EDUCATIONAL FORMAT: W1, Intensive

TIME/DAY/LOCATION: 8:30 am – 12:00 pm, Wednesday, 1/26/11, Nob Hill A-D/Lower B2

TITLE: CME Basics Seminar ($)

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

PRINCIPAL PRESENTER: Michael Lemon, MBA, FACME, CCMEP (Chair)
Postgraduate Institute for Medicine, 720/ 895-5329, mlemon@pimed.com
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: Mary Martin Lowe, PhD
Learning Advisors, 312/576-6080, marymartinlowe@mac.com
DISCLOSURE: Does 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 and 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: 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 participating in this session, you should be able to: (1) Utilize the Alliance for CME's Competency Areas to improve your practice as a CME professional; (2) Discuss the current environment in which CME operates; (3) Identify the skills and attributes needed to develop effective CME; (4) Describe strategies for identifying practice gaps and associated need; (5) Explain frameworks for evaluating CME outcomes; and (6) Develop a personal learning plan for continuous improvement.

METHODS: Experienced CME professionals will facilitate interactive exercises and group discussions.

KEY POINTS: Using the Alliance's Competencies as the framework, participants will gain insights into the knowledge and skills needed by CME professionals, including the ongoing need to self-assess and engage in lifelong learning. A key component of the session is a concluding self-assessment exercise and the development of a learning plan that will outline the ways and extent to which learners' own professional development can and should focus on each of the Alliance's Competency Areas.

RECOMMENDED READING: See www.acme-assn.org for information and documents related to the Alliance Competency Areas for CME Professionals.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W2, Intensive

TIME/DAY/LOCATION: 8:30 am – 12:00 pm, Wednesday, 1/26/11, Yerba Buena 4-6/Lower B2

TITLE: CE/CME/CPD 501: A Transformational Leadership Workshop - Year 2 ($)

THEME RELATED AREA: Multi- and inter-disciplinary education

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: Jann Balmer, PhD
University of Virginia, 434/242-2868, jbalmer@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 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: 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: Damon Marquis, MA, MS, FACME
The Society of Thoracic Surgeons, 312/202-5813, dmarquis@sts.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: Chris Larrison, BA
Healthcare Performance Consulting, Inc., 317/733-9816, larrison@changingperformance.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Tom McKeithen, MBA
Healthcare Performance Consulting, Inc., 904/529-6571, mckeithen@changingperformance.com
DISCLOSURE: Does have an interest in selling a product and/or service to CME professionals.

CO-PRESENTER: Lois Colburn
University of NE 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.

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.

EDUCATIONAL FORMAT: W2, Intensive (continued)

CO-PRESENTER: Pamela Mason, BS, CCMEP, FACME
AstraZeneca PLP, 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: Robert Kristofco, MSW
Pfizer, Inc., 212/733-0055, robert.krisofco@pfizer.com
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 and 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: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: A pre-conference workshop, targeting advanced (10+ years of experience) CE/CME/CPD professionals, this session will address the critical needs of the CME arena in the area of transformational leadership. Participants will:
- Recognize the urgent call for leaders and change-agents in the world of CE/CME/CPD
- Identify partners and collaborators to leverage for transformational change strategies
- Describe the leading change process and how to use it in their CE/CME/CPD program
- Apply the change process to a case study on inter-disciplinary education in the group exercise
- Develop and participate in communities of practice around transformational change
- Develop a transformational change 'Plan of Action'

METHODS: A variety of methods will be utilized during this session including, but not limited to:
- keynote speaker
- small group breakouts
- expert panel discussion (faculty TBD)
- audience response technology
- self-assessment
- post-activity follow-up

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

RECOMMENDED READING:
- Kotter, JP, Leading Change
- Kotter, JP, A Sense of Urgency
- 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
- Fieldbook: Strategies and Tools for Building a Learning Organization Schein, EH, Organizational Culture and Leadership

FINANCIAL OR IN-KIND SUPPORT: Audience response technology provider to be determined.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W3, Intensive

TIME/DAY/LOCATION: 8:30 am – 12:00 pm, Wednesday, 1/26/11, Yerba Buena 1-3/Lower B2

TITLE: Advanced Program Analysis: Practical Methods to Quantify Learning ($)

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

COMPETENCY:
2.3 - Facilitate physician self-assessment, self-directed learning and evaluation using appropriate data.
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.
3.3 - Use data to assess the performance of the CME office in meeting its mission and organizational goals.

PRINCIPAL PRESENTER: Erik Brady, PhD
Clinical Care Options, 919/280-6519, ebrady@clinicaloptions.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

PRINCIPAL PRESENTER: Scott Hershman, MD
Postgraduate Institute for Medicine, 720/895-5353, shershman@pimed.com
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.

CO-PRESENTER: Alicia Reese, PharmD
Endo Pharmaceuticals Inc, 610/459-6479, reese.alicia@endo.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 better able to: (1) relate the value of applying quantitative methods to the assessment of an educational activity; (2) describe characteristics of strong multiple-choice test items that accurately and fairly assess learners' knowledge and competency; and (3) translate data derived from individual activities into an analysis of the CME program.

METHODS: Learners will study examples of different forms of assessment questions in order to understand the importance of advanced question item writing. Participants will engage in a hands-on and interactive workshop regarding challenges, accomplishments, and learnings regarding the construction and use of multiple-choice test items for assessment in CME activities. Learners will study examples of methods for assessing the success of their organization's Mission, in line with Criterion 12. In this case study–based session, practical examples of each objective will be discussed in an interactive format.

KEY POINTS: This session will focus on the methods of program analysis with a focus on translating data from individual activities into a quantitative measure of overall program success. The key points:
1. Sound question item writing allows for quantification of the impact of an educational activity.
2. Construction of effective test items and revision of test items to improve clarity is a critical skill for CME professionals who use them as a tool for learner self-assessment, performance improvement, and/or evaluation of CME activities through pre- and post-tests.
3. Setting appropriate goals for your CME program provides a mechanism for quantifying success.

RECOMMENDED READING:
1. NBME Item Writing Manual, http://www.nbme.org/publications/item-writing-manual-download.html
2. Test Item Writing, http://www.uab.edu/uasomume/cdm/test.htm

EDUCATIONAL FORMAT: W4, Intensive

TIME/DAY/LOCATION: 8:30 am – 12:00 pm, Wednesday, 1/26/11, Yerba Buena 10-12/Lower B2

TITLE: Informatics Boot Camp with the American Medical Informatics Association (AMIA) and MedBiquitous **(Invited Abstract) ($)**

THEME RELATED AREA: Informatics

PRINCIPAL PRESENTER: Don Detmer, MD, MA
University of Virginia, 301/657-1291, ded2x@virginia.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) Identify the key aspects of biomedical informatics, (2) relate the role of biomedical informatics to healthcare delivery, patient safety and education, and (3) discuss the impact of BMI on communication, healthcare research and problem solving and public health.

METHODS: Boot camp style tutorial

KEY POINTS: This intensive is intended to introduce those with little or no knowledge of informatics, to the nature, key concepts, and applications of the discipline of biomedical informatics. The material targets the high profile areas of informatics such as clinical or health care informatics, bioinformatics, clinical research informatics, and public health informatics, and points the participants in the direction of broader and deeper enquiry. Topics covered include grand challenges for BMI (biomedical informatics); the nature, structure, and management of health data, information, and knowledge intelligent health Systems; health communications systems; user interface and interactive systems; human and social aspects of HIT; major applications to health care; and training and education.

Biomedical informatics (BMI) is the interdisciplinary field that studies and pursues the effective uses of biomedical data, information, and knowledge for scientific inquiry, problem solving and decision making, driven by efforts to improve human health. The Obama administration's emphasis on building out the nation's health information infrastructure and increasing the capacity and skills of the HIT workforce has thrust informaticians into key positions that will impact health care for years to come. Significant federal awards for informatics research and HIT workforce training are a prelude to the requirement for meaningful use of electronic health records that is looming in the future.

ACKNOWLEDGEMENTS:
Dr. Detmer is a member of the MedBiquitous Consortium Board of Directors.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W5, Member Section Meeting
(Health Care Education Associations – All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/26/11, Pacific J/4th

TITLE: Health Care Education Associations Member Section Meeting

PRINCIPAL PRESENTER: Lauren Ero, MS (Section Co-Leader)
National Foundation for Infectious Diseases, 301/656-0003, ext. 12, lero@nfid.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Dierdre McKee, MPH (Section Co-Leader)
National Comprehensive Cancer Network, 215/690-0247, mckee@nccn.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Health Care Education Associations

OBJECTIVES: This member section meeting will highlight:
1. Update from the Alliance for Continuing Medical Education Board
2. Performance Improvement CME: Different Perspectives
3. Implementing the New Accreditation Standards: Reaccreditation, Progress Reports and Moving Forward Under the New Standards
4. Presentation of Great Ideas Award and a presentation by the awardee about the great idea
5. Update of Member Section Activity and discussion of additional, timely topics affecting health care education Associations

PARTICIPANT NOTE SPACE:

**EDUCATIONAL FORMAT: W6, Member Section Meeting
(Hospitals and Health Systems – All Conference Participants Welcome)**

**TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/26/11,
Yerba Buena 4-6/Lower B2**

TITLE: Hospitals and Health Systems Member Section Meeting

PRINCIPAL PRESENTER: Linda DuPont, BA (Section Leader)
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.

CO-PRESENTER: Debra Jorden, MS, CCMEP (Section Co-leader)
Cook Children's Medical Center, 682/885-7961, debra.jorden@cookchildrens.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Hospitals and Health Systems

OBJECTIVES: At the completion of this session, participants should be able to:
1. Identify common issues of concern to CME professionals working in hospitals and health systems settings;
2. Access their program for changes necessary for Updated Criteria;
3. Review suggested solutions presented by colleagues in lecture, panel discussion and small group formats.

METHODS: Mini-lectures will focus on ongoing issues and challenges as well as the program changes necessary for compliance. In addition, topics identified by attendees through the Hospital/Health System List Serve will be discussed. Panel discussion and question and answer sessions will follow.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W7, Member Section Meeting (Medical Education and Communication Company Alliance [MECCA] - All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/26/11, Yerba Buena 10-12/Lower B2

TITLE: Medical Education and Communication Company Alliance Member Section Meeting

THEME RELATED AREA: Electronic-based information systems and/or e-learning

COMPETENCY: 6.3 - Provide and support an environment of continuous improvement in educational practice and office operations.

PRINCIPAL PRESENTER: Alicia Sutton, CCMEP (Section Leader)
Omnia Education, Inc., 215/237-5892, asutton@omniaeducation.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jan Perez, CCMEP (Section Co-Leader)
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.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Education and Communication Companies

OBJECTIVES: At the conclusion of this meeting, participants should be able to:
1. Identify opportunities where social media can improve learning and measure educational outcomes.
2. Describe how social media can impact physician communication and/or patient outcomes.
3. Evaluate a variety of social media technologies to incorporate into differing learning formats.
4. Develop a network of peers with knowledge about social media who many serve as resources.

METHODS: Case studies, panel discussion and audience participation utilizing audience response technology (ARS)

KEY POINTS: Social Media was an active discussion topic in last year's MECCA Member Section Meeting, and in 2011 we delve more deeply into specific applications of Social Media in adult learning, in CME, in healthcare professionals' communications with patients and colleagues, and more. We will explore a variety of uses of social media: text messaging, online communities of interest, Twitter, networking sites (such as LinkedIn), YouTube, Blogs, customized Apps, and more. The panel will reflect a broad base from the CME industry who will share their successes, challenges, and best practices in the implementation of a social media strategy and/or education.

We will also: (1) Hear an update from the Alliance for Continuing Medical Education Board. (2) Vote in a new MECCA Chair, who will assume the role of Chair for the 2011-2012 term (candidates' credentials will be presented at least 30 days prior to the MECCA Meeting). (3) Discuss "Hot Topics" on the horizon in CME.

FINANCIAL OR IN-KIND SUPPORT: Audience response technology provider to be determined.

PARTICIPANT NOTE SPACE:

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

TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/26/11, Nob Hill A-D/Lower B2

TITLE: Medical Schools Member Section Meeting

PRINCIPAL PRESENTER: Andrew Crim, BS (Section Leader)
University of North Texas Health Science Center-Fort Worth, andrew.crim@unthsc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Schools

OBJECTIVES: This section is designed for CME providers practicing n a medical school or similar academic setting. Unique issues related to medical school CME, including internal and external pressures, will be addressed and discussed.

METHODS: Interactive forum

KEY POINTS: Agenda items include:
1. Update from the Alliance for CME
2. Presentation of "Great Ideas" Award
3. Nominations for incoming MSS Leader
4. The Year in Review and Practical Takeaways:
    a. Healthcare Reform implications for academic CME programs
    b. Review of Commercial Support: Trends and Analysis
    c. Advances in MOC
5. CME's Role in Faculty Development
6. New Concepts in COI – Does CME Have an Institutional Role?
7. Late Breaking Issues

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W9, Member Section Meeting
(Medical Specialty Societies – All Conference Participants Welcome)
TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/26/11, Yerba Buena 1-3/Lower B2

TITLE: Medical Specialty Societies Member Section Meeting

PRINCIPAL PRESENTER: Deborah Samuel, MBA (Section Leader)
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.

CO-PRESENTER: Charles Willis, MBA (Section Leader-Elect)
AGA Institute, 301/654-2055, cwillis@gastro.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Robert Bartel, MS (Education Work Group Chair)
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.

CO-PRESENTER: Debbie Szczesniak, BA (Communications Work Group Chair)
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.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Specialty Societies

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

METHODS: 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.

KEY POINTS:
1. Identify peers from other MSS who can serve as resources for addressing common challenges as providers of CME;
2. Evaluate and implement best practices of the ACCME's Updated Criteria in daily CME unit operations;
3. Discuss the Alliance Competencies for CME Professionals and describe how these may be employed to strengthen the professional competence of our staff members.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W10, Member Section Meeting (Pharmaceutical Alliance for Continuing Medical Education [PACME] – All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/26/11, Yerba Buena 13-15/Lower B2

TITLE: Optimizing the CME Planning Process, the Circle Continues to Evolve

THEME RELATED AREA: Performance consulting and/or organizational development

COMPETENCY: 6.3 - Provide & support environment of continuous improvement in educational practice & operations.

PRINCIPAL PRESENTER: Pamela Mason, BS, CCMEP, FACME
AstraZeneca PLP, 302/885-1325, Pamela.Mason@astrazeneca.com
CO-PRESENTER: Hilary Schmidt, PhD
sanofi-aventis, 908/981-5152, Hilary.Schmidt@sanofi-aventis.com
CO-PRESENTER: Michael Paradiso
Novartis, 862/778-6028, mike.paradiso@novartis.com
CO-PRESENTER: Alicia Reese, PharmD
Endo Pharmaceuticals, 610/459-6479, reese.alicia@endo.com
CO-PRESENTER: Laura Muttini, RPh, MBA, CCMEP
Abbott, 847/937-7888, laura.muttini@abbott.com
CO-PRESENTER: Cathy Kirk, MSN
Abbott, 847/936-1332, catherine.kirk@abbott.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: PACME

OBJECTIVES: At the end of this educational intervention, participants will be better able to: (1) Adopt appropriate methods to improve the strategic & tactical planning process within an organization. (2) Discover opportunities to increase efficiency of their educational grant management processes. (3) Strengthen the use of outcomes data to improve their educational plans and interventions. (4) Improve the understanding of the strategic value of CME to both internal and external stakeholders.

METHODS: This will be an interactive session, utilizing actual examples and case studies that stimulate comments, discussion on best practices and lead to suggestions that benefit audience members.

KEY POINTS: A review and updates on several key PACME initiatives and important issues confronting its members. Focus on the current concern of resource allocation and management. As resources continue to tighten within the industry and internal stakeholders search for opportunities to improve process efficiency and reduce costs, IME departments are continually searching for opportunities to further streamline their operations and improve their processes without sacrificing quality or compliance. Session leaders will challenge all participants to explore their current practices and processes in the management of grant funding requests to determine which practices provide true value to one's organization, which processes demand change and which processes should be stopped and removed from their operations. An interactive discussion will be held to review potential alternatives that may be a "best practice" from within the industry to meet today's economic challenges and changing business models. Group discussions will explore "out-of-the –box" alternatives from both large and small organizations that participants may consider to implement in their own organizations. The discussion will include a focus on partnerships to further common interests for all participants in the practice of CME, such as regulatory issues, monitoring/auditing of programs and the advent of REMS. This session will also continue to provide suggestions on the continuing challenge of improving the *Strategic Value* of your IME department to both internal and external stakeholders. Case study presented on Demonstrating the Value-Proposition of Education Using the Strategic Planning Process.

ACKNOWLEDGEMENTS: Education Committee: Christine Berger (Celgene), Geraldine Carroll (Allergan), Anne Marie Dubois (Novo Nordisk), Patty Jassak (sanofi-aventis), Kristin Rand (Genentech) Helen Kostarides & Jason Singer (Lilly).

**EDUCATIONAL FORMAT: W11, Member Section Meeting
(State Medical Societies – All Conference Participants Welcome)**

TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/26/11, Pacific H/4th

TITLE: State Medical Societies Member Section Meeting

PRINCIPAL PRESENTER: Leslie Howell, BA (Section Leader)
Pennsylvania Medical Society, 717/909-2624, lhowell@pamedsoc.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: State Medical Societies

OBJECTIVES: 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:
1. Share information on current issues in the accreditation of intrastate providers, as well as issues related to offering CME activities.
2. Identify a network of CME professionals who can be contacted for information and assistance throughout the year.

METHODS: Interactive session

KEY POINTS: This meeting will include the following content areas:
1. Update from Alliance for CME Board of Directors
2. Best practices for continued implementation of the Updated Criteria among state-accredited CME providers,
3. Great Ideas Award
4. Coordination/Collaboration with SMS peers
5. Physician leadership in CME, and
6. Any other timely topics affecting state medical society involvement in CME.

PARTICIPANT NOTE SPACE:

**EDUCATIONAL FORMAT: W12, Member Section Meeting
(Federal Health Care Educators – All Conference Participants Welcome)**

TIME/DAY/LOCATION: 3:30 – 5:00 pm, Wednesday, 1/26/11, Pacific I/4th

TITLE: Federal Health Care Educators Member Section Meeting

PRINCIPAL PRESENTER: Sylvia Scherr, MS, RN (Section Leader)
Uniformed Services University, 301/295-1537, sscherr@usuhs.mil
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Federal Health Care Educators

OBJECTIVES:
1. Welcome
2. Review of lessons learned and accomplished achievements in past year
3. Share contact information and best practices
4. Discuss future plans

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W13, Breakout

TIME/DAY/LOCATION: 5:15 – 7:00 pm, Wednesday, 1/26/11,
Nob Hill A-D/Lower B2

TITLE: Frances Maitland Memorial Lecture and Mentor/Mentee Program

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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

PRINCIPAL PRESENTER: Lewis Miller, MS, CCMEP
WentzMiller & Associates LLC, 203/662-9690, lew@wentzmiller.org
DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: All

PROVIDER GROUPS: 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: W14, Breakout

TIME/DAY/LOCATION: 5:15 – 7:00 pm, Wednesday, 1/26/11, Nob Hill A-D/Lower B2

TITLE: Frances Maitland Memorial Lecture and Mentor/Mentee Program

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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

PRINCIPAL PRESENTER: To Be Determined

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: P1, Poster (Cancelled)

EDUCATIONAL FORMAT: P2, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/27/11; 7:30 am – 4:00 pm, Friday, 1/28/11; Yerba Buena Grand Assembly/Lower B2

TITLE: The Role of Case Simulations for Learning and Assessment

THEME RELATED AREA: Electronic-based information systems and/or e-learning

COMPETENCY: 2.10 - Emphasize problem-based/practice-based learning.

PRINCIPAL PRESENTER: Martin Robert
HIT Global Consulting Services, Inc., 514/932-3232, ext. 439, martin.robert@hit-global.com
DISCLOSURE: Does have an interest in selling a technology, product, and/or service to CME professionals.

CO-PRESENTER: France St-Germain
sanofi-aventis Canada Inc., 514/956-4156, france.st-germain@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: Subsequent to reading this poster, participants should be able to:
1. Differentiate types of case studies that can be used in a CME program
2. Describe how to employ case simulations in learning and assessment
3. Discuss the impact of a problem-based program on practice improvement

METHODS: Poster

KEY POINTS: This poster will outline the experience of creating and implementing a national CME problem-based learning program. The program focused on the implications of the employment of evidence-based data in the treatment of atherothrombosis. A series of online case studies/simulations was used in the needs assessment (pre-test), learning, post-test and follow-up testing. By means of these methods, the program successfully measured improvements in clinical decisions made by participants.

FINANCIAL OR IN-KIND SUPPORT: Supported by an independent medical education grant from a sanofi-aventis Canada/Bristol-Myers Squibb Canada partnership.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P3, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/27/11;
7:30 am – 4:00 pm, Friday, 1/28/11;
Yerba Buena Grand Assembly/Lower B2

TITLE: Evaluation of the Internationally Educated Health Professionals' (IEHP) Initiative in Newfoundland and Labrador

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: To report on the evaluation of the eight (8) projects funded via Health Canada's IEHP Initiative in Newfoundland and Labrador, Canada. Projects focused on issues related to retention, orientation, assessment, and preceptor training. Formal evaluation frameworks were developed for each project. Data was collected related to immediate and long-term outcomes.

METHODS: Poster presentation of evaluation methodologies used and outcomes.

KEY POINTS: This funding has enabled the province to work towards making evidence-based decisions that will improve its ability to retain physicians in the province. Each of the projects funded under this initiative addresses the strategic outcomes that have been identified as needing development or improvement in the province's effort to recruit and retain international medical graduates. As well, it is enabling the creation of tools, resources, and services in a variety of areas, such as licensure/practice preparation, community integration, assessment, preceptor training, orientation, and mentorship that have value to both the provincial and national health care systems.

RECOMMENDED READING: Audas R, Ryan A, Vardy D. Where did the doctors go? A study of retention and migration of provisionally licensed international medical graduates practicing in Newfoundland and Labrador between 1995 and 2006. Can J Rural Med. 2009;14(1):21-4.

FINANCIAL OR IN-KIND SUPPORT: Health Canada, Internationally Educated Health Professionals' Initiative

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P4, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/27/11;
7:30 am – 4:00 pm, Friday, 1/28/11;
Yerba Buena Grand Assembly/Lower B2

TITLE: Outcome Measurement Results from a 4-part Point-of-Care Performance Improvement Program

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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 Airdrie, BSc
Integrated Healthcare Communications, 416/955-4593, davida@ihcinc.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Alan Bell, MD
Humber River Regional Hospital, 416/633-6812, alan.bell@rogers.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Carl Fournier, MD
Clinique Medicale Cadillac, 514/253-1211, carl.fournier@videotron.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: Upon completion of this presentation, participants should be able to:
1. Recognize the value of ongoing program measurement in determining future learning needs based upon the statistically significant (p<0001) results of the program presented.
2. Understand how measurement at multiple stages of a multi-faceted program can be used as a basis for improvement of future programs.
3. Discuss the opportunities that robust program measurement presents for future programs.

METHODS: We will review the program and outcomes achieved and discuss the value of measurement in considering future needs and program improvements.

KEY POINTS: A multi-component accredited program (small-group presentation, patient assessment, reflective discussion and sharing with peers) was assessed at each of the 4 stages to determine the effectiveness of knowledge translation and behavior intent-to-change among participants. The assessment was completed through a questionnaire that included case vignettes as well as multi-part knowledge and practice-focused questions. Participants completed a questionnaire starting with a baseline questionnaire against which other questionnaires were compared. The purpose of this presentation is to share the insights that resulted from the robust measurement of the program.

FINANCIAL OR IN-KIND SUPPORT: This program was funded through an educational grant from sanofi-aventis and Bristol-Myers Squibb.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P5, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/27/11;
7:30 am – 4:00 pm, Friday, 1/28/11;
Yerba Buena Grand Assembly/Lower B2

TITLE: Longitudinal Multi-phased, Interdisciplinary Educational Program:
Dementia Assessment and Management in Primary Care

THEME RELATED AREA: Multi- and inter-disciplinary education

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: William Dalziel, MD
Ottawa Regional Geriatric Program of Eastern Ontario, 613/761-4795, wdalziel@ottawahospital.on.ca
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Nicola Banks, BSc
Myelin & Associates, 416/471-9100, nicola@myelinassociates.ca
DISCLOSURE: Does have an interest in selling a program to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Describe the multi-level interventions for a longitudinal, multi-phased interdisciplinary educational program.
2. Highlight levels of desired outcomes and opportunities to influence behaviour/practice change
3. Discuss changes in the interdisciplinary management of dementia through the acquisition of knowledge, skill, competence and performance.

METHODS: Poster presentation by co-authors to highlight program elements, levels of evaluation and behaviour change results.

KEY POINTS: Using visual representation of program elements, the co-authors will discuss the identified barriers and opportunities for enhanced collaborative care in family health teams and community health clinics in the Ottawa/Champlain Region for the management of dementia. Through a series of educational interventions and serial learning exercises, the authors will highlight changes in knowledge, skill, competence and performance amongst 18 FHT/CHCs. These results also suggest change in practice behaviour and identify follow-up opportunities for continuous learning

FINANCIAL OR IN-KIND SUPPORT: Program sponsored by Pfizer Canada

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P6, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/27/11;
7:30 am – 4:00 pm, Friday, 1/28/11;
Yerba Buena Grand Assembly/Lower B2

TITLE: Experience of the Accreditation System of the College of Physicians of Barcelona, 2000-2010

THEME RELATED AREA: Accreditation and Competence

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: Alex Ramos, MD, MEd
College of Physicians of Barcelona, +34 935 678 858, aramos@comb.cat
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Raquel Dolado, Bsc
College of Physicians of Barcelona, +34 935 678 858, rdolado@comb.cat
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Ramón Pujol, MD, PhD
College of Physicians of Barcelona, +34 935 678 858, fmcd.cec@comb.cat
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Miquel Vilardell, MD, PhD
College of Physicians of Barcelona, +34 935 678 858, fmcd.cec@comb.cat
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 describe two experiences in the Physician's Accreditation of the College of Physicians of Barcelona: (1) Accreditation of CME, and (2) Accreditation of Competence for not (or insufficient) regulated specialties.

METHODS: Description of the requirements for applying for and obtaining the Professional Accreditation Diploma in Continuing Medical Education (PAD-CME) and the Competence Accreditation Diploma (CAD) in not regulated specialties. Description of applicant statistics for the periods 2000-2010 and 2004-2010 respectively.

KEY POINTS: The PAD-CME of the College of Physicians of Barcelona recognizes and promotes physician's CME and Continuing Professional Development (CPD). With the CAD of the College of Physicians of Barcelona, training and work experience in a particular activity linked to a medical specialization without official recognition and/or insufficient professional regulation, is endorsed and recognized after an accreditation process.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P7, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/27/11;
Yerba Buena Grand Assembly/Lower B2

TITLE: The Use of CME in a Certificate of Completion Program

THEME RELATED AREA: Performance consulting and/or organizational development

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

PRINCIPAL PRESENTER: Beth Corey
American College of Chest Physicians, 847/498-8366, bcorey@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: Upon reading this poster, the participants should be able to:
1. Describe the methods used to create a certificate of completion based assessment program.
2. Identify potential barriers in developing a certificate of completion based assessment program.
3. Apply the concepts of a CME program.

METHODS: A two-hurdle evaluation system was developed to provide course participants a certificate of completion. One evaluation instrument focused on the psychomotor skills required to collect critical diagnostic information the other focused on cognitive abilities that proficient user of pulmonary and critical care ultrasonography would master. Each participant had to pass the psychomotor skills check off before taking the posttest. Success on both evaluations was required to earn the certificate of completion.

KEY POINTS: The American College of Chest Physicians (ACCP) developed a learning module in accordance to the Institute for Credentialing Excellence in the use of ultrasonography for physicians who specialize in pulmonary and critical care medicine. The certificate of completion documented that each learner was found to be proficient by virtue of evaluation of his or her psychomotor skills and cognitive abilities, thus measuring an educational impact in performance, skill and competence. Learners participated collectively in 57 hours of multi-educational interventions.

RECOMMENDED READING:
1. Moores, L, Baumann, M, Addrizzo-Harris, D, et al; Effectiveness of Continuing Medical Education: American College of Chest Physicians Evidence-Based Educational Guidelines CHEST March 2009; 135:1S-75S.
2. Mayo, P, Beaulieu, Y, Doelken, P, et al; American College of Chest Physicians/La Société de Réanimation de Langue Française Statement on Competence in Critical Care Ultrasonography CHEST April 2009; 135:1050-1060.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P8, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/27/11; Yerba Buena Grand Assembly/Lower B2

TITLE: Application of Medical Claims Data in the CME Environment

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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

PRINCIPAL PRESENTER: Steve Bender
Curatio CME Institute, 610/363-1619, steve.bender@curatiocme.com
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: Learners will be able to describe how medical claims data can be applied to identify the appropriate learners, verify educational gaps and measure the impact of physician's participation in CME activities.

METHODS: The poster will illustrate Curatio's experience in implementing the application of a medical claims database across a series of CME activities associated with one multi-supported national CME initiative.

KEY POINTS: Attendees will see how Curatio has applied medical claims data to determine if physician's participation in a CME activity can have an effect on their performance. Since Curatio's staff has been utilizing this type of analysis over the last few years, through a discussion with the presenter, the learners will be able to experience the evolution of the applications and analysis over a 2.5 year period. During the discussion period, the presenters will also be prepared to answer questions about when the application of claims data is appropriate and inappropriate.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P9, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/27/11;
Yerba Buena Grand Assembly/Lower B2

TITLE: A Longitudinal Approach to Assessing Need:
A National Assessment of the Management of Colorectal Cancer

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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

PRINCIPAL PRESENTER: Maziar Abdolrasulnia, PhD
CE Outcomes, LLC, 205/259-1500, mazi@ceoutcomes.com
DISCLOSURE: Does have an interest in selling a product and/or service to CME professionals.

CO-PRESENTER: Janet Moga
Genentech, 650/467-8468, moga.janet@gene.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. Recognize the value of tracking educational need over time.
2. Understand how education has impacted practice patterns regarding the management of colorectal cancer.

METHODS: A poster will be designed to show how education has impacted evidence-based practice over the course of 3 years using colorectal cancer as an example.

KEY POINTS: Directed education, as well as other influences, has the ability to change practice patterns over time. However, without recurrent assessments, educators have little data to design interventions that meet the up-to-date demands of the rapidly changing medical field. This poster will detail how the practices of managing colorectal cancer have changed over the course of several years, as well as providing an example of how longitudinal assessments can be effectively utilized, and the impact it may have on the prioritization of educational needs, goals and objectives by potential commercial supporters.

FINANCIAL OR IN-KIND SUPPORT: This poster is supported by Genentech.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P10, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/27/11; Yerba Buena Grand Assembly/Lower B2

TITLE: Using Layers of Geographical Information System Data to Assess Regional Educational Needs in Pain

THEME RELATED AREA: Multi- and inter-disciplinary education

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

PRINCIPAL PRESENTER: Alicia Reese, PharmD
Endo Pharmaceuticals Inc., 610/459-6479, reese.alicia@endo.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: Upon reviewing this poster, participants will be able to synthesize regional educational needs for a given therapeutic area and/or disease state using geographical information system (GIS) data that must be compiled from a number of sources. Participants will be able to describe an example in which GIS approach can aid in the assessment of regional educational needs and resultant deployment of educational interventions.

METHODS: Using pain as an example, geographically-distributed data regarding a disease, clinicians (specialists and primary care), and other clinical factors (e.g., risk factors for aberrant behaviors associated with opioid use) were compiled to produce an objective tool to assist the educational and pain communities to assess educational needs.

KEY POINTS: Needs assessments are conducted in a number of ways, including using geographically-distributed data. Although data are available for a number of diseases from the Centers for Disease Control and Prevention, there are therapeutic areas not represented whose regional practice gaps may be assessed using other datasets. CME professionals are encouraged to seek other unique sources of disease-oriented data that can be used to assess educational needs and practice gaps and therefore provide more appropriately targeted education that will improve patient care in a resource-sensitive manner.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P11, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/27/11;
Yerba Buena Grand Assembly/Lower B2

TITLE: Application of Continuing Professional Development (CPD) through Continuing Education Activities

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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: Carol Abel, MA
American Pharmacists Association, 202/429-6312, cabel@aphanet.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: CoraLynn Trewet, PharmD
University of Iowa College of Pharmacy, 515/282-5630, coralynn-trewet@uiowa.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Nancy Fjortoft, PhD
Midwestern University Chicago College of Pharmacy, 630/971-6417, NFJORT@midwestern.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Deborah Ruddy
American Pharmacists Association, 202/429-6305, druddy@aphanet.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. Evaluate the effectiveness of print-based instruments designed to guide the pharmacists through the Continuing Professional Development (CPD) process in preparation for attendance at live CE programming.
2. Assess the impact of participation in the process on participants' learning and competence outcomes.
3. Determine if use of the instruments affect participants' level of awareness of the four cycle CPD model.

METHODS: Pharmacists attending live education were randomized into control and intervention groups. The intervention group was instructed to complete a set of CPD planning worksheets; no guidance was provided to the controls. Both groups will complete three surveys to assess components of the CPD processes and their impact on implementing practice changes.

KEY POINTS: This is research in progress. Data will be collected in March and April 2010 and analyzed using descriptive statistics and wilcoxan signed rank for paired data. The Institute of Medicine's December 2009 report "Redesigning Continuing Education in the Health Professions" calls for a new vision for professional development in healthcare that focuses on CPD as a central tenet. This research evaluates the impact of tools to facilitate CPD thinking used in conjunction with traditional continuing education activities.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P12, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/27/11;
Yerba Buena Grand Assembly/Lower B2

TITLE: MRSA Resource Center: An Online Educational Center with Interactive Web-based Educational Activities and Resources

THEME RELATED AREA: Electronic-based information systems and/or e-learning

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: Lauren Ero, MS
National Foundation for Infectious Diseases, 301/656-0003, ext. 12, lero@nfid.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 development of an online resource center housing numerous educational offerings.
2. Select a mix of educational activities and learning formats to address skills, knowledge and attitudinal gaps while using adult learning theory to maximize effectiveness.

METHODS: This poster presentation outlines the rationale, development, implementation and evaluation of an online MRSA (Methicillin Resistant Staphylococcus aureus) Resource Center.

KEY POINTS: In 2009, the National Foundation for Infectious Diseases (NFID) partnered with Medscape to develop an online resource center housing numerous educational offerings for a multidisciplinary target audience in a variety of formats. The mix of educational activities and learning formats were specifically selected to address skills, knowledge and attitudinal gaps to lead learners from awareness to knowledge acquisition and finally to application. NFID and Medscape measured changes in competence and performance in the evaluation of the included activities and were able to identify gaps in knowledge in the content area that will guide future online activities.

