Ms. Capizzi welcomed annual conference participants and reported on the Alliance's major highlights during 2008.

A. Major Accomplishments in 2008

Office Structure and Terms Changed

Bylaws have been revised to authorize a one-year term for President and creation of a Vice-president (also a one-year term). The position of Secretary/Treasurer has been separated into two positions, each for two-year terms.

Strategic Planning Process Continued

Board meetings have been refocused to more fully address strategic issues. After an environmental scan, the Board affirmed (in April) 4 strategic imperatives and 12 prioritized goals. Objectives were set to measure outcomes throughout 2009, and staff accordingly developed a work plan and operating budget.

Competency Project Completed

Competency areas and performance indicators were validated as to which are most important to the CME profession. Eight competency areas have been identified along with associated knowledge, skills and attitudes to focus on the development of educational content for each competency.

Membership Survey Conducted

To fulfill the Alliance's promise to stay in touch with members, a new, online, membership survey was conducted in 2008 with 685 participants. During the 34th Annual Conference, a focus group dinner meeting took place to obtain feedback about membership benefits. The Membership Coordinating Committee and the Professional Development Committee are listening and developing programs/products to meet members' needs.

Physician Leadership Report Received

This report recommended a number of strategies to increase physician leadership in the Alliance and the CME profession.

CME Certificate Task Force Established

A new, CME Certificate Task Force has been established and will be chaired by Charmaine Cummings, PhD, RN. This task force will outline parameters for the development of a certificate program based on the Alliance competencies for CME professionals.

B. Alliance's Advocacy Accomplishments in 2008

In 2008, the Advocacy Committee submitted comments to the Institute of Medicine on managing conflicts of interest, and responded to the ACCME's two Calls for Comment.

C. Leadership Development

Ms. Capizzi stated that a plan was implemented to identify and engage more volunteers. Most committees are now chaired by non-board members, and many new positions have been made available in 2009. Terms limits were addressed, including limiting the number of committees on which an individual may serve.

Ms. Capizzi went on to say that it was a privilege to have served as President and expressed her thanks to fellow Board Directors, committee chairs, volunteers, and all Alliance members. She also extended special thanks to staff for their efforts in planning the annual conference.

Finally, Ms. Capizzi introduced Greg Paulos, MBA, Secretary-Treasurer.

IV. SECRETARY-TREASURER'S REPORT

Mr. Paulos reported that the Alliance was in a sound financial position during 2008. Its total assets as of November 30, 2008 were $2,759,247, which consisted of cash/cash equivalents of $1,808,302, marketable securities of $610,745, and other assets of $340,200. Its total liabilities and net assets were $2,759,247 which consisted of accounts payable of $28,832, accrued expenses of $30,758, deferred revenue of $1,777,224 and net assets of $922,433.

A. 2008 Financial Results

The Alliance's total actual revenue was $3,071,263, which was 18% above budget projections. It also was reported that there usually is a close correlation between membership and annual conference participation. The total actual expenses were $2,760,227, which was 8% above budget projections. The actual net income was $311,036.

B. 2008 Finance Committee Actions and Accomplishments

Three actions undertaken by the Finance Committee were **1)** implementation of a business planning process for all new Alliance projects, **2)** approval of the 2008 Alliance audit, and **3)** approval of the 2009 Work Plan and Operating Budget.

In addition, the Finance Committee completed **1)** a competitive bidding process to select an audit firm for the next 3 years and **2)** a comprehensive fundraising strategy to increase support of the Alliance's educational programs/products.

C. 2009 Operating Budget

The 2009 projected revenue is expected to be $3,275,175, which is a 14% increase above the 2008 budget. The 2009 expenses are estimated to be $3,233,762, which represents a 19% increase above the 2008 budget. The 2009 projected net income is $41,413.

Finally, Mr. Paulos introduced Maureen Doyle-Scharff, MBA, who will assume the Secretary-Treasurer responsibilities at the end of this year's meeting through the 2011 Annual Conference.

V. EXECUTIVE DIRECTOR'S REPORT

Paul Weber, MA, Executive Director, reported on the Alliance's membership, annual conference, and professional development activities.