RECOMMENDED READING: Moore M, Kearsley G. Distance education: A systems view. Belmont, CA: Thomson Wadsworth, 2005.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P13, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/27/11;
Yerba Buena Grand Assembly/Lower B2

TITLE: Debate Format to Address Clinical Management Dilemmas

THEME RELATED AREA: Performance consulting and/or organizational development

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: John Sim, MD
Kaiser Permanente Los Angeles Medical Center, 323/783-1428, john.j.sim@kp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Melanie Moore, MEd
Kaiser Permanente Los Angeles Medical Center, 323/783-0526, melanie.x.moore@kp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Luis Salazar, CCMEP
Kaiser Permanente Los Angeles Medical Center, 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.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: Medical Education and Communication Company Alliance (MECCA)

OBJECTIVES: Critical and reflective thinking is an essential element in patient care, practice-based learning and improvement, and systems-based practice. To incorporate an educational experience that promotes these physician competencies, we implemented a nephrology debate CME activity where participants are asked to review the literature and provide arguments for or against a specific management strategy regardless of their own pre-existing opinions.

METHODS: One month prior to the debate, physicians are presented with a clinical scenario with a management dilemma. They are randomly selected to be on either one of two opposing teams. Each team consists of three individuals who provide introductory comments, rebuttal arguments, and concluding statements, respectively, with each team presenting in turn. At the conclusion, each team has an opportunity to field questions from both the opposing team and the audience. The activity is evaluated using pre- and post-test questions, confidence ratings, intentions to change practice, and relevant practice data measures during the six months after the activity.

KEY POINTS: We have conducted an annual debate for the past eight years. Topics included: renal vascular disease, indications for renal biopsy, anticoagulation in nephrotic syndrome, cardiac catheterization in advanced chronic kidney disease, role of parathyroidectomy, beta blockers in uncomplicated hypertension, whether all patients should be offered dialysis, and peritoneal dialysis vs hemodialysis. These topics have addressed important clinical outcomes such as medication related adverse outcomes, end of life issues, and optimization of chronic conditions. Pre- and post-test evaluations have shown that the debate changed management opinions in up to 30% of the audience. The most recent debate tackled the controversy of beta blocker use for uncomplicated hypertension and the outcomes associated with different types of beta blockers, using inpatient and outpatient beta blocker prescription data for at our medical center. We subsequently measured the prescriptions for beta blockers after the debate and found greater use of metoprolol and lesser prescriptions for atenolol which was reflective of the post-test evaluation. The nephrology debate has become an annual CME event for all Southern California Kaiser Permanente nephrologists.

An annual debate has been a worthwhile educational experience for physicians addressing the patient care, practice-based learning and improvement, and systems-based practice. It has become an integral part of the addressing controversial issues to improve physician competence and performance at our institution.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P14, Poster

**TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/27/11;
Yerba Buena Grand Assembly/Lower B2**

TITLE: A Case Study in Bench-to-Bedside Education

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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: Linda Ritter, PhD
Coalition of Bone Health Educators, 732/992-1885, linda@coexm.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Brian Tyburski
Coalition of Bone Health Educators, 732/992-1023, brian@coexm.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Kristin Gusack, RD
Medical Learning Institute, Inc., 609/333-1693, kgusack@mlicme.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: Appraise a series of CME/CE activities in bench-to-bedside education and describe how a "high science" program can be re-purposed and developed into effective education for clinical health care professionals.

METHODS: This case-study will illustrate the re-purposing of a "high science" program into clinically relevant and successful CME/CE activities for health care professionals.

KEY POINTS: Clinically important problems often benefit from rigorous basic science approaches. A symposium held during the Cancer and Bone Society's International Meeting on Cancer-Induced Bone Disease was captured and re-purposed into a learning continuum that included newsletters and webinars. These activities provided health care practitioners, who have knowledge of what concerns and affects their patients, opportunities to benefit from the advances being made by scientists engaged in basic research and translational medicine.

FINANCIAL OR IN-KIND SUPPORT: The CME/CE activities described in this presentation were supported by an educational grant from Millennium Pharmaceuticals, Inc. and jointly sponsored by University of Cincinnati and Medical Learning Institute, Inc. Content/logistics: The Coalition of Bone Health Educators™ and Center of Excellence Media, LLC.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P15, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/27/11;
Yerba Buena Grand Assembly/Lower B2

TITLE: Online CME Activity Design: Blending Preference and Effectiveness Measures to Facilitate Adult Learning

THEME RELATED AREA: Electronic-based information systems and/or e-learning

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: Sarah Janesz, MAFM
Cleveland Clinic, 216/445-6026, janeszs@ccf.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Steven Kawczak, MA
Cleveland Clinic, 216/444-2572, kawczas@ccf.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 completion of this poster session, participants should be able to: (1) Identify online CME delivery formats and describe the advantages and disadvantages of these technologies. (2) Identify learning preferences of health care professionals in an e-learning format. (3) Recognize the opportunities within e-learning formats for delivering content. (4) Utilize data obtained from a large e-learning database and research into prospective learner preferences.

METHODS: Poster will include practical format examples, feedback from prospective learner surveys, highlights from research and identify effective e-learning formats based on user preference.

KEY POINTS: Over 56,000 CME certificates were issued to healthcare professionals (78% physicians) completing online activities on www.clevelandclinicmeded.com over a 12-month period. Evaluation data from this large database reveals e-learning preferences and effectiveness. By understanding physician learning preferences and the effectiveness of delivery formats offered the CME office can address the needs of physicians and enhance their e-learning experience. Surveying prospective learners is a useful tool for facilitating learning and maximizing the effectiveness of CME.

RECOMMENDED READING: http://www.clevelandclinicmeded.com

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P16, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/27/11;
Yerba Buena Grand Assembly/Lower B2

TITLE: Outcomes from the 2009 Chairs in Psychiatry Summit

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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

PRINCIPAL PRESENTER: Christina Ansted, MPH
CME Outfitters, LLC, 614/328-4516, cansted@cmeoutfitters.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Michael Lemon, MBA
Postgraduate Institute for Medicine (PIM), 720/895-5329, mlemon@pimed.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Shari Tordoff, CCMEP
CME Outfitters, LLC, 614/328-4499, stordoff@cmeoutfitters.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. Address the concept of active learning, which converts into information translation and application
2. Recognize varied educational formats, inclusive of didactic presentations, small group interactions, chart review sessions, one-on-one opportunities for interaction, and networking with faculty and colleagues
3. Evaluate outcomes data from participation in educational sessions that reflect a strong impact on clinicians

METHODS: Poster presentation will illustrate audience demographics, audience generation tactics, review of the three-pronged outcomes process, and the CMEO Feedback Frame involved with the innovative CME Outfitters, LLC approach to the integration of adult learning principles and models of outcomes measurement utilized in the development of a comprehensive educational program, which fosters a robust learning environment.

KEY POINTS: Review outcomes data from the 2009 Chairs in Psychiatry Summit meeting and gain valuable information on utilizing a clinical assertion model and Moore's model of outcomes measurement, when designing educational programming that meets rigorous educational standards and metrics of outcomes reporting.

RECOMMENDED READING:
1. Stechler G. Clinical applications of a psychoanalytic system model of assertion and aggression. Psychoanalytic Inquiry 1987;7:348-363.
2. Tennen H. Teach our students well: A call for training models that embrace the wisdom of the past. J Clin Psychol 2005;61:1095-1099.
3. 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: From Research to Practice. Chicago, Ill: American Medical Association; 2003.
4. Moore DE Jr, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. J Contin Educ Health Prof 2009;29:1-15.
5. Wakefield J. Commitment to change: exploring its role in changing behavior through continuing education. J Contin Educ Health Prof 2004;24:197-204.

EDUCATIONAL FORMAT: P17, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/27/11; Yerba Buena Grand Assembly/Lower B2

TITLE: Interactive Multi-session Programs Impact Physician Behavior on Hypertension Management: Outcomes of a New CME Model

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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

PRINCIPAL PRESENTER: Carole Drexel, PhD
Potomac Center for Medical Education, 443/539-4071, cdrexel@potomacme.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Kathy Merlo
Potomac Center for Medical Education, 443/539-4077, kmerlo@potomacme.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Ben Whitfield
CE Outcomes, LLC, 205/259-1506, ben.whitfield@ceoutcomes.com
DISCLOSURE: Does have an interest in selling a product to CME professionals.

CO-PRESENTER: Jan Basile, MD
Medical University of South Carolina, 843/789-6680, basilejn@musc.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) Characterize the impact of CME on primary care provider (PCP) knowledge and competency. (2) Understand the effect of intensive, highly-interactive, case-based live CME on PCP practice behaviors in managing patients with hypertension.

METHODS: Presentation will describe the processes used to plan, develop, and implement a series of live, half-day, highly interactive CME events that addressed identified knowledge, competency, and performance gaps in hypertension diagnosis and management in the PCP community and successfully changed physician behavior toward improved patient outcomes.

KEY POINTS: Participation in an intensive, highly-interactive, case-based didactic program was significantly associated with an increase in PCP knowledge and competency in diagnosing and managing patients with hypertension, as well as a high likelihood to change practice and make guideline-driven and evidence-based decisions to positively impact patient care. A greater portion ($p < 0.05$) of participants were able to choose the appropriate blood pressure goal and select the correct pharmacotherapy regimen for specific patients. Quality of education index indicated that participants were 52% more likely to practice guideline-driven and evidence-based medicine than those who did not participate.

RECOMMENDED READING: Colliver JA. Call for greater emphasis on effect-size measures in published articles in Teaching and Learning in Medicine. Teach Learn Med. 2002;14(4):206-210.

FINANCIAL OR IN-KIND SUPPORT: The program used for this presentation was supported by an educational grant from Novartis.

PARTICIPANT NOTE SPACE:

TITLE: Intensive Audience-Faculty Interaction Affects Physicians' Attitudes About Evidence-based COPD Care

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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

PRINCIPAL PRESENTER: Carole Drexel, PhD
Potomac Center for Medical Education, 443/539-4071, cdrexel@potomacme.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Anne Jacobson, MPH
Potomac Center for Medical Education, 410/309-0690, cdrexel@potomacme.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Ben Whitfield
CE Outcomes, LLC, 205/259-1506, ben.whitfield@ceoutcomes.com
DISCLOSURE: Does have an interest in selling a product to CME professionals.

CO-PRESENTER: Jay Katz, CCMEP
Rockpointe, 443/539-4069, jkatz@rockpointe.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) Explain the rationale, benefits, and methods of facilitating audience-faculty interaction during a live CME activity; (2) Characterize the impact of CME education on primary care provider (PCP) knowledge and competency in managing patients with chronic obstructive pulmonary disease (COPD); and (3) Identify opportunities to adapt successful strategies in program planning, design, and outcomes measurement for future educational programs.

METHODS: Presentation will describe the processes used to plan, develop, and implement a series of live CME events that successfully changed physician behavior toward improved patient outcomes.

KEY POINTS: CME providers are challenged to design educational activities that will enhance the delivery of evidence-based care, and to document the educational benefits of such programs. We developed a series of intensive, highly-interactive, case-based programs that successfully improved PCP knowledge and behavior regarding the management of COPD. Program elements included intensive participant-faculty interaction in the form of role playing, case studies, audience response, and one-on-one instruction and practice on the use of spirometry. The calculated quality of education index among participating physicians was 50%, indicating a high likelihood to change practice toward making guideline-driven and evidence-based decisions.

RECOMMENDED READING: Foster JA, Yawn BP, Abdolrasulnia M, Jenkins T, Rennard SI, Casebeer LL. Enhancing COPD Management in Primary Care Settings. Medscape General Medicine. 2007;9(3):24.

FINANCIAL OR IN-KIND SUPPORT: The program used for this presentation was supported by an educational grant from Novartis.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P19, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Friday, 1/28/11;
Yerba Buena Grand Assembly/Lower B2

TITLE: Using an Online Evaluation to Drive Improvement in Regularly Scheduled Series (RSS)

THEME RELATED AREA: Electronic-based information systems and/or e-learning

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

PRINCIPAL PRESENTER: Jeanne Cole, MS
Jefferson Medical College of 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: Daphney Wright, AS
Jefferson Medical College of Thomas Jefferson University, 215/955-6993, daphney.wright@jefferson.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Pauline Sylvester, MBA
Jefferson Medical College of 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
Jefferson Medical College of 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 evaluation process for RSS; (2) identify the components of the process that address the ACCME Updated Criteria; (3) develop methods to demonstrate the impact of RSS on competence, performance and/or patient care; and (4) formalize a continuous improvement process for the administration of RSS.

METHODS: Jefferson's CME Office developed an online tool designed to integrate evaluation data into annual recertification process. The new application covering all updated criteria provides a summary of their own evaluation data against aggregated results of all RSS activities. Performance improvement plans are incorporated as part of recertification.

KEY POINTS: We enhanced the RSS application, leading applicants through online recertification that incorporates prior year evaluation directly compared to other RSS data.

By combining 2 online processes (evaluation/recertification) we made it easier for the RSS applicant to view and react to their results. If needed, we require they develop improvement plans. This allows the OCME to monitor the application status and demonstrate compliance with Updated Criteria.

This process improves documentation that our RSS have an impact on competency, performance and/or patient outcomes. RSS applicants are enriched as we work with them to complete the process.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P20, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Friday, 1/28/11;
Yerba Buena Grand Assembly/Lower B2

TITLE: Using Combined Data from Clinicians and Their Patients to Evaluate Effectiveness of ADHD Education

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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: Monique Johnson, MD, CCMEP
CME Outfitters LLC, 614/328-4515, mjohnson@cmeoutfitters.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Greg Salinas, PhD
CE Outcomes LLC, 205/259-1500, greg.salinas@ceoutcomes.com
DISCLOSURE: Does have an interest in selling a product and/or service to CME professionals.

CO-PRESENTER: Sharon Tordoff, CCMEP
CME Outfitters, LLC, 614/328-4499, stordoff@cmeoutfitters.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) Identify benefits associated with the use of an outcomes study using data collected from clinicians who participated in a CME intervention and their patients. (2) Delineate the merits associated with combining analysis of quantitative and qualitative data to evaluate CME intervention effectiveness.

METHODS: Presentation and guided interactive discussion will be used to teach CME professionals how a systematic process was used to assess the impact of education on clinicians' performance and patient health.

KEY POINTS: To determine the effectiveness of an educational intervention on the management of ADHD, surveys were developed to assess practice change of participating physicians and the perceptions of their patients. Surveying a subset of patients cared for by clinician learners provides for valid assessment of performance-in-practice. Combining quantitative and qualitative outcomes data provides for the broadest interpretation of 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: P21, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Friday, 1/28/11; Yerba Buena Grand Assembly/Lower B2

TITLE: Tackling Inpatient Diabetes: Online Learning Offers Greater Flexibility and Knowledge Retention than Classroom Setting

THEME RELATED AREA: Electronic-based information systems and/or e-learning

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: Ronald Tamler, MD
Mount Sinai School of Medicine, 212/241-3422, ronald.tamler@mssm.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Tracy Breen, MD
Mount Sinai School of Medicine, 212/241-3422, tracy.breen@mssm.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Maria Skamagas, MD
Mount Sinai School of Medicine, 212/241-3422, maria.skamagas@mssm.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Dina Green, MD
Mount Sinai School of Medicine, 212/241-3422, dina.green@mssm.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 the benefits of online vs. classroom education for inpatient diabetes for program directors attempting to avoid conflicts with work hour limitations, and (2) draw on the reported experience to design similar high-yield online learning opportunities.

METHODS: The results of an educational intervention will be presented in the form of a poster. The presenter will be available to discuss questions and comments. Participant interaction will be highly encouraged.

KEY POINTS: Hyperglycemia and hypoglycemia affect morbidity and mortality of hospitalized patients and increase length of stay and cost. Education of inpatient care providers is essential to achieve target blood glucose levels. We assigned all medical residents at a University Hospital to classroom education or online teaching. Both groups reported significantly greater confidence in treating inpatient diabetes and displayed significantly greater knowledge than before the educational intervention. However, the online group had higher knowledge scores and flexibility to comply with resident work hour restrictions. These data provide guidance for effective CME targeting all providers of inpatient care.

RECOMMENDED READING: Fordis M, King JE, Ballantyne CM, Jones PH, Schneider KH, Spann SJ, Greenberg SB, Greisinger AJ. Comparison of the instructional efficacy of Internet-based CME with live interactive CME workshops: a randomized controlled trial. JAMA. 2005 Sep 7;294(9):1043-51.

FINANCIAL OR IN-KIND SUPPORT: Funded by a grant from the Endocrine Fellows' Foundation.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P22, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Friday, 1/28/11; Yerba Buena Grand Assembly/Lower B2

TITLE: Measuring Outcomes Associated with a Multi-day, Multi-event Annual Meeting

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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: Carol Abel, MA
American Pharmacists Association, 20/429-6312, cabel@aphanet.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Deborah Ruddy
American Pharmacists Association, 202/429-6305, druddy@aphanet.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: This poster presentation is intended to depict a methodology for assessing the assessing the learning, competence, and performance outcomes of participants in a multi-day, multi-education event annual meeting. Results and lessons learned from an initial and second-year application of the methodology will be presented.

METHODS: Participants in the APhA Annual Meeting in 2009 and 2010 were asked to use audience response to answer knowledge questions pre- and post-program. Data from these questions were combined with session evaluations and a 6-8 week post program survey to evaluate learning, self-report of competence and self-report of performance. Data on barriers to change and additional needs were also collected.

KEY POINTS: Outcomes collection for continuing medical education activities is a critical component of the educational development, implementation and evaluation processes. This poster presents one method for incorporating an outcomes analysis process into a large national meeting with multiple educational offerings. Data collection processes and considerations in working with faculty will be discussed, including lessons learned during the initial and repeat implementations of the methodology. Results of both the initial and second-year surveys will be included.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P23, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Friday, 1/28/11;
Yerba Buena Grand Assembly/Lower B2

TITLE: First Steps in Assessing Metabolic Risk: An MUSC Office of CME & Diabetes Initiative of SC Practice Improvement Project

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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: Odessa Ussery, MEd
Medical University of South Carolina, 843/876-1925, usseryo@musc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Pamela Benjamin
Medical University of South Carolina, 843/876-1925, benjamin@musc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Tina Kehoe, MAEd
Medical University of South Carolina, 843/876-1925, kehoet@musc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Daniel Lackland, DrPH
Medical University of South Carolina, 843/876-1141, lackland@musc.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) Integrate a practice wide process to directly affect the identification of metabolic risk, and (2) incorporate a simple strategy that begins in a traditional CME conference or non-educational method, involves systems based practice, provides outcome measures, and results in improved patient health.

METHODS: Lead participants through a process to implement a strategy that will directly affect patient health outcomes in the area of metabolic risk assessment.

KEY POINTS: Following the identification of a practice gap and related barriers in the assessment of BMI in primary care practices, the clinically preferred method of assessing metabolic risk was identified and incorporated into educational and non-educational content for PCPs in SC and surrounding states. Use of waist circumference instead of BMI in the assessment of metabolic risk was targeted as a practice improvement opportunity. Physicians and other HCPs are given the opportunity to complete commitment to change documents to implement this change in practice. They will be contacted at 3, 6 and 9 months to assess outcomes.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P24, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Friday, 1/28/11;
Yerba Buena Grand Assembly/Lower B2

TITLE: Impact of Safety Coordinator Pharmacist Involvement on Continuing Medical Education Programming

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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

PRINCIPAL PRESENTER: Kathleen Cubera, RPh
Summa Health System, 330/375-6113, cuberak@summa-health.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Dale Murphy, MD
Summa Health System, 330/375-3314, murphyd@summa-health.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jay Williamson, MD
Summa Health System, 330/375-3584, jcw@neoucom.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Joseph Myers, MD
Summa Health System, 330/375-3742, myersj@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: (1) Describe the role of a medication safety coordinator pharmacist on the CME (continuing medical education) committee to assist in identifying pertinent organizational performance topics for interdisciplinary education based on safety data reports. (2) Understand the partnership of the pharmacist with the Quality Department and the Internal Medicine Department in providing CME and GME (graduate medical education) to our health system.

METHODS: The medication safety coordinator pharmacist is a member of the CME committee. The committee regularly promotes grand rounds CME/GME presentations for the Internal Medicine group that highlight medication safety issues for an interdisciplinary audience. Presentations include audience response questions. Follow-up includes post core measures data.

KEY POINTS: Pharmacists have demonstrated to be an effective resource for sharing medication safety reports that may be translated to pertinent organizational educational opportunities. Partnership with the quality department is an ideal method to provide an overview of the organizational stance. Safety oriented CME/GME presentations have immediate clinical value to providers. The overlap between CME and GME is an optimal way to bridge the gap between attending and resident physicians. Effectiveness on organizational performance may be evaluated by using core measures data as well as medication error data. These well received presentations continue as a series.

RECOMMENDED READING: National Quality Forum Safe Practices 2009 (www.qualityforum.org)

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P25, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Friday, 1/28/11;
Yerba Buena Grand Assembly/Lower B2

TITLE: At the Crossroads:
Organizational Integration of CME and QI in a Hospital-Clinic

THEME RELATED AREA: Performance consulting and/or organizational development

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: Bharat Gopal, MD
Carle Foundation Hospital, 217/383-3302, bharat.gopal@carle.com
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: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Describe a process for integrating CME and QI at an organization level while maintaining the CME mission.
2. Illustrate the linkages between CME and QI that are naturally convergent and divergent.
3. Generalize the process of integration so that audience members can incorporate analogous structures in other institutions.

METHODS: Use of visual representations of process flowcharts and organization diagrams will demonstrate the structure of CME and QI integration with illustration of the convergent and divergent areas.

KEY POINTS: This poster is an example of a means to integrate CME and PI within the goals of New CME. With the need to redefine CME based on a model of ongoing individual and group clinical performance improvement, Carle Foundation Hospital ventured to integrate CME into the organizational structure of the QI department with seamless sharing of data across the enterprise. The use of PI CME and Maintenance of Certificate creates a learning environment of shared process improvement. Consideration is given to generalizability of our findings in an attempt to foster analogous organizational structures in other institutions.

RECOMMENDED READING: NIH Public Access Manuscript: "Learning to collaborate: A case study of performance improvement CME". Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2782606/pdf/nihms153372.pdf. Accessed March 9, 2010.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P26, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Friday, 1/28/11;
Yerba Buena Grand Assembly/Lower B2

TITLE: Development, Implementation, and Evaluation of an Educational Intervention to Increase Colorectal Cancer (CRC) Screening

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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

PRINCIPAL PRESENTER: April Salisbury, MBA
LCF Research, 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: (1) Describe how relationships forged across diverse organizations enabled a small CME provider to produce practice-based continuing medical education activities and evaluate their impact on patient outcome indicators. (2) Identify the valuable skills and resources brought together by the organizations: Centers for Disease Control and Prevention (CDC), Battelle Centers for Public Health Research and Evaluation (Battelle), Henry Ford Health System (HFHS), and Lovelace Clinic Foundation, dba LCF Research (LCF).

METHODS: This poster presentation will illustrate LCF Research's experience as a CME provider participating with several diverse organizations in the development, implementation, and evaluation of an educational intervention to increase colorectal cancer (CRC) screening in primary care settings, and describe the contributions of each organization.

KEY POINTS: (1) Scientists from the CDC, Battelle, LCF, and HFHS designed, implemented, and evaluated an intervention to increase CRC screening in two diverse healthcare systems, ABQ Health Partners and HFHS. (2) Partnering with these organizations enabled LCF's continuing professional education division to: a) plan a well-designed CME activity based on behavioral research concepts, b) objectively measure patient level outcomes, and c) evaluate the impact of the live educational activities over time by comparing the outcomes of the learner groups that were randomly assigned to one of the three arms of the study.

RECOMMENDED READING: Rollnick, S.R., Miller, W.R., and C.C. Butler (2008) Motivational interviewing in Health Care: Helping patients change behavior. NY: The Guilford Press.

FINANCIAL OR IN-KIND SUPPORT: This project is funded by The Division of Cancer Prevention and Control (DCPC) at the Centers for Disease Control and Prevention (CDC). Battelle is funded under a contract with the CDC and the MCO collaborators are supported through a sub-contract with Battelle.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P27, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Friday, 1/28/11; Yerba Buena Grand Assembly/Lower B2

TITLE: Carilion Field Heart Alert: A System-wide Model for Improving ST-Elevation Myocardial Infarction (STEMI) Care

THEME RELATED AREA: Quality of care and patient health 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: Linda Wells
Carilion Clinic, 540/981-8589, lmwells@carilionclinic.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Paula Robertson
Carilion Clinic, 540/981-8974, pgrobertson@carilionclinic.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) Outline the development of an educational intervention for physicians, support staff, EMSs and patients to address a system-wide model for improving door to percutaneous coronary intervention (PCI) time for STEMI. (2) Explain the process of system-wide collaboration and cooperation to make available to the target audience educational and non-educational interventions to narrow or close the gap of "door to PCI intervention". (3) Measure the impact of a system-wide model on improving patient outcomes.

METHODS: The educational/non-educational interventions were a three prong collaborative approach. (1) Physicians received three pieces of material: an educational piece, a set of simple questions to test their knowledge acquisition and an evaluation form. The materials were sent via e-mail with a two week follow-up of the same materials via postal service. (2) Office mangers received a laminated graphic of the Carilion Field Heart Alert Protocol to be posted in a central area easily visible to the physicians and support staff for activation of the protocol. (3) Office managers also received "Just Call 911" static clings with instructions to post in the waiting areas and exam rooms for the patient education prong. The exceptional teamwork and collaboration of multiple departments produced city-wide billboards, local TV advertisements and articles featured in the Roanoke Times as well as in Ourhealth Southwest Virginia's Premier Healthcare Magazine.

KEY POINTS: Visit our poster site so we may outline the process undertaken to educate physicians, support staff and patients to improve "door to PCI intervention" in STEMI. Review the barriers that were overcome to meet the challenges of educating a diverse target audience (physicians to patients). Let us share with you quality data reflecting outcomes.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P28, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Friday, 1/28/11;
Yerba Buena Grand Assembly/Lower B2

TITLE: Improving the CME Accreditation and Implementation Process through "Lean" Methodology

THEME RELATED AREA: Performance consulting and/or organizational development

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

PRINCIPAL PRESENTER: Jane Grube, BS
Lehigh Valley Health Network, 610/402-2398, jane_m.grube@lvh.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Karen Craig, MEd
Lehigh Valley Health Network, 610/402-2481, karen_c.craig@lvh.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. Describe the lean concepts employed for process and performance improvement
2. Determine countermeasures to eliminate waste and improve the CME planning process
3. Identify "outside" processes and departments that affect the CME department and approval process
4. Develop standard work to streamline the CME approval and implementation process

METHODS: Obtain necessary support from hospital administrators, department leadership and staff to start the process improvement. Invite collaboration from other hospital/organization stakeholders including physicians and nurses, research, marketing, quality/performance improvement, nursing administration, IS, E-learning, finance and organizational development to gain perspective on all aspects and impact of the CME application and approval process through the activity planning and implementation. Utilize "lean" tools and concepts to analyze current processes, identify problems, develop countermeasures and standard work, eliminate waste and develop a more efficient and effective CME application, approval and activity implementation process.

KEY POINTS: The current regulatory and healthcare environment necessitates a change in how we provide CME accreditation approval and activity implementation services to our physicians and healthcare network customers. Lack of knowledge of current criteria and system issues create challenges with implementation that necessitate evaluating current processes and identifying opportunities for change. CME departments working with multiple planning teams and clinical departments, along with the reality of system-based challenges, need tools to streamline and improve their processes. This poster reviews the performance improvement process of a CME department as it evaluates its core value and service, current state, goals and gap analysis, countermeasures, and metrics tracking.

RECOMMENDED READING: Shook, J., (2008), Managing to Learn, The Lean Enterprise Institute.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P29, Poster (Cancelled)

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

TIME/DAY/LOCATION: 8:30 – 10:00 am, Thursday, 1/27/11,
Yerba Buena 7-9/Lower B2

TITLE: Building a High Performance Workplace in Healthcare
(Invited Abstract)

PRINCIPAL PRESENTER: Marijke Thamm Kehrhahn, PhD
University of CT Neag School of Education, 860/486-0248, marijke.kehrhahn@uconn.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Don Moore, PhD
Vanderbilt University School of Medicine, 615/322-4030, don.moore@vanderbilt.edu
DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: David Price, MD
Colorado Permanente Med Group/The Permanente Federation, 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 and 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: As a result of participation in this session, participants will be able to:
1. Describe the need to move beyond focusing on individual development to organization development
2. Define organization development (OD) and review practical approaches to guide it
3. Explore research on the high performance workplace (HPW)
4. Review, through a panel discussion, specific examples of how OD and the HPW have been applied in medical settings

METHODS: CME professionals are tasked to move beyond thinking about individual development to thinking about team and organization development. The first part of this opening keynote will explore the move from individually-focused to group- and organizationally-focused development. It will also examine the characteristics of a high performance workplace (HPW), understood to mean a work setting where individuals are encouraged to perform to their peak productivity. The second part will provide specific examples of how that can be done in medical settings.

KEY POINTS:
1. Development of a **High Performance Workplace** requires learning experiences that occur within the context of an organization or work framework.
2. Group/team change differs from individual change.
3. CME providers will benefit by being able to define, measure and implement education within the HPW.

RECOMMENDED READING:
1. Continuing Medical Education, Quality Improvement, and Organizational Change: Implications of Recent Theories for Twenty-First-Century CME, David Price, MD, Colorado Permanente Medical Group, Denver, USA, Online Publication Date: 01 May 2005.
2. Physician Practice Change I: A Critical Review and Description of an Integrated Systems Model, Mark Albanese, MA, PhD, George Mejicano, MS, MD, George Xakellis, MBA, MD, and Patricia Kokotailo, MD, MPH, Academic Medicine, Vol. 84, No. 8 / August 2009.
3. Practicing Organization Development: A Guide for Consultants, 3rd ed (Pfeiffer, 2009), William J. Rothwell, PhD, SPHR.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T2, Intensive

TIME/DAY/LOCATION: 10:30 – 11:30 am; 1:15 – 2:15 pm; 2:45 – 3:45 pm, Thursday, 1/27/11, Club/2nd

TITLE: Putting the Quality Tools to Work: A Practical Intensive

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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

PRINCIPAL PRESENTER: Robert Addleton, EdD
Physicians' Institute for Excellence in Medicine, 404/964-7734, 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/ 223-2900, ext. 8251, MSpeight@ifmc.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 application of Quality Improvement techniques to CME
2. Learn how to use the 7 basic Quality Improvement tools
3. Apply the tools to case studies illustrating a CME office management example and a CME activity development example
4. Practice facilitating a Quality Improvement team
5. Develop an action plan for utilizing these tools and skills

METHODS: Presentation, demonstration, small group work and case-study discussion will illustrate how to use the 7 basic Quality Improvement tools in both management of the CME office and in CME activity development.

KEY POINTS: Join us for a highly hands-on and interactive experience as we learn how to apply the basic tools of quality improvement using CME management and activity development case studies. This is the workshop for you if you are looking to move from theory into practice.

RECOMMENDED READING:
1. www.memoryjogger.com
2. www.ihi.org
3. Langely, G., et al The Improvement Guide. Jossey-Bass:1996

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T3, Mini-plenary

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/27/11,
Yerba Buena 7-9/Lower B2

TITLE: The Translation of CME Research into Practice: Putting the CME literature to Operational Use (Invited Abstract)

COMPETENCY: 2.1 - Use evidenced-based adult learning principles to guide the practice of CME.

PRINCIPAL PRESENTER: Jack Kues, PhD, FACME, CCMEP
University of Cincinnati Academic Health Center, 513/558-3196, kuesjr@uc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Curtis Olson, PhD
University of Wisconsin School of Medicine, 608/240-6005, caolson2@wisc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Robert Orsetti, MA, FACME, CCMEP
Blackwood CME, 856/481-4805, Bob.Orsetti@BlackwoodCME.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Laure Perrier, MEd, MLIS
Li Ka Shing Knowledge Institute of St. Michael's Hospital, 416/864-6060 ext. 7820, l.perrier@utoronto.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: At the completion of this session, participants will be able to: (1) search existing CME literature to find answers to operational questions, (2) improve existing CME operations based on published CME research, and (3) integrate CME research findings into program planning.

METHODS: Short overviews of major CME research resources (JCEHP, CE Outcomes, and RDRB) that highlight their current objectives and operations. The overviews will be followed by a facilitated discussion focusing on strategies for translating research into practice and Q&A with the audience.

KEY POINTS: CME research is a foundation for our profession. However, it is often considered to be "too academic" and difficult to apply to daily operations. Consequently, many CME providers and planners do not seek answers to operational questions from the research literature. The editors of JCEHP and CE Outcomes will describe the objectives for their journals and the Manager of the RDRB will discuss how the database is organized and updated. From this foundation, a discussion will be facilitated to identify how research can be "translated" into practice. This is also an opportunity for the audience to suggest strategies for making these key resources more valuable on an operational level.

ACKNOWLEDGEMENTS:
Curtis Olson is the Editor of The Journal of Continuing Education in the Health Professions.
Robert Orsetti is the Editor of CE Measure.

PARTICIPANT NOTE SPACE:

**EDUCATIONAL FORMAT: T4, Breakout
(Follow-up Discussion from Opening Plenary)**

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/27/11, Pacific H/4th

TITLE: Fundamentals of Organizational and Performance Development:
An Informal Discussion of Key Concepts **(Invited Abstract)**

THEME RELATED AREA: Performance consulting and/or organizational development

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

PRINCIPAL PRESENTER: Marijke Thamm Kehrhahn, PhD
University of CT Neag School of Education, 860/486-0248, marijke.kehrhahn@uconn.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Barbara Huffman, MEd, FACME
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: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: As a result of participation in this session, participants will be able to examine three or more key principles of education applied to organizational development strategies.

METHODS: This session is organized as a scenario-based, small group discussion to demonstrate application of key concepts from the opening plenary presentation.

KEY POINTS:
1. Learning transfer improves when provided within the context of the work environment.
2. The culture of the organization is influential in adoption of change and improvement efforts.
3. Individual learning must go beyond the individual.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T5, Breakout (4x6, Part 1)
TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/27/11,
Yerba Buena 1-2/Lower B2

TITLE: Interdisciplinary Education: Touching the Whole Healthcare Team

THEME RELATED AREA: Multi- and inter-disciplinary education

COMPETENCY: 2.7 - Consider multi-disciplinary educational interventions when appropriate.

MODERATOR: Christopher Larrison, BA
Healthcare Performance Consulting, 317/733-9816, larrison@changingperformance.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

PRINCIPAL PRESENTER: Karen Thomas, CCMEP
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: Scott Kober, CCMEP
Institute for Continuing Healthcare Education, 215/446-8088, ext. 1600, skober@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: (1) Assess opportunities for interdisciplinary educational interventions. (2) Explore the continuing medical education/continuing professional development (CME/CPD) opportunity as it relates to the total healthcare patient team. (3) Identify key considerations when developing interdisciplinary educational activities that meet the needs of multiple accrediting organizations and promote the evolution of the healthcare team.

METHODS: Breakout session combining didactic presentations and review of the interdisciplinary education planning do's and don'ts. A review of best practices and management considerations as well as identification of signal indicators that one stakeholder group may face intimidation and how to assist in overcoming that hurdle.

KEY POINTS: Collaboration in patient care? It has been done for decades! Learning together – physicians, nurses, pharmacists, case managers, social workers? You better believe it! Improved quality of life for patients is the ultimate goal, and how better to ensure improved care than to approach learning from a total team perspective. While the majority of funding focuses on physician education, anyone who does not recognize that the rest of the healthcare team needs to be educated is missing the big picture and slows the progress towards improving population health. Join us as we review the pitfalls and best practices involved in bringing members of the patient healthcare team together for combined learning.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T5, Breakout (4x6, Part 2)

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/27/11, Yerba Buena 1-2/Lower B2

TITLE: Educational and Team-based Non-educational Learning Strategies in the ICU and their Effect on Physician Performance

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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

MODERATOR: Christopher Larrison, BA
Healthcare Performance Consulting, 317/733-9816, larrison@changingperformance.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

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: Hospitals and Health Systems

OBJECTIVES: (1) Describe educational and non-educational strategies employed, (2) Characterize variation in Intensive Care Unit (ICU) patient care teams and their interactions, (3) Describe the application of electronic health record tools, namely electronic order sets and a linked risk assessment calculator, promoting improved venous thromboembolism (VTE) outcomes, and (4) Principle Intervention: Describe educational outreach by ICU nurses in their interactions with physicians who are supposed to calculate VTE risk and order appropriate prophylaxis.

METHODS: Presentation and case-study discussion will illustrate the non-educational strategy employed to engage ICU physicians in team-based, workplace learning to improve physician performance related to venous thromboembolism (VTE). Participants will be encouraged to ask questions and share their own experiences with physician engagement in their workplace settings.

KEY POINTS: VTE is a major health issue, with at least 201,000 new cases each year in the United States and an estimated cost of $1.5 billion. Yet VTE prophylaxis remains highly underutilized. Formal CME activities can raise awareness of the need for VTE risk assessment and appropriate prophylaxis and address barriers to physician performance, but need to be complemented with experiential non-educational strategies in the workplace. A team-based non-educational strategy for improving appropriate VTE prophylaxis is scripted educational outreach by ICU nurses, encouraging physician use of VTE-related electronic health record tools.

RECOMMENDED READING: Soumeral, S.B. and J. Avorn, Principles of Educational Outreach ('Academic Detailing') to Improve Clinical Decision Making. JAMA, 1990;263(4):549-556.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T5, Breakout (4x6, Part 3)

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/27/11, Yerba Buena 1-2/Lower B2

TITLE: Interdisciplinary Education: Improving Outcomes within an Organization

THEME RELATED AREA: Multi- and inter-disciplinary education

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

MODERATOR: Christopher Larrison, BA
Healthcare Performance Consulting, 317/733-9816, larrison@changingperformance.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

PRINCIPAL PRESENTER: Brian Tyburski
Center of Excellence Media, LLC, 732/992-1023, brian@coexm.com
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CO-PRESENTER: Linda Ritter, PhD
Center of Excellence Media, LLC, 732/992-1885, linda@coexm.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Kristin Gusack, RD
Medical Learning Institute, Inc., 609/333-1693, kgusack@mlicme.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: Describe how learning modules that provide competence-based education with commentary targeted to various professions within an inter-disciplinary team can empower those team members to initiate performance change within their organization.

METHODS: Case-study will illustrate the development, implementation, and measurement of an ongoing activity series in hematologic malignancies that provides individual members of an inter-professional team with the information necessary for applying individual learning toward the performance improvement of the team and organization.

KEY POINTS: For inter-professional health care teams to succeed, collaborative learning should foster an understanding of the value of each profession for improving patient outcomes. Individual activities that focused on various aspects involved in the management of a particular hematologic malignancy were developed and simultaneously made available in The Oncology Nurse, The Oncology Pharmacist, and Journal of Multidisciplinary Cancer Care. Each publication contained commentary that targeted professional improvement of the individual readership. Follow-up research investigated how organizational change occurs when multiple members of a health care team take part in the same educational activity with profession-targeted application directives.

FINANCIAL OR IN-KIND SUPPORT: The activities described in this presentation were supported by an educational grant from Millennium Pharmaceuticals, Inc. and jointly sponsored by Global Education Group and Medical Learning Institute, Inc. Content development and logistics were provided by Center of Excellence Media, LLC.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T5, Breakout (4x6, Part 4)

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/27/11,
Yerba Buena 1-2/Lower B2

TITLE: Expanding the Role of CME in Patient Centered Care

THEME RELATED AREA: Quality of care and patient health 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.

MODERATOR: Christopher Larrison, BA
Healthcare Performance Consulting, 317/733-9816, larrison@changingperformance.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

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.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Describe patient centered care
2. Identify patient communication tools that improve self-care
3. Integrate a patient centered approach into CME that provides a shared responsibility to improve outcomes

METHODS: Presentation, demonstration and case-study discussion on Hypertension in African Americans and Parkinson's: A Family Physician's Guide

KEY POINTS: Care that is truly patient centered puts responsibility for important aspects of self-care and monitoring in patient's hands. Communicating effectively with patients and families is a cornerstone of providing quality healthcare. The manner which a healthcare provider communicates information to a patient can be equally as important as the information being conveyed. Integrating tools that improve physician-patient communication into CME interventions will help physicians engage the patient and family care givers into shared decision making, information therapy and patient self management. Effective communication between healthcare providers and their patients improves outcomes. CME should include tools that enhance patient centered care.

RECOMMENDED READING:
1. http://www.ihi.org/IHI/Topics/PatientCenteredCare/PatientCenteredCareGeneral/.
2. http://www.altfutures.com/pubs/Picker%20Final%20Report%20May%2014%202004.pdf.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T6, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/27/11, Yerba Buena 3-4/Lower B2

TITLE: Thinking Outside of the Box: Moving CME from Didactic to Interactive

THEME RELATED AREA: Performance consulting and/or organizational development

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

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.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be better able to:
1. Recognize the importance of interactive formats in enhancement of the adult learning experience
2. Identify ways to produce educational designs that promote interactive environments in the CME space
3. Discuss logistical elements of incorporating interactivity into your activity

METHODS: Use a case-based discussion to:
1. Review adult learning theory, the importance of interaction in the learning process and elements required to develop interactive activities, followed by
2. Practical examples (case studies) to focus the employment of these educational designs for successful interactive program implementation

KEY POINTS: During this session we will review aspects of adult learning and how different instructional methods facilitate application based learning. We will also discuss tapping learners' affective and cognitive domains and results of willingness to learn. A case-based discussion will also highlight methods of employing interactivity into specific activity formats and discuss benefits to specific target audiences.

RECOMMENDED READING: Aviation Instructor's Handbook: Chapter 2- The Learning Process. Retrieved: March 1, 2010 from the Federal Aviation Administration Website, http://www.faa.gov/LIBRARY/manuals/aviation/aviation_instructors_handbook/

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T7, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/27/11, Pacific I/4th

TITLE: Employing Adult Education Principles to Tackle Performance
Improvement Challenges

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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

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 how adult education principles inform the practice of Performance Improvement (PI) CME, (2) use adult education principles to design PI CME activities, (3) employ adult education principles to confront PI CME challenges

METHODS: The presenters will conduct a review of information and lead participants through a process

KEY POINTS: This session will discuss how PI CME can be improved through the use of adult education principles. Tips and tools for confronting the challenges of PI CME activities will be discussed. Perspectives gleaned from 5 years of sponsoring PI CME will be shared.

RECOMMENDED READING: Epstein et al. "Self-Monitoring in Clinical Practice: A Challenge for Medical Educators." The Journal of Continuing Medical Education in the Health Professions, 28.1 (2008): 5-13.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T8, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/27/11,
Yerba Buena 5-6/Lower B2

TITLE: Creating and Expanding Self-assessment Activities for Multiple
Physician Audiences

THEME RELATED AREA: Multi- and inter-disciplinary education

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

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: 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: Upon completing this session, participants should be able to: (1) explain the value self-assessment tools bring to physicians; (2) list steps and components essential to planning and developing self-assessment activities; (3) evaluate question performance and learner performance; (4) use learner performance data to identify gaps and communicate needs to question-writing committees; and (5) expand self-assessment planning to include modules for new target audiences.

METHODS: Interactive presentations combined with case studies will demonstrate development of self-assessment activities from conception through evaluation and expansion to multiple target audiences. Attendees are invited to bring concepts and/or examples of self-assessment activities for group discussion.

KEY POINTS: In this session, presenters will explain the educational rationale behind physician self-assessment tools and their value to trainees and physicians in practice. Elements critical to creating self-assessment activities will be explored, such as strategies for identifying faculty/experts to develop content, approaches to identifying target audience-specific clinical practice gaps in content planning, tips and techniques for question writing, technological tools that can enhance physicians' learning experience, and methods for assessing question performance.

RECOMMENDED READING:
1. Galbraith R. et al. Making self-assessment more effective. Journal of Continuing Education in the Health Professions 2008; 28:20–24.
2. Duffy FD, Holmboe ES. Self-assessment in lifelong learning and improving performance in practice. JAMA 2006; 296:1137–1139.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T9, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/27/11,
Yerba Buena 10-11/Lower B2

TITLE: Cn U Txt Ur Way to Hlth? A Case Study in the Use of Text Messaging to Improve Patient Outcomes

THEME RELATED AREA: Electronic-based information systems and/or e-learning

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: Alicia Sutton, CCMEP
Omnia Education, Inc., 215/237-5892, asutton@omniaeducation.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Bonnie Carroll
University of California-Irvine, 949/824-9163, bcarroll@uci.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 participating in this interactive session, learners will be prepared to:
1. Evaluate the use of text messaging programs to gather patient information
2. Explore ways to engage physicians and empower their patients through text messaging
3. Design a text messaging outreach to patients that ties into a CME intervention
4. Review industry guidelines on mobile health technology
5. Assess education programs that have used text messaging in diabetes, fibromyalgia, obesity, smoking cessation, and more.

METHODS: This is a case-based presentation that will demonstrate how to utilize a text messaging program to educate patients, all within a CME activity. Learners will participate in developing a series of text messages, abiding by mobile health constraints in message size and content. Learners also will sign up (during the session) for and review common mobile health message platforms of the CDC and more.

KEY POINTS: Text messaging is a social media tool that brings effective communication to patients and their providers. After participating in this interactive session, learners will be prepared to utilize a text messaging program to educate patients, develop a CME activity that utilizes text messaging, understand the common guidelines of mobile health text messaging, and participate in a text message program on the spot.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T10, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/27/11, Yerba Buena 12-13/Lower B2

TITLE: Designing a Performance Improvement Activity that Earns ABP and ABIM Maintenance of Certification Part 4 Approval

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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: Victoria Street, CCMEP
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: Jennifer D'Alessandro, MPA
 National Committee for Quality Assurance (NCQA), 303/841-1202, dalessandro@ncqa.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jill Foster, MD
CE Outcomes, LLC, 205/259-1508, jill.foster@ceoutcomes.com
DISCLOSURE: Does have an interest in selling a product and/or service to CME professionals.

CO-PRESENTER: Annette Boyer, RPh
CECity, Inc., 412/338-0366, ext. 312, aboyer@cecity.com
DISCLOSURE: Does have an interest in selling a technology to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: (1) Describe a comprehensive model for a Performance Improvement CME program;(2) Explain the processes for obtaining Maintenance of Certification Part 4 approval for an activity from the American Board of Pediatrics and the American Board of Internal Medicine, and (3) Discuss best practices in creating PI activities that are eligible for MOC Part 4.

METHODS: A didactic presentation will review a Performance Improvement (PI) activity that includes nationally-recognized performance measures plus pre-Stage A and pre-Stage C learner self-assessment. This model, developed by a three-organization collaborative, provides immediate feedback and an added level of comprehension to guide performance change for the learner as well as strong needs assessment data for the provider. The requirements for MOC Part 4 approval from the American Board of Pediatrics and the American Board of Internal Medicine will be reviewed along with strategies for aligning PI CME with MOC objectives. Participants will apply learning by designing a mock PI activity that meets MOC Part 4 requirements.

KEY POINTS: (1) ABP's and ABIM's requirements for MOC Part 4. (2) Using nationally-recognized performance measures. (3) Using an additional assessment instrument before Stage A and Stage C to gather data beyond the performance measurement. (4) Expanding the PI activity to have applicability for the entire health care team. (5) Employing user-friendly technology to enhance the learning, tracking and reporting experience in addition to leveraging access to PI content.

RECOMMENDED READING: (1) The AMA CPPD Report, Spring 2007 "Performance Improvement CME: Core of the new CME". (2) Maintenance of Certification for Pediatric Subspecialists (PMCP-S™) James A. Stockman III, MD, President, Paul V. Miles, MD, Vice President, Quality Improvement, Hazen P. Ham, PhD, Director of Recertification Programs; 4/16/03.

FINANCIAL OR IN-KIND SUPPORT: The ADHD Performance Improvement Program is supported by an educational grant from McNeil Pediatrics Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc., administered by Ortho-McNeil Janssen Scientific Affairs, LLC.

EDUCATIONAL FORMAT: T11, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/27/11, Foothill G1-G2/2nd

TITLE: Using Editorial Roundtables to Drive Multi-disciplinary Education

THEME RELATED AREA: Multi- and inter-disciplinary education

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

PRINCIPAL PRESENTER: Matthew Horn, MD
Curatio CME Institute, 908/707-1480, matthew.horn@curatiocme.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Bonnie Bixler, MEd
Penn State College of Medicine, 717/531-6483, bbixler1@hmc.psu.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Samantha Libby-Cap
American Pain Foundation, 860/575-5360, slibby-cap@painfoundation.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) summarize the enhanced educational value provided through editorial roundtables and multi-disciplinary education; (2) list tips and precautions for developing and implementing editorial roundtables; (3) explain the roles of the organizer, accredited providers, and advocacy partners in an editorial roundtable; and (4) utilize an editorial roundtable to develop a multi-disciplinary continuing education activity.

METHODS: Representatives from the collaborative partners for a multi-disciplinary, multi-tactic educational initiative on the management of chronic pain will discuss their roles in the development of the Steering Committee editorial roundtable and subsequent educational activities. This session will consist of a combination of presentations and question and answer period.

KEY POINTS: The goal of this session is to show how an editorial roundtable can be the keystone to organizing, developing and implementing complex, multi-disciplinary programs. Balancing Chronic Pain Management and Rational Opioid Use for Primary Care Providers is a multi-disciplinary, multi-tactic, multi-funded, multimedia educational initiative that included the involvement of nine organizations. The aim of this initiative is to provide long-term continuing education through a network of activities to encourage practice change in primary care. It was developed to meet the current educational needs of primary care physicians, registered nurses, nurse practitioners, physician assistants and pharmacists.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T12, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/27/11, Yerba Buena 14-15/Lower B2

TITLE: The Proof is in the Partnership: Collaborating with Regional Stakeholders to Prevent the Spread of MRSA in Ohio

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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

PRINCIPAL PRESENTER: Monique Johnson, MD, CCMEP
CME Outfitters LLC, 614/328-4515, mjohnson@cmeoutfitters.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Richard Snow, DO
Doctors Hospital, 614/544-2160, rsnow@ohiohealth.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Sharon Tordoff, CCMEP
CME Outfitters LLC, 614/328-4499, stordoff@cmeoutfitters.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) Describe a collaborative process used to integrate ideas and resources from a medical education company, a hospital system, a state medical association, and a community health department to develop a multi-disciplinary educational initiative. (2) Leverage partnerships with community hospitals and state health agencies to enhance reach to target audience clinicians. (3) Partner with health systems to access peer advocates who can encourage clinical performance change.

METHODS: Presentation and interactive discussion formats will be used to share key learning from a partnership between CME Outfitters LLC, Doctors Hospital, the Columbus Medical Association, the Ohio Department of Health, and PMG Communications that resulted in a comprehensive, multimodal initiative to prevent and reduce the spread of methicillin-resistant Staphylococcus aureus (MRSA) in both hospital and community settings.

KEY POINTS: Best partnerships are a result of having a shared goal. Goal-setting should be a highly collaborative activity that takes place as the initial step among all partners. Assignment of roles and responsibilities should take advantage of each partner's best strengths and resources. CME providers should recognize that building partnerships can take significant time, but once built, become enormous assets for improving clinical practice and patient safety.

RECOMMENDED READING: Alliance CME Competency Area 5: Partnering

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T13, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/27/11, Nob Hill A-B/Lower B2

TITLE: "Oh No You Didn't!" and Other Responses to Avoid! Interactive Session on Appropriate Provider/Supporter Communication

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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

PRINCIPAL PRESENTER: Lawrence Sherman, FACME, CCMEP
Prova Education, 646/701-0041, LS@provaeducation.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jason Singer, PharmD
Lilly USA LLC, 317/277-8333, singer_jason@lilly.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Mahj Motiwala, PharmD
sanofi-aventis U.S., 908/981-5134, mahj.motiwala@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 early stages of interaction between commercial supporters and accredited providers, who cannot receive guidance, either nuanced or direct, on the content of the activity or on who should deliver that content.; (2) define "Prohibited guidance"; (3) Apply best practices in provider/supporter communication

METHODS: The results of a pre-activity survey and social media queries will be interwoven with presenter case studies to form the core curriculum. Inherent to the session will be interactive discussions with the audience. Interactive presentations utilizing case studies and audience interaction to convey and discuss communication between grantors and providers will be used. Participant interaction will be highly encouraged through various case vignettes and ARS-styled questions.

KEY POINTS: Communication between supporters and providers in CME has evolved greatly. What was once permissible may now represent a "worst practice." The continually changing CME environment necessitates that all stakeholders be accountable for designing, implementing, and evaluating quality education that complies with all relevant guidelines. This accountability requires that stakeholders choose educational partners who share their values regarding CME. To help stakeholders form effective educational partnerships, a joint effort towards appropriate communication between grantors and providers is necessary.

FINANCIAL OR IN-KIND SUPPORT: Audience response technology provider to be determined.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T14, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/27/11, Foothill E/2nd

TITLE: Physician Leadership in CME

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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

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: Melvin Freeman, MD
Washington State Medical Association, 425/454-4868, bfreeman@u.washington.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Norman Kahn Jr, MD
Council of Medical Specialty Societies, 312/224-2585, nkahn@cmss.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Ajit Sachdeva, MD
American College of Surgeons, 312/202-5000, asachdeva@facs.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 end of the activity, participants will be able to (1) explain the importance of physician involvement in the CME community at multiple levels; (2) describe the skills necessary for physician leadership in different provider groups; and (3) discuss ways in which these skills can be developed and nurtured.

METHODS: This presentation from physician leaders in the field of CME will be followed by discussion with the audience regarding barriers that need to be addresses and ways to address them.

KEY POINTS: It is critically important that physicians be engaged in the development of CME activities and creation of CME policies, and participate in CME organizations in order to have all the different professional groups working to continuously improve CME.

RECOMMENDED READING: Physicians as Leaders. Who, How, And Why Now? by Mindi McKenna, PhD, MBA and Perry Pugno, MD, MPH, CPE.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T15, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/27/11, Nob Hill C-D/Lower B2

TITLE: The CME Price Tag: A Fee for Service Approach

THEME RELATED AREA: Electronic-based information systems and/or e-learning

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

PRINCIPAL PRESENTER: Mary Bany
Mayo Clinic College of Medicine-Rochester, 507/538-4376, bany.mary@mayo.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Kari Schilling
Mayo Clinic College of Medicine-Rochester, 507/284-4370, schilling.kari@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 should be able to: (1) Implement a system to estimate the effort required to plan and implement a CME activity; (2) Identify planning service fee structures used in various CME settings; (3) Implement a budget and financial management tool for CME activities; (4) Implement a fee for service approach in one's own CME setting.

METHODS: The presenters will use an interactive, question and answer format accompanied by a demonstration of a software tool used to budget and track finances, as well as estimate the effort required to plan and implement CME activities. Handouts and an electronic copy of the Microsoft Excel™ tool will be available to attendees.

KEY POINTS: The financial management and effort assessment template serves as a multi-purpose tool which links specific planning tasks with associated service fees, and provides a blueprint for ensuring proper resource and financial management from inception through the life of a CME activity.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T16, Mini-plenary

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/27/11, Yerba Buena 7-9/Lower B2

TITLE: Insights into Interprofessional Education and Care: Barriers to and Strategies for Working Together **(Invited Abstract)**

MODERATOR: Greg Paulos, MBA
602/502-5227, greg.paulos1@gmail.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

PRINCIPAL PRESENTER: Greg Thomas, MPH
American Academy of Physician Assistants, 703/836-2272, ext. 3107, greg@aapa.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jeanne Floyd, PhD, RN, CAE
American Nurses Credentialing Center, 301/628-5256, Jeanne.floyd@ana.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Dimitra Travlos, PharmD, BCPS
Accreditation Council for Pharmacy Education (ACPE), 312/664-3575, dtravlos@acpe-accredit.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Don Moore, PhD
Vanderbilt University School of Medicine, 615/322-4030, don.moore@vanderbilt.edu
DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Review the implications of recent IOM and AAMC/AACN reports that highlight the importance of interdisciplinary education. (2) Discuss ideas and strategies for coordination/collaboration of education that fosters improved care that reflects a strong interdisciplinary focus. (3) Describe the role of enhanced communication within and among the disciplines to improve education and care to patients. (4) Identify the metrics that would be valuable in assessing educational and care outcomes from interdisciplinary education and care.

METHODS: Leaders in significant healthcare organizations dedicated to quality education within their disciplines meet to have an interactive panel discussion on the insights into interdisciplinary education and care.

KEY POINTS: The themes for the discussion can include:
1. How to build strong education frameworks that foster team philosophy in professional development and care.
2. Foster collaboration in education/care—increasing the relevance factor for interdisciplinary/interprofessional care and professional development.
3. Facilitate enhanced communication awareness and strategies that overcome organizational and systems barriers to education and care.
4. Discuss the impact of interdisciplinary educational philosophies to foster patient adherence, patient safety etc.

RECOMMENDED READING:
1. IOM Reports – 2000-2008 (multiple reports)
2. AAMC/AACN Report on Lifelong Learning, release December 2009

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T17, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/27/11, Pacific H/4th

TITLE: Medical Writers: Where Do They Fit in Accredited CME Programming?

THEME RELATED AREA: Performance consulting and/or organizational development

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

PRINCIPAL PRESENTER: Debra Gordon, MS
GordonSquared, Inc., 757/645-2660, debra@debragordon.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Erik Brady, PhD
Clinical Care Options, 919/280-6519, ebrady@clinicaloptions.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: After completing the session participants will be able to:
1. Identify the potential role of medical writers in CME needs assessments and programming.
2. Describe barriers to the use of medical writers in their organization.
3. Integrate policies and procedures into their organization to facilitate quality working relationships with medical writers.

METHODS: Didactic, demonstrative

KEY POINTS:
1. The requirements for needs assessments and CME content from accredited CME providers have increased in recent years even as funding for such programs have declined.
2. Many CME providers work with very small staffs.
3. Using independent medical writers to prepare needs assessments and work with faculty on presentations and enduring materials provides a flexible option to meet these increasingly complex demands.
4. Many CME providers do not know how to identify quality medical writers or how to work with them to ensure they receive quality products.
5. The issue of "ghostwriting" that has arisen in the pharmaceutical industry has implications for CME providers that use medical writers and should be discussed.

RECOMMENDED READING: American Medical Writers Association (AMWA) Code of Ethics
(http://www.amwa.org/default.asp?id=114).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T18, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/27/11,
Yerba Buena 1-2/Lower B2

TITLE: Good Needs Assessment or Bad Needs Assessment: You Make the Call!

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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

PRINCIPAL PRESENTER: Robert Kristofco, MSW
Pfizer, Inc., 212/733-0055, robert.krisofco@pfizer.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Katie Crenshaw, JD
University of Alabama at Birmingham, 205/934-2687, kcrenshaw@uab.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At completion of this session, participants should be better able to: (1) describe the characteristics of quality needs assessment; (2) identify needs assessment data that best inform program planning; and (3) discuss the importance of using the highest quality needs assessment data available for educational content and format development.

METHODS: In this break-out session, participants will review and discuss the importance of quality needs assessment processes to the New CME. After a brief didactic presentation of basic needs assessment tenets, participants will be asked to select the most appropriate approaches to identifying learning needs from among a variety of examples from actual (blinded) medical education grant requests. Needs assessment data from several successful requests will be described and discussed in detail such that participants will take away plans for conducting needs assessment and gathering meaningful data in their organizations.

KEY POINTS: A cardinal factor in attaining optimal individual/organizational performance improvement and moving in the direction of the New CME is effective and meaningful assessment of physician learning needs such that providers build programs on solid foundations. This workshop provides a forum for exchange with peers about the centrality of good needs assessment in adult learning and the appropriateness, completeness, and overall value that various forms of educational needs data lend to the quality of their educational program proposals.

RECOMMENDED READING:
1. Moore DE Jr, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. J Contin Educ Health Prof. 2009 Winter;29(1):1.
2. Miller BM, Moore DE, Stead WW, Balser JR. Beyond Flexner: a new model for continuous learning in the health professions. Acad Med. 2010 Feb;85(2):266-72.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T19, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/27/11,
Yerba Buena 3-4/Lower B2

TITLE: Maintenance of Certification: A Physician's Perspective

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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: George Mejicano, MD
University of Wisconsin School of Medicine and 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: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Understand the role that CME providers can play in Maintenance of Certification (MOC).
2. Appreciate the learner's perspective of navigating through the MOC requirements.
3. Design educational activities that will qualify for MOC credits/points.

METHODS: The first part of this breakout session will consist of a didactic presentation related to the speaker's experience and participation in Maintenance of Certification. The second part of the session will consist of a dialogue with participants related to how CME providers can best support the MOC process of their learners.

KEY POINTS: Every physician has a professional responsibility to stay abreast of his/her field in order to provide optimal care to patients. In addition, licensing authorities, hospital credentialing committees, and specialty certifying boards have a duty to ensure that physicians practice in a safe and competent manner. In that spirit, the American Board of Medical Specialties has championed the concept of Maintenance of Certification wherein physicians must regularly engage in learning and assessment opportunities. Since CME providers can play a critical role in the MOC process, understanding the experience of physician learners will help educators better design continuing medical education activities that also have been approved as a component of a maintenance of certification program.

RECOMMENDED READING: Information about Maintenance of Certification can be found at:
http://abms.org/Maintenance_of_Certification/.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T20, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/27/11, Pacific I/4th

TITLE: An Adult Learning Model to Enhance Organizational Performance

THEME RELATED AREA: Performance consulting and/or organizational development

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

PRINCIPAL PRESENTER: Patricia McNally,EdD
Loyola University Stritch School of Medicine, 708/216-4998, pmcnally@lumc.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. Compare faculty-driven vs. learner-driven curriculum.
2. Create interactive, just-in-time learning for clinical teachers.
3. Evaluate 'who am I, who am I becoming by my actions, and what are the tenets that undergird my practice as an educator' as questions to guide self-reflection and self-assessment.

METHODS: Discuss concepts of adult learning as they manifest themselves in the faculty-development arena as well as best practices for faculty development among participants in those attending the session.

KEY POINTS: This innovative outcome based faculty development initiative is a four course Certificate in Academic Medicine. Each course is designed to be immediately applicable for the learner with an outcome that is useful as a teaching tool. Currently, attendings, fellows, and residents attend the sessions. This certificate is slated to become a requirement for promotion.

In addition to presenting this program and how it models the best of adult education techniques, participation from those attending to discuss best practices from their institutions will be built into the program.

RECOMMENDED READING:
1. Curriculum Development for Medical Education: A Six-Step Approach by Kern, Thomas and Hughes.
2. Becoming a Critically Reflective Teacher by Brookfield.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T21, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/27/11,
Yerba Buena 5-6/Lower B2

TITLE: "I Need to Measure Outcomes, but Don't Know Where to Start": Considerations for Developing Evaluation Frameworks

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: To discuss the experiences of this presenter and her CME office in developing and implementing various outcomes evaluation studies. Session participants will be able to: (1) increase their knowledge of how to develop frameworks/methodologies for evaluating CME outcomes; (2) discuss the factors which must be considered when developing evaluation frameworks; (3) discuss the challenges and best practices of measuring outcomes; and (4) reflect on their experiences with outcomes evaluation with other participants.

METHODS: Combination of didactic lecture and group discussion. Participants will be encouraged to share their experiences, challenges, and tips for others.

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. While the presenter and her CME office have had success in measuring outcomes, developing the frameworks/methodologies to guide this process has highlighted the existence of several challenges: participant buy-in; lack of resources (HR and financial) to conduct the evaluations and move beyond self-report methodologies; and trying to measure outcomes across diverse CME formats.

RECOMMENDED READING: Tian J, Atkinson N, Portnoy B, Gold R. A systematic review of evaluation in formal continuing medical education. J Contin Educ Health Prof. 2007;27(1):16-27.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T22, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/27/11,
Yerba Buena 10-11/Lower B2

TITLE: Designing for Change: Lessons from Three Examples Related to Inpatient Glycemic Control

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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

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: Ali Gersh, MA
Network for Continuing Medical Education (NCME), 201/867-3550, ext. 268, agersh@ncme.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Derek LeRoith, MD, PhD
Mount Sinai School of Medicine, 212/24- 6306, derek.leroith@mssm.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Terry Dex, PharmD
sanofi-aventis U.S., 908/981-7834, terry.dex@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 conclusion of this session, participants will be able to describe an approach to prioritizing and developing educational interventions based on the following principles: (1) uses performance data to target resources, (2) evaluates options for intervention based on their ability to have impact on meaningful performance outcomes, (3) addresses system factors, (4) promotes improvement and builds capacity for future improvement, and (5) assesses impact of interventions continuously.

METHODS: This session will use brief presentations, panel discussion, and dialogue with participants to achieve its objectives.

KEY POINTS: Improving glycemic control in the hospital is not unlike many issues faced in medicine today. It is important to the health and safety of patients, yet achievable only through the sustained and coordinated action of an interdisciplinary team of healthcare professionals supported by an appropriately configured infrastructure. The presenters will describe three very different approaches to a similar problem in different settings. These include resident training, hospital-based learning and improvement, and multidisciplinary team regional meetings Participants will be encouraged to apply the same principles to different problems that they may face in their own settings.

RECOMMENDED READING: Moore DE, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. JCEHP 2009;29:1-15.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T23, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/27/11,
Yerba Buena 12-13/Lower B2

TITLE: Linking Pieces of the CME Puzzle:
The Whole is Greater Than the Sum of Its Parts

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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

PRINCIPAL PRESENTER: Jeffrey Mallin, MD
Kaiser Permanente Downey Medical Center, 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.

CO-PRESENTER: Joyce Kersey, MSA
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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. Implement a simple process for developing engaging, outcomes-based educational activities.
2. Link actual educational needs and data with appropriate content, format, and outcome measures that drive changes in competence, performance, and patient outcomes.

METHODS: Participants will work in small groups, using a hands-on interactive approach, to piece together an activity. Facilitators will engage the participants in a reflective process on appropriate planning, content, and evaluative methods that address various needs and data underlying the gap.

KEY POINTS: Connecting the CME pieces can feel a bit like forcing a puzzle. Then, they say, "Make it interactive." A successful CME process is about linking elements in a meaningful way to measurably improve care. While finding an expert faculty on diabetes is one way to address the gap of poor diabetes control, it's not likely to address the specific needs and data of one's own learners and lead to desired change. Using actual puzzles, the facilitators take the topic of diabetes to engage participants in a logical planning paradigm, while developing components of multiple educational interventions.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T24, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/27/11, Yerba Buena 14-15/Lower B2

TITLE: A Practice Improvement Designed to Improve Diabetic Patient Care

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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: Saria Carter Saccocio, MD
Danville Regional Medical Center, 434/799-4454, saria.saccocio@lpnt.net
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 U.S., 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.

CO-PRESENTER: Angela Flanigan, BA
Georgia Academy of Family Physicians, 404/321-7445, aflanigan@gafp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Susan Reichman
CME Resource, Inc., 404/583-0539, cmeresource@bellsouth.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. Evaluate Clinical Information: Interventions include live and enduring educational activities.
2. Implement Practice-Based Change: Show how success is reviewed with physician's self-selecting practice based change (METRIC) and how to evaluate the change.
3. Introduce Systems-Based Practice Change: Education on the implementation of system based practice change among a smaller cohort that shows patient improvement.
4. Spreading the Good News: Facilitate ongoing learning by producing additional research outreach through posters, journals, and interactive website.

METHODS: PowerPoint presentation, case studies, and interactive panel discussion will be used to inform participants on the background of this project and the positive impact it's had on practice and behavioral change.

KEY POINTS: In 2009, the Georgia and Oklahoma Chapters of the American Academy of Family Physicians expanded Diabetes practice improvement projects to 16 states and 55 family medicine residency programs. It consisted of diabetes education in residency programs with a chart review component of both pre and post education intervention using the AAFP's METRIC database, and in some programs, the implementation of a disease management registry that produced report cards for the patients and clinicians. There has been a positive impact on the care of diabetic patients seen by residents and faculty, with documented improvement in patient care.

RECOMMENDED READING: Georgia Academy of Family Physicians website, http://www.gafp.org/GO_Diabetes.asp.

FINANCIAL OR IN-KIND SUPPORT: This activity was supported, in part, by an educational grant from Sanofi-Aventis.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T25, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/27/11, Nob Hill A-B/Lower B2

TITLE: The Role of Mobile Short Message Service (SMS) Text Messaging Technology in Managing Attendance at Academic Regularly Scheduled Series

THEME RELATED AREA: Electronic-based information systems and/or e-learning

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

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

CO-PRESENTER: Mila Kostic, BA
University of Pennsylvania School of Medicine, 215/898-8872, mkostic@upenn.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Zalman Agus, MD
University of Pennsylvania School of Medicine, 215/898-6125, agus@upenn.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Rodman Campbell
University of Pennsylvania School of Medicine, 215/898-6125, rodmanc@upenn.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 the rationale for comparing mobile device SMS text messaging vs. other methods of tracking attendance at RSSs. (2) Demonstrate the SMS text messaging technology platform, algorithms, and underlying learning management software platform. (3) Discuss the findings from the feasibility study, including participants' response, cost savings, considerations for effective implementation, and outcomes data.