A. Membership Growth

For 2008, Alliance membership totaled 2,636 members, which represented an 8% increase over the membership count in 2007. New members accounted for 690 of the total, while 1,946 individuals were renewing members. The breakdown of membership by member section is as follows:

Member Section	# of Members
Federal Health Care Educators	21
Health Care Education Associations	114
Hospitals & Health Systems	650
MECCA	611
Medical Schools	374
Medical Specialty Societies	292
PACME	234
State Medical Societies	48
Other	292

B. Alliance Growth

Mr. Weber highlighted the growth experienced by the Alliance over the last 13 years, which is reflected below:

Area	1996	2009	% Difference
Annual Conference	775	1,443	86%
Operating Budget	$542,063	$3,233,762	497%
Reserve Fund	$269,507	$610,745	127%
Total Assets	$643,065	$2,759,247	329%
Membership	1,625	2,636	62%
Staff	2 Full-Time	10 Full-Time 5 Part-Time	525%

C. New Professional Development Activities for 2009

Mr. Weber announced that there was a wide variety of new educational programs being launched in 2009, including **1)** development of certificate programs based on the competencies for CME professionals, **2)** a self-assessment tool and individualized education plan, **3)** additional educational programs offered on the local level, and **4)** the Alliance's new Career Center that launched at the end of 2008.

D. Web-based Educational Programs

The Alliance will sponsor new webinars in 2009 designed to help plan more effective, performance-based CME activities. In addition, they will provide an opportunity to learn from providers who have completed reaccreditation surveys under the new criteria. Topics to be discussed in upcoming webinars include a legislative/regulatory update and a detailed explanation of the revised Stark Rules.

Mr. Weber also announced new products that will be available in 2009, including **1)** an online Basics Institute, **2)** an outcomes evaluation workbook, and **3)** a handbook that highlights Best Practices in CME from leading providers.

E. Upcoming Events in 2009

— CME: The Basics Institute will be held at the Hyatt Regency O'Hare, Rosemont, IL, Thursday-Friday, June 25-26, 2009.
— ACME Spring Summit will be held at the Sofitel Philadelphia, Philadelphia, PA, Thursday-Friday, May 7-8, 2009.

VI. BUSINESS MEETING CONCLUSION

The reports of the Annual Business Meeting were approved by the members. Ms. Capizzi recognized the hard work of Alliance staff, Board Directors, members, and volunteers. The gavel was then passed to Jann Balmer, PhD, RN, incoming President.

A. New President Introduction

Dr. Balmer began her term as Alliance President by explaining her vision for 2009 and the themes she plans to focus on during her tenure.

Dr. Balmer discussed the following themes: **1)** communication among members, stakeholders, and the healthcare community; **2)** implementation of the Alliance's competencies for CME professionals; **3)** collaboration with SACME, AHME, AAMC, NAAMECC, ACCME, Joint Commission, ABMS, and CMSS; **4)** creation of ethical standards for the CME profession, and **5)** addressing critical issues concerning commercial support, conflict of interest, and the value of CME.

She then asked members to share their needs, expectations, and expertise and to actively participate in the work of the Alliance.

There being no further business, a motion was made and passed to adjourn the Alliance's 2009 Annual Business Meeting at 1:00 pm, PST.

VII. TOWN HALL MEETING

Upon completion of the Business Meeting, Dr. Balmer opened the floor to Alliance members for a question and answer session with the Board of Directors.

Members asked about

1. bar code badges usage to record individual's attendance at specific Annual Conference sessions,
2. collaboration with ANCC and ACPE for joint accreditation application/procedures,
3. provision of more information about competencies for CME professionals,
4. Advocacy Committee's non-response to the AAMC,
5. timing of call for data for CME Exchange,
6. developer of NAAMECC's code of professional conduct asked for support, and
7. bundling of Alliance products to make them more affordable.

After all member questions were addressed, Jack Kues, PhD, Chair, announced the 35th (2010) Annual Conference details.

VIII. ADJOURNMENT

There being no further questions, concerns, or announcements, a motion was made and passed to adjourn the Alliance's 2009 Annual Business and Town Hall Meeting at 1:15 pm, PST.