METHODS: Presentation, demonstration, and case study discussion will illustrate the University of Pennsylvania School of Medicine Office of Continuing Medical Education experience implementing an SMS text-messaging platform for tracking RSS participant attendance.

KEY POINTS: In an era of shrinking budgets and resources, healthcare organizations are looking to technology to minimize costs associated with administering continuing medical education. The ubiquitous nature of mobile devices and SMS text messaging capabilities provides CME providers with a novel method to automate attendance tracking at live CME events. The University of Pennsylvania School of Medicine Office of Continuing Medical Education implemented a pilot program comparing mobile SMS text messaging with other methods of attendance tracking for RSS portion of this large academic CME program. Join us as we discuss our technological approach, practical considerations for the CME enterprise, and our findings.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T26, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/27/11, Nob Hill C-D/Lower B2

TITLE: Lessons Learned in Creating a Robust PI CME Program:
From Proof of Concept to National Rollout

THEME RELATED AREA: Performance consulting and/or organizational development

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

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: Anthia Mandarakas, MBA
sanofi-aventis U.S., 908/981-5319, anthia.mandarakas@sanofi-aventis.com
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. Define methods for incorporating feedback mechanisms into existing PI CME programs
2. Communicate strategies for adapting PI CME activities based on feedback from existing programs
3. Assess how changes made to a PI CME activity affect its success

METHODS: Didactic presentation, interactive case study, and group discussion will link lessons learned from national program with strategies that can be applied to future PI CME programs.

KEY POINTS: We will examine our experience in creating a nationally implemented PI CME program on acute coronary syndrome. A PI CME model was modified based on initial results from a pilot program to create the nationally delivered program. By comparing the pilot and national program data, we will discuss how adjustments made to the program ultimately affected its impact in terms of recruitment rates, educational and performance outcomes, and overall perception of the PI CME process by participants. We will also touch on the role of e-learning as a supporting tool that links individual and organizational performance.

FINANCIAL OR IN-KIND SUPPORT: Supported by an independent medical education grant from Bristol-Myers Squibb/Sanofi Pharmaceuticals partnership.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T27, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/27/11, Foothill E/2nd

TITLE: Achieving Group Consensus around Educational Priorities

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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

PRINCIPAL PRESENTER: Céline Monette, BSc
Association des médecins de langue française du Canada, 514/388-2228, cmonette@amlfc.ca
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Réjean Laprise, PhD
Fédération des médecins spécialistes du Québec, 514/350-5176, rlaprise@fmsq.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 end of this session, participants should be able to conduct an efficient, strategic or scientific committee meeting, with the goal of determining long or short term organizational priorities, taking into account important factors that increase potential impacts of CME interventions on practice such as physicians' motivation, societal needs and participants' capacity to adjust current practice.

METHODS: Interactive workshop with enduring material. We will present a method and a scoring tool developed to achieve consensus around educational priorities. Participants will be provided with a case to experiment the method in small groups. Benefits and applicability in other settings will be discussed in a plenary.

KEY POINTS: Identifying practice gaps and learning needs of physicians takes time and resources. Once done, CME providers must establish priorities that will maximize educational outcomes. Establishing priorities should be a team effort resulting in shared decisions, which in turn should be based on the relative importance of competing alternatives. The proposed method ensures that all committee members are included in the process and that the discussion is quickly focused on key factors that influence CME outcomes. It can be used for planning single CME events as well as for programs of activities.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T28, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/27/11, Foothill G1-G2/2nd

TITLE: Come Fly with Me:
Creating Faculty Orientation to Prepare for the CME Journey Ahead

THEME RELATED AREA: Performance consulting and/or organizational development

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

PRINCIPAL PRESENTER: Kim Carrington, MPA
American Academy of Family Physicians, 800/274-2237, ext. 6560, kcarrington@aafp.org
DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Octavia Jones
American Academy of Family Physicians, 800/274-2237, ext. 6558, ojones@aafp.org
DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: Medical Specialty Societies

OBJECTIVES: From attending this session, participants will be able to:
1. Recognize the essential components of a faculty orientation;
2. Assess methods of presenting the orientation materials to faculty that would best apply to their organization;
3. Create formalized roles of each stakeholder to ensure an efficient process;
4. Prepare products in relation to the needs of their organization.

METHODS: Components of a faculty orientation are addresses and examples of AAFP products will be shared as a springboard for participants to create their own working documents. A question and answer session will serve as an opportunity for participants to share the successes and challenges they face in relation of faculty orientation.

KEY POINTS: Having a faculty orientation model designed to formalize the professional relationship between the faculty and the CME organization protect both parties involved. This allows each member to understand their function and those of others which will facilitate a more efficient process. Components of a faculty orientation are addresses including; creating a faculty and staff matrix of responsibilities, production schedules, formalizing contracts, intellectual properties permissions, conflict of interest, partnerships and repurposing live to enduring materials. Clarity of process allows the CME professional to design courses with a strategic, collaborative plan to ensure a positive experience for all stakeholders.

RECOMMENDED READING:
1. "CME Faculty Resources." American Academy of Family Physicians, 09/01/2009. Wed. 16 Mar 2010.
2. http://www.aafp.org/online/en/home/cme/cmefacultydevelopment.html.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T29, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/27/11,
Yerba Buena 1-2/Lower B2

TITLE: Quality Improvement: A Practical Workshop on Tools and Process

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Know the principles underlying quality improvement in a healthcare setting.
2. Apply a team-based process to identify QI aims, key drivers, and interventions.
3. Implement plans to change practice in a team-based clinical environment.
4. Use tools to gather and monitor change in practice.
5. Facilitate practice environment variables that facilitate and inhibit practice change.
6. Connect the QI process to Performance Improvement CME.

METHODS: This workshop will include a short didactic presentation of QI concepts. There will be a hands-on exercise that utilizes QI processes and tools so that learners will experience the QI mechanism while learning to apply tools for identifying effective changes and mechanisms to gather and analyze data related to practice change.

KEY POINTS: CME professionals have very little exposure to the theory, mechanisms, and tools that are driving Quality Improvement efforts in health care. There are strong parallels between Quality Improvement and Performance Improvement CME that allow the QI tools to be very effective in a CME environment. Learning these tools, and how to use them, can make CME professionals valuable facilitators of practice change as well as CME. This workshop is an introduction to a set of QI tools as well as the process by which they can be used.

RECOMMENDED READING:
1. www.ihi.org/ihi/workspace
2. www.cincinnatichildrens.org/research/project/health-quality/resources/default.htm
3. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance by Langley, Nolan, Norman, Provost

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T30, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/27/11,
Yerba Buena 3-4/Lower B2

TITLE: Meeting the Challenge: Designing Effective Learning Experiences

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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

PRINCIPAL PRESENTER: Theresa Barrett, MS
New Jersey Academy 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: Ray Saputelli, CAE
New Jersey Academy of Family Physicians, 609/394-1711, ray@njafp.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 program the learner will be able to:
1. Identify and overcome obstacles to learning
2. Develop best practices in implementing adult education in CME
3. Design effective CME educational programs
4. Think strategically for long-term educational success

METHODS: This session is designed to be interactive, with a blend of presentation and group discussion on effective practice. Both presenters have experience in engaging the learners in an ongoing dialogue regarding the subject matter. In addition, table exercises will be used to engage the learners and keep the session moving forward.

KEY POINTS: - Overview of adult learning theory and its application to CME
1. Discussion of how to design learning experiences that change behavior
2. Importance of strategic thinking in curriculum design
3. Engaging the learner in their learning
4. Presentation of a case study exploring the design of an educational intervention that changed behavior
5. Group learning activity on designing an effective CME program
6. Debrief of group learning activity
7. Q&A

RECOMMENDED READING:
1. Brookfield, S. Understanding and facilitating adult learning: a comprehensive analysis of principles and effective practices Jossey-Bass.
2. Knowles, M. The modern practice of adult education. Prentice Hall Regents.Baumgartner, L. et al. Adult Learning Theory: A Primer. ERIC database (ED 482337).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T31, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/27/11,
Yerba Buena 5-6/Lower B2

TITLE: Developing Strong Practice Gaps and Needs Assessments

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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

PRINCIPAL PRESENTER: Cynthia Tyska, MA
American Academy of Orthopaedic Surgeons, 847/384-4075, tyska@aaos.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO PRESENTER: Amanda Glazar, PhD
Global Education Group, 303/395-1782, ext. 73, agalazar@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 will have the knowledge to:
1. Describe what methods can be used to identify a professional practice gap
2. Create a practice gap statement and document that helps in strategizing plans beyond one event
3. List the components that should be included in a quality needs assessment

METHODS: Presentation and demonstration will be used to facilitate audience's understanding of ideas followed by practical examples of robust needs assessments that have been developed around the identification of professional practice gaps.

KEY POINTS: In addition to mandates, expert opinion, audience survey results and evaluation data, reviewing the research literature can provide a perspective for developing practice gaps that not only guides a particular educational event but also better shapes a broader plan that can be implemented—and modified if needed—for many events, products and years. This session offers guidance and steps for developing research-based practice gaps. Needs assessments build upon strong practice gaps, and this session also demonstrates a new approach and format for building clear, well-referenced needs assessment. The audience will see examples of practice gap statements and robust needs assessments.

RECOMMENDED READING:
1. ACCME (2009). Measuring Professional Practice Gaps of Your Learners. http://education.accme.org/video/accme-video-faq/measuring-professional-practice-gaps-your-learners.
2. ACCME Webinar (2009). Documenting Professional Practice Gaps. http://education.accme.org/video/accme-video-faq/documenting-professional-practice-gaps.
3. Presta, C. & DeVivo, R. (2010). Transitioning from Needs Assessment to Practice Gaps. Alliance for CME 35th Annual Conference, January 27-30, 2010, New Orleans.

ACKNOWLEDGEMENT: There is no relationship between the American Academy of Orthopaedic Surgeons (AAOS) and Global Education Group.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T32, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/27/11,
Yerba Buena 10-11/Lower B2

TITLE: Multi-interventional Education:
Tools and Strategies for Design and Implementation

THEME RELATED AREA: Multi- and inter-disciplinary 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: Jennifer French, MEd
The Permanente Medical Group, 510/625-6163, Jennifer.French@kp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Carol Havens, MD
The Permanente Medical Group, 510/625-3317, Carol.Havens@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) Identify multiple needs that underlie complex gaps (unpacking gaps). (2) Match needs to target audience and interventions. (3) Develop a comprehensive "scaffolded" plan that includes educational and non-educational interventions.

METHODS: This session will examine the value and applicability of multi-interventional strategies in CME and present models and processes for design and implementation. In small groups, participants will utilize tools and resources to apply the presented concepts to case studies. Large group discussion will identify the broader application of these strategies to participants' own educational programs.

KEY POINTS: A multi-interventional education plan must begin with an extensive needs assessment and an identification of the reasons for each identified gap. This process can help unpack complex clinical problems and determine the most appropriate and effective educational interventions. In addition, using multi-interventional strategies can augment more traditional approaches to reach target audiences more effectively, increase learning and retention, and improve impact on competence and practice change.

RECOMMENDED READING: Price D. Continuing medical education, quality improvement, and organizational change: implications of recent theories for twenty-first-century CME. Med Teach. 2005 May;27(3):259-68.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T33, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/27/11, Foothill G1-G2/2nd

TITLE: Experiential CME: Moving Hearts and Minds

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T34, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/27/11,
Yerba Buena 12-13/Lower B2

TITLE: A Mixed-method Outcomes Assessment:
Review, Comparison, and Lessons Learned

THEME RELATED AREA: Performance consulting and/or organizational development

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: Tom McKeithen, MBA
Healthcare Performance Consulting, Inc., 904/529-6571, mckeithen@changingperformance.com
DISCLOSURE: Does have an interest in selling a product and/or service to CME professionals.

CO-PRESENTER: Jeanne Prater
Spire Learning, 973/605-2922, jprater@spirelearning.com
DISCLOSURE: Does have an interest in selling a product and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this activity, participants should be able to:
1. Select appropriate outcomes methodologies for their educational activities.
2. Develop an outcomes plan that utilizes mixed methodologies when appropriate.
3. Compare outcomes results of activities using different methodologies.
4. Use triangulation to develop a complete outcomes assessment of their educational activities.

METHODS: This breakout presentation will incorporate the following learning methods:
1. Large group presentation
2. Small group and individual exercise
3. Small and large group discussion
4. Panel question and answer.

KEY POINTS: Continuing medical education activities may be assessed by a variety of methods. The outcomes methodology used depends on a variety of factors, including format, number of participants, content, and budget. CME providers should select the best methodologies for their activities. In some cases, multiple methodologies may be used in order to achieve the most thorough assessment of the activity. This session will guide participants through the selection and implementation of a mixed-method outcomes assessment, using a real-life case example. Participants will be able to apply the lessons learned from this case example to their own mixed methods assessments.

RECOMMENDED READING:
1. Davis DA Thomson MA, Oxman AD, Haynes RB. JAMA 1995; 274(9).
2. Charlin B, Demeester A, Fournier B Medical Informatics and Decision Making 2008, 8:18.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T35, Breakout (Cancelled)

EDUCATIONAL FORMAT: T36, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/27/11, Pacific H/4th

TITLE: Implementing Physician Education that Improves Organizational Performance: A Multi-modality Approach within the VA Aims

THEME RELATED AREA: Multi- and inter-disciplinary education

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

PRINCIPAL PRESENTER: Matthew Frese, MBA
Quintiles Medical Education/SCEPTER, 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.

CO-PRESENTER: Anthia Mandarakas, MBA
sanofi-aventis U.S., 908/981-5319, anthia.mandarakas@sanofi-aventis.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Donna Wilt
Biomedical Research Institute of New Mexico, 505/260-1033, donna@brinm.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Kathleen Marley-Matts
Quintiles Medical Education, 914/829-4125, kathleen.marley-matts@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:
1. Describe strategies for successful collaboration
2. Outline adult learning principles to enhance educational experience for physician learners and support commitment to change practice behaviors
3. Examine the team approach to identifying challenges and overcoming healthcare system barriers
4. Understand how to implement processes that aid the implementation of new knowledge in an established system

METHODS: Case-based discussion, presentation, ARS, and didactic lecture will be utilized to explain and demonstrate the scope and breadth of this unique methodology.

KEY POINTS: The AXIOM Series is a multi-modality program designed to raise the standard of care that patients with primary or secondary stroke receive in the VA. Through a successful partnership (Quintiles Medical Education, New Mexico Veterans Affairs, Biomedical Research Institute of New Mexico), we have been able to re-assess the VA system of acute stroke care, determine best practices that will aid in the development of standardized stroke care, designed an implementation plan within the context of learner preferences and organizational parameters, and planned for outcomes evaluation to capture the successes and key learnings for future initiatives.

RECOMMENDED READING: Heiser KE, Dawdy WD. A shared-outcomes model for improving medical education in an academic medical center. CE Meas. 2009;3:60-64.

FINANCIAL OR IN-KIND SUPPORT: Audience response technology provider to be determined.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T37, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/27/11, Nob Hill A-B/Lower B2

TITLE: The Collaboration Handbook:
Tips and Tools for Establishing and Furthering Collaborations

THEME RELATED AREA: Performance consulting and/or organizational development

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

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: At the completion of this session, participants should be able to:
1. Describe factors to consider when choosing partners.
2. Evaluate best practices in collaborative management.
3. Integrate relevant best practices into your CME collaborations.
4. Understand the importance of continuous quality improvement to ongoing collaborations and strategies to use in making course corrections.

METHODS: Panelists will share their experience, factors they have identified as important when choosing partners and the tools and techniques they utilize to manage collaborations, facilitate communication, manage risk, and assess collaboration's health. Discussion among learners will focus on the challenges of forming, maintaining, and concluding collaborations.

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 enabling the partnership to supply stakeholders with necessary information. Continuous quality improvement is of critical importance to the ongoing success of a collaborative partnership; therefore, we will share strategies to use when making ongoing improvements within your collaborative group. Best practices from ongoing collaborations will be shared, along with tools and processes utilized by the presenters.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T38, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/27/11, Nob Hill C-D/Lower B2

TITLE: Hospital Quality Improvement:
How and Why it Needs to be Linked to the "New" CME

THEME RELATED AREA: Quality of care and patient health 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: 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: 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.

CO-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.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Discuss the connection between institutional quality improvement initiatives and performance improvement based CME initiatives
2. Describe how to link hospital quality improvement with institutional and or individual CME to improve performance and ultimately patient outcomes
3. Indentify an initiative that you will consider recommending or implementing within your own or a partners institution within the next year

METHODS: We will outline the similarities of institutional QI and PI-CME, the importance of and ability to link hospital quality improvement initiatives with CME to allow for this critical alignment to improve performance and patient outcomes. A practical example of a how this can be accomplished will be outlined. There will be time for questions and discussions.

KEY POINTS: Improving the quality and safety of care provided has been discussed for many years. The alignment of improving physician performance to CME is recently being implemented among many CME providers and is now becoming a standard for parts of MOC by ABMS. However collaborations between QI departments and CME offices are not the standard practice and most physician learners still equate CME with didactic lectures. To address the current variable and inconsistent quality of care and physician performance, there is a need to partner with QI to support these initiatives and utilize the "new" CME models, such as PI-CME. These collaborations and partnerships will allow the physician learners to gain further understanding and experience with self-assessment and performance improvement.

RECOMMENDED READING:
1. Institute of Medicine. Health Professions Education: A Bridge to Quality. Greiner AC, Knebel E, eds. Washington, DC: National Academy Press. 2003.
2. ACCME. "CME as a Bridge to Quality" Updated Accreditation Criteria, September 2006.

FINANCIAL OR IN-KIND SUPPORT: The France Foundation and GSK for support of SJH PI-CME VTE Prevention Initiative example.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T39, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/27/11, Foothill E/2nd

TITLE: Re-structuring Your CME Office: Successes and Challenges

THEME RELATED AREA: Performance consulting and/or organizational development

COMPETENCY: 6.3 - Provide and support an environment of continuous improvement in educational practice and office operations.

PRINCIPAL 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.

CO-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.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: To report on the re-structuring of our CME office (Professional Development & Conferencing Services (PDCS)); the processes, challenges, and successes. Session participants will be able to: (1) increase their knowledge regarding the processes for facilitating an organizational review; and (2) discuss the challenges and successes of undergoing such a review.

METHODS: Combination of didactic lecture and group discussion.

KEY POINTS: PDCS provides innovative, accredited continuing medical education/continuing professional development (CME/CPD) in a variety of formats to promote lifelong learning, facilitate recruitment and retention, and enhance competencies and performance of health care professionals, faculty and students. In 2008, our office underwent an organizational review in efforts to improve work processes, project management, and staff effectiveness and morale. It was a challenging process, which has since resulted in successes.

RECOMMENDED READING: Davis D, Baron R, Grichnik K, Topulos GP, Agus ZS, Dorman T. Commentary: CME and its role in the academic medical center: increasing integration, adding value. Acad Med. 2010;85(1):12-5.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T40, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/27/11,
Yerba Buena 7-9/Lower B2

TITLE: 2011 AMA Update: Changes to the AMA PRA Credit System

THEME RELATED AREA: Performance consulting and/or organizational development

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

PRINCIPAL 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) explain the changes to the AMA PRA credit system; (2) modify their planning process for CME activities certified for AMA PRA credit to ensure compliance; (3) apply the knowledge gained to the process of appropriately designating and awarding AMA PRA credit and; (4) cite resources for further information related to the AMA PRA credit system.

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

KEY POINTS: Changes to the AMA PRA credit system are anticipated to be approved by the AMA Council on Medical Education in 2010. These changes will impact all accredited providers certifying activities for AMA PRA credit. This session will highlight the changes, clarify new policies, and share additional resources for both providers and physicians.

RECOMMENDED READING: The Physician's Recognition Award and Credit System: Information for Accredited Providers and Physicians. (www.ama-assn.org/go/prabooklet).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T41, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/27/11, Pacific I/4th

TITLE: Maintaining Creativity and Innovation in Ourselves and Others

THEME RELATED AREA: Performance consulting and/or organizational development

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

PRINCIPAL PRESENTER: Elizabeth Kachur, PhD
Medical Education Development, 212/982-8436, mededdev@earthlink.net
DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Lisa Altshuler, PhD
Maimonides Infants and Children's Hospital of Brooklyn, 718/283-6160, laltshuler@maimonidesmed.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. Discuss different models of creativity and innovation (e.g., Medici Effect).
2. Identify personal and institutional barriers to creativity and innovation.
3. List potential actions and activities that could help explore new ideas.
4. Assist others with "thinking out of the box" (e.g., team work, mentoring).

METHODS:
1. Presentation and trigger tape to introduce topic and generate discussion.
2. Individual, small and large group activities to reflect on and discuss facilitators and barriers to creativity, and how to mentor others to become more creative.
3. The wrap-up includes Take-Home Points and the preparation of reminder cards which will be sent 6 months later.

KEY POINTS: Every field needs new ideas in order to retain its vitality. Similarly, creativity is important for the growth of individuals and institutions. There are personal and institutional strategies to promote new approaches to learning, teaching and administrative tasks. They can work even when difficult-to-influence environmental factors have a stifling effect. Everyone has the potential to be creative, but producing innovations requires work and courage to change.

RECOMMENDED READING:
1. Irby DM, Wilkerson L. Educational innovations in academic medicine and environmental trends. J Gen Intern Med. 2003 May;18(5):370-6.
2. Johansson F. The Medici Effect. Boston, MA: Harvard Business School Press, 2006.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T42, Member Section Follow-up Meeting (Federal Health Care Educators – All Conference Participants Welcome)

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Thursday, 1/27/11, Yerba Buena 1-2/Lower B2

TITLE: Best Practices and Lessons Learned: Tips and Tools from the Frontlines of Continuing Health Professional Education

THEME RELATED AREA: Performance consulting and/or organizational development

COMPETENCY:
6.1 - Provide a vision for CME professionals' and physicians' role in continued learning
6.2 - Develop a model learning organization
6.3 - Provide and support an environment for continuous improvement
6.4 - Promote and support appropriate change as an essential to the CME program
6.5 - Maintain a high standard of professionalism and ethics
6.6 - Be an advocate for the CME program

PRINCIPAL PRESENTER: Sylvia Scherr MS, RN (Section Leader)
Uniformed Services University, 301/295-1537, sscherr@usuhs.mil
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Diana Durham Pusavat, PhD
VA 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: Nori Buising, MD
U.S. Army, 703/681-8036, nori.buising@amedd.army.mil
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Sandra Elliott
Uniformed Services University, 301/295-3831, selliott@usuhs.mil
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Federal Health Care Educators

OBJECTIVES: Identify potential barriers to overcome and best practices to utilize in creating a federally-funded continuing health professional education program that results in exemplary accreditation and improves the health of the nation.

METHODS: The Federal Healthcare Educators Provider group will host a best practices-centered session that will use a blend of learning strategies to engage and involve members of this varied group from the most seasoned to the newest members. A series of brief presentations on best practices will be followed by expert-led topical round table discussions.

KEY POINTS: A series of brief reports in topics on successful strategies such as building multi-disciplinary, integrated application processes and practices; establishing systems for educational outcome measurement, performing self studies; creating needs/gap assessments; tools for interagency collaboration; and developing mechanisms for incorporating social learning and traditional learning strategies into educational activities will be followed by round tables. Attendees will then gather at self-selected topical round tables with expert facilitators to share barriers overcome and best practices on subjects of interest including achieving 16-22, educational outcome measurement, planning activities, and reaccreditation challenges.

RECOMMENDED READING:
1. ACCME Criterion 1-22
2. Overton GK and MacVicar R. Requesting a commitment to change: Conditions that produce behavioral or attitudinal commitment. *J Cont Educ Health Prof* 2008; 28:60-66.
3. Jason J. Olivieri MPH

EDUCATIONAL FORMAT: T43, Member Section Follow-up Meeting (Health Care Education Associations – All Conference Participants Welcome)

TIME/DAY/LOCATION: 4:00 – 5:00 PM, Thursday, 1/27/11, Yerba Buena 14-15/Lower B2

TITLE: Monitoring Activities Systematically for Overall Program Improvement

THEME RELATED AREA: Quality of care and patient health outcomes improvement

COMPETENCY: 6.3 - Provide and support an environment of continuous improvement in educational practice and office operations.

PRINCIPAL PRESENTER: Philip Bellman, MPH
The Permanente Medical Group, 510/625-2425, philip.bellman@kp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Carol Havens, MD
The Permanente Medical Group, 510/625-3317, carol.havens@kp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jennifer French, MEd
The Permanente Medical Group, 510/625-6163, jennifer.french@kp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Health Care Education Associations

OBJECTIVES: (1) Apply a systematic approach to monitor and document the effectiveness of educational activities. (2) Aggregate data from multiple activities to assess the overall strengths, deficiencies, and impact of the overall CME program. (3) Utilize the overall program analyses to strengthen planner competencies, future activities, and the overall program's strategic contribution to improved patient care.

METHODS: Presentation, database demonstration, case examples of analyses, and interactive discussion will examine strategies for gathering, assessing, and applying program improvement data.

KEY POINTS: Increasing the quality of patient care through CME depends ultimately on the aggregate impact of multiple activities and interventions over time. Improving an overall CME program requires a systematic assessment and analysis of the factors affecting both individual activities and the collective outcomes. A relatively simple system for monitoring educational planning processes, instructional methods, and outcomes can provide summary data useful in enhancing future activities, planner competence, and the overall CME program. A monitoring system also establishes baseline metrics that can be used for continuous program improvement.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T44, Member Section Follow-up Meeting (Medical Education and Communication Company Alliance [MECCA] – All Conference Participants Welcome)

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Thursday, 1/27/11, Yerba Buena 3-4/Lower B2

TITLE: Pearls for Education Companies on Partnering: Takeaways to Share from Selected Sessions

THEME RELATED AREA: Performance consulting and/or organizational development

COMPETENCY:
5.1 - Identify and collaborate with internal partners, including the quality improvement unit, performance improvement unit, the library, patients, and other related units, to accomplish the CME mission.
5.2 - Identify and collaborate with external partners that enhance effective CME activity.

PRINCIPAL PRESENTER: Alicia Sutton, CCMEP (Section Chair)
Omnia Education, Inc., 215/237-5892, asutton@omniaeducation.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

PRINCIPAL PRESENTER: Jan Perez, CCMEP (Section Co-Chair)
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.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Education and Communication Companies

OBJECTIVES:
1. Describe key takeaways from selected sessions of the ACME Annual Conference regarding partnering opportunities.
2. Identify "pearls for practice" to enhance partnering within systems (hospitals, medical schools, patient resources, electronic health records, etc.).

METHODS: Group discussion, reports and perceptions from MECC members

KEY POINTS: The ACME Annual Conference provides a multitude of educational and professional networking opportunities. Pearls from the many sessions can be shared by fellow MECC members through this open forum where participants will provide their own takeaways from sessions they have already attended — sharing their experiences and plans for future enhancements to their educational designs, collaborations, and outcomes measurements by way of partnering.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T45, Member Section Follow-up Meeting (Medical Schools – All Conference Participants Welcome)

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Thursday, 1/27/11, Yerba Buena 5-6/Lower B2

TITLE: Pearls for Providers: Highlights and Implications from Selected Sessions

THEME RELATED AREA: Performance consulting and/or organizational development

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: Andrew Crim (Section Leader)
University of North Texas Health Science Center, 817/735-2644, andrew.crim@unthsc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Schools

OBJECTIVES:
1. Describe potential implications of selected sessions of the ACME Annual Conference for Medical School CME Providers.
2. Identify "pearls for practice" to enhance academic medical school CME.

METHODS: Experience panel - reports and perceptions from a group of medical school CME providers.

KEY POINTS: The ACME Annual Conference provides a multitude of educational opportunities. It is impossible to attend every session and sessions which don't appear relevant to medical school CME providers can provide pearls for the practice of CME. This session will be an open forum where participants will review some of the best pearls from the sessions they have attended, sharing experiences, perceptions and thoughts for enhancing medical school CME.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T46, Member Section Joint Follow-up Meeting (Medical Specialty Societies and Pharmaceutical Alliance for CME [PACME])

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Thursday, 1/27/11, Yerba Buena 7-9/Lower B2

TITLE: Association and Industry Interactions: Developing Effective Strategies and Compliant Solutions

THEME RELATED AREA: Performance consulting and/or organizational development

COMPETENCY:
5.2 - Identify and collaborate with external partners that enhance effective CME activities.
5.4 - Apply effective communication and interpersonal skills to facilitate partnering with appropriate organizations.
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: Pamela Mason, BS, CCMEP, FACME (Section Leader)
AstraZeneca PLP, 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 (Section Leader)
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
CO-PRESENTER: Walt Wolyniec
Confluent Healthcare Solutions, Inc, 203/417-3990, wwolynie@hotmail.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Specialty Societies and PACME

OBJECTIVES: (1) Recognize challenges faced by the other stakeholder group from their perspective; (2) Identify possible strategies that can be incorporated into their organization to ensure ACCME compliance from the best practice examples shared; and (3) Describe key components needed to develop an internal roadmap for their organization to ensure compliance and effective communication strategies between both stakeholder groups.

METHODS: Interactive session, utilizing examples and case studies that stimulate comments and discussion on best practices that can lead to suggested solutions that benefit participants in their own organizations

KEY POINTS: The agenda will include an update of key topics important to both member sections. An update from a joint initiative will provide suggested key definitions, compliant routing and mechanisms to interact between the two stakeholders. Utilizing examples, session leaders will challenge participants to explore their current practices and processes. Results from this discussion will assist the representatives from Medical Specialty Societies and Industry to understand the perspective of each other as they seek solutions that are appropriate for and meet the needs of their organizations. An overview will be provided on recent interpretations/clarifications provided by the ACCME and the CMSS (*Code for Interaction with Companies)*. An interactive discussion will be held on options and strategies that ensure ACCME compliance when managing interactions between industry and medical specialty societies.

RECOMMENDED READING:
1. ACCME (Accreditation Council for Continuing Medical Education), 2004. *ACCME Standards for Commercial Support 2004.* http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf (accessed June 15, 2010).
2. ACCME (Accreditation Council for Continuing Medical Education), 2009. *Ask ACCME: Standards for Commercial Support: Independence 2009.* http://www.accme.org/index.cfm/fa/faq.detail/category_id/667b72cf-6277-4317-99f9-1e476b621e76.cfm (accessed June 15, 2010).
3. PhRMA (The Pharmaceutical Research and Manufacturers of America) 2008. *Code on Interactions with Healthcare Professionals* 2008. http://www.phrma.org/files/attachments/PhRMA%20Marketing%20Code%202008.pdf (accessed June 15, 2010).
4. CMSS (Council of Medical Specialty Societies) 2010. *Code for Interaction with Companies 2010.* http://www.cmss.org/codeforinteractions.aspx (accessed June 15, 2010).

EDUCATIONAL FORMAT: T47, Member Section Joint Follow-up Meeting (State Medical Societies & Hospitals and Health Systems)

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Thursday, 1/27/11, Yerba Buena 10-11/Lower B2

TITLE: Cultivating Physician Champions and Leaders in CME

THEME RELATED AREA: Performance consulting and/or organizational development

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

PRINCIPAL PRESENTER: Leslie Howell, BA (Section Leader)
Pennsylvania Medical Society, 717/909-2624, lhowell@pamedsoc.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals

CO-PRESENTER: Debra Jorden, MS, CHES, CCMEP
Cook Children's, 682/885-7961, Debra.Jorden@cookchildrens.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals

CO-PRESENTER: Linda DuPont (Section Leader)
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

CO-PRESENTER: Timothy Holder, MD
Oklahoma State Medical Association, 918/682-4318, tholder@mfpclinic.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals

TARGET AUDIENCE: All

MEMBER SECTIONS: State Medical Societies and Hospitals and Health Systems

OBJECTIVES: (1) Examine the roles and responsibilities of CME physician leaders and the value these individuals bring to the CME program and organization in these roles. (2) Discuss the skills, competencies, and traits a physician should possess or develop to successfully fulfill each role and responsibility as a CME leader. (3) Formulate a list of strategies and resources to design an education or skill development plan for the CME physician leader so the physician is empowered to embrace the leadership role.

METHODS: This will be an interactive brainstorming session with the audience. An email survey will be distributed to members of the SMS section and the Hospital & Healthcare section prior to the conference to solicit input on the three key points listed below. Through facilitated discussion, this joint session will build upon the responses collected. Participants will be encouraged to share best practices and strategies. Following the session's discussion, a summary will be prepared and distributed to the list serves.

KEY POINTS: To successfully implement the 2006 Updated Criteria and secure the buy-in of physician participants, CME coordinators need the support of CME leaders - physician champions. Join us as we consider these leaders and the roles they play in the new CME paradigm.
1. What are the expectations of the CME program with regard to the role of CME physician leaders?
2. What skills do these key players need?
3. What education and resources can/do we give to these physician leaders, committee members, and/or planners to help them meet the expectations and fulfill their roles?

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F1, Plenary

TIME/DAY/LOCATION: 8:30 – 9:30 am, Friday, 1/28/11,
Yerba Buena 7-9/Lower B2

TITLE: Hot Topics in CME: Future Imperatives for Physicians Licensed in the United States **(Invited Abstract)**

PRINCIPAL PRESENTER: Humayun Chaudhry, DO, FACP
Federation of State Medical Boards of the United States, Inc., 817/868-4044, hchaudhry@fsmb.org, sMcAllister@fsmb.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:
1. Describe the content of the 2010 action by FSMB, as the representative for the 70 medical boards of the United States and its territories that laid the groundwork for strengthening the medical licensure renewal process by implementing new standards for lifelong learning among physicians.
2. Recognize and examine how changes to MOL will influence healthcare quality and protection of the public in the United States.
3. Identify new roles for CME programs to support physician lifelong learning and the improvement of performance in healthcare delivery.

METHODS: This session will use illustrated lecture to communicate the decisions and the climate surrounding MOL in the United States. We will field audience questions as time allows. A follow up session with a reactor panel will follow this session.

KEY POINTS:
1. For improved patient and public protection, methods in which physicians are licensed and renewal of licensing need to change to reflect the dynamic world of medicine.
2. Improvements to maintenance of licensure (MOL) will continue to drive the scope and content of continuing physician education.

RECOMMENDED READING: Adopted Maintenance of Licensure Policy, 2010 Maintenance of Licensure Information Center at the FSMB Homepage: www.fsmb.org.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F2, Intensive

TIME/DAY/LOCATION: 10:00 am – 12:15 pm, Friday, 1/28/11, Club/2nd

TITLE: New Directions in CME Worldwide
(Presentation Co-hosted by the Alliance for Continuing Medical Education and the Global Alliance for Medical Education [GAME])

THEME RELATED AREA: Performance consulting and/or organizational development

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

PRINCIPAL PRESENTER: Paul Piché, MBA (President, GAME 2009-2011)
GAME, 514/932-3232, ext. 223, paul.piche@game-cme.org
DISCLOSURE: Does have an interest in selling a technology, 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: Hervé Maisonneuve, MD
Université de Paris, 33-158-07-35-80, hervemaisonneuve@gmail.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals

CO-PRESENTER: Lisa Sullivan
In Vivo Communications, +65 6416-2900, l.sullivan@invivocom.com
DISCLOSURE: Does have an interest in selling a technology, product, and/or service to CME professionals

TARGET AUDIENCE: Non-beginner

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this presentation, participants should be able to:
• Describe different approaches to commercially support and fund CME
• Compare the advantages and disadvantages of different CME systems
• Relate best practices from their experiences

METHODS: Didactic presentation with group discussion

KEY POINTS: Worldwide, the face of CME is changing. As in Europe, India is moving to reform its healthcare system. In Japan, there has been as dramatic a change in the medical education system. Participation in CME activities by registered medical practitioners in Malaysia has been poor. This panel will examine the political pressures underlying the drive to reform, the likely framework of the new healthcare policies, and assess the impact on the CME and healthcare industries.

RECOMMENDED READING: CME Systems at www.game-cme.org

FINANCIAL FUNDING SOURCES: Supported by an independent medical education grant from the Global Alliance for Medical Education.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F3, Mini-plenary

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/28/11, Yerba Buena 7-9/Lower B2

TITLE: Future Imperatives for Physicians Licensed in the United States: Reactor Panel **(Invited Abstract)**

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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

PRINCIPAL PRESENTER: Peter Vlasses, PharmD (Moderator)
Accreditation Council for Pharmacy Education, 800/533-3606, pvlasses@acpe-accredit.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Humayun Chaudhry, DO (Panelist)
Federation of State Medical Board of the United States, Inc., 817/868-4044, hchaudhry@fsmb.org, sMcAllister@fsmb.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Robert Galbraith, MD (Panelist)
National Board of Medical Examiners, 610/764-7408, RGalbraith@NBME.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Richard Hawkins, MD (Panelist)
American Board of Medical Specialties, 312/ 436-2603, rhawkins@ABMS.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Norman Kahn, Jr., MD (Panelist)
Council of Medical Specialty Societies, 312/224-2585, nkahn@cmss.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. Recognize the perspective of leading licensing and certification authorities with regard to physician competency and skills.
2. Apply knowledge of the driving forces behind changes in MOL and MOC to local CME provider programs.

METHODS: Using a moderated panel format, this session will consist of panelists representing key MOL and MOC organizations responding to prepared questions and extemporaneous questions from the audience.

KEY POINTS: Changes to maintenance of licensure and maintenance of board certification have and will continue to drive the scope and content of continuing physician education in ways that are more patient-focused, outcomes-oriented and competency-based. CME providers who can critically synthesize these relationships and changes will be best positioned to seize new opportunities in the modern healthcare system.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F4, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/28/11, Yerba Buena 1-2/Lower B2

TITLE: PACME Benchmarking Study: Current Practices and Future Trends in Independent Medical Education (IME) among Commercial Supporters

THEME RELATED AREA: Analysis of trends in CME

COMPETENCY: 1.4 - Remain current on the CME literature.

PRINCIPAL PRESENTER: Patty Jassak, MS, RN, CCMEP
sanofi-aventis U.S., 908/981-5162, Patty.Jassak@sanofi-aventis.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER Suzette Tomaska, MBA, CCMEP
Purdue Pharma L.P., 203/588-7716, Suzette.Tomaska@pharma.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER Kristan Cline, PhD, CCMEP
Ortho-McNeil Janssen Scientific Affairs, LLC, 908/927-6670, KCline1@its.jnj.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER Kevin Harris
Millennium: The Takeda Oncology Company, 617/444-2130, kevin.harris@mpi.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: Commercial supporters: Apprise their organizations current Independent Medical Education (IME) department processes compared with trends across PACME member organizations. Providers of IME: Understand supporter expectations and trends in support for IME grant applications among PACME member organizations.

METHODS: Presenters will review the results and trend analyses from benchmarking studies conducted in 2010 amongst PACME members and will share their views and insights through a panel format. Audience will be engaged in group discussion on current practices and trends in IME among commercial supporters.

KEY POINTS: These benchmarking surveys were designed to identify current practices and future trends in IME among commercial supporters. Areas covered by this survey include: (a) Budgets, (b) Interactions with Providers, (c) Requests for Proposals, (d) Outcomes Measures, and (e) CME Trends. The findings will illuminate current practices and future trends, allowing industry participants to better understand where their organization stands relative to others. Providers of IME will gain important insight into the direction and future trends of IME grant support provided by pharmaceutical and biotechnology companies.

ACKNOWLEDGEMENTS: Pamela Mason, BS, AstraZeneca Pharmaceuticals and Hilary Schmidt , PhD, sanofi-aventis U.S. of the PACME Leadership and Christine Beebe, MS, Takeda Pharmaceuticals, Sharon L. Park, PharmD, Astellas Pharma Global Development, Inc., Sue Garnett, RPH, MBA, CCMEP, Celgene Corporation, Samantha B. Lansdowne, MSJ, CCMEP | Manager, CME Daiichi Sankyo, Inc and Betsy Woodall, PharmD, MBA, Pfizer Inc. of the PACME benchmarking work group contributed to the design and analysis of the survey.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F5, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/28/11,
Yerba Buena 3-4/Lower B2

TITLE: Putting Together a Comprehensive Needs Assessment Involving Multiple Stakeholders by Multiple Educational Partners

THEME RELATED AREA: Multi- and inter-disciplinary education

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

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: Amy Holthusen, BA
Interstate Postgraduate Medical Association, 206/617-3173, aholthusen@ipmameded.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Michael Montalto, PhD
Abbott Nutrition Health Institute, 614/624-3447, michael.montalto@abbott.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 various methods to gather information for a needs assessment; (2) contrast qualitative and quantitative methods for identifying needs and barriers to change; and (3) develop a strategy for data collection identifying multiple stakeholders to include knowledge gaps as well as, system and personal barriers to change.

METHODS: A brief didactic lecture will be used to frame this workshop and provide information on the benefits and disadvantages of qualitative and quantitative data collection. This will be followed by a group discussion on the need for triangulation in gathering data from various stakeholders. An exercise will follow teaming participants to develop a strategy for data collection. A practical example will be provided following the exercise.

KEY POINTS: Simply combing literature for a needs assessment is ineffective for developing strategies to change physician behavior. It is important to realize 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.

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: F6, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/28/11,
Yerba Buena 5-6/Lower B2

TITLE: Translating Aviation's Best Practices to Healthcare:
A Case Study in Facilitating Quality Improvement Innovation

THEME RELATED AREA: Performance consulting and/or organizational development

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

PRINCIPAL PRESENTER: Peter Sheldon
Med-IQ, 443/543-5213, psheldon@med-iq.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.
CO-PRESENTER: Randy Weeks
Citrus Memorial Health System, 352/344-5614, rweeks@citrusmh.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.
CO-PRESENTER: Sherry Layton, MA
Duke University School of Medicine, 919/401-1217, sherry.layton@duke.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.
CO-PRESENTER: Eric Jones, PharmD
sanofi-aventis U.S., 908/981-7277, eric.jones2@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: (1) Identify strategies to translate aviation's best practices for integrating departmental performance improvement (PI), quality improvement (QI) innovation, and CME within healthcare systems to optimize quality of care and guidelines adherence. (2) Identify barriers to QI in the hospital environment. (3) Describe methods to integrate cultural change into quality initiatives to improve organizational development, results, and retention. (4) Design outcomes methodologies that provide insight into educational effectiveness and change in clinician performance.

METHODS: Presenters will guide participants through the design and delivery of a hospital-specific quality improvement initiative. The presentation will include examples of practice-related institutional barriers and strategies to overcome those barriers. A combination of presentation, interactive discussion, and metrics will be used to demonstrate activity impact.

KEY POINTS: Demonstrate successes achieved through departmental PI, QI, and CME integration. Each year in US hospitals, an estimated 98,000 deaths result from preventable medical errors. The aviation industry's Crew Resource Management (CRM) optimizes safety by teaching leadership skills/methods to eliminate communication barriers. Learn how training hospital staff on CRM techniques improves process and clinical care. This 2009 activity integrated knowledge-based CME, case exercises, and practical CRM simulations to improve adherence to VTE prevention guidelines. Pre and post surveys measured participant knowledge and competence, and patient chart reviews assessed changes in performance (Moore's Level 5).

RECOMMENDED READING: Nance John J., Why Hospitals Should Fly, 2008.

FINANCIAL OR IN-KIND SUPPORT: Commercial support provided by Ortho-McNeil, Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc., administered by Ortho-McNeil Janssen Scientific Affairs, LLC, and sanofi-aventis, U.S

ACKNOWLEDGEMENTS: Kristan Cline, PhD, CCMEP, Ortho-McNeil Janssen Scientific Affairs, contributed to the content of the commercial supporter perspective of this presentation.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F7, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/28/11,
Yerba Buena 10-11/Lower B2

TITLE: Beyond the Didactic Lecture: Using Innovative Content Platforms and Novel Technologies to Enhance Live CME Activities

THEME RELATED AREA: Electronic-based information systems and/or e-learning

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 Moss
Research To Practice, 305/377-4448, bmoss@researchtopractice.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Nancy Lutz-Paynter
Genentech BioOncology, 650/225-7707, npaynter@gene.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 formats beyond didactic lectures that can be successfully employed to create engaging learning platforms for live CME activities.
2. Understand how different technologies can facilitate greater interaction between moderator, faculty and the audience.
3. Review relevant outcomes demonstrating the effectiveness of these formats and technologies in educating clinicians, improving their competency and changing their behaviors.
4. Evaluate how data obtained via these mechanisms can be incorporated into needs assessment and activity development.

METHODS: The presenter will review examples and case studies of how novel content platforms and interactive technologies have been used to enhance learning during live CME interventions. An industry representative will provide additional perspectives on how these "models" are evaluated during the grant review and reconciliation processes.

KEY POINTS: Didactic presentations pervade live CME despite data suggesting they may be suboptimal in facilitating changes in behavior. This presentation will describe how novel content platforms such as case registries, patterns of care studies and Skype-based tumor panels, and interactive technology including closed chat rooms, networked PDAs and interactive kiosks can be utilized to enhance live education. The presenter will provide examples of how these formats and tools enhanced learning, increased interaction and resonated with learners. The discussion will also explore potential logistical and financial challenges with these approaches and provide strategies to overcome them.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F8, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/28/11, Pacific H/4th

TITLE: Teaching and Evaluating Effective Communication Skills in Physicians

THEME RELATED AREA: Effective communication skills

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

PRINCIPAL PRESENTER: Darryl Chutka, MD
Mayo School of CPD-Rochester, 507/538-1703, chutka.darryl@mayo.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Kari Schilling
Mayo School of CPD-Rochester, 507/284-4370, schilling.kari@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:
1. Describe techniques used to assess health care providers' competence in communication skills with patients.
2. Evaluate health care providers' abilities to assess patients 'verbal and non-verbal cues related to their health problems (e.g. depression, domestic abuse, etc.).
3. Demonstrate effective communication techniques designed to improve health care providers' ability to acquire information from patients efficiently in order to assess their needs, while conveying compassion towards the patient.

METHODS: A lecture presentation and role-playing demonstration will be provided in order to instruct and recreate the techniques that we use in both the assessment of communication skills and the acquisition of effective communications skills in a variety of health care providers.

KEY POINTS: Mayo Clinic uses standardized patients within our Simulation Center in teaching communication skills to our medical students, medical residents and in continuing medical education. The program has been extremely effective at both identifying problem areas in communication as well as teaching effective techniques in improving communication skills. This form of teaching has allowed us to both assess and teach health care providers communication skills with patients under very lifelike clinical situations. Prioritizing a complex list of problems, managing angry patients and giving patients bad news are routinely covered. We also assess health care providers' competence in detecting subtle symptoms regarding depression, suicidal risk, or the presence of domestic abuse.

RECOMMENDED READING:
1. Coulehan JL. Platt FW. Egener B. Frankel R. Lin CT. Lown B. Salazar WH. "Let me see if I have this right": words that help build empathy. Ann of Internal Medicine. 2001;135(3):221-7.
2. Stewart MA. Effective physician-patient communication and health outcomes: a review. CMAJ. 1995;152:1423-33.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F9, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/28/11, Pacific 1/4th

TITLE: Acquiring the Skill to Use Challenge Cycles in CME Activities

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

COMPETENCY: 2.10 - Emphasize problem-based/practice-based learning.

PRINCIPAL PRESENTER: Don Moore, PhD
Vanderbilt University School of Medicine, 615/322-4030, don.moore@vanderbilt.edu
DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Harry Gallis, MD
Duke University, 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:
1. Describe and discuss the relationship between active learning techniques and transfer of knowledge into practice.
2. Describe and discuss using challenge cycles in large group CME activities to foster transfer of knowledge into practice.
3. Demonstrate basic competence in designing and implementing a challenge cycle in a CME activity.
4. Create an action plan to integrate a challenge cycle in a CME activity.

METHODS: Participants will be asked in small groups to develop a CME activity using a challenge cycle to address a professional practice gap.

KEY POINTS: One of the major issues in health care today is the slow uptake of research findings into practice. CME activities stand at the nexus of research and practice, but have demonstrated only limited success in knowledge transfer. A variety of techniques, including but not limited to case studies, audience response systems, and pre- and post-testing, have been used but have not demonstrated wide-spread effectiveness. The challenge cycle is an approach to active learning that provides an opportunity for learners to interact within an authentic problem-based environment that has been shown to faciltate the transfer of knowledge to practice.

RECOMMENDED READING:
1. Bransford JD, et.al. How Prople Learn. Washington DC: National Academies Press, 2000.
2. Barry BE, et. al. Developing professional competencies through challenge to project experiences. Int. J. Engng. Ed. 2008;24.6:1148-1162.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F10, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/28/11,
Yerba Buena 12-13/Lower B2

TITLE: Resolving Conflict between Staff in a CME Office
(or Between Anyone for that Matter)

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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 Poquette, MBA, CCMEP
PESI HealthCare, 715/855-5255, bpoquette@pesihealthcare.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 the most common reasons for conflict within a workplace.
2. Describe effective processes for dealing with conflict between staff members.
3. List behaviors that assist in conflict resolution and those that detract from an effective resolution process.

METHODS: Presentation and case studies will illustrate the common reasons conflicts develop, the process to get to the real reasons and the methods by which conflicts can often times be resolved leaving the both parties feeling better about each other.

KEY POINTS: There are many reasons that conflicts develop between people. Conflicts can cause organizations and individuals to become ineffective and deter moving forward. We'll explore the benefits of conflict and the relatively simple process to save face and move to a healthy resolution that actually improves relationships and morale. Although the focus will be on a CME office the principles relate to outside the office as well.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F11, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/28/11, Yerba Buena 14-15/Lower B2

TITLE: Data Analysis Tips and Tricks

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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: Betsy Woodall, PharmD
Pfizer, 484/865-3969, betsy.woodall@pfizer.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Peg Bollella, PharmD
sanofi-aventis U.S., 908/981-5145, Peg.Bollella@sanofi-aventis.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, 773/960-1963, cbeebe@tpna.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) Discuss data analysis principles to appropriately link learning objectives to educational needs, instructional design, and measures of educational effectiveness. (2) List validated techniques to ensure accurate interpretation of outcomes measures. (3) Identify common omissions in outcomes reports critical to understanding the context of impact of the educational activity. (4) Create a variety of best practice models for data analysis to accompany common methods of instructional design.

METHODS: The presenters will discuss approaches to data analysis related to measuring outcomes of CME activities. Interactive case studies will illustrate relevancy and challenges, clearly demonstrating effectiveness for individual interventions and in the aggregate. Participants will be encouraged to complete a commitment-to-change form to reinforce their intended practice changes.

KEY POINTS: Commercial supporters are exposed to a plethora of outcomes data, which attempts to illustrate educational effectiveness of the supported activities. This presentation (1) describes various data analysis methodologies commonly submitted across provider types; (2) identifies strengths and weaknesses to data analysis; and (3) suggests techniques that can be applied to both providers' and supporters' data analysis to enhance the usefulness to the medical community and the industry.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F12, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/28/11, Foothill E/2nd

TITLE: Creating an Institutional CME Program Dashboard using CME Mission-based Metrics: A Visual Assessment of a CME Program

THEME RELATED AREA: Performance consulting and/or organizational development

COMPETENCY: 3.3 - Use data to assess the performance of the CME office in meeting its mission and organizational goals.

PRINCIPAL PRESENTER: Jennifer Steuck, BA
Marshfield Clinic, 715/389-4155, steuck.jennifer@marshfieldclinic.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Erik Stratman, MD
Marshfield Clinic, 715/221-7432, stratman.erik@marshfieldclinic.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 should be able to:
1. Describe how the development of a CME Dashboard can be utilized to measure the health of your CME program
2. Identify measurable components of your CME mission statement
3. Develop your activity worksheet to enable your mission-based metrics to be more easily tracked
4. Discuss how data collection and data analysis can be used to identify educational gaps in your CME program

METHODS: A didactic presentation will describe the strategies and processes implemented by one health care organization to identify and address gaps in CME programming.

KEY POINTS: CME providers must use activity data, including practice gaps, needs data, outcomes to incorporate improvements. Achieving viable educational outcomes through CME requires CME providers to collaborate with key stakeholders to identify gaps within their program, and address those gaps through strategically targeted educational activities. Data from multiple metrics and milestones that are tied directly to the CME Mission statement can be compiled into a formidable dashboard assessment of the program's performance. This includes identifying gaps, targeting goals, and planning educational interventions to close those CME program gaps. Similar to traditional strategic plans, a CME metrics-based dashboard is a living tool, guiding professionals in medical education in addressing educational gaps. The process of developing the institution's CME program dashboard will be discussed, including the creation of data collection tools that supply the metrics in the dashboard. This presentation will focus on how one organization developed and implemented a CME metrics-based dashboard to improve their overall program.

RECOMMENDED READING: Whitney Redding, The Right Metrics for Association Boards. Associations Now January 2010; 23-26.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F13, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/28/11, Nob Hill A-B/Lower B2

TITLE: The New CME:
What's Medical Professional Liability Insurance Got to Do With It?

THEME RELATED AREA: Performance consulting and/or organizational development

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: Stephen Farber
NORCAL Mutual Insurance Co., 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 Co., 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 medical professional liability risk management plays a role in patient outcomes.
2. Identify sources in the medical professional liability industry that can be used for CME planning.

METHODS: Presentation and case-study discussion will illustrate NORCAL Mutual's experience in designing a successful risk management-based CME program.

KEY POINTS: As accredited medical education aligns with the safety and quality movements, lessons from a medical professional liability insurance environment prove valuable to the CME industry. This presentation explores how a medical professional liability insurer's risk management department uses unique data pools to identify breakdowns in patient care and design appropriate (educational and non-educational) interventions that address and overcome areas of significant risk. The presentation will review how phased, multi-format, collaborative risk management interventions provide a framework that facilitates system-level and physician-level change.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F14, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/28/11, Nob Hill C-D/Lower B2

TITLE: Patient Safety and CME: A Case Study in Collaboration

THEME RELATED AREA: Quality of care and patient health 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: George Mejicano, MD
University of Wisconsin, 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: 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.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be better able to: (1) understand the role that government agencies and regulatory bodies have in ensuring public safety in healthcare; (2) identify patient safety issues in one's own organization that might benefit from an integrated medical education strategy; (3) identify opportunities for collaboration between CME providers and industry to address patient safety issues; and (4) recognize the boundaries within which collaborators must work that address patient safety, where independence is paramount.

METHODS: Using ARS and a case study, workshop participants will be asked to select appropriate steps for tackling a government-mandated patient safety medical education initiative, including who initiates the dialog and how, industry's role, the provider's role and expected outcomes. A brief presentation of a case study will follow the interactive component.

KEY POINTS: A challenge in addressing patient safety issues through independent Continuing Medical Education (CME) is the fact that the need is often determined by a government or regulatory body, which is then conveyed to a manufacturer. This same regulatory agency will usually hold the manufacturer accountable for follow-up and remediation, which can include medical education. This workshop provides a forum for exchange about how CME providers and commercial supporters can collaborate on patient safety initiatives mandated by a government agency.

RECOMMENDED READING:
1. ACCME Standards for Commercial Support
2. FDA Draft Guidance on REMS:
   http://www.fda.gov/downloads/Drugs/Guidance/ComplianceRegulatoryInformation/Guidances/UCM184128.pdf.

FINANCIAL OR IN-KIND SUPPORT: Audience response technology provider to be determined.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F15, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/28/11, Foothill G1-G2/2nd

TITLE: A Recipe for Herding the Cats

THEME RELATED AREA: Performance consulting and/or organizational development

COMPETENCY: 7.7 - Apply effective management skills including problem solving, communication and interpersonal skills, performance management, delegation and supervision, and organizational development.

PRINCIPAL PRESENTER: Jeffrey Melin, MEd
American Epilepsy Society, 860/586-7505, ext. 562, jmelin@aesnet.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Paul Levisohn, MD
American Epilepsy Society, 720/777-2876, plevisohn@aesnet.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: JoLynn Amsden
American Epilepsy Society, 860/586-7505, ext. 585, jamsden@aesnet.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 today's volunteer activity chair and the barriers to getting their timely understanding of gaps and outcomes and their cooperation with presentation planning and submission.
2. Demonstrate management of 100 faculty with an online tracking system, one staff person and a .3 FTE medical content specialist.
3. Illustrate the effectiveness of a supported online submission and CME compliance system.

METHODS: Leading participants through the process of the AES developed Faculty Development Room system with live 'content' and 'technical support'.

KEY POINTS:
1. Old CME: Use many chefs to mix canned slides, fill seats and bake into a didactic lecture with Q&A topping to garner interest = empty knowledge which has no lasting effect.
2. New CME: Mix interested and enthusiastic chairs and faculty (trained by one of their own) and use an online submission and tracking system to slow churn the activity into an interactive but compliant and adult worthy presentation, competence based and rich with non-educational interventions = gourmet CME which produces enduring outcomes.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F16, Mini-plenary

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/28/11, Yerba Buena 7-9/Lower B2

TITLE: Health Care Report - The Big Picture (Invited Abstract)

COMPETENCY: 6.1 - Provide a vision of the present role and future direction for CPD and physician/healthcare roles and responsibilities in continued learning.

MODERATOR: Greg Paulos, MBA
602/502-5227, greg.paulos1@gmail.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

PRINCIPAL PRESENTER: Joseph Scherger, MD, MPH
Eisenhower Medical Center, 760/610-7301, jscherger@emc.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Thomas Sullivan, BS
Rockpointe Communications, 410/309-0690, ext. 223, tsullivan@rockpointe.com
DISCLOSURE: Does have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Ann Kaplan, JD
Pharmaceutical Research and Manufacturers of America (PhRMA), 202/835-3569, akaplan@phrma.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 the significant and important aspects of the Health Care reform that influence CME/CE, physician and healthcare competence, and essential education and outcomes.
2. Discuss the impact of healthcare reform on macrosystems and microsystems (i.e. medical home) on the delivery of healthcare.
3. Relate the healthcare reform legislation and structure for reimbursement to the changes in healthcare delivery to patients.
4. Discuss the commonalities of current directions in Health Care reform to the Institute of Medicine Reports of the early 2000s.

METHODS: This invited mini-plenary highlights the perspectives from four experts with unique insights on the impact of Health Care Reform and its impact on healthcare delivery. Opportunities for questions from the audience will be included in the session.

KEY POINTS: Health Care Reform is changing the expectations for physicians and healthcare professionals and assessing performance at individual, team and systems levels. New technological advances that focus on patient-centric approaches to care and communication across systems as well as changes in reimbursement affect the learning and professional development needs of healthcare providers working in this ever changing system.

RECOMMENDED READING:
1. Redesigning Continuing Education in the Health Professions, December 2009
2. Health Professions Education: A Bridge to Quality, March 2003

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F17, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/28/11,
Yerba Buena 1-2/Lower B2

TITLE: Public Health Data Sources:
Gold Mines for CME Activity Planning and Evaluation

THEME RELATED AREA: Multi- and inter-disciplinary education

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

PRINCIPAL PRESENTER: Dierdre McKee, MPH
National Comprehensive Cancer Network, 215/690-0247, mckee@nccn.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Lori Marks, PhD
American Gastroenterological Association, 301/941-2624, lmarks@gastro.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 public health data sources useful in the development of CME activities.
2. Use common public health data sets to complete a model gap analysis, gap identification and needs assessment.
3. Describe how public health data can be used in support of Moore's Level 6 outcomes—Population Health.

METHODS: Presentation, demonstration, group transfer-of-learning exercises with actual data sources, and discussion will illustrate how the public health world and the continuing medical education world intersect with data.

KEY POINTS: Public health is the science of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention. Public health offices and practitioners collect and track many types of data which can be of use to medical education providers both in planning and evaluating educational activities which aim to demonstrate outcomes at Level 6—population health.

RECOMMENDED READING: Healthy People 2020 web site: http://www.healthypeople.gov/hp2020/default.asp.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F18, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/28/11,
Yerba Buena 3-4/Lower B2

TITLE: Small Group Discussions: How to Implement and Facilitate in CME Activities

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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: 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.

CO-PRESENTER: Jane Mihelic, MA, FACME
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: 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.

TARGET AUDIENCE: Non-beginners
MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to:
- Identify skills necessary to implement and effectively facilitate small group discussions (SGD)
- Recognize key external factors that will influence the interaction of small groups for a positive result
- Identify steps necessary to successfully integrate SGD into existing educational programs

METHODS: AO North America Continuing Medical Education Department will guide participants through a combination of presentation and small group exercises on the methods of integrating and conducting small group discussions in CME activities. Small group exercises based on the learning objectives will demonstrate the power of the small group method.

KEY POINTS: While small groups are not ideal for distributing information, they are helpful for learners to develop their understanding of concepts and to acquire or improve strategies and approaches to problems. To achieve these higher-order thinking and learning activities promoted by small group discussions, it is helpful for the learner to engage in meaningful communication directed towards a goal or set of goals. These higher-order thinking skills (e.g., application of concepts and principles, problem solving) are the primary objectives of small group discussions. Small group discussions give participants the opportunity to reflect on what they have learned, and help them improve their judgment and decision-making.

To successfully integrate SGD, there are several steps to be considered such as group size; teaching philosophy; gauging the participant's experience with working in groups; and assigning faculty roles. Identifying and understanding external factors such as the location of the small group discussion is important because they may influence the outcome of the discussions. Creating an atmosphere conducive to the open exchange of ideas is critical to achieve positive results from SGD to achieve the predetermined expected results. In addition, facilitating and leading small group discussions in order to achieve the predetermined expected results requires specific skills. For example, faculty must understand the art of switching from lecturer to moderator in order to lead the exchange of information among participants. Through small group exercises, this workshop will guide participants through the steps for integrating SGD, establishing a conducive learning environment and training faculty to be effective facilitators.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F19, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/28/11, Foothill E/2nd

TITLE: Case Study: Blending eLearning & Live Interaction between Faculty & Physicians to Meet AOA Recertification Requirements

THEME RELATED AREA: Electronic-based information systems and/or e-learning

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: Mike Zarski, JD
American Osteopathic Information Association, 312/202-8148, mzarski@osteotech.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Andrea Schatz-Anderer
SciMed, 646/823-2658, aschatz@scimedny.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Simone Karp, RPh
CECity, Inc., 412/338-0366, SKarp@cecity.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:
1. Describe the collaborative process used to develop a case-based, live webcast series designed to address clinical practice gaps of osteopathic physicians.
2. Discuss how a live faculty discussion can be combined with a case-based webcast series to enhance physician knowledge and competence.
3. Assess the incremental and sustained learning of participants in a case-based, live webcast series.

METHODS: The presentation and discussion will illustrate the educational planning, implementation, and outcomes of this case-based, live webcast series designed to improve sleep disorder-related knowledge and clinical competency.

KEY POINTS: Presenters will relay how to enable osteopathic physicians to obtain AOA Category 1-A Credit in an engaging, case-based and interactive format.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F20, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/28/11, Yerba Buena 5-6/Lower B2

TITLE: Effective and Efficient Content Validation

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

COMPETENCY: 2.11 - Assure content validation in any CME educational intervention.

PRINCIPAL PRESENTER: Tina Stacy, PharmD, BCOP, CCMEP
Educational Concepts Group, LLC, 770/933-1681, tstacy@educationalconcepts.net
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Maureen Haas, PharmD, BCPS, BCOP, MPHc
Educational Concepts Group, LLC, 770/933-1681, mhaas@educationalconcepts.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:
1. Understand the role of content validation in the improvement of physician knowledge, competency, and performance.
2. Develop a comprehensive content validation plan.
3. Integrate physicians in the content validation process.
4. Implement a content validation program for all certified activities.

METHODS: Use interactive case-based discussion to (1) describe various methods for content development through collaboration among stakeholder groups within the CME community, (2) define content validation, (3) analyze the implications of ACCME guidelines on content validation, (4) determine personnel required to conduct content validation to maintain compliance with ACCME guidelines and promote professionalism, and (5) focus on issues specific to certified programs.

KEY POINTS: The dissemination of timely and accurate data has direct implications on physician knowledge, competence, performance, and ultimately patient outcomes. As a result, it is imperative for providers of continuing medical education to have a process in place by which data may be acquired, validated, and incorporated into education activities.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F21, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/28/11, Yerba Buena 10-11/Lower B2

TITLE: RSS Compliance Tracking Database

THEME RELATED AREA: Electronic-based information systems and/or e-learning

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

PRINCIPAL PRESENTER: Caroline Flood, MBA
University of WI School of Medicine and Public Health, 608/240-6004, crflood@ocpd.wisc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Teena Nelson, MHA
University of WI School of Medicine and Public Health, 608/240-6006, tmnelson@ocpd.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: After this session, learners will be able to: (1) Communicate with administration and key stakeholders the benefits of monitoring RSS activities electronically for accuracy and consistency, (2) Evaluate the RSS compliance monitoring system currently in place for overall effectiveness and meeting compliance, and (3) Should it better meet the needs of the organization, conceptualize an electronic RSS compliance monitoring system or improve the electronic monitoring system that is currently in place.

METHODS: Building a database to track RSS Compliance for each activity in relation as described in the "ACCME's Expectations of Systems to Monitor for Compliance in Regularly Scheduled Series" and in direct correlation with ACCME's Criteria for Compliance.

KEY POINTS: The key points of this breakout session are: (1) To demonstrate the user-friendly compliance monitoring system built and employed by the UW School of Medicine and Public Health for RSS activities. We will show how the system tracks and calculates compliance for each RSS and every session within the RSS. (2) To demonstrate the ease with which we are able to report on compliance at-a-glance and over time through querying database for reports (i.e. Commercial Support Policy compliance, Conflict of Interest Policy Compliance)allowing us to provide real time compliance analysis to RSS Coordinators for continuous improvement.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F22, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/28/11,
Yerba Buena 12-13/Lower B2

TITLE: Use It or Lose It: How to Collect Useful Data

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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: Dina Modesto, BA
American College of Chest Physicians, 847/489-8361, ext. 361, dmodesto@chestnet.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jeniffer Pitts, MA
American College of Chest Physicians, 847/489-8361, ext. 373, jpitts@chestnet.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-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: Non-beginners

MEMBER SECTIONS: Medical Specialty Societies

OBJECTIVES:
1. Discuss how to utilize instructional design strategies to link the collection of data to desired outcomes.
2. Identify the tools for measuring learner progress throughout the CME activity planning and implementation process.
3. Discuss the multiple measurement tools utilized in a simulation-enhanced CME course that can assist in measuring Level 4 competency.

METHODS: The focus will be on determining what data is most important to collect, what measurement tools should be utilize to achieve the projected outcome. Also, analyzing the data for future mapping purposes will be discussed. Ways to make a distinction among tools for in situ verses online platforms of instruction will be discussed. From a perspective of in situ learning platforms, some of the challenges of implementing measurement tools will be discussed.

KEY POINTS: Information on choosing appropriate measurement tools, creating appropriate measurement tool content and how to best utilize these tools will be discussed. Information on efficient collection of data for a desired outcome based on various factors will be offered. A perspective of in situ based learning of the successes and challenges experienced by ACCP will be shared.

RECOMMENDED READING:
1. Joiner Associates Inc., (1995). Data collection: Plain & simple. Madison, WI: Joiner.
2. Myatt, G., (2006). Making sense of data: A practical guide to exploratory data analysis and data mining. Somerset, NJ: Wiley.
3. Wehlburg, C., (2006). Meaningful course revision: Enhancing academic engagement. Using student learning data. San Francisco, CA: Jossey-Bass.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F23, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/28/11,
Yerba Buena 14-15/Lower B2

TITLE: Collaborative Design:
Better Relationships, Better Education, Better Evaluation

THEME RELATED AREA: Performance consulting and/or organizational development

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: 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.

CO-PRESENTER: Laura Werts, MS
Cincinnati Children's Hospital Medical Center, 513/636-1826, laura.werts@cchmc.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 activity, participants will be able to: (1) Identify strategies for partnering collaboratively with physician planners and planning committees; (2) Implement an educational design model to use for all program activities; (3) Create worksheets and tools to help guide planners and reduce confusion; (4) Align program goals with appropriate and effective learning methods; and (5) assist planners in developing objectives that not only relate to the gap/needs assessment but are also measurable.

METHODS: Lecture, case study discussion, group exercises, lead participants through a process

KEY POINTS: A challenge for CME professionals can be partnering with planners to create appropriate, effective activities. Recognizing the expertise of the physician (medicine) and CME representative (education), partnering achieves quality activities and educational outcomes with the goal of changed practice and patient outcomes. Cincinnati Children's implemented techniques to effectively blend adult learning expertise with physician expertise, including collaborative relationships with planners, as well as utilizing educational models and process tools. This has created more consistent activities, enhanced collaboration, and improved ability to measure outcomes – helping Cincinnati Children's to achieve and maintain Accreditation with Commendation.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F24, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/28/11,
Nob Hill A-B/Lower B2

TITLE: From "To Do List" to "Checklist":
Identifying Key Steps that Make a Difference

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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

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: Carol Havens, MD
The Permanente Medical Group, 510/625-3317, carol.havens@kp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Cheri Olson, MD
Franciscan-Skemp Healthcare, 608/785-0940, cheri.olson@mayo.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. Convert "To Do" lists to "Checklists" by identifying key steps in processes that would make a difference in work flow or project implementation.
2. Complete a process/work map and recognize where natural check points occur.
3. Develop a "Checklist" to incorporate into the CME office for a live, enduring, RSS or outcomes assessment activity.
4. Apply leadership and change literature to the CME office.

METHODS: The presenters will use the tenets of "The Checklist Manifesto," by Atul Gawande, MD to offer checklists as valuable tools in CME. The session will be interactive, with attendees developing a standard process in the CME office, discussing key elements, and then identifying key processes which would be turned into checklists.

KEY POINTS: In his work reducing surgical error worldwide Atul Gawande MD identified best practices in error reduction from the airline industry, financial markets, and the operating room. He states "The fear people have about the idea of adherence to protocols is rigidity. But what you find, when a checklist is well made, is exactly the opposite." Within our CME offices we need to balance the structure of compliance with the innovation of technology and adult learning. Creating checklists that identify the mission critical issues can encourage creativity and move our CME organizations from fine to exemplary work.

RECOMMENDED READING: "The Checklist Manifesto", Atul Gawande, MD, 2009.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F25, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/28/11, Pacific H/4th

TITLE: A System-wide Process Model for Internal Collaboration between Performance Improvement and CME

THEME RELATED AREA: Quality of care and patient health outcomes 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: Sharon Peng, MD
Kaiser Permanente-Panorama City, 818/375-3685, sharon.c.peng@kp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Mei Ling Schwartz, MPH
Kaiser Permanente-Panorama City, 818/375-3808, mei.ling.schwartz@kp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Identify the challenges and benefits of collaborative team work between performance improvement and CME
2. Describe the structure, process and tools needed for linking CME to performance improvement
3. Design a model in own setting to link quality improvement with CME.

METHODS: Team presenters will describe the structure and process of a successful partnership between the QI and CME Departments. Included in this breakout will be discussions on the integration of efforts between QI and CME professionals and samples of tools used for the identification, implementation and evaluation of CME activities that are QI/PI linked. Instructional methodologies will consist of didactic format, group discussion and assisting participants to develop an action plan to translate QI/CME model into learners' own settings.

KEY POINTS: Transition from traditional CME to the new accreditation standards requires us to restructure the way we plan and design programs for system-wide quality improvement. For years, both CME and Quality Improvement have been in existence in health care and each working in silo on their own data sets and improvement efforts. Giving the cost and complexity of our health care environment today, collaboration and partnership between CME and QI/PI is critical to assist practitioners to close their practice performance gaps and to help organizations achieve performance improvements. At this session, we will be sharing a partnership model between CME and QI which we use to identify practice gaps and design educational interventions to improve patient care.

RECOMMENDED READING:
1. Institute of Medicine: Crossing the Quality Chasm, Washington DC, National Academy Press, 2001.
2. Moore DE, Pennington FC, Practiced-based learning and Improvement. J. Continuing Education in Health Professional, 2006;23:s73-S80.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F26, Breakout (Cancelled)

EDUCATIONAL FORMAT: F27, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/28/11, Pacific I/4th

TITLE: Leading Physicians to Become Better Consumers of CME: Guidance from the Fields of Adult Learning and Quality Improvement

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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

PRINCIPAL PRESENTER: Tom 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: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Participants will be able to:
1. Describe evidence-based adult learning and quality improvement practices that are effective in changing clinician behavior and improving patient outcomes.
2. Discuss strategies to help physicians become more informed consumers of multifaceted CME activities.

METHODS: The interactive workshop will describe evidence-based practices from the adult learning and quality improvement fields and provide examples from performance improvement CME of multifaceted strategies that leverage these practices. The workshop will include opportunities to discuss barriers and resistance and strategies to overcome them.

KEY POINTS: The adult learning and quality improvement literatures offer important explanations of effective CME practices and interventions. Physicians are conditioned to associate CME with passive methodologies, and CME leaders need to help physicians think differently about their educational needs and strategies to accomplish them. How to market CME differently – as a solution to daily problems in practice - is a skill required of CME professionals.

RECOMMENDED READING: Mazmanian PE, & Davis DA. Continuing medical education and the physician as a learner: Guide to the evidence. JAMA 2002; 288:1057-1060.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F28, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/28/11, Nob Hill C-D/Lower B2

TITLE: The AOA, AMA PRA, and AAFP Credit Systems

THEME RELATED AREA: CME Accreditation 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: Carly Harrington
American Academy of Family Physicians, 913/906-6000, charrington@aafp.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.

CO-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.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be able to:
1. Discuss the AOA, AMA PRA, and AAFP credit systems;
2. Distinguish the key requirements of each credit system;
3. compare and contrast the requirements for designating and awarding the different types of credit
4. Determine when it is appropriate to designate credit for each system, and
5. Access resources for further information related to the three credit systems.

METHODS: The session will consist of didactic presentations regarding the key components of each of the accreditation systems. The panel will then provide a focused question and answer session where participants' questions regarding the AOA, AMA PRA and AAFP credit systems will be addressed.

KEY POINTS: This presentation is designed to give an overview of the three credit systems most widely uses by physicians and their application in a CME providers' CME program. The session will highlight and clarify policies and issues that are frequently asked by providers.

RECOMMENDED READING:
1. The Physician's Recognition Award and Credit System: Information for Accredited Providers and Physicians. 2006 Revision (www.ama-assn.org/go/prabooklet).
2. AAFP CME Center: www.aafp.org/online/en/home/cme.html.
3. AOA CME Guide for Osteopathic Physicians (www.osteopathic.org/index.cfm?PageID=cme_guidereqs).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F29, Intensive

TIME/DAY/LOCATION: 1:30 – 2:30 pm, 3:00 – 5:15 pm, Friday, 1/28/11, Club/2nd

TITLE: Conducting a Community-wide Health Assessment to Identify Health Issues, Plan Interventions, and Fulfill Your Mission

THEME RELATED AREA: Quality of care and patient health 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: Larry Tubb, MBA
Cook Children's Health Care System, 682/885-1430, larry.tubb@cookchildrens.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Ginny Hickman, LMSW-AP
Cook Children's Health Care System, 682/885-6804, ginny.hickman@cookchildrens.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Debra Jorden, CCMEP
Cook Children's Health Care System, 682/885-7961, debra.jorden@cookchildrens.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) Advocate for a local, collaborative community-wide health assessment to identify health issues, (2) Interpret data to identify outside factors that impact health, (3) Discuss how sharing health benchmarks and survey data builds bridges with other stakeholders, and (4) Explain how to integrate survey data into the CME program to achieve provider accreditation with commendation.

METHODS: Presenters will discuss the CCHAPS process and data, showing how to apply innovative strategies to collaborate and build relationships in order to improve the quality of care and patient health outcomes. Small groups will brainstorm ways to implement these strategies in their regions and report their findings afterward.

KEY POINTS: Access to health data provides a valuable community and CME tool to identify health issues. The interpreted data allows a community and CME program to:
1. Evaluate health needs within the region by reviewing health measures and factors that influence health, including access to care, physician practice, and factors outside providers' control.
2. Identify health priorities within the community.
3. Promote and support community collaborations that identify and implement solutions to specifically targeted health priorities.
4. Plan educational activities to close physician practice and community health gaps.
5. Create and monitor community benchmarks to measure progress.

RECOMMENDED READING: Community-wide Children's Health Assessment and Planning Survey website, http://www.CCHAPS.org.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F30, Mini-plenary

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/28/11,
Yerba Buena 7-9/Lower B2

TITLE: Health Care Reform: Translating Health Information into Practice – RECs, LECs, and HITs **(Invited Abstract)**

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: Ignatius Bau, JD
Health Policy Consultant, 415/902-6378, ignatius.bau@gmail.com
DISCLOSURE: Does have interest in selling a service to CME professionals.

CO-PRESENTER: Dorian Seamster, MPH
CalHIPSO, 510/285-5733, dorian@calhipso.org
DISCLOSURE: Does not have interest in selling technology, programs, products, and/or services to CME professionals.

CO-PRESENTER: Leah Newkirk, JD
California Academy of Family Physicians, 415/345-8667, lnewkirk@familydocs.org
DISCLOSURE: Does not have interest in selling technology, programs, products, and/or services to CME professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: (1) Understand the unique opportunities created by the health care reform act for the intersection of quality improvement, technology and CME. (2) Identify potential collaborators inside and outside your organization for educational activity development, including an assessment of the gaps between current skills and the skill set you will need to address these learner needs. (3) Formulate a technology development plan to close take advantage of collaborative opportunities.

METHODS: This panel will use a combination of didactic, best cases, and illustration to outline the many opportunities for collaboration to meet learn needs for meaning use and technology implementation. Participants will complete a self-assessment instrument to identify skill gaps and will use a worksheet to capture contact opportunities.

KEY POINTS: The American Recovery and Reinvestment Act (ARRA) (2009) allocated $30 billion to accelerate the adoption of certified electronic health records (EHRs) by physicians. ARRA and related regulations provide incentives to physicians who demonstrate "meaningful use" of an EHR and allocate money for states to develop Health Information Exchanges (HIEs) and Regional Extension Centers (RECs) supporting physicians implementing EHRs. Physicians will likely be required to document patient information electronically, use evidence-based order sets, apply clinical decision support alerts at point of care, report key quality measures to CMS, offer patients electronic access to their records, prescribe medications electronically, and send reminders to patients in need of routine and recommended care.

The "plugging in" of the medical practice will require not only expertise in the technology itself, but will call for the best practices in adult education to assist physicians in addressing these areas. HIT has not been in the traditional basket of CME-accredited activities, but the practice and professional gaps in capacity building, technology readiness assessment, meaningful use, data analysis cry out for a new basket of educational activities. And this basket, whether CME-accredited or not, must be developed as a collaboration among technology, practice management, policy and education. This plenary panel will present an overview of the HIT landscape, the structure determined by the federal government to push the needle, and practical examples of how CME providers can work in collaboration with others inside or outside of their organizations to meet the learner gaps.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F31, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/28/11, Yerba Buena 1-2/Lower B2

TITLE: Mini-personal Practice Audits: A Diagnostic Tool for Continuing Professional Development

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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

PRINCIPAL PRESENTER: Douglas Wooster
University of Toronto, 416/516-3641, wooster@sympatico.ca
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Elizabeth Wooster, MEd
University of Toronto, 416/516-3641, elizabeth.wooster@utoronto.ca
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Andrew Dueck
University of Toronto, 416/516-3641, andrew.dueck@sunnybrook.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: A workshop is proposed in which previously developed mini-personal practice audit tools in each of the three focus areas are linked to recognized CPD activities. The model will be demonstrated in practice and address an applications of clinical scenarios as a competency 'system' audit, a discussion of treatment options 'process' and the 'outcomes' of diagnostic test requisitions as well as to the 6 sections of the RCPSC MOC framework for CPD. The results will be linked to learning activities; subsequent to each activity, a sub-section repeat audit would be modeled to show practice change.

METHODS: The participants will be made aware of the concept of the mini-personal practice audit and how it can provide relevant information to guide CPD activities. The participants will have practical examples from which to develop their own audits relevant to their practices.

The following instructional techniques will be used within this workshop:
1. Modeling to allow participants to see how the audits can be applied to 'real-life' scenarios,
2. Small group discussions,
3. Didactic lecture to provide background information,
4. Hands-on application of audits to a 'sample' of information.

KEY POINTS: Such audits can address system, process or outcome issues; linking the results to continuing professional development (CPD) opportunities can provide meaningful, relevant and cost-effective learning.

RECOMMENDED READING:
1. A Structured Audit Tool of Vascular Ultrasound Interpretation Reports: A Quality Initiative Douglas L. Wooster, The Journal for Vascular Ultrasound 31(4):207–210, 2007.
2. Reviewing Audit: barriers and facilitating factors for effective clinical audit.G Johnson, IK Crombie, EM Alder, etal. Qual Health Care 2000;9:23-36.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F32, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/28/11,
Yerba Buena 3-4/Lower B2

TITLE: Developing Online Learning Beyond PowerPoint™: Training 2,500 Physicians at Mayo Clinic

THEME RELATED AREA: Electronic-based information systems and/or e-learning

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: Leslie Redinger, MEd
Mayo School of CPD-Rochester, 507/266-4466, redinger.leslie@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 should be able to: (1) Address the major objections to online learning; (2) Apply Instructional System Design (ISD) methodology to build online educational activities; (3) Identify key project partners to build online educational activities, and (4) Identify alternative open source or low-cost solutions for creating online learning.

METHODS: CME team member uses a case study to show how online learning was created to train internal staff on institutional policies for withholding resuscitation. Part of the discussion will focus on identifying the educational need of the organization, creating the development team, creating online assessments using various tools, highlighting the strategy for outcome measurements, and other critical issues. There will be a demonstration (live or video) of the project.

KEY POINTS: Asynchronous online learning is underutilized as an option for physician learning. Effective and interactive learning can be developed in-house to address the educational needs of the entire healthcare team.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F33, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/28/11,
Yerba Buena 5-6/Lower B2

TITLE: Optimizing Primary Care Provider-patient Communication to Increase Patient Adherence

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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

PRINCIPAL PRESENTER: Mila Kostic, BA
University of Pennsylvania School of Medicine, 215/898-8872, mkostic@exchange.upenn.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.
CO-PRESENTER: Linda Raichle, PhD
Spectrum Medical Education, 215/896-9462, linda_raichle@spectrummeded.com
DISCLOSURE: Does have an interest in selling a program to CME professionals.
CO-PRESENTER: Sean Hayes, PsyD
AXDEV Group, 450/465-2011, 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, 450/465-2011, 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: (1) Discuss use of standardized-patients as a non-traditional CME approach designed to enhance competencies in patient-centered communication skills to collaboratively engage patients in the development of strategies to overcome barriers to adherence. (2) Explore creative ways to enhance and facilitate health providers' communication competencies to increase adherence and improve patient outcomes. (3) Encourage participant discussion and knowledge-sharing of relevant experiences.

METHODS: Through the use of presentation and facilitated group discussions, the participants will discover how patient-focused communication and collaboration can improve adherence leading to better healthcare outcomes in patients with chronic disorders.

KEY POINTS: Offering an innovative look at long-term patient health, the University of Pennsylvania School of Medicine, Office of CME with support from Spectrum Medical Education and AXDEV Group, will lead a workshop discussing the relationship between patient-provider communication and adherence. Based on the results of an educational program delivered in workshops across multiple cities and by web, participants will learn how standardized patients were used to encourage patient-centric care to enhance patient-adherence. Facilitated small group discussions will give participants an opportunity to share experiences and creative ways to address similar issues in their practice.

RECOMMENDED READING:
1. Cochrane, LJ. Olson, CA. Murray, S. Dupuis, M. Tooman, T, Hayes, S. Gaps Between Knowing and Doing: Understanding and Assessing the Barriers to Optimal Health Care. Journal of Continuing Education in the Health Professions, 27(2):94-102, 2007.
2. Cytryn,KN, Garvey, WT, Hayes, SM, Myhal,G. Cann,L. Murray,S. A qualitative assessment of educational opportunities for primary care providers in type 2 diabetes care. Diabetes Spectrum. November, 2009.
3. Standards for the American Board of Medical Specialties (ABMS)-Maintenance of Certification Program. March 16, 2009.

FINANCIAL OR IN-KIND SUPPORT: The educational initiative to be discussed was supported by educational grants from sanofi-aventis and Pfizer Medical Education.

EDUCATIONAL FORMAT: F34, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/28/11, Foothill G1-G2/2nd

TITLE: Using Basic Research Methods to Assess CME Outcomes

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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: Monika Safford, MD
UAB School of Medicine, 205/934-2687, msafford@uab.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Katie Crenshaw, JD
UAB School of Medicine, 205/934-2687, kcrenshaw@uab.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Trudi Horton, PhD
UAB School of Medicine, 205/934-6698, thorton@uab.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Michael Schoen, PhD
UAB School of Medicine, 205/934-2687, mschoen@uab.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: Following this session, CME professionals will be able to: (1) describe the importance of using basic research concepts and methods in CME program design and outcomes evaluation; (2) describe the value of using appropriate control groups to establish the relative effectiveness of different educational strategies; (3) recognize the relative strengths and weaknesses of using quasi-experimental and RCT design formats; and (4) describe resources available to individuals and organizations for enhancing competency in the area of CME research.

METHODS: Presentation, demonstration, and case-study discussion will illustrate one academic medical center's recent experience using a research-intensive approach to designing and evaluating CME programs. Interactivity among session participants and practical skills-building will be enhanced through use of small group, hands-on activities.

KEY POINTS: In the New CME, there is a clear expectation that providers begin to more rigorously evaluate their activities' effectiveness. Borrowing from several examples of implementation research projects conducted in a regional practice-based physician network, this session will focus on practical ways to infuse a research perspective and some basic methods into CME activity planning, design, implementation, and evaluation so that more reliable evidence of an intervention's effectiveness is generated. Through case discussions, participants will acquire the confidence and basic skills needed to incorporate research thinking into their existing CME activities, whether they work in a medical school, a small regional hospital, a large national specialty society, or other CME environment.

RECOMMENDED READING:
1. Passin SM, Sweetnam JM. The critical role of evaluation and improvement in the updated ACCME criteria for accreditation. CE Measure; 2008:2(2); 29-34.
2. Marinopoulos SS, Dorman T, Ratanawongsa N, Wilson LM, Ashar BH, Magaziner JL, Miller RG, Thomas PA, Prokopowicz GP, Qayyum R, Bass EB. Effectiveness of Continuing Medical Education. Evidence Report/Technology Assessment No. 149 (Prepared by the Johns Hopkins Evidence-based Practice Center, under Contract No. 290-02-0018.) AHRQ Publication No. 07-E006. Rockville, MD: Agency for Healthcare Research and Quality January 2007.
3. Crenshaw K, Curry W, Salanitro AH, Safford MM, Houston TK, Allison JJ, Estrada CA. Differences in engagement in a web-based intervention among physicians of patients with diabetes. Academic Med 2010, in press.

EDUCATIONAL FORMAT: F35, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/28/11,
Yerba Buena 10-11/Lower B2

TITLE: The MoC Landscape: A Case Study on Effective Partnership

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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

PRINCIPAL PRESENTER: Rick Kennison, DPM, MBA, CCMEP
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.

CO-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.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) Discuss some of the dynamics of partnership for best-practice Maintenance of Certification (MoC) programming; (2) Cite internal obstacles inherent to external partnerships, and (3) Identify some common pitfalls associated with the implementation of MoC CME.

METHODS: Incorporation of an interactive didactic presentation to: (1) Enumerate some of the inherent obstacles partners have in new relationships; (2) Provide insights on best-practice MoC creation and implementation, and (3) Create programming that not only meets the goals of partnering organizations, but also ensures value to the end users.

KEY POINTS: As medical societies are becoming better versed in the MoC landscape, many are exploring opportunities to strengthen their MoC programming. One way that the American Academy of Dermatology explored MoC 2.0 was through partnerships with proven PI CME organizations. The AAD and PeerPoint have entered a relationship to produce high quality performance-based programming based on the recently released AAD guidelines on psoriasis. This session will discuss the courting phases of the partnership, the steps taken to move the initiative forward and program results to date. This breakout is designed for organizations interested in developing quality relationships outside of their physical walls.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F36, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/28/11, Foothill E/2nd

TITLE: Conducting Focus Groups:
Process and Applications in CME/CPD Practice

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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: Sorush Batmangelich, EdD
BATM Medical Education Consultants, 847/808-8182, BATM@aol.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Describe the role of Focus Groups in CME/CPD.
2. Discuss the process and conduct of Focus Groups.
3. Provide actual examples of the applications of Focus Groups to obtain data for Practice Gap Assessment, Needs Assessment, Core Curriculum, and Maintenance of Certification.

METHODS: Presentation and demonstration of actual Focus Group cases will provide various applications of this educational intervention.

KEY POINTS: Focus Groups can derive key information and data that supplement other data seeking interventions in CME/CPD. The Focus Group is a type of qualitative study with high face validity, provides rich narratives through interviews and open-ended survey questions that address a variety of applications, including Needs Assessment, Practice Gap Assessment, Development of a Core Curriculum, and Maintenance of Certification. The Focus Group is an effective source for collecting opinions and attitudes, and needs assessment data yielding immediate results which will provide information and direction to key decision-makers and will more accurately define and determine membership educational needs.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F37, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/28/11,
Yerba Buena 12-13/Lower B2

TITLE: PI/CME to Enhance Depression Screening in Adult Primary Care

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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: George Beranek, MD
Rockford Health System, 630/269-0076, GBeranek@rhsnet.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 strategies for assessing baseline data for PI/CME project on adult depression screening in primary care.
2. Evaluate strategies for integrating process improvement programs with multidisciplinary collaborative learning.
3. Identify potential barriers to implementing PI / CME programs.
4. Evaluate outcomes of a PI / CME program to enhance depression screening in adult primary care practices.

METHODS: Presentation and case study will examine how Rockford Health System developed and implemented a PI / CME program to enhance depression screening in adult primary care physician practices.

KEY POINTS: The presentation will review baseline data and assessment tools, describe the process used to standardize screening tool and implement standardized processes for screening in practices and the use of strategic collaborative multidisciplinary educational interventions during the implementation of the program. The presentation will address outcome analyses used, incremental changes to overcome barriers identified and the ultimate outcomes of the program over the first year of implementation.

RECOMMENDED READING: Depression: percent of patients screened positive for depression symptoms with PHQ-2 or PHQ-9 or affirmative answer to Question 9 of the PHQ-9 who have timely triage.
http://www.qualitymeasures.ahrq.gov/summary/summary.aspx?ss=1&doc_id=12129

FINANCIAL OR IN-KIND SUPPORT: There is no commercial support for this presentation. Original funding for the project describe came from an unrestricted educational grant from The Physicians' Institute for Excellence in Medicine in collaboration with the Illinois State Medical Society.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F38, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/28/11, Yerba Buena 14-15/Lower B2

TITLE: How to Develop a Collaborative Relationship between CME, GME and Quality and Safety with PI as the Common Denominator

THEME RELATED AREA: Quality of care and patient health 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: 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: Marty Scott, MD
Wake Forest University Baptist Medical Center, 336/713-2251, mscott@wfubmc.edu
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, 912/350-8168, wiggije1@memorialhealth.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jennifer Wilson, MBA
Memorial University Medical Center, 912/350-8302, wilsoje1@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: All

OBJECTIVES: At the conclusion of this session, participants should be able to: (1) demonstrate a basic understanding of the PI process and methodology, (2) describe the benefits of CME,GME and the Quality and Safety Departments working together under the continuum of medical education, (3) describe strategies on integrating CME and GME related to PI, and (4) replicate a PI CME Initiative within their own institution based on strategies, tools and lessons learned from a comprehensive case study within a community-based academic medical center.

METHODS: Leaders/Collaborators in the development of this comprehensive PI CME Initiative will discuss how the Initiative was planned and implemented. Presenters will share their impressions and analysis of the success, challenges and outcomes of the Initiative. Strategies and infrastructure tools will be presented and available. Question/answer session will follow.

KEY POINTS: Are you interested in jump starting a Performance Improvement Initiative with your residents and attending physicians that will benefit them as well as patient outcomes and the organization? Learn how a community-based academic medical center brought together leadership from the CME, GME and Quality and Safety Departments to: design a comprehensive Performance Improvement Initiative and learning opportunity for both residents and attending physicians; maximize and enhance individual and organizational performance through the delivery of six PI CME projects; and, provide education, leadership and friendly peer competition among the Chief Residents in showcasing their PI projects in a judged competition at a Grand Rounds presentation where CME credit was provided.

RECOMMENDED READING: Philibert, Ingrid. (August 2008) ACGME and IHI 90-Day Project - Involving Residents in Quality Improvement: Contrasting "Top-Down" and "Bottom-Up" Approaches. acgme.org.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F39, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/28/11, Pacific H/4th

TITLE: The Establishment and Development of Continuing Medical Education in China

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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

PRINCIPAL PRESENTER: Qun Meng, MD
China Continuing Medical Education Committee, 8613693676512, chinesecme@163.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. Review the developmental stages of Continuing Medical Education (CME) in China and the great contribution from the established Chinese Characteristic institutions for CME.
2. Introduce CME systems in China, for example, in organizational management, the credit system, etc., according to the national conditions of China, and how to ease the shortage of medical education resources facing 6 million health professionals in China.
3. Discuss the challenges and opportunities of CME in China and how to develop rapidly to adapt to national medical reform and construction of a more consummate medical education system.

METHODS: presentation and discussion

KEY POINTS: Four developmental stages:
1. Organizational management
2. Objects of CME
3. Medical education resources
4. The institutionalization of CME

RECOMMENDED READING:
1. The Regulations for Continuing Medical Education (For Trial Implementation)
2. Credits Awarded and Management Measures for Continuing Medical Education
3. Application and Accreditation Measures for National Continuing Medical Education Programs
4. The Accreditation Standard and Tentative Management Measures for National Continuing Medical Education Base

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F40, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/28/11, Nob Hill A-B/Lower B2

TITLE: A Risk Stratification Tool to Assess the Need for Peer Review

THEME RELATED AREA: Performance consulting and/or organizational development

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: Maria Ortiz, BS
American College of Cardiology, 202/375-6388, mortiz@accc.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Olga Korytko, MA
CME Peer Review, LLC, 267/622-8076, okorytko@cmepeerreview.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be able to:
1. Utilize a risk stratification tool to determine whether or not a peer review is needed.
2. Assess an organization's risk stratification process for employment of peer review.
3. Identify potential "red flags" in the selection of planners, topics, faculty, and commercial support.

METHODS: Presenters share a risk stratification tool and present case studies to illustrate how the tool and peer review process can identify activity "red flags" and mitigate risk for CME providers. Participants identify "high risk" activity areas and methods to mitigate risks through a peer review process.

KEY POINTS: The peer review process is an important step in validating content and ensuring that the planning process and activity content are free from commercial influence, that content is scientifically valid, that all information is accurate and balanced, and that patient recommendations are evidence-based. The risk stratification tool for CME activities will provide a mechanism to categorize an activity's level of risk to determine whether or not an in-depth peer review process is needed.

RECOMMENDED READING: University of WI Conflict of Interest Policy. http://www.ocpd.wisc.edu/Planners/

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F41, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/28/11, Pacific I/4th

TITLE: VA Employee Education System (EES): One System for Multi-disciplinary Healthcare CE Serving VA's Patient Care Teams

THEME RELATED AREA: Multi- and inter-disciplinary education

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

PRINCIPAL PRESENTER: Diana Durham Pusavat, PhD, FACME
VA 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: Karen McCoy, MSW, PhD
VA Employee Education System, 801/944-1265, Karen.McCoy@va.gov
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.
CO-PRESENTER: Anne Sanford, MSW, LCSW
VA Employee Education System, 205/731-1812, ext. 206, Anne.Sanford1@va.gov
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.
CO-PRESENTER: Ramona Wallace, RN, MSN
VA Employee Education System, 314/894-6455, Ramona.Wallace1@va.gov
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 2 key roles of the multi-disciplinary education planning committee to insure that all accreditation steps meet or exceed the accreditation organizations' quality criteria.
2. Describe at least 3 critical accreditation process steps to developing multi-disciplinary CME/CE.
3. Outline 7 critical elements of an effective accreditation toolkit for education planners in an organization.

METHODS: METHODS
Brief panel presentations followed by interactive discussion in small collaborative work groups. Participants will identify components to create CME/CE accreditation toolkits appropriate to their own organizations.

KEY POINTS:
(Objective 1) – Key Roles:
• In-depth understanding of each accreditation agency criteria requirements
• Working closely with identified faculty to insure educational materials
(Objective 2) – Some key processes
• Completion of front end analysis
• Identifying appropriate modality(ies) to meet objectives
• Developing outcome measures for each accreditation
(Objective 3) – Toolkit elements, such as gap/needs assessment tools; accreditation request forms; accreditation checklists to track all needed documentation; development of outcome-driven, measurable objectives

RECOMMENDED READING: Zachary, L. The Mentor's Guide: Facilitating Effective Learning Relationships, 2000.
Meier, D. The Accelerated Learning Handbook: A Creative Guide to Designing and Delivering Faster, More Effective Training Programs, 2000.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F42, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/28/11, Nob Hill C-D/Lower B2

TITLE: 10 Keys to Successful Faculty Management

THEME RELATED AREA: Performance consulting and/or organizational development

COMPETENCY: 7.7 - Apply effective management skills including problem solving, communication and interpersonal skills, performance management, delegation and supervision, and organizational development.

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: Amanda Glazar, PhD
Global Education Group, 303/395-1782, ext. 73, aglazar@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 better able to:
1. Describe methods of incorporating faculty during activity conception and the resulting benefits
2. Underline the importance of integrating faculty into program development to drive timeline management
3. Employ telephone-, paper-, and online-based faculty training tools to drive compliance and active involvement
4. Illustrate key steps to assist faculty in developing presentations designed to affect performance

METHODS: Didactic lecture, case-study and interactive audience participation will highlight methods for successfully managing program faculty.

KEY POINTS: This presentation will highlight methods designed to streamline and improve faculty management with a focus on case-studies. These case-studies will demonstrate targeted tactics to achieve the above stated learning objectives through the use of improved faculty training, communication, and partnership. We will also review methods of incorporating faculty during the activity development in order to increase a sense of ownership of a project in faculty.

RECOMMENDED READING: National Faculty Education Initiative. Retrieved: March 1, 2010 from the Alliance for Continuing Medical Education Web Site: http://www.acme-assn.org/national_faculty/index.html.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F43, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Friday, 1/28/11, Foothill E/2nd

TITLE: Implementing a Cell Phone-based Audience Response System (ARS) for a Large, Multidisciplinary Educational Conference

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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

PRINCIPAL PRESENTER: Nancy Bowers, BSN, RN, MPH
American Society for Reproductive Medicine, 205/978-5000, nbowers@asrm.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Andrew La Barbera, PhD, HCLD
American Society for Reproductive Medicine, 205/978-5000, alabarbera@asrm.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Penelope Fenton, MA
American Society for Reproductive Medicine, 205/978-5000, pfenton@asrm.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 current technology options for audience response in a live educational session.
2. Describe the planning, implementation and follow-up experience of implementing a cell phone-based ARS for multiple activities at a large multidisciplinary educational conference.
3. Identify technical and logistical challenges in using such a system and list strategies to overcome them.
4. Review ARS results, methods of reporting and faculty feedback.

METHODS: Presentation, demonstration, and discussion will illustrate ASRM's experience in implementing a cell phone-based ARS in multiple educational sessions at a large, multidisciplinary conference.

Participants in this session should bring their text-message compatible cell phones for optimal interaction.

KEY POINTS: Audience response technology provides opportunities to create interactivity between a presenter and the audience. It is an effective adult learning tool that allows the presenter to confirm audience understanding of key points, maintain attentiveness, and gather data for reporting and analysis. ASRM implemented a cell phone-based audience response system for its 2009 Annual Meeting and Postgraduate Program. The goal was to use ARS in as many sessions as possible in the most cost-effective way. Much was learned from the more than 100 ARS questions used in 12 symposia and 4 postgraduate courses. The hands-on experience of implementing the audience response system and troubleshooting technical issues, along with faculty and learner feedback were valuable in planning future activities.

RECOMMENDED READING: Websites: http://www.polleverywhere.com/

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F44, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Friday, 1/28/11, Pacific H/2nd

TITLE: Who Is Talking? Learning by Actively Connecting with Others: A "Learner Centered" Approach to Teaching

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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, 818/952-2876, bwood@usc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Win May, MD
USC Keck School of Medicine, 323/442-2381, winmay@usc.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 breakout you will be able to:
1. Ensure that learning occurs by collaborating
2. Limit passive content delivery to half (or less) of the learning activity time
3. Foster engagement through involvement with the learning content during the activity
4. Develop "learner centered" methods of teaching

METHODS: Through a mix of content delivery, group discussion and participation in interactive exercises, the audience members will be introduced to concepts and methods by which "learner centered" instruction is designed and delivered.

KEY POINTS:
1. Learning occurs during personal engagement in the process.
2. Decreasing the time the instructor talks and increasing the time learners talk aids memory, application of content, sharing of experiences, and developing collaborative skills.
3. Learners can demonstrate learning and evaluate their success through their own activity.
4. Concrete practice leads to application of concepts and content learned.

RECOMMENDED READING:
1. Bowman, S. Training from the Back of the Room. Pfeiffer 2009.
2. Cross, J. Informal Learning. Pfeiffer 2007.
3. Aldrich, C. Learning by Doing. Pfeiffer 2005.
4. Weimer, M. Learner-centered teaching. Jossey-Bass 2002.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F45, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Friday, 1/28/11,
Yerba Buena 1-2/Lower B2

TITLE: A Case Study: Developing and Deploying Inter-disciplinary Education to Transform Primary Care Practices

THEME RELATED AREA: Multi- and inter-disciplinary 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: Theresa Barrett, MS
NJ Academy 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: Cari Miller
NJ 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.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: After attending this session, participants should be able to:
1. Apply adult learning principles to the development of inter-disciplinary educational programs
2. Identify challenges to inter-disciplinary education and develop an action plan to overcome these challenges
3. Discuss methods for successfully designing and implementing an inter-disciplinary curriculum for practice transformation

METHODS: This session is an interactive presentation with multiple opportunities for participant questions and answers, grounded in a case-study format. Participants will have the opportunity to apply their learning to a case, and presenters will allow time for group discussion, review and feedback

KEY POINTS: Key points highlighted in this session will include:
1. Advanced-level discussion on transformative learning theory
2. Designing curriculum for practice transformation using a multi-disciplinary educational team
3. Applying critical components of transformative learning theory into a primary care practice-based curriculum
4. A case will be presented in which transformative learning was successfully implemented to transition primary care practices from acute episodic care to a patient centered model
5. A discussion of the results of the program evaluation and assessment from the case study
6. Debrief of the group learning activity

RECOMMENDED READING:
1. Cranton, P. (2006). Understanding and promoting transformative learning (2nd ed.). San Francisco: Jossey-Bass.
2. Dirkx, J. M. (2000). Transformative learning and journey to individuation. ERIC Digest No. 223, (Eric Document Reproduction Service No. 448305 442000-448300-448300).
3. Schwarz, M., Landis,S., Rowe, J. (1999). A Team approach to quality improvement. Family Practice Management, Retrieved from http://www.aafp.org/fpm/990400fm/25.html .

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F46, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Friday, 1/28/11,
Yerba Buena 3-4/Lower B2

TITLE: Expanding Inter-professional Education (IPE) to Faculty Development and Continuing Education in the Health Professions

THEME RELATED AREA: Multi- and inter-disciplinary education

COMPETENCY: 2.7 - Consider multi-disciplinary educational interventions when appropriate.

PRINCIPAL PRESENTER: Brenda Johnson, MEd, CCMEP
UT Health Science Center San Antonio School of Medicine, 210/567-4442, johnsonb3@uthscsa.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Marissa Howard
UT Health Science Center San Antonio School of Medicine, 210/567-4435, howardm@uthscsa.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Amruta Parekh, MD, MPH
UT Health Science Center San Antonio School of Medicine, 210/567-1871, parekha@uthscsa.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jan Patterson, MD, MS
UT Health Science Center San Antonio School of Medicine, 210/567-4445, pattersonj@uthscsa.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 the process of integrating continuing education principles in an inter-professional performance improvement project.
2. Improve patient health outcomes by assimilating inter-professional education among healthcare professionals.
3. Describe how optimal healthcare for patients can be achieved by healthcare professionals learning and working together.

METHODS: Presentation and case-study discussion will illustrate how UTHSCSA Center for Patient Safety & Health Policy's Clinical Safety and Effectiveness Course facilitated improved communication among healthcare professionals resulting in improved patient outcomes in an HIV/AIDS clinic.

KEY POINTS: Learners will discover a proven model which integrates IPE and PI CME resulting in improved patient outcomes.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F47, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Friday, 1/28/11, Pacific I/2nd

TITLE: Designing and Implementing Effective Outcomes Measurement Processes for European CME Activities

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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: Donna Harris
Imedex, LLC, 770/751-7332, d.harris@imedex.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Amy Burdette, PhD
Imedex, LLC, 770/751-7332, a.burdette@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: At the completion of this session, participants should be able to (1) describe various approaches to European outcomes measurement, (2) discuss challenges with faculty compliance and methods to overcome those challenges, (3) identify effective approaches when discussing the outcomes measurement process with supporters, and (4) prepare for challenges that may arise due to cultural differences and language barriers.

METHODS: Using a slide presentation, handouts and examples from previous European activities, the presenters will guide the audience towards laying a proper foundation for applying effective outcomes measurement processes within the European CME space. Highlights of the presentation will include (1) faculty "buy in" and training, (2) cultural differences and language barriers, (3) educating your supporters, and (4) successful electronic and paper –based options for data collection.

KEY POINTS: Continuing medical education providers have an obligation to demonstrate that activities they sponsor impart changes in physician competency and/or performance changes which ultimately lead to a positive impact on patient outcomes. This obligation holds true not only in the US, but in all parts of the world, including Europe.

European CME, as an entity and industry, is distinct from the American model in several aspects. These differences, and the unique opportunities they present, must be appreciated and addressed by providers. In particular, outcomes measurement processes which are successful in the US must be thoughtfully tailored for the European CME space. Providers must effectively navigate cultural and linguistic aspects as well as set expectations and "proof of concept" for the value and function EOM.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F48, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Friday, 1/28/11,
Yerba Buena 5-6/Lower B2

TITLE: Emerging Innovations and Best Practices in CME Activities

THEME RELATED AREA: Electronic-based information systems and/or e-learning

COMPETENCY: 3.3 - Use data to assess the performance of the CME office in meeting its mission and organizational goals.

PRINCIPAL PRESENTER: Scott Dahl, MBA
CRM Healthcare, 469/484-9450, scott.dahl@crmhealth.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: (1) Identify models for the future of learning that fuse emerging technologies and learner-centered strategies to yield new learning environments designed for CME participant success. (2) Describe how emerging technology use can fundamentally redesign the learning experience. (3) Describe innovative approaches to curriculum and instruction that will improve learning

METHODS: Presentation, demonstration, and case-study discussion

KEY POINTS: Rethinking learning activities in ways that can improve learning is a critical requirement of the CME profession. Using innovative approaches to curriculum, instruction, and the use of technology to enhance learning is imperative to foster deep understanding and collaboration. Areas of emerging technology and learner-centered strategies likely to have a significant impact on teaching, learning, or creative expression in continuing medical education include multi-user virtual environments, nonlinear branching or sequencing, real-time graphical response, gaming, collaborative annotation tools, data visualization, backchannel communications, and micro blogging. Platforms and methods that disrupt the traditional channels of learning will be explored.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F49, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Friday, 1/28/11,
Yerba Buena 10-11/Lower B2

TITLE: Verifying Performance through Evaluation:
Implementing a Model for Verification

THEME RELATED AREA: Performance consulting and/or organizational development

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: Ann-Valerie Griffin, MA
American College of Surgeons, 312/202-5266, agriffin@facs.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Ajit Sachdeva, MD
American College of Surgeons, 312/202-5405, asachdeva@facs.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) Describe the American College of Surgeons' (ACS) 5-level model for verification as it pertains to hands-on skills courses; (2) Define the assessment and evaluation process to meet the requirements for verification level II (course objectives) and level III (knowledge and skills); and (3) Discuss the linkages between the verification level process and ACCME criteria.

METHODS: Didactic presentation in combination with case studies to illustrate the value of the verification level process to hands-on skills courses, with the goal of fostering discussion between attendees and presenters.

KEY POINTS: Research suggests that the addition of a hands-on educational component to didactic lecture can lead to improvement in educational outcomes. The ACS is implementing a 5-level model of verification for hands-on skills courses to evaluate surgical knowledge and skills. The presentation will focus on the implementation of two of the five levels — Verification Level II: Successful completion of course objectives and Verification Level III: Verification of Knowledge and Skills. Creating an infrastructure and collaborating with faculty and staff are essential in developing a process of evaluation with limited (financial) resources. The result is a sound process of evaluation and assessment that can ultimately lead to favorable patient outcomes.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F50, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Friday, 1/28/11, Yerba Buena 12-13/Lower B2

TITLE: Cross-team Collaboration: A Path to Improving Patient Outcomes

THEME RELATED AREA: Multi- and inter-disciplinary education

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: Maureen Haas, PharmD, BCPS, BCOP, MPHc
Educational Concepts Group, LLC, 770/933-1681, mhaas@educationalconcepts.net
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Tina Stacy, PharmD, BCOP, CCMEP
Educational Concepts Group, LLC, 770/933-1681, tstacy@educationalconcepts.net
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Robert Gish, MD
California Pacific Medical Center, 770/933-1681, NgSL@sutterhealth.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. Integrate Communities of Practice technique into educational activities.
2. Facilitate the critical assessment of individual practice patterns and institutional procedures.
3. Evaluate the feasibility of interdisciplinary patient care algorithms.
4. Organize the appraisal of future steps needed to facilitate cross-team collaboration.

METHODS: Participants will be lead through the process of designing, implementing, and evaluating an interdisciplinary team collaborative education activity. Presentation, demonstration, and case-study discussion will illustrate ECG's experience in implementing their unique and innovative approach to interdisciplinary team collaboration.

KEY POINTS: The ASCO-ESMO Consensus Statement on Quality Cancer Care states "optimal treatment of cancer should be provided by a team that includes, where appropriate, multidisciplinary medical expertise...." However, engaging physicians in interdisciplinary education can be a logistical challenge. Reasons for this challenge include how physicians were socialized in medical school and the perception by physicians that their authority in the hierarchy is being challenged by the new focus on collaboration. To overcome these challenges, physicians must be engaged in team-based educational activities that can be linked to demonstrable improvements in patient outcomes.

RECOMMENDED READING:
1. Advisory Committee on Interdisciplinary, Community-Based Linkages, Fifth Annual Report to the Secretary of the U.S. Department of Health and Human Services and to the Congress, 2005. Available at: http://bhpr.hrsa.gov/interdisciplinary/acicbl/reports/fifth/7.htm. Accessed March 18, 2010.
2. Hall P and Weaver L. Interdisciplinary education and teamwork: a long and winding road. Medical Education. 2001;(35):867-875.
3. McCallin A. Interdisciplinary practice – a matter of teamwork: an integrated literature review. Journal of Clinical Nursing. 2001;(10):419-428.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F51, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Friday, 1/28/11, Foothill G1-G2/2nd

TITLE: A Continuum of Lifelong Learning: A Novel Method to Integrate a Multidisciplinary Poster Competition into a CME Activity

THEME RELATED AREA: Multi- and inter-disciplinary education

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: Lauren Vincent, MPH
University of SC School of Medicine PHR CME Organization, 803/434-4211, lauren.vincent@uscmed.sc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Teri Evans, BS
University of SC School of Medicine PHR CME Organization, 803/434-4211, teresa.evans@uscmed.sc.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) To learn how to encourage physician engagement at a live CME Conference through a multidisciplinary poster competition; and (2) To practice using an instrument that assesses research projects based on sound research methodology as well as educational planning to close professional practice gaps.

METHODS: We will present the educational design and implementation of a novel educational format - a multidisciplinary peer-reviewed academic poster competition integrated into an Annual Live Geriatrics Symposium attended by (and accredited for) physicians, pharmacists, and nurses. We will highlight the multi-disciplinary collaboration on the peer-review team that included physicians, social workers, pharmacists, and nurses.

We will describe the two-part peer review process used to assess the posters for sound research methodology as well as meeting educational practice gaps being addressed at this conference. Participants will have an opportunity to work in small groups to evaluate sample poster abstracts with the scoring instrument.

KEY POINTS: Poster sessions have been a traditional part of many CME activities. However, it is a novel practice for CME providers to apply a mechanism to screen for sound research methodology and embed the research projects of merit into a live activity for CME credit. With this new format, physicians will be able to demonstrate a broader range of knowledge of evolving biomedical, clinical, epidemiological, and social-behavioral sciences.

RECOMMENDED READING: ACCME Updated Criteria for Compliance, ACGME Core Competencies

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F52, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Friday, 1/28/11,
Yerba Buena 14-15/Lower B2

TITLE: Maintaining Line of Sight to the Patient:
A Commercial Supporter's Case Study on the Value of PI CME

THEME RELATED AREA: Quality of care and patient health 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: Jason Singer, PharmD
Lilly USA, LLC, 317/277-8333, jsinger@lilly.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) Discuss the rationale and benefits for actively supporting/submitting PI CME, (2) Utilize key messages with internal leadership to promote PI CME, and (3) Model the successes and avoid the failures as identified by one supporter who has a deeper focus in PI CME.

METHODS: The presenter will guide participants through a supporter's journey of focusing support on PI CME using a case-study presentation. Participants will have the opportunity to discuss physician learner market research data, de-identified PI proposals discussing the pros/cons as well as examine de-identified outcomes.

KEY POINTS: Performance improvement has created much commotion over the past few years within CME, and most recently has progressed from a vague nirvana to a modest reality with regard to participation and realized outcomes. This session will focus on the decisions of a commercial supporter to make a conscious investment in PI CME, including the data supporting the decisions as well as key drivers for convincing leadership on the idea. Additionally, the discussion will include best practices in review processes as well as barriers to avoid or how to overcome them.

RECOMMENDED READING: Miller, L. Examining the Value of Commercially Supported CME. JCHEP, 29(1):68–70, 2009.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F53, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Friday, 1/28/11, Nob Hill A-B/Lower B2

TITLE: Ethical Hypotheticals:
Creative Approaches for Dealing with Dilemmas in CME

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

COMPETENCY: 6.5 - Maintain a high standard of professionalism and ethics for all CME staff.

PRINCIPAL PRESENTER: Jacqueline Parochka, EdD
Excellence in Continuing Education, Ltd., 847/680-6419, jacquelineparochka@comcast.net
DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Karen Overstreet, EdD
Lippincott CME Institute, 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: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: After participating in this session, CME professionals should be better able to (1) consider common ethical dilemmas from multiple perspectives, and (2) brainstorm alternative responses to address the varying needs of myriad stakeholders.

METHODS: Provocative cases will be solicited and discussed, participants will brainstorm and role play alternative methods for addressing them, and common themes and outcomes will be identified.

KEY POINTS: CME professional face various ethical dilemmas as our environment continues to evolve; considering alternative perspectives and thinking "outside the box" can help professionals address situations with poise and humor.

RECOMMENDED READING: Ethical Hypotheticals column in Medical Meetings.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F54, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Friday, 1/28/11,
Yerba Buena 7-9/Lower B2

TITLE: ACCME's Accreditation Process (Part 1):
Best Practices and Common Pitfalls

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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

PRINCIPAL PRESENTER: Murray Kopelow, MD
Accreditation Council for Continuing Medical Education (ACCME), 312-527-9200, mkopelow@accme.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Steve Singer, PhD
Accreditation Council for Continuing Medical Education (ACCME), 312-527-9200, ssinger@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: After this session, participants should be able to: (1) identify provider best practices for preparing for and participating in the ACCME's accreditation process; (2) discuss common missteps made during the accreditation process, including those that result in non-compliance; and (3) implement strategies to submit concise and complete information to the ACCME during the accreditation process.

METHODS: Instructors will explore examples of best practices and common pitfalls with attendees through vignettes and whole group discussion.

KEY POINTS: ACCME expects its accredited providers to monitor their overall CME program for compliance with the Accreditation Requirements and verify that compliance through an accreditation process. Understanding the components of the ACCME accreditation process and identifying strategies for completing the process will assist CME professionals in facilitating their organization's continued accreditation. The purpose of session is to explore best practices and common pitfalls that the ACCME has seen in the accreditation process.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F55, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Friday, 1/28/11, Nob Hill C-D/Lower B2

TITLE: Coaching and Preparing Subject Matter Experts (SMEs) for Success

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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

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: Dina Modesto, BA
The American College of Chest Physicians, 847/489-8361, dmodesto@chestnet.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Chad Jackson, MS, RRT, CHT
The 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: Non-beginners

MEMBER SECTIONS: Medical Specialty Societies

OBJECTIVES:
1. Define specific roles SMEs can play in within your organization
2. Discuss the factors to consider when establishing a SME development strategy for your CME department.
3. Identify tools CME providers can make available to SMEs to prepare them to more effectively facilitate learning.
4. Formulate a 3-step plan to implement SME development strategy in your own organization.

METHODS: This session will present background information about SME (subject matter experts) development within the broader scope of the field of training and development using best practices information obtained by the ACCP. Practical examples of how the American College of Chest Physicians has applied a variety of these practices (both formal and informal methods), as well as barriers and challenges, will be discussed. A follow-up small group discussion will provide participants the opportunity to apply the concepts presented and share ideas with their peers. Participants will be encouraged to complete a commitment-to-change form to reinforce what they plan to do differently as a result of this session.

KEY POINTS: Professionals in the clinical medicine field are often asked to take on teaching responsibilities without any formal preparation in teaching or minimal informal exposure to education theory and methods. For multi-specialty medical societies one of the biggest challenges is preparing their volunteer SME (subject matter expert) faculty to deliver an effective CME learning experience. This requires a commitment on the part of organizations to develop a vision for how to support, encourage, and grow the next generation of CME leaders. Most people would agree that it's a process and it won't happen overnight. However, beginning to identify potential faculty development opportunities and how to incorporate adult learning principles into these opportunities can mark the first step to success.

RECOMMENDED READING:
1. Lowe, M, Aparicio, A, Galbraith, R, Dorman, T and Dellert E. The Future of Continuing Medical Education. Effectiveness of Continuing Medical Education: American College of Chest Physicians Evidence-Based Educational Guidelines. CHEST 2009;135:69S-75S.
2. Zemke R, Susan Z. 30 Things to Know for Sure About Adult Learning. [abstract] Innovation Abstracts. 1984;6(8):62.
3. Moore, D, Green, J, and Gallis H. Achieving Desired Results and Improved Outcomes: Integrating Planning and Assessment Throughout Learning Activites. Journal of Continuing Education in the Health Professions. 2009; 29(1):1-15.
4. Willkerson L, and Irby, D. Strategies for Improving Teaching Practices: A Comprehensive Approach to Faculty Development. Acad. Med. 1998;73:387-396.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F56, Breakout

TIME/DAY/LOCATION: 4:15 – 5:15 pm, Friday, 1/28/11,
Yerba Buena 1-2/Lower B2

TITLE: A Competency-based Learning Activities Open Source Repository: An ASCP and University of Virginia Partnership

THEME RELATED AREA: Electronic-based information systems and/or e-learning

COMPETENCY: 1.1 - Maintain awareness of current evidence-based adult learning principles.

PRINCIPAL PRESENTER: Chitra Subramaniam, PhD
American Society of 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: John Voss, MD
University of Virginia, 434/924-9146, JV4W@hscmail.mcc.virginia.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: John Jackson, PhD
University of Virginia, 434/924-1528, jmj5g@virginia.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Chen Ye
University of Virginia, 434/924-1528, yc5x@eservices.virginia.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. Assess the features and uses of the competency based repository as it relates to CME
2. Identify the different ways in which educational activities can be organized to conduct a gap analysis to identify deficiencies in a curriculum and educational offerings
3. Discuss how educational activities can be described and associated with keywords, Metadata to facilitate easy search and retrieval.

METHODS: An interactive presentation with demonstration of the tool and discussions.

KEY POINTS: In an attempt to organize and catalog all of its educational activities within a competency based framework, ASCP has partnered with the University of Virginia under a grant from the Robert Wood Johnson Foundation to create a functional, validated curriculum repository. This partnership will map the existing pathology educational resources to this competency framework and deploy ACT (Achieving Competency Today) curriculum gap identification methods to allow the ASCP to identify content development needs. The open source platform allows educators to develop, organize and peer review educational content and establish relationships between the competencies, the various performance abilities associated with each competency, the learning activities and the assessments. In a separate web interface, educators can search keyword-coded libraries of learning activities and assessments organized by competency. Educators can also define and store collections of learning material, download specific resources or download predetermined complete curricula for their own use.

RECOMMENDED READING:
1. Smith, et al. Curriculum Content and Evaluation of Resident Competency in Clinical Pathology (Laboratory Medicine): A Proposal. Clinical Chemistry, Vol. 52, 6, 2006.
2. Wick, et al. Curriculum content and evaluation of resident competency in Anatomic Pathology A proposal presented by the Association of Directors of Anatomic and Surgical Pathology.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F57, Breakout

TIME/DAY/LOCATION: 4:15 – 5:15 pm, Friday, 1/28/11, Foothill G1-G2/2nd

TITLE: Lecture, Small Group or Computer: Formatting and Reformatting CME Learning Experiences

THEME RELATED AREA: Learning Formats and Educational Outcomes

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: Cynthia Tyska, MA
American Academy of Orthopaedic Surgeons, 847/384-4075, tyska@aaos.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 three different modes of adult learning used in CME.
2. Describe learners' educational outcomes of three different learning formats.
3. Distinguish between cognitive and skill outcomes.
4. Identify situations where each learning method can be effectively utilized to achieve desired learners' outcomes.

METHODS: Using case study, didactic presentation and group discussion, participants will be guided through the learning formats and the similarities and differences of their outcomes.

KEY POINTS: Every learning format (e.g., lecture, small group discussion, individualized focus) has its pros and cons. How to use each (including how to combine them) is key to enabling the best learning environment for your constituency. AAOS study results comparing these three learning formats contributes additional information to the presentation and discussion.

RECOMMENDED READING:
1. DeLorenzo, RA. Effectiveness of an adult-learning, self-directed model compared with traditional lecture-based teaching methods in out-of-hospital training. Academic Emergency Medicine, 2004 Jan; 11(1): 33-7.
2. Moulton CA, Dubrowski A, Macrae, H, Graham B, Grober E, Reznick R. Teaching surgical skills: what kind of practice makes perfect?: A randomized, controlled trial. Annals of Surgery, 2006 Sep; 244(3):400-9.
3. Smits PB, et al. Problem-based learning versus lecture-based learning in postgraduate medical education. Scan J Work Environ Health, 2003 Aug; 29(4): 280-7. Research shows no differences among the three learning formats in terms of outcomes.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F58, Breakout

TIME/DAY/LOCATION: 4:15 – 5:15 pm, Friday, 1/28/11, Yerba Buena 3-4/Lower B2

TITLE: The Patient Outcome Factor: A Novel Performance Improvement Process to Improve Patient Care and Maintain Board Certification

THEME RELATED AREA: Performance consulting and/or organizational development

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

PRINCIPAL PRESENTER: Dereck DeLeon, MD
Kaiser Permanente-San Diego, 858/451-5004, dereck.j.deleon@kp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Stephanie Akens-Gunn, MBA
Kaiser Permanente-Pasadena, 626/405-6491, stephanie.akens-gunn@kp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Joy Miike, MBA
Kaiser Permanente-Pasadena, 626/405- 6514, joy.miike@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) Implement the self-assessment evaluation process of individual physicians and the integrating of commonly shared goals through performance reports at the individual physician level, team level and organization levels (COMPETENCE). (2) Apply a rapid-cycle performance improvement model (PDSA) to transform information into activities that will improve care delivery and patient outcomes (PERFORMANCE). (3) Communicate the value of participation in performance improvement initiatives that improve patient care and HELP MEET board certification criteria (KNOWLEDGE and COMPETENCE).

METHODS: Presentation, demonstration, and case-study discussion will illustrate Kaiser's experience in implementing their unique and innovative approach to performance improvement with focus on their Clinical Strategic Goals (Metrics).

KEY POINTS: Join us as we outline our innovative approach to Performance Improvement Continuing Medical Education (PI CME). As innovators in the field of quality improvement it was evident that physicians ought not to be forced into one pathway for demonstrating their practice performance and improvement activity. Our approach creates a learning environment for "reflective practice with a focus on permanent change in clinical behavior". The Patient Outcome Factor allows cohorts to be commissioned to; self reflect, receive feedback from their peers, improve PATIENT OUTCOMES DATA, and leverage THIS ability to meet the criteria for board certification. The curriculum was designed as a Peer-to-Peer best practice model where we take the standard PI process from being just qualitative data reporting to PRACTICAL CLINICAL APPLICATION THAT IMPROVES PATIENT CARE.

The Patient Outcome Factor "begins with the end in mind" (Stephen R. Covey) and has become the model and standard for assessment of knowledge, competencies, performance and outcomes in physician professional development and education at Kaiser Permanente.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F59, Breakout (Cancelled)

EDUCATIONAL FORMAT: F60, Breakout

TIME/DAY/LOCATION: 4:15 – 5:15 pm, Friday, 1/28/11,
Yerba Buena 10-11/Lower B2

TITLE: What's in the Data? Creating Effective Evaluation and Outcomes Measurement Tools that Yield Meaningful Information

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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: Scott Kober, CCMEP
Institute for Continuing Healthcare Education, 215/446-8088, skober@iche.edu
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, kthomas@iche.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) Identify basic terminology associated with the gathering and analysis of qualitative and quantitative research and identify proper reporting techniques. (2) Distinguish effective activity post-test question design that appropriately gauge whether or not learning objectives have been met from those that are poorly constructed and do not serve an educational purpose. (3) Discuss the importance of outcomes-based questions that generate measurable data on current and future educational gaps. (4) Avoid the number one pitfall in data reporting – not reporting the meaning of the data; or reporting conclusions that are not supported by your data analysis.

METHODS: A combination of didactic lecture and small group discussions will be used to review the differences between qualitative and quantitative data collection, as well as proper reporting techniques. Case examples will be used to help attendees reflect on their current activity post-test and evaluation design and consider any relevant changes.

KEY POINTS: Gathering and reporting data are critical elements that are becoming increasingly important to the CME professional. Because of the lack of time many learners spend completing activity post-tests and evaluations, it is important for providers to develop thoughtful and user-friendly forms that allow them to measure the effectiveness of their education and any intended changes in behavior. Doing so properly, however, requires significant foresight and planning from beginning to end. In this session, presenters will highlight skills from other fields, including market research and data analysis that have significant crossover appeal to the CME community and explain how those skills can be woven into the data collection and analysis process.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F61, Breakout

TIME/DAY/LOCATION: 4:15 – 5:15 pm, Friday, 1/28/11, Pacific H/4th

TITLE: Bar Coding and Case Vignettes:
A Comparison of Measurement Tools in One CME Intervention

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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: Alicia Sutton, CCMEP
Omnia Education, Inc., 215/237-5892, asutton@omniaeducation.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Greg Salinas, PhD
CE Outcomes LLC, 205/259-1079, greg.salinas@ceoutcomes.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 conclusion of this program, learners will better understand:
1. The use of bar coding to track learns in outcomes measurements
2. Bar coding at multiple stages: pre, post, and follow up
3. The use of case study vignettes to demonstrate change in performance

METHODS: This is a case-based presentation that will demonstrate how to utilize bar coding and case study vignettes to track learner progress and demonstrate change over time. Learners will review bar coding parameters and case studies as primary tools in outcomes measurements.

KEY POINTS: Tracking change over time is critical in demonstrating outcomes. This is a case-based presentation will demonstrate how to bar coding and case study vignettes were used in the same CME intervention, and a comparison will be made to their respective outcome measurements.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F62, Breakout

TIME/DAY/LOCATION: 4:15 – 5:15 pm, Friday, 1/28/11,
Yerba Buena 12-13/Lower B2

TITLE: Breaking Down the Barriers: Incorporating Lean Methodology and "A3" Thinking to Improve the CME Planning Process

THEME RELATED AREA: Performance consulting and/or organizational development

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

PRINCIPAL PRESENTER: Jane Grube, BS
Lehigh Valley Health Network, 610/402-2398, jane_m.grube@lvh.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Karen Craig, MEd
Lehigh Valley Health Network, 610/402-2481, karen_c.craig@lvh.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. Identify common structures and elements of an A3.
2. Apply A3 methodology to develop needs assessments and identify practice gaps, educational interventions, and outcomes measurements.
3. Articulate the benefits of A3 thinking from the perspective of the individual, managers and organization.

METHODS: This session will include didactic lecture, case presentations and hands-on interactive small group instruction to introduce how to use A3 principles to remove barriers within healthcare institutions, plan CME activities, and improve the CME planning process. Presenters will provide examples of A3 documents utilized in CME planning and activity implementation, and guide participants through the process. Participants will have the opportunity to apply A3 methodology to CME accreditation applications.

KEY POINTS: Working with planning teams within healthcare institutions that have varied backgrounds, motivations for developing CME activities, and levels of experience with CME criteria, create difficult challenges for the CME office. Utilizing the A3 methodology to determine the reason for action or educational need, current conditions, target state, goals and outcomes, gap analysis, countermeasure plans or educational interventions, and follow-up, helps to break down barriers and overcome the language of CME while adhering to the necessary criteria. A3 thinking engages communication and dialogue in a manner that leads to good decisions, where the proposed countermeasures are based on facts, and data is gathered at the place the work is performed, from the people who perform it. This methodology follows the PDCA process, and can be incorporated into Quality Improvement initiatives.

RECOMMENDED READING:
1. Shook, J., (2008), Managing to Learn, The Lean Enterprise Institute
2. ACCME Updated Criteria

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F63, Breakout

TIME/DAY/LOCATION: 4:15 – 5:15 pm, Friday, 1/28/11,
Yerba Buena 14-15/Lower B2

TITLE: Collaboration and Blended Education Methodology to Improve
Quality of Care

THEME RELATED AREA: Quality of care and patient health outcomes 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: Steven Kawczak, MA
Cleveland Clinic, 216/444-2572, kawczas@ccf.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Anne Grothe
Cleveland Clinic, 216/444-8981, grothea@ccf.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. Discuss the benefits of breaking out of the silos inherent in institutions, create synergy and foster collaboration between CME and Quality.
2. Describe the blended educational methodology and related interventions in the continuum of learning.
3. Demonstrate results that show improvement in patient care.

METHODS: Presentation will illustrate our institution's experience in collaboration between the Center for Continuing Education and the Quality and Patient Safety Institute and demonstrate how using several blended methods of instruction benefit educational outcomes. Participants will interact and encouraged to share experiences from their own organizations that may be helpful to others.

KEY POINTS: Cleveland Clinic Center for Continuing Education and the Quality and Safety Institute created an effective collaboration to achieve our common mission of improved patient care. The strengths, talents and key goals of different areas of an institution can and should achieve synergy to improve outcomes. Our collaboration will show how the use of several Regularly Scheduled Series and various online activities were combined with additional resources to encourage reference and reinforcement. Data collected by both groups allowed measurement of the impact of these educational interventions on the quality of patient care in the institution.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F64, Breakout

TIME/DAY/LOCATION: 4:15 – 5:15 pm, Friday, 1/28/11, Nob Hill A-C/Lower B2

TITLE: Building a Community of Practice to Affect Performance Improvement in the CME Community

THEME RELATED AREA: Performance consulting and/or organizational development

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

PRINCIPAL PRESENTER: Floyd Pennington, PhD
CTL Associates, Inc, 770/506-8150, ctlassoc@mindspring.com
DISCLOSURE: Does have an interest in selling a 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 program, product and/or service to CME professionals.

CO-PRESENTER: Melinda Steele, MEd
Confluence Educational Consulting, Inc, 806/789-6918, melindas@suddenlink.net
DISCLOSURE: Does have an interest in selling a 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: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:
1. Identify differences between CoPs and project teams.
2. Assess the role of CoP's in knowledge management.
3. List the benefits of CoP's and actions required to cultivate a successful CoP.
4. Discuss barriers to cultivating a successful CoP.

METHODS: Presentation of best practices and interactive discussion with audience.

KEY POINTS: Communities of Practice (CoP) refer to groups sharing a common interest and desire to learn from and contribute to the community with their variety of experiences. Community members establish norms and build collaborative relationships. They create and negotiate an understanding of the 'domain' of the community. And the community produces a set of communal resources used to pursue their mutual interests.

In early 2010 a group of CME professionals formed a CoP focused on Performance Improvement. This session describes the process used to establish the CoP; characteristics of the community including how it defined its domain of interest, its notion of community and its scope of practice and "rules" of engagement; and the accomplishments of the PI CoP.

RECOMMENDED READING: Wenger, Etienne; McDermott, Richard; Snyder, William M. (2002). Cultivating Communities of Practice (Hardcover). Harvard Business Press; 1 edition. ISBN 978-1578513307.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F65, Breakout (Rescheduled as S23)

EDUCATIONAL FORMAT: F66, Breakout

TIME/DAY/LOCATION: 4:15 – 5:15 pm, Friday, 1/28/11, Pacific 1/4th

TITLE: CME Without Borders: Best and Worst Practices in Global CME

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

COMPETENCY: 5.4 - Apply effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

PRINCIPAL PRESENTER: Lawrence Sherman, FACME, 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.

CO-PRESENTER: Maureen Doyle-Scharff, MBA
Pfizer Inc, 212/733-6360, maureen.doyle-scharff@pfizer.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Sarah Krüg
Pfizer Inc, 212/733-7570, sarah.krug@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. Apply principles of global CME best practices to activity development and implementation.
2. List appropriate factors to consider when developing global CME initiatives.
3. Define pitfalls to avoid when considering global CME initiatives.
4. Compare specifications of global CME with those of international CME.
5. Address cultural and geographic competences as related to CME.

METHODS: Presenters will assess the experience of the audience in global/international CME and based on experience level, will utilize an interactive format to use case examples and available data to describe best and worst practices. Practical tips and information will be provided to participants to help improve their competence and performance in delivering CME outside the US.

KEY POINTS:
1. Best and worst practices exist in the delivery of CME and CPD around the world.
2. US and global providers can learn from both best and worst practices to facilitate educational that meets local requirements without sacrificing educational integrity.
3. Quality providers exist around the world; identification of these providers can lead to strong collaborations in the design, development and implementation of CME activities.
4. Cultural and geographic competences are key first steps in considering global and international CME initiatives.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F67, Breakout

TIME/DAY/LOCATION: 4:15 – 5:15 pm, Friday, 1/28/11,
Yerba Buena 7-9/Lower B2

TITLE: ACCME's Accreditation Process (Part 2): Tools and Tips

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

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

PRINCIPAL PRESENTER: Murray Kopelow, MD
Accreditation Council for Continuing Medical Education (ACCME), 312/527-9200, mkopelow@accme.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

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

CO-PRESENTER: Dion Richetti
Discovery Institute of Medical Education (DIME), 312/553-8071, dion.richetti@dimeded.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Brooke Taylor, MPH
William Beaumont Hospital, 248/551-0908, brooke.taylor@beaumont.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 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: ACCME staff will use a presentation format to describe the ACCME accreditation process. The presentation will be supplemented by insights from two provider panelists that have recently gone through the accreditation process.

KEY POINTS: ACCME expects its accredited providers to monitor their overall CME program for compliance with the Accreditation Requirements and verify that compliance through an accreditation process. Understanding the components of the ACCME accreditation process and identifying strategies for completing the process will assist CME professionals in facilitating their organization's continued accreditation. Participants will have an opportunity to ask both the presenters and provider panelists' questions during this session.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F68, Breakout

TIME/DAY/LOCATION: 4:15 – 5:15 pm, Friday, 1/28/11, Foothill E/2nd

TITLE: Does Your Organization Walk the Talk? Using What You Already Know to Advance Your Organization through Staff CPD

THEME RELATED AREA: Performance consulting and/or organizational development

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

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

CO-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: 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: (1) Develop a value proposition for investing in staff CPD to elicit stakeholder support in your organization. (2) Describe key steps and associated timeframes for developing and maintaining a staff CPD program. (3) Prioritize initial and ongoing multi-disciplinary needs for staff CPD in your organization. (4) Propose relevant interventions and an appropriate tracking mechanism for your organization. (5) Create an action plan to advance your organization by utilizing staff CPD.

METHODS: Presenters will use lecture and visual aids to describe their comprehensive staff CPD program. Discussion will elicit ways to overcome resistance and/or barriers to implementing and sustaining such a program, and the audience will be encouraged to share success stories, best practices, and lessons learned.

KEY POINTS: Staff CPD can be easy to overlook when your organization is pressed for time and resources; however, taking only a few small steps can significantly increase the value your organization offers to its stakeholders. Regardless of where you are in the staff CPD process, this session will provide you with practical insights and tools to advance your efforts, including parallels to the CME planning processes you already know and use. Discussion will address how, by employing a mix of team-based CPD, self-directed learning, and ongoing reinforcement, organizations can empower their employees, support efforts to obtain certifications (e.g., CCMEP), and achieve sustainable improvement.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S1, Plenary

TIME/DAY/LOCATION: 8:30 – 9:30 am, Saturday, 1/29/11, Yerba Buena 7-9/Lower B2

TITLE: Hot Topics in CME/CPD **(Invited Abstract)**

THEME RELATED AREA: Quality of care and patient health outcomes improvement

COMPETENCY: 1.4 - Remain current on the CME literature

MODERATOR: Greg Paulos, MBA
602/502-5227, greg.paulos1@gmail.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

PRINCIPAL PRESENTER: Hilary Schmidt, PhD
sanofi-aventis, 908/981-5152, Hilary.Schmidt@sanofi-aventis.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. Recognize and relate a short synopsis of 5 or more hot topics in CME and CPD
2. Describe how cognitive bias can impact clinician decision-making and why it matters to CME professionals
3. Report on IHI initiatives to speed up the dissemination and spread of new ideas to improve patient outcomes and the clear link with CPD

Methods: Using a news reporter format, the moderator will brief the audience on multiple hot topics in CME and respond to extemporaneous questions from the audience. Guest speakers will address specific topics laying out specifics for consumption.

Key Points: Each year there are many issues in the field of continuing professional development that serve to promote education, deter education or challenge the current thinking about CME and CPD. The intent of this session is to highlight some of those topics and pique your interest in a quick fire way. Highlighted will be the need for CME to shift to accelerated improvement and the rapid spread of new ideas in healthcare. Cognitive Bias is also on the forefront of our field as clinician decision-making can be flawed leading to misdiagnosis or missed diagnosis of illness. Finally the call for transparency (sunshine) on pharmaceutical funding of education has been in the spotlight for the past 18 months. Is it likely to end any time soon? These and other hot topics will be part of the final conference day.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S2, Mini-plenary

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/29/11,
Yerba Buena 7-9/Lower B2

TITLE: The Next Financial Model - Pay for Performance **(Invited Abstract)**

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: Carol Havens, MD
Kaiser Permanente, 510/625-3317, carol.havens@kp.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals

CO-PRESENTER: Robert Wise, MD
The Joint Commission, 630/792-5000, rwise@jointcommission.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals

CO-PRESENTER: Michael Zimmerman, MD
Affinity Medical Group, 510/230-2372, mzimmerman@affinitymd.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: Participants will be able to:
- Discuss how changes in reimbursement are related to CME at the level of clinical practice or the practice system.
- Describe an alternative business model for paying for CME.
- Identify factors that influence quality measures and payments.
- Define the shift of CME from fee for service to QI/PI departments.

METHODS: Presentation and interactive discussion with audience.

KEY POINTS: This interactive session will be an overview of how changes in reimbursement (e.g., P4P) are related to CME or potential for CME at the level of the clinical practice or practice system. Physicians might be much more willing to pay for the expense of doing PICME and similar types of practice-based CME if they could relate it directly to increases or losses of income. This is a proposed alternative business model for paying for CME. In hospitals, the quality measures are tied to payments by CMS, accreditation by the Joint Commission, and arrangements with payors. Key areas for discussion will be: (1) Payor factor, (2) non-reimbursement for non-performance, (3) assisting physicians with getting education they need, (4) physician compliance with needed practice changes, (5) shift of CME as fee for service provided to QI/PI, etc. departments, (6) physician compliance with needed practice changes, (7) ongoing professional practice evaluation (OPPE) component, and (8) how handled in closed systems.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S3, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/29/11, Foothill G1-G2/2nd

TITLE: Embedding Interdisciplinary Education in the CME Culture of Medical Specialists: A Sustainable Model that Works

THEME RELATED AREA: Multi- and inter-disciplinary 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: Réjean Laprise, PhD
Fédération des médecins spécialistes du Québec, 514/350-5176, rlaprise@fmsq.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Robert Thivierge, MD
Fédération des médecins spécialistes du Québec, 514/350-5176, robert.thivierge@umontreal.ca
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Gilles Hudon, MD
Fédération des médecins spécialistes du Québec, 514/350-5033, ghudon@fmsq.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Pierre Assalian, MD
Association des médecins psychiatres du Québec, 514/934-1934, ext. 42051, pierre.assalian@muhc.mcgill.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: At the end of this session, participants should be able to: (1) describe a model of interdisciplinary CME that was implemented by the Federation of Medical Specialists of Quebec (FMSQ) and its affiliated specialists' associations, (2) identify other initiatives that were tried in different organizational and healthcare contexts, and (3) discuss barriers and strategies for the implementation of models of interdisciplinary CME that would be adapted to the specific needs and reality of their own organization.

METHODS: A case-study presentation will illustrate FMSQ's experience in implementing a unique and innovative approach to interdisciplinary CME, based on the principles of interprofessional education. Small group and plenary discussions will be used to share initiatives and highlight barriers and enablers for implementation in other settings.

KEY POINTS: Several healthcare problems could be resolved by breaking up professional silos and adopting more collaborative and holistic approaches to patient care. To tackle this issue, FMSQ and its affiliated associations developed an educational format that stimulates and facilitates the organization of interdisciplinary CME activities between the 35 specialists' provincial associations. In the first 3 years of implementation, this model has generated 8 interdisciplinary activities for a total of 13 participating associations (37%). In the meantime, this activity has become one of the most attended CME specialist events in the province and the interest is growing.

FINANCIAL OR IN-KIND SUPPORT: The following individuals also contributed to the development of this model: Bernard Bissonnette (rheumatologist), Renée-Claude Duval (paediatrician), Diane Francoeur (gynaecologist), Lise Guindon, Josée Parent (gastroenterologist), and Nicole Pelletier.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S4, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/29/11, Yerba Buena 1-2/Lower B2

TITLE: Developing PI CME for ABMS Maintenance of Certification Part IV

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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

PRINCIPAL 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 program, product and/or service to CME professionals.

CO-PRESENTER: Mellie Villahermosa Pouwels
American Board of Medical Specialties, 312/436-2677, mpouwels@abms.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Sandra Selzer
American Board of Internal Medicine, 215/446-3484, sselzer@abim.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. Define current Maintenance of Certification (MOC) Standards of the American Board of Medical Specialties.
2. Describe criteria and best practices in primary care Maintenance of Certification, Part IV: Practice performance assessment and improvement.
3. Develop Performance Improvement CME activities that meet criteria for MOC Part IV.
4. Recognize the requirements for application and approval of activities by individual certifying boards in primary care.

METHODS: Presentation of requirements and best practices along with interactive discussion with the audience.

KEY POINTS: The American Board of Medical Specialties has established standards for maintenance of certification for its 24 member boards. Each board is establishing processes for implementing the standards. MOC Part IV addresses processes for practice performance assessment and improvement. Performance Improvement CME, as defined by the AMA PRA, AAFP and AOA has a similar construct and can be effective in providing MOC credit if approved by the certifying boards. CME providers must be diligent in developing PI CME activities that provide the rigor required for MOC. This session will focus on primary care MOC.

RECOMMENDED READING: Standards for ABMS MOC (Parts I-IV) Program Approved March 16, 2009.
http://www.abms.org/News_and_Events/Media_Newsroom/pdf/Standards_for_ABMS_MOC_Approved_3_16_09.pdf.
Accessed March 12, 2010.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S5, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/29/11,
Yerba Buena 3-4/Lower B2

TITLE: Creating Performance Improvement Measures Using Registry Data

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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: Charles Willis, MBA
American Gastroenterological Association (AGA 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: Lori Marks, PhD
American Gastroenterological Association (AGA Institute), 301/941-2624, lmarks@gastro.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 identify performance improvement measures based on physician core competencies. (2) To outline steps for developing performance improvement measures, including selecting guidelines and faculty experts. (3) To generate examples of performance improvement measures from sources of patient data.

METHODS: Presentation with a case-study narrative discussion that illustrates how the AGA Institute's development of performance improvement measures (and PI activities) can be driven using a data registry.

KEY POINTS: We will outline our approach to developing performance improvement measures consistent with ABIM and PI CME requirements. We will use our case study to illustrate how medical specialty societies can demonstrate physician practice improvement and patient outcomes by integrating registry data. Participants will learn new ways to approach performance improvement based on physician core competencies.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S6, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/29/11, Yerba Buena 5-6/Lower B2

TITLE: Learn Together, Treat Together, and Succeed Together: Interdisciplinary Education as a Roadmap to Improving Patient Outcomes

THEME RELATED AREA: Multi- and inter-disciplinary education

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

PRINCIPAL PRESENTER: Jason Singer, PharmD
Lilly USA, LLC, 317/277-8333, jsinger@lilly.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Brian McGowan, PhD
Pfizer, Inc., 484/865-5185, brian.mcgowan@pfizer.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Lawrence Sherman, FACME, CCMEP
Prova Education, 646/701-0041, ls@provaeducation.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) Discuss the benefits and challenges of interdisciplinary education; (2) Differentiate when interdisciplinary education is warranted and when it is not useful, and (3) Design an interdisciplinary program utilizing educational methodologies and activities which are best suited for effective interdisciplinary education.

METHODS: The presenters will guide participants using presentations on interdisciplinary education, demonstrations utilizing active learning, and designing case examples as the expected audience itself will be interdisciplinary.

KEY POINTS: Historically, continuing education has been provided in more or less a silo format, educating each discipline independently. As we begin to see changes in the practice of healthcare (e.g. Patient-Centered Medical Homes) there is an increased focus on a "team" approach. This session will focus on identifying scenarios when interdisciplinary education would be beneficial and how education can be structured to make it impactful to an interdisciplinary audience. The expectation is that the audience itself will be made up of CME professionals across disciplines; therefore, the entire program will in essence be a live case demonstration.

RECOMMENDED READING: Reeves S. An Overview of Continuing Interprofessional Education. JCHEP, 29(3): 142-146, 2009.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S7, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/29/11,
Yerba Buena 10-11/Lower B2

TITLE: Errors and Opportunities in Health Care

THEME RELATED AREA: Quality of care and patient health outcomes improvement

THEME: Quality of care and patient health outcomes improvement.

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

CO-PRESENTER: Brooke Taylor, MPH
William Beaumont Hospital, 248/551-0908, brooke.taylor@beaumont.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) Differentiate between errors of ignorance and errors of ineptitude. (2) Compare and contrast "cognitive errors" and "attribution errors" made in clinical practice. (3) Analyze examples of clinician error. (4) Identify strategies and tools for reducing errors. (5) Describe the role of the CME professional in reducing errors in health care.

METHODS: Didactic presentation and illustration with small group exercise

KEY POINTS: Even in a "perfect" system, errors will occur because people are human and imperfect. CME professionals must be able to understand and analyze not only how clinicians learn but how they process information, taking into account the environment in which they practice, their motivators and stressors, how care is delivered, and why errors are made.

RECOMMENDED READING:
1. Groopman J. How Doctors Think. Mariner Books; Reprint edition (March 12, 2008).
2. Gawande A. The Checklist Manifesto: How to Get Things Right. Metropolitan Books; 1 edition (December 22, 2009).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S8, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/29/11, Yerba Buena 12-13/Lower B2

TITLE: Building QI Champions: Engaging Physicians in Lean Healthcare Quality Improvement through Train-the-Trainer Initiatives

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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

PRINCIPAL PRESENTER: Zev Winicur, PhD
CME Enterprise, 317/846-2867, zev_winicur@cmeenterprise.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Tiffany Harazinova, CCMEP
CME Enterprise, 317/846-2947, tiffany_harazinova@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: (1) Underscore the importance of physician engagement in QI. (2) Demonstrate the use of Lean tools in healthcare. (3) List the advantages of the train-the-trainer format in teaching Lean methodologies. (4) Outline a curriculum on using Lean tools in health care and best practices for engaging physicians in QI. (5) Describe an outcomes model that will measure to Moore's level 6 by assessing increases in physician engagement and improvement in key clinical performance measures.

METHODS: Methods involve didactic lecture, a showcase of an existing educational intervention, and an interactive discussion of best practices and lessons learned.

KEY POINTS: Systems-based practice is one of the 6 core competencies of the ACGME and ABMS. However, physician awareness of this competency remains low in the U.S. due to a lack of collaborative environments and a culture of physician autonomy. The Lean process improvement model provides an effective method for engaging physicians as it focuses on waste reduction, uses intuitive tools, and showcases early wins. Lean has been successfully adapted to healthcare. To increase the spread of Lean tools in healthcare, we developed a train-the-trainer curriculum directed toward QI specialists, CME specialists, allied health workers, and physician champions.

RECOMMENDED READING: Bellande, B. Workshop Brings Quality Improvement Methods from Manufacturing to Continuing Medical Education. Medical Meetings Magazine. March 2010.

FINANCIAL OR IN-KIND SUPPORT: Supported by an educational grant from Pfizer, Inc., Ortho-McNeil Janssen Scientific Affairs, LLC, Genentech, Inc., AstraZeneca, and sanofi-aventis U.S.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S9, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/29/11,
Yerba Buena 14-15/Lower B2

TITLE: Developing and Managing Multiple Educational Partnerships to Affect the Health of Rural Communities

THEME RELATED AREA: Multi- and inter-disciplinary education

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: Jeanette Dunn, EdD
Foundation for Care Management, 206/274-5722, jdunn@FCMcme.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 benefits of multiple educational partnerships for small rural hospitals and clinics, patient outcomes, and community health.
2. Determine whether an educational partner can be a joint sponsor or an educational collaborator.
3. Utilize an effective algorithm in setting up and working with multiple educational partnerships for interdisciplinary education.

METHODS: Presentation using slides and demonstration. Case studies will be used to illustrate FCM's proven process of setting up and working with multiple educational partners. Handouts will include an algorithm of the process.

KEY POINTS: Join FCM as it leads you through the process of setting up multiple educational partnerships to meet the needs of small rural hospitals, clinics and private practices that do not have the resources to have their own accreditation. With a proven effective process, working with multiple educational partners can be done efficiently, more cost effective, and can be taught to staff. FCM has developed this process over ten years and has 60 educational partners in the Northwest.

FINANCIAL OR IN-KIND SUPPORT: Audience response technology provided by Option Technologies, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S10, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/29/11, Club/2nd

TITLE: Health Disparities: The CME Leadership Imperative

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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

PRINCIPAL PRESENTER: Karen Heiser, PhD
Nationwide Children's Hospital, 614/722-4901, karen.heiser@nationwidechildrens.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Scott Weber
Med-IQ, 203/762-0588, sweber@med-iq.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Kim Evanyo
Ortho-McNeil Janssen Scientific Affairs, LLC, 908/218-7426, kevanyo@its.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:
1. Position medical education as a key resource to achieving strategic diversity goals.
2. Design CME activities to reduce health disparities and overcome barriers to quality patient care.
3. Implement scalable, multi-hospital quality improvement (QI)-education initiatives based on outcomes data.
4. Describe the role of commercial supporters in fostering education to address disparities.

METHODS: Presentation overview, case study discussions, ARS audience polling, and open forum to discuss barriers and solutions. Audience participation will be actively encouraged.

KEY POINTS: Leaders win the hearts and minds of their followers (Warren Bennis). Nowhere is the need greater than in the area of health care disparities. Medical educators are ideally positioned to serve a pivotal role by focusing on specific patient populations and developing strategies to overcome diversity-related barriers. Case studies will explore: (1) Measurement tools to support the conversion of disparities data into improved education and practice change, (2) Role of commercial supporters in funding disparities education, and (3) Pipeline, recruitment, and retention issues in medical education.

RECOMMENDED READING
1. Moore DE, Cervero RM, Fox R. A conceptual model of CME to address disparities in depression of care. *J Cont Ed Health Prof.* 2007:S40-S54.
2. Whitla DK, Orfield G, Silen W, Teperow C, Howard C, Reede J. Educational benefits of diversity in medical school: a survey of students. *Academic Med.* 2003;78(5):460-466.
3. Metropolitan Chicago Breast Cancer Task Force. Improving Quality and Reducing Disparities in Breast Cancer Mortality in Metropolitan Chicago. Chicago, IL. October 2007.
   http://www.sinai.org/urban/summit/docs/Task%20Force%20Rpt_Oct%202007_FINAL.pdf

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S11, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/29/11, Nob Hill A-B/Lower B2

TITLE: What You Don't Know Can Hurt You (and Your Program): Implications of the Stark Rule for CME Professionals

THEME RELATED AREA: Performance consulting and/or organizational development

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 Kountz, MD
Jersey Shore University Medical Center, 732/776-4226, dkountz@meridianhealth.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Jean Primavera, RDH, MEd
Meridian Health, 732/ 776-4072, pprimavera@meridianhealth.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: Our objective is to educate CME professionals on the implications of the Stark Law to CME, and describe how we worked with our Legal Department and physician leaders to ensure continuation of our CME program while maintaining compliance with the Rule. For hospital-based CME providers, free or discounted CME constitutes a financial relationship between the hospital and the attending physicians, and could violate the law.

METHODS: A member of our Legal Department serves on our CME Executive Committee, and apprised us of these evolving regulations. After review of ACCME correspondence related to Stark and opinions from outside counsel, we embarked on an education program to our Departments and key physician stakeholders, and established guidelines on Stark Law Compliance in the CME Policy and Procedures Manual.

KEY POINTS:
1. CME Professionals need to be familiar with Stark Laws.
2. Given the current legal and regulatory climate, hospital-based CME professionals should be proactive in evaluating whether or not their programs meet the Stark test.
3. Transparency with key stakeholders in CME is important to adjust programs and policies to ensure compliance with Stark.
4. Do not assume that because another hospital CME provider, or non-hospital CME provider, is ignoring Stark that this is an effective excuse for you to do so.
5. Programs that address hospital-based clinical issues and topics related to compliance training are exceptions to Stark II.

RECOMMENDED READING: ACCME Receives Clarification from CMS Regarding Stark II Regulations.
http://www.accme.org/index.cfm/fa/news.detail/News/.cfm/news_id/f106aaf7-3281-45ce-aa29-ed2d2493ab68.cfm.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S12, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/29/11, Nob Hill C-D/Lower B2

TITLE: CME 911: Handling Emergency Situations with Care

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

COMPETENCY: 7.7 - Apply effective management skills including problem solving, communication and interpersonal skills, performance management, delegation and supervision, and organizational development.

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

CO-PRESENTER: Cathy Pagano, CCMEP
Institute for Continuing Healthcare Education, 215/446-8088, cpagano@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: (1) Identify solutions to common (and not so common) emergency situations in the planning and implementation of continuing medical education activities. (2) Develop plans to preemptively address potential activity-related pitfalls before they occur. (3) Construct an emergency flowchart to help streamline solutions based upon the expertise of your internal team.

METHODS: This session will utilize case-based exercises and small group discussion. Cases will be chosen to highlight a variety of important issues for both providers and supporters of continuing medical education.

KEY POINTS: For even the best planners, unexpected situations often crop up that need to be dealt with urgently to ensure the success of the continuing medical education enterprise. Whether caused by logistical difficulties, uncooperative faculty, technological failures, or something else entirely, it is important to learn how to keep a cool head and think through solutions that will overcome these hurdles. In this session, the presenters will present real-life professional emergencies from their recent past, encourage audience members to consider possible solutions, and then explain how and why they addressed each situation in the manner they did.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S13, Mini-plenary

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/29/11, Yerba Buena 7-9/Lower B2

TITLE: Examining the "Continuum" of Medical Education: Is the Tail Wagging the Dog? **(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: Jack Kues, PhD, FACME, CCMEP
University of Cincinnati Academic Health Center, 513/558-3196, kuesjr@uc.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Donald Moore, Jr., PhD
Vanderbilt University, 615/322-4030, don.moore@vanderbilt.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Bridget O'Brien, PhD
UCSF School of Medicine, 415/519-7935, obrienb@medsch.ucsf.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) describe how CME can take a lead role in changing medical education at the undergraduate and graduate medical education levels, (2) develop strategies to better integrate CME into the continuum of medical education, (3) develop CME programming that is informed by an understanding of the curricula for medical students and residents, and (4) propose an iterative model of education in which CME provides data, educational strategies, and guidance to other parts of the medical education continuum.

METHODS: Brief didactic presentations that describe current objectives, guidelines, and requirements in undergraduate and graduate medical education. Following the presentations there will be an open panel discussion about ways in which CME can address important needs of new and experienced practicing physicians that are not well addressed in other parts of the medical education continuum. Additionally, strategies will be proposed for ways in which CME can impact undergraduate and graduate medical curricula in order to better prepare graduating clinicians.

KEY POINTS: Undergraduate and graduate medical education programs are heavily prescribed and regulated by the LCME and the ACGME. These two important components of the medical education continuum are responsible for the basic competencies of a practicing physician. The medical education continuum has typically been depicted as a linear progression from medical school to residency to clinical practice. However, an alternative view is to see each of the three components connected to each other with the potential for information and influence moving in both directions. More specifically, gap analyses and educational programming developed by CME providers may be able to improve, and be improved by, both undergraduate and graduate medical education.

RECOMMENDED READING:
1. Cooke M, Irby DM, Sullivan W, Ludmerer KM. American medical education 100 years after the Flexner report. N Engl J Med 2006;355:1339-44.
2. Cooke M, Irby DM, O'Brien B. Educating physicians: A call for reform of medical education and residency. The Carnegie Foundation for the Advancement of Teaching. 2009.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S14, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/29/11, Yerba Buena 1-2/Lower B2

TITLE: Internet Point of Care: Applying Evidence-based Information to Clinical Care in the Real World

THEME RELATED AREA: Electronic-based information systems and/or e-learning

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

PRINCIPAL PRESENTER: Dion Richetti
DIME, 312/553-8071, dion.richetti@dimeded.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Beth Brillinger, CCMEP
DIME, 215/375-6299, beth.brillinger@dimeded.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 existing methods of point of care CME available on the Internet.
2. Describe an approach to providing point-of-care CME to specialty care physicians.
3. Describe the effectiveness of this approach in changing physician behavior based on educational outcomes data presented.

METHODS: Didactic presentation and interactive case studies.

KEY POINTS: Physician errors, which significantly affect quality of care, are often the result of failures in judgment, problems retaining information, and lack of knowledge. Access to information at the time of decision-making is a way to prevent errors. The ability to immediately access evidence-based materials specific to the patient's disease can support clinical decision making and enhance patient care. POC CME has been available for 5 years. During that time, it has evolved and proliferated. This activity will compare/contrast existing POC, demonstrate one method of POC and review educational outcomes from this provider's POC CME activities.

RECOMMENDED READING:
1. AMA PRA, 2006.
2. Alliance for CME, Almanac, April 2010, pages 28-30.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S15, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/29/11, Yerba Buena 3-4/Lower B2

TITLE: A Comparative Analysis of Outcomes Quality Markers across Educational Grants

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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: Ian Harding, PhD
Educational Measures, 303/962-9970, ext. 322, ianharding@ndonet.com
DISCLOSURE: Does have an interest in selling a technology to CME professionals.

CO-PRESENTER: Peg Bollella, PharmD
sanofi-avenits U.S., 908/981-5145, peg.bollella@sanofi-aventis.com
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Sara Bennett
Educational Measures, 303/962-9970, ext. 227, sbennett@educationalmeasures.com
DISCLOSURE: Does have an interest in selling a technology to CME professionals.

CO-PRESENTER: Gretchen Keefer
Optimize, 303/210-2165, gkeefer@optimizestudy.com
DISCLOSURE: Does have an interest in selling a product to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this activity participants will be able to:
1. Evaluate one method of normalizing and comparing educational outcomes associated with CME grants
2. Assess and compare the quality and impact of multiple educational programs

METHODS: Quality and evaluation data from providers are normalized using a step-by-step procedure. These data, together with derived Impact Factors, are stored in an online management tool to allow comparative analysis. Assessment of Moore's Outcome Levels, according to defined criteria, is made for each educational activity and a meta- analysis is performed to compare effect size for activities of a certain level and higher.

KEY POINTS: Comparison of grants in this manner allows for objective evaluation of the impact of each activity and assessment of the true outcomes potential. These data are used to improve future programming and supply feedback to providers in order to assist them in improving their programming and the grant application process.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S16, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/29/11,
Yerba Buena 5-6/Lower B2

TITLE: Implementing Continuous Improvement in Chronic
Disease Management

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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

PRINCIPAL PRESENTER: Mary Ales
Interstate Postgraduate Medical Association, 608/237-1490, 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
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.

CO-PRESENTER: Dixie Blankenship
Interstate Postgraduate Medical Education, 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: Ronda Scruggs
Iowa Foundation of Medical Care, 405/810-3201, rscruggs@ifmc.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. Introduce a systematic quality improvement approach in PI CME in the practice setting using the Oklahoma Medicaid project as a model.
2. Identify tools and resources that can be used to develop process and performance improvement skills.
3. Create a cycle for lifelong performance improvement within the clinical practice setting.

METHODS: Presenters will use an interactive didactic presentation to guide the learners through the educational design and implementation of a PICME Activity. Interactive discussion will focus on measuring change, barriers to performance improvement and instilling a performance improvement culture

KEY POINTS: Implementing performance improvement within the practice setting requires integration of quality principles with practice management and clinical skills. Key steps in this process include an initial assessment of the patient population, identification of processes that impede delivery of best care, and assessment of clinician skills and knowledge. Education and practice redesign then combine to offer new pathways for practice. We will explore use of practice facilitators as change agents within Oklahoma based practices with prevalent chronic diseases and share lessons learned in creating a performance driven culture

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S17, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/29/11, Yerba Buena 10-11/Lower B2

TITLE: Continuously Improving Quality of Care with Data-driven PI CME

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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: Mila Kostic, BA
University of Pennsylvania School of Medicine, 215/898-8872, mkostic@exchange.upenn.edu
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Linda Raichle, PhD
Spectrum Medical Education, 610/565- 6170, linda_raichle@spectrummeded.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-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: Jill Foster, MD
CE Outcomes, LLC, 205/259-1508, jill.foster@ceoutcomes.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) Identify reliable data sources to drive PI CME needs assessment process; (2) Integrate population health data with practice gap analyses to drive QI/PI project design; (3) Plan PI CME outcome measurement at the clinician, practice, and patient levels to drive continuous program improvements, and (4) Implement a PI/QI CME initiative that meets and exceeds ACCME accreditation criteria.

METHODS: This session will feature didactic lecture, demonstrations of tools and resources used, analysis of collected results, and moderated discussion with all participants.

KEY POINTS: (1) Performance Improvement (PI) CME has become our profession's response to calls for further integrating CME/CPD with health care quality improvement. University of Pennsylvania School of Medicine's Office of CME implemented a comprehensive COPD PI CME initiative targeting primary care providers in a defined region. A strategic collaboration bringing expertise in educational and performance assessment, development of PI/QI tools and solutions, and project management facilitated data-driven decision making. (2) To inform PI CME program development, an independently developed assessment instrument was administered to the targeted learner group to explore knowledge, perceptions and current practice patterns in COPD care. The results were used in combination with public health data to validate and characterize educational needs. These formative data guided all aspects of program development including instructional design, selection of the quality indicators, and curriculum content. Outcomes were measured by comparing performance and underlying determinants at Stage A and Stage C using chart review data as well as a case-based self-assessment instrument. (3) Data from this pilot PI program provided insights into current competency- and practice-based educational needs in COPD care. These findings can be used in future planning to tailor education and practice-based changes to clinicians' individual needs and practice context. Selected findings from the PI CME program and lessons learned will be shared, followed by a moderated exchange of best practices with participants.

RECOMMENDED READING: Davis, N. Transitioning to Performance-Based Continuing Professional Development. CE Measure 2009, 3(3).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S18, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/29/11, Yerba Buena 12-13/Lower B2

TITLE: Process Improvement: Population Registries Can Help

THEME RELATED AREA: Quality of care and patient health outcomes improvement

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: Ewa Matuszewski
Practice Transformation Institute, 248/475-4702, ematuszewski@transformcoach.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 strategies to improve population-based care using a population registry
2. Identify how to incorporate data from a population registry in process improvement activities

METHODS: Presentation, discussion, audience response system and question and answer session for assessment of learning.

KEY POINTS: Incorporating a population registry into a Patient-Centered Medical Home enables the practice team to identify the population being served and promotes the identification of gaps in care that may exist. This includes prevention and chronic care gaps that are identified utilizing evidence-based guidelines. Identifying these gaps supports both planned care and care management strategies to close these gaps in care. By improving the patient outcomes, as identified in the data within the registry, physicians and their teams can improve their processes, and use this journey of improvement for CME credit, maintenance of licensure and certification.

RECOMMENDED READING: http://www.aafp.org/fpm/2006/0400

FINANCIAL OR IN-KIND SUPPORT: Audience response technology provider to be determined.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S19, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/29/11,
Yerba Buena 14-15/Lower B2

TITLE: The Care and Feeding of Faculty Reviewers:
Teaching Them What and How to Review

THEME RELATED AREA: Performance consulting and/or organizational development

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: Jeffrey Melin, MEd
American Epilepsy Society, 860/586-7505, ext. 562, jmelin@aesnet.org
DISCLOSURE: Does not have an interest in selling a technology, program, product, and/or service to CME professionals.

CO-PRESENTER: Mark Quigg, MD
University of Virginia, 434/924-5312, quigg@virginia.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 the issue of peer review audits and the variability due to lack of standards.
2. Review the PowerPoint Lecture used to alert, inform and instruct reviewers.
3. Illustrate the results of instruction and effect on subsequent reviews.

METHODS: Leading participants interactively through the identified interrater reliability problem and solution developed. Providing additional examples for participants to practice review.

KEY POINTS: Physicians peer-reviewers of material for CME accredited presentations have poor interrater reliability in designating the numbers and types of defects in durable teaching materials. Although reliability was poor, identification of potential commercial bias had the best interrater reliability. Physicians untrained in the requirements of CME accreditation may venture outside the scope of CME Review.

RECOMMENDED READING: Interrater Reliability to Assure Valid content in Peer Review of CME-Accredited Presentations. JCEHP, 29(4):242-245, 2009.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S20, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/29/11, Nob Hill A-B/Lower B2

TITLE: Assessing Educational Outcomes of a Comprehensive Multidisciplinary Collaborative

THEME RELATED AREA: Multi- and inter-disciplinary education

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

PRINCIPAL PRESENTER: Tom McKeithen, MBA
Healthcare Performance Consulting, Inc., 904/529-6571, mckeithen@changingperformance.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

CO-PRESENTER: Chris Larrison, BA
Healthcare Performance Consulting, Inc., 317/733-9816, larrison@changingperformance.com
DISCLOSURE: Does have an interest in selling a service to CME professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: After participation in this educational activity, participants will be able to:
1. Evaluate the potential of their own organization to participate in an educational collaborative with common outcomes measures.
2. Select appropriate outcomes measures for multi-disciplinary activities.
3. Produce an outcomes plan utilizing common measures across multiple educational activities.

METHODS:
1. Case presentation
2. Small-group Discussion
3. Individual Exercise

KEY POINTS: The CS2Day Smoking Cessation initiative has been a comprehensive 3-year collaboration involving 9 organizations. The comprehensive nature of this multidisciplinary initiative necessitated innovative approaches to assessing comprehensive outcomes. Assessment of knowledge, competency, performance and clinical outcomes required a new level of collaboration among the partners. This session will offer unique insights into collection, synthesis, analysis and reporting of outcomes data from a variety of partners, programs, and target audiences.

RECOMMENDED READING: http://www.ceasesmoking2day.com.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S21, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/29/11, Nob Hill C-D/Lower B2

TITLE: One for All and All for One

THEME RELATED AREA: Performance consulting and/or organizational development

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: 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: Tamara Eberly, PhD
University of Virginia School of Medicine, 434/984-1657, teberly@virginia.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 multiple levels of collaboration such as individual, local, regional, and national partnerships.
2. Identify various methods of implementing local PI-CME and outreach activities based on a smoking cessation curriculum derived from a multi-partnered collaboration.
3. Identify criteria predictive of successful partnerships.
4. Design a collaborative activity based on principles presented in case studies of community-based CME projects.

METHODS: Didactic presentation, case study analysis and group discussion to link lessons learned from local implementation of outreach and PI-CME.

KEY POINTS:
1. We will describe our experience in collaborating to provide knowledge acquisition leading to more comprehensive PI-CME activities.
2. We will compare these two approaches (outreach at the community hospital and health department level and PI-CME in a community mental health facility) to show how nationally funded projects can be implemented at the community level.
3. We will demonstrate how e-Learning can be used as a supportive tool to reach health care providers in underserved areas.

RECOMMENDED READING: www.ceasesmoking2day.com

FINANCIAL OR IN-KIND SUPPORT: Supported by disbursements from an independent medical education grant from Pfizer, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S22, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/29/11, Club/2nd

TITLE: Exchanging Best Practices in CME Using "Speed Dating"

THEME RELATED AREA: Skills (e.g., focus group facilitation, data analysis, test/question writing, etc.)

COMPETENCY: 6.2 - Develop a model learning organization.

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 conclusion of this session, participants should be able to:
1. State five "best practices" learned from their colleagues.
2. Identify at least three "best practices" that have potential for application in their CME setting.
3. Formulate an action plan to apply three of the "best practices" to their organization.
4. Develop a network of CME colleagues who will serve as a potential CME resource network.

METHODS: "Speed dating" is a formalized matchmaking process with the purpose of encouraging people to meet and interact with a large number of new people. This fun and highly interactive educational session will use "speed dating" techniques to facilitate the exchange and discussion of "best practices" among participants. An important part of this session is to build relationships within the CME industry for continued learning and the exchange of great ideas.

KEY POINTS: Exchanging great ideas and innovative solutions while building a network of CME colleagues for future learning.

RECOMMENDED READING: ACCME Website, www.accme.org

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S23, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/29/11, Foothill G1-G2/2nd

TITLE: CME Linkage to Organizational Performance Improvement within an NCI-designated Comprehensive Cancer Center

THEME RELATED AREA: Quality of care and patient health 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: Lucille Leong, MD
City of Hope, 626/359-8111, ext. 64492, 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, FACP
City of Hope, 626/359-811, ext. 64492, 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, RN
City of Hope, 626/359-8111, ext. 62706, 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, 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) Describe a model of Quality/CME/Medical Staff interactions. (2) Show the method by which one can identify practice gaps based on data obtained from Performance Improvement initiatives within a Quality Improvement Department. (3) Display the tools used for planning and tracking identified opportunities to close practice gaps. (4) Outline barriers to the adoption of this model. (5) Describe the planning processes used for developing Continuing Medical Education activities related to the identified practice gaps.

METHODS: (1) Practice gaps are identified through input from quarterly Departmental Quality Assurance meetings, through OPPE/FPPE initiatives/Credentials committee deliberations/Sentinel Events/Near Misses/TIPS forms (reporting forms for events reported either anonymously or by name of reporter). (2) Quarterly Interdepartmental meetings are held with the input of the Medical Staff President (MD)/Continuing Medical Education Chair (MD)/Vice-President for Quality (RN)/Manager for Quality (RN)/Medical Staff Services Director/Continuing Medical Education Manager and Assistant Manager. (3) Identified topics are prioritized (4-6 topics per meeting) and feasibility of an educational activity is determined. (4) Platform for an educational intervention is determined. (5) Medical Staff president assesses MD acceptance/CME assesses educational feasibility/Quality VP assesses outcomes, which measurements and metrics will be assessed and a time line for measurement.

KEY POINTS: Procedures for close collaboration between the Quality Improvement Department, the Medical Staff, and the CME Department at our NCI-designated Comprehensive Cancer Center have been implemented to (1) identify gaps in physician knowledge, skills, and performance which have a direct impact on the quality of patient care; (2) plan educational interventions that are varied and physician-friendly, and (3) collect and analyze QA data for measuring the success of the educational interventions. It is expected that changes in health care will reward systems in which the activities of these departments synergize.

PARTICIPANT NOTE SPACE: