EDUCATIONAL FORMAT: W1, Intensive, All 2013 Basics Seminar Paid Participants Welcome
(See F56, 5:45-6:45 pm, Friday, Alliance Basics Seminar: Part 2)

TIME/DAY/LOCATION: 8:30 am - 12:00 pm, Wednesday, 1/30/13, Nob Hill A-D/Lower B2

TITLE: Alliance Basics Seminar: Part 1 of Your Basics Program Experience ($)

STORY: If you are looking for a great way to help a new staff member learn about CEHP, or if you want to sharpen your knowledge and skills in CEHP fundamentals, look no further than the Alliance's Basics Program in 2013! When you register for the Basics Seminar, which kicks off on Wednesday morning of the Annual Conference, you automatically receive the Alliance's *three* CALLS Core courses! These online courses cover topics integral to the practice of Continuing Education in the Health Professions: (1) Applying Adult Learning Principles In CPD, (2) Crafting Objectives For Learning And Change, and (3) Core Principles In Assessment And Evaluation.

PRINCIPAL PRESENTER: Robert Bartel, MSc
The Endocrine Society, 301/941-0259, rbartel@endo-society.org

CO-PRESENTER: Mary Martin Lowe, PhD
Alliance for Continuing Education in the Health Professions, 312/576-6080, mlowe@acehp.org

PRESENTATION METHOD(S): Workshop (*NOTE: The Alliance Basics Seminar is part of a multi-media Basics Program. The Alliance Basics Program includes (1) the Basics Seminar at the 2013 Annual Conference, (2) three Alliance CALLS "Core" online courses, (3) three archived webinars in the Alliance Basics Curriculum, and (4) an online community group. Registration for the Basics Seminars at the Annual Conference enrolls you in the Basics Program and gives you access to all program components!*)

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

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

LEARNER PERCEIVED NEEDS: 8. Basics – from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Identify the skills and attributes needed to develop effective CEHP;
2. Describe strategies for identifying professional practice gaps and associated needs;
3. Formulate performance based objectives;
4. Link assessment methods to activity objectives and desired outcomes
5. Develop strategies to make educationally-sound decisions about learning formats, objectives, and expected results

RECOMMENDED RESOURCES: Resources and Education on http://www.acehp.org/imis15/acme/.

FINANCIAL OR IN-KIND SUPPORT: This educational seminar is supported by an unrestricted educational grant from Alcon Laboratories, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W2, Intensive

TIME/DAY/LOCATION: 8:30 am - 12:00 pm, Wednesday, 1/30/13,
Yerba Buena 3-6/Lower B2

TITLE: Muddy Waters - Gap to Guideline to Measure to Data Collection **($)**

PRINCIPAL PRESENTER: Teena Nelson, MHA
University of Wisconsin School of Medicine and Public Health, 608/240-6006, tmnelson@ocpd.wisc.edu

CO-PRESENTER: Elizabeth Mullikin, MS
University of Wisconsin School of Medicine and Public Health, 608/240-6003, eamullikin@ocpd.wisc.edu

CO-PRESENTER: Jann Balmer, PhD
University of Virginia School of Medicine, 434/924-5950, jbalmer@virginia.edu

PRESENTATION METHOD(S): Workshop; Skills building; Small group

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

CONTENT AREA: 5. Activities must be designed 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.

LEARNER PERCEIVED NEEDS: 7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Identify and/or create an appropriate measure for a PI project
2. Understand the different parts and types of a measures
3. Understand data elements and data sources
4. Identify and/or create data collection tool for a PI project
5. Ensure proper alignment of each of the above

RECOMMENDED RESOURCES:
1. AHRQ National Guideline Clearinghouse - Tutorial on Measures: http://qualitymeasures.ahrq.gov/tutorial/index.aspx
2. Quality and Patient Safety Organization - Measures Definitions: http://qups.org/perf_measure.php

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W3, Intensive

TIME/DAY/LOCATION: 8:30 am - 12:00 pm, Wednesday, 1/30/13, Yerba Buena 10-13/Lower B2

TITLE: Developing an Organizational Education Technology Strategy **($)**

PRINCIPAL PRESENTER: Brandee Plott, CCMEP
Quantum Outcomes, 303/551-9100, bplott@quantum-outcomes.com

CO-PRESENTER: Joseph Kim, MD, MPH
MCM Education, 267/364-0556, ext. 141, jkim@mcmedu.com

CO-PRESENTER: Anne Grupe, MS Ed
American Society of Clinical Oncology, 571/483-1396, anne.grupe@asco.org

CO-PRESENTER: Jeremy Lundberg, MSSW
DLC Solutions, LLC, 267/234-7401, jlundberg@dlc-solutions.com

PRESENTATION METHOD(S): Workshop; Skills building; Small group

COMPETENCY: 2.9 - Provide interactive learning and opportunities to practice skills that lead to change in health care professionals' performance.

CONTENT AREA: 2. New technologies are vital to facilitate delivery of performance improvement activities.

LEARNER PERCEIVED NEEDS: 6. Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Evaluate technology options for planning and collaboration
2. Create a technology value proposition for your organization
3. Encourage adoption of appropriate education technology
4. Evaluate to assess impact of technology on learner outcomes

RECOMMENDED RESOURCES:
1. Instructional Design - http://instructionaldesign.org/
2. Creating a Value Proposition - http://www.mindtools.com/CommSkll/ValueProposition.htm
3. Integrating Adult Learning and Technologies for Effective Education: Strategic Approaches - http://www.amazon.com/Integrating-Learning-Technologies-Effective-Education

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W4, Alliance Member Section Meeting (Federal Health Care Educators – All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 - 5:00 pm, Wednesday, 1/30/13, Foothill F/2nd

TITLE: Member Section Meeting - Federal Health Care Educators

PRINCIPAL PRESENTER: Diana Durham, PhD, FACEHP
US Veterans Affairs Employee Education System, 562/826-5505, ext. 4188, Diana.durham2@va.gov

CO-PRESENTER: Nori Buising, MD
US Army Office of the Surgeon General, 703/681-8036, nori.buising@amedd.army.mil

CO-PRESENTER: Sylvia Scherr, RN, MS
Uniformed Services University of Health Sciences, 301/295-1537, sscherr@usuhs.mil

PRESENTATION METHOD(S): Panel discussion; Case study; Workshop

COMPETENCY: 5.3 - Collaborate and build relationships that support educational improvements for the patient, the health care professionals, and the organization in which the professionals work.

CONTENT AREA: 1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: All

MEMBER SECTIONS: Federal Health Care Educators

OBJECTIVES/OUTCOMES:
1. Describe CE considerations inherent in multiple accreditations
2. Provide 3 out-of-the-box activity examples to adapt/adopt
3. List ways in which Accreditation requirements vary and converge
4. Determine appropriateness of offering multiple accreditations
5. Update staff "back home" on planning for the patient care team

RECOMMENDED RESOURCES: New Alliance for CE in the Health Professions website

PARTICIPANT NOTE SPACE:

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

TIME/DAY/LOCATION: 1:30 - 5:00 pm, Wednesday, 1/30/13, Foothill E/2nd

TITLE: Is This Where I Belong? (Who are We and Where are We Going?)

PRINCIPAL PRESENTER: Vicky Binder
CRSTI, 972/566-4088, vbinder@crsti.org

PRESENTATION METHOD(S): Small group

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

CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: All

MEMBER SECTIONS: Health Care Education Organizations

OBJECTIVES/OUTCOMES:
1. Describe the various challenges CE providers are faced with today.
2. Identify and utilize resources available from ACEHP.
3. Identify other professional organizations outside that enable a broader perspective on issues within the CME enterprise.
4. Establish relationships to assist in advocating for your CME program.

PARTICIPANT NOTE SPACE:

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

TIME/DAY/LOCATION: 1:30 - 5:00 pm, Wednesday, 1/30/13, Yerba Buena 10-13/Lower B2

TITLE: Hospitals and Health Systems Member Section Meeting

PRINCIPAL PRESENTER: Crystal Gyiraszin, MS
Henry Ford Health System, 313/916-8209, cgyiras1@hfhs.org

CO-PRESENTER: Anne Symons, CCMEP
Children's Health Care of Atlanta, 404/785-7833, anne.symons@choa.org

PRESENTATION METHOD(S): Panel discussion; Case study; Small group; Q&A

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

CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS: 1. Regulatory – from Accreditation Council for Continuing Medical Education (ACCME) to Federal Drug Administration (FDA) and Office of Inspector General (IOG)/Institute of Medicine (IOM). Participants want to know how to comply, document, keep up-to-date, and manage conflict of interest (COI).

TARGET AUDIENCE: All

MEMBER SECTIONS: Hospitals and Health Systems

OBJECTIVES/OUTCOMES:
1. Discuss common issues of concern to CME professionals working in hospitals and health systems.
2. Identify opportunities and strategies to position the provider for achievement of accreditation or re-accreditation.
3. Understand and implement methods to enable the provider to achieve accreditation with commendation.
4. Implement suggested solutions presented by colleagues in lectures, panel discussion and small groups.

RECOMMENDED RESOURCES: The ACCME Accreditation Criteria, http://www.accme.org.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W7, Alliance Member Section Meeting (Medical Education Companies Alliance [MECA] formerly Medical Education and Communication Company Alliance [MECCA] - All Conference Participants Welcome)
TIME/DAY/LOCATION: 1:30 - 5:00 pm, Wednesday, 1/30/13, Club/2nd

TITLE: Multidisciplinary CME

FACILITATOR: Johanna Lackner Marx, MSW, MPH, CCMEP
InQuill Medical Communications, LLC, 831/440-8700, johannalackner@inquill.com

PANELIST: Eduardo Salas, PhD
University of Central Florida, 407/882-1325, esalas@ist.ucf.edu

PANELIST: Michael Fox, BSN, RN
University of California-San Francisco, 510/527-5127, perinatal@consultant.com

PRESENTER: Debra Gordon, MS
Debra Gordon Medical Writing, 757/645-2660, debra@debragordon.com

PRESENTATION METHOD(S): Panel discussion

COMPETENCY:
4.1 - Recognize that, when offering learning interventions, health care professionals are part of a team and the system in which they work.
4.2 - Consider a multi-disciplinary focus for needs assessment, educational design, and evaluation, as appropriate.
4.5 - Design activities with a cumulative goal of helping health care professionals, or teams of learners, to adopt change incrementally, assuring there is compatibility with present systems and advantage over present behaviors.
4.3 - Consider healthcare organizational needs and goals when offering continuing education interventions.

CONTENT AREA:
1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.
4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS:
9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.
1. Regulatory – from Accreditation Council for Continuing Medical Education (ACCME) to Federal Drug Administration (FDA) and Office of Inspector General (IOG)/Institute of Medicine (IOM). Participants want to know how to comply, document, keep up-to-date, and manage conflict of interest (COI).

TARGET AUDIENCE: All

MEMBER SECTION: Medical Education Companies Alliance (MECA)

OBJECTIVES/OUTCOMES:
1. Design interdisciplinary medical education activities that address gaps team members' competency
2. Implement interdisciplinary medical education activities that include strategies for effective communication and collaboration
3. Address barriers to effective teamwork among healthcare team members when designing interdisciplinary medical education
4. Identify changes in healthcare policy that will effect continuing medical education
5. Provide a vision of present role and future direction for continuing education based on current healthcare policy

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

TIME/DAY/LOCATION: 1:30 - 5:00 pm, Wednesday, 1/30/13, Nob Hill A-D/Lower B2

TITLE: Medical Schools Member Section Meeting

PRINCIPAL PRESENTER: Ginny Jacobs, MEd, MLS, CCMEP
University of Minnesota, 612/626-7600, gjacobs@umn.edu

PRESENTATION METHOD(S): Panel discussion; Dissemination of research/ findings; Small group

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 continuing education mission.

CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS: 8. Basics – from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Schools

OBJECTIVES/OUTCOMES:
1. Discuss trends and emerging issues in the field of CE
2. Describe innovative responses to the shifting landscape
3. Identify several best practices across peer institutions
4. Establish network with colleagues in the field

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W9, Alliance Member Section Meeting (Medical Specialty Societies – All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 - 5:00 pm, Wednesday, 1/30/13, Yerba Buena 3-6/Lower B2

TITLE: Member Section Meeting - Medical Specialty Societies

PRINCIPAL PRESENTER: Charles Willis, MBA
Clinical Outcomes Improvement, 773/415-0401, charleswillis1@hotmail.com

CO-PRESENTER: Elizabeth Yarboro, BS
American College of Radiology, 703/716-7571, eyarboro@acr.org

CO-PRESENTER: Janice Richards, MA
Richards Professional Development, 202/422-2995, janicerichards9@gmail.com

CO-PRESENTER: Brian Thompson, MBA
American Society for Gastrointestinal Endoscopy, 630/570-5621, bthompson@asge.org

PRESENTATION METHOD(S): Panel discussion; Workshop; Skills building; Small group

COMPETENCY: 6.1 - Provide a vision of present role and future direction for continuing education and health care professionals' roles and responsibilities in continued learning.

CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS: 1. Regulatory – from Accreditation Council for Continuing Medical Education (ACCME) to Federal Drug Administration (FDA) and Office of Inspector General (IOG)/Institute of Medicine (IOM). Participants want to know how to comply, document, keep up-to-date, and manage conflict of interest (COI).

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Specialty Societies

OBJECTIVES/OUTCOMES:
1. Discuss CME planning policies with their physician leaders.
2. Explain the role of the ACCME and how it affects planning actives.
3. Identify strategies to promote team learning.

PARTICIPANT NOTE SPACE:

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

TIME/DAY/LOCATION: 1:30 - 5:00 pm, Wednesday, 1/30/13, Yerba Buena 1-2/Lower B2

TITLE: Staying Ahead of the Curve: IME's Continuous Cycle of Improvement

PRINCIPAL PRESENTER: Hilary Schmidt, PhD
Sanofi, 908/981-5152, hilary.schmidt@sanofi.com

CO-PRESENTER: Jason Singer, PharmD, CCMEP
Lilly USA, LLC, 317/277-8333, singer_jason@lilly.com

PRESENTATION METHOD(S): Panel discussion; Case study; Small group

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

CONTENT AREA: 3. The ever-changing landscape of physician specialty certification and licensure will drive changes in the design and delivery of continuing education.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: All

MEMBER SECTIONS: Industry Alliance for Continuing Education (IACE)

OBJECTIVES/OUTCOMES:
1. Discuss trends and updates relevant to the IACE Membership.
2. Implement strategies to continuous improve IME departments' deliverables and impact.
3. Establish and use internal and external partnerships to address challenges in IME.

RECOMMENDED RESOURCES: McGrath, Rita G. (2012) How the Growth Outliers Do It. Harvard Business Review. Jan-Feb.

PARTICIPANT NOTE SPACE:

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

TIME/DAY/LOCATION: 1:30 - 5:00 pm, Wednesday, 1/30/13, Yerba Buena 14-15/Lower B2

TITLE: State Medical Societies Member Section Meeting

PRINCIPAL PRESENTER: Jackie Lehman, MS
Utah Medical Association, 801/747-3500, jackie@utahmed.org

PRESENTATION METHOD(S): Small group

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

CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS: 1. Regulatory – from Accreditation Council for Continuing Medical Education (ACCME) to Federal Drug Administration (FDA) and Office of Inspector General (IOG)/Institute of Medicine (IOM). Participants want to know how to comply, document, keep up-to-date, and manage conflict of interest (COI).

TARGET AUDIENCE: All

MEMBER SECTIONS: State Medical Societies

OBJECTIVES/OUTCOMES:
1. Share information and best practices with SMS peers
2. Identify a community of SMS colleagues for ongoing collaboration
3. Discuss current issues affecting SMS involvement in CME

RECOMMENDED RESOURCES: ACCME Accreditation Criteria,
http://www.accme.org/requirements/accreditation-requirements-cme-providers/accreditation-criteria.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W12, Alliance Member Section Meeting (Other – All Conference Participants Welcome)

TIME/DAY/LOCATION: 1:30 - 5:00 pm, Wednesday, 1/30/13, Foothill D/2nd

TITLE: Our Trades Hold Educational Relevance

PRINCIPAL PRESENTER: Sandra Weaver, MS (Section Leader)
CME Peer Review, 814/404-7553, sweaver@cmepeerreview.com

CO-PRESENTER: Linda Raichle, PhD
Spectrum Medical Education, 610/565-6170, linda_raichle@spectrummeded.com

PRESENTATION METHOD(S): Panel discussion; Skills building; Small group

COMPETENCY: 6.1 - Provide a vision of present role and future direction for continuing education and health care professionals' roles and responsibilities in continued learning.

CONTENT AREA: 1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: All

MEMBER SECTIONS: Other

OBJECTIVES/OUTCOMES:
1. Discuss the vision statement of the "Other" Member Section
2. Explain the relevance of "Other" services to the CME enterprise
3. Describe the business value of their respective services
4. Identify strategies to develop solution-oriented partnerships

RECOMMENDED RESOURCES: Participants are encouraged to review The Alliance for Continuing Education in the Health Professions' website, specifically the Member Section's description page (http://www.acehp.org/iMIS15/aCME/Membership/Member_Sections/aCME/Membership_Section_Pages/Member_Sections.aspx?hkey=0ef1dd63-6da8-446c-841e-5eb0141f6fcc) so that there is a clear understanding of who each member section is designed for and how the Other member section is different and provides a venue for Companies that do not "fit" into other categories.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W13, Breakout

TIME/DAY/LOCATION: 5:15 - 7:00 pm, Wednesday, 1/30/13, Yerba Buena 3-6/Lower B2

TITLE: Maitland Memorial Lecture and Mentor/Mentee Program

PRINCIPAL PRESENTER: Diana Durham, PhD, FACEHP
US Veterans Affairs Employee Education System, 562/826-5505, ext. 4188, Diana.durham2@va.gov

PRESENTATION METHOD(S): Lecture

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

CONTENT AREA: 8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS: 10. Personal and Staff Development – From conflict management, leadership development, and working with difficult people to work-life balance, staff recruitment and development, and personal growth.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Understand the relevance of mentoring for CE professionals
2. Present useful strategies for mentoring processes

RECOMMENDED RESOURCES: Mentor Mentee Program Materials on Alliance web site

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W14, Breakout

TIME/DAY/LOCATION: 5:15 - 7:00 pm, Wednesday, 1/30/13,
Yerba Buena 3-6/Lower B2

TITLE: Maitland Memorial Lecture and Mentor/Mentee Program

PRINCIPAL PRESENTER: Lawrence Sherman, FACEHP, CCMEP
Prova Education, 646/701-0041, LS@provaeducation.com

PRESENTATION METHOD(S): Small group

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

LEARNER PERCEIVED NEEDS: 10. Personal and Staff Development – From conflict management, leadership development, and working with difficult people to work-life balance, staff recruitment and development, and personal growth.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Enable Mentees to navigate Annual Conference
2. Allow Mentors to address needs of Mentees

RECOMMENDED RESOURCES: Mentor Mentee Program Materials on Alliance web site

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P1, Poster

TIME/DAY/LOCATION: 7:00 am - 4:00 pm, Thursday, 1/31/13;
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Mission Tunnel/B2

TITLE: Behavior, Motivation, and Affecting Change with CME

PRINCIPAL PRESENTER: Michelle Tyner, MS
Med Learning Group, 317/721-2025, michelle@medlearninggroup.com

CO-PRESENTER: Brian McGowan, PhD
Consultant, 610/908-2871, drbrianmcgowan@gmail.com

PRESENTATION METHOD(S): Poster

COMPETENCY: 1.1 - Maintain awareness of current evidence-based adult learning principles.

CONTENT AREA: 5. Activities must be designed 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.

LEARNER PERCEIVED NEEDS: 8. Basics – from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Discuss three behavior change theories that can be applied to CME activities
2. Incorporate behavior change theories into development of CME activities
3. Provide crowd-sourced tool for learners to utilize during educational planning
4. Utilize QR code audio tour of poster
5. Change is difficult when a physician has been doing something certain way for years; there are already so many additional expectations of his/her time. Understanding how adults manage change and what adults do to mitigate transitions is critical to affecting a behavior change. This poster will be an introductory primer of theories and practical applications of behavior and motivation in an illustrative manor. The information presented will be crowd-sourced from both within and outside the CME community.

RECOMMENDED RESOURCES:
1. Fogg B, Hreha J. Behavior wizard: a method for matching target behaviors with solutions. Persuasive Technology. 2010:117-131.
2. Fox RD, Miner C. Motivation and the facilitation of change, learning, and participation in educational programs for health professionals. Journal of Continuing Education in the Health Professions. 1999;19(3):132-141.
3. Pink DH. Drive: the surprising truth about what motivates us. New York, NY: Riverhead Books; 2009.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P2, Poster

TIME/DAY/LOCATION: 7:00 am - 4:00 pm, Thursday, 1/31/13;
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Mission Tunnel/B2

TITLE: Increasing Trust through Transparency: Eliminating the Black Box

PRINCIPAL PRESENTER: Laura Bartolomeo, BS
Pfizer, Inc, 212/733-1232, laura.bartolomeo@pfizer.com

CO-PRESENTER: Amanda Stein, MBA
Pfizer, Inc, 212/733-9016, amanda.j.stein@pfizer.com

CO-PRESENTER: Jaclyn Santora, BS
Pfizer, Inc, 212/733-1972, jaclyn.santora@pfizer.com

PRESENTATION METHOD(S): Poster

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

CONTENT AREA: 6. Innovations to improve the provision of patient care will become the best practices of the future.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Define transparency as it relates to the support of continuing professional development
2. Identify transparency efforts in your organization to improve trust and transparency
3. Identify efforts to increase transparency of commercial supporter processes to increase trust in provider community
4. Describe optimizing communication channels through social media platforms

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P3, Poster

TIME/DAY/LOCATION: 7:00 am - 4:00 pm, Thursday, 1/31/13;
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Mission Tunnel/B2

TITLE: Knowledge Management of DO Physicians and Their Clinical Teams

PRINCIPAL PRESENTER: Kenneth Korber, PA, MHPE
American College of Osteopathic Family Physicians, 800/509-9203, kenk@acofp.org

CO-PRESENTER: Joel Feder, DO, FACOFP
Overland Park Family Health Partners, 913/894-6500, jfeder@kc.rr.com

CO-PRESENTER: Andrew Gross, DO, FACOFP
American College of Osteopathic Family Physicians, 727/734-4000, docgross@verizon.net

CO-PRESENTER: Susan Ledbetter, DO
NSUCOM/Palmetto General Hospital, 954/262-4133, ledbette@nova.edu

PRESENTATION METHOD(S): Dissemination of research/ findings

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

CONTENT AREA: 7. Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Specialty Societies

OBJECTIVES/OUTCOMES:
1. List comparative learning preferences for continuing education
2. Distill knowledge brokering behavior for inter-professional needs
3. Apply program development approaches to a team care model

RECOMMENDED RESOURCES: Moore DE et. al J Contin Educ Health Prof. 2009;29:1-15.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P4, Poster

TIME/DAY/LOCATION: 7:00 am - 4:00 pm, Thursday, 1/31/13;
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Mission Tunnel/B2

TITLE: A Prescription for Redesigning Continuing Pharmacy Education

PRINCIPAL PRESENTER: Anita Young, MEd, RPh
Northeastern University School of Pharmacy, 617/373-5418, a.young@neu.edu

PRESENTATION METHOD(S): Dissemination of research/ findings

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

CONTENT AREA: 8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS: 8. Basics – from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.

TARGET AUDIENCE: All

MEMBER SECTIONS: Industry Alliance for Continuing Education – IACE (formerly PACME)

OBJECTIVES/OUTCOMES:
1. Describe intrinsic and extrinsic motivators to self-directed learning
2. Determine learning activities that encourage self-directed learning
3. Explain the benefits of self-directed learning as it relates to adult learning
4. Relate continuing professional development to self-directed learning
5. Evaluate the pros and cons of changes to the present model of continuing pharmacy education

RECOMMENDED RESOURCES:
1. Hanson, A. L., Bruskiewitz, R. H., & DeMuth, J. E. (2007). Pharmacists' perceptions of facilitators and barriers to lifelong learning. American Journal of Pharmaceutical Education, 71(4).
2. Hanson, A. L., & DeMuth, J. E. (1991). Facilitators and barriers to pharmacists' participation in lifelong learning. American Journal of Pharmaceutical Education, 55(Spring), 20-29.
3. Driesen, A., Simoens, S., & Laekeman, G. (2008). Continuing education programs for pharmacists: No one size fits all. [Article]. Pharmacy Education, 8(1), 37-43. doi: 10.1080/15602210701880143
4. Knowles, M., Holton, E., & Swanson, R. (2005). The adult learner - the definitive classic in adult education and human resource development. San Diego, CA, USA: Elesvier.
5. Macy Foundation. (2008). Continuing education in the health professions: improving healthcare through lifelong learning. In S. Fletcher, M. Hager & S. Russel (Eds.), Continuing Education in the Health Professions: Improving Healthcare through Lifelong Learning (pp. 14-15). Bermuda: Josiah Macy, Jr. Foundation
6. Rouse, M. (2004). Continuing professional development in pharmacy. American Journal of Health-System Pharmacists, 61, 2069-2076.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P5, Poster

TIME/DAY/LOCATION: 7:00 am - 4:00 pm, Thursday, 1/31/13;
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Mission Tunnel/B2

TITLE: Clinical Leadership Development: A 360 Approach

PRINCIPAL PRESENTER: Tiffany Stepien, MHCL
Wesley Medical Center, 316/962-3304, tiffany.stepien@wesleymc.com

CO-PRESENTER: Gina Berg, PhD
Wesley Medical Center, 316/962-3304, gberg@kumc.edu

CO-PRESENTER: Francie Ekengren, MD
Wesley Medical Center, 316/962-2088, francie.ekengren@wesleymc.com

PRESENTATION METHOD(S): Dissemination of research/findings

COMPETENCY: 2.4 - Assist health care professionals to reflect upon present and desired levels of performance and plan the next step in their personal education.

CONTENT AREA: 8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS: 4. Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Examine the need for leadership training of clinical teams
2. Discuss the capability of leaders enabling others to act
3. Review the research outcomes of nurse and physician leaders
4. Model a 360 Leadership Practices Inventory Cycle
5. Discuss future research on leadership practices within healthcare

RECOMMENDED RESOURCES: The Leadership Challenge, 4th Edition by James M. Kouzes and Barry Z. Posner (Paperback - Aug 4, 2008).

FINANCIAL OR IN-KIND SUPPORT: Wesley Medical Center and the Medical Staff of Wesley Medical Center funded the Wesley Leadership Institute and this research.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P6, Poster

TIME/DAY/LOCATION: 7:00 am - 4:00 pm, Thursday, 1/31/13;
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Mission Tunnel/B2

TITLE: When Old Beliefs Won't Budge: Evaluating Entrenched Attitudes and Resistance to Change Among Healthcare Professionals

PRINCIPAL PRESENTER: Carole Drexel, PhD
Potomac Center for Medical Education, 443/539-4071, cdrexel@potomacme.org

CO-PRESENTER: Anne Jacobson, MPH, CCMEP
Potomac Center for Medical Education, 240/393-1811, cmewriter@gmail.com

CO-PRESENTER: Jay Katz, MA, CCMEP
Potomac Center for Medical Education, 410/309-0690, jkatz@rockpointe.com

PRESENTATION METHOD(S): Dissemination of research/ findings

COMPETENCY: 2.5 - Translate health care professionals' needs into measureable objectives.

CONTENT AREA: 5. Activities must be designed 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.

LEARNER PERCEIVED NEEDS: 4. Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Compare the performance of various qualitative and quantitative assessment methods, including pre-activity, post-activity, and follow-up tools, in measuring entrenched beliefs among healthcare professionals
2. Describe the advantages and limitations of specific educational activity formats in addressing entrenched beliefs and facilitating change toward evidence-based clinical practice
3. Identify opportunities to close knowledge and competence gaps with optimal program planning, design, and outcomes measurement, even against a backdrop of entrenched beliefs

FINANCIAL OR IN-KIND SUPPORT: Bristol-Myers Squibb/AstraZeneca

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P7, Poster

TIME/DAY/LOCATION: 7:00 am - 4:00 pm, Thursday, 1/31/13;
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Mission Tunnel/B2

TITLE: How Do Rural HCPs Learn? Comparison of Three Learning Modalities

PRINCIPAL PRESENTER: Jeanette Dunn, RN, EdD
Foundation for Care Management, 206/274-5722, jdunn@fcmcme.org

PRESENTATION METHOD(S): Dissemination of research/findings

COMPETENCY: 2.6 - Consider the learning environment, select and apply learning formats that are effective for health care professionals' learning and meeting the expected outcome.

CONTENT AREA: 7. Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

LEARNER PERCEIVED NEEDS: 6. Technology - from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Compare preferred course modalities – live, webinar and web – with the course outcomes
2. Contrast the rankings in terms of knowledge, competence, HCP performance for the live, webinar, and web
3. Compare average costs per participant of the three modalities
4. Determine most cost-beneficial modality in terms of knowledge, competency, and performance

RECOMMENDED RESOURCES:
1. Whitten, Pamela, et al. "The Journal of Continuing Education in the Health Professions", A comparison of Face-to-Face Vs. Interactive Video CME Delivery Modalities. Vol 18, Issue 2 pp. 93-99, April 2005. http://onlinelibrary.wiley.com/doi/10.1002/chp.1340180205/abstract.
2. Ghyam, M, "Learning Effectiveness: A comparative Study Measure effectiveness of Web-Casting". http://digitallibrary.usc.edu/asetserver/controller/item/etd/Gyam-20007327.pdf.
3. Wutoh, R., Boren, JA, Bulas, EA, "e-Learning: A Review of Internet Based Continuing Medical Education"; Journal Contin Educ Health Prof 2004, winter 24(1) 20-30; http://www.ncbi.nim.nih.gov/pubmed/15069909.

FINANCIAL OR IN-KIND SUPPORT: Pfizer, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P8, Poster (Cancelled)

EDUCATIONAL FORMAT: P9, Poster

TIME/DAY/LOCATION   7:00 am - 4:00 pm, Thursday, 1/31/13;
                        7:00 am - 4:00 pm, Friday, 2/1/13;
                        7:00 - 10:30 am, Saturday, 2/2/13,
                        Yerba Buena Grand Assembly/Lower B2

TITLE: Results of an Educational Algorithm Tool with Specific Case Scenarios

PRINCIPAL PRESENTER: Jim Mortimer
Clinical Care Options, LLC, 571/438-7727, jmortimer@clinicaloptions.com

CO-PRESENTER: Andrew Bowser, ELS, CCMEP
Clinical Care Options, LLC, 610/668-1432, abowser@clinicaloptions.com

CO-PRESENTER: Eric Peterson, EdM, FACEHP
Annenberg Center for Health Sciences-Eisenhower, 760/773-4587, epeterson@annenberg.net

PRESENTATION METHOD(S): Dissemination of research/ findings; Case study

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

CONTENT AREA: 6. Innovations to improve the provision of patient care will become the best practices of the future.

LEARNER PERCEIVED NEEDS: 6. Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Describe novel approach to providing expert recommendations
2. Recognize complex education topics requiring creative solutions
3. List key components of an effective online educational tool

RECOMMENDED RESOURCES:
Ousley AL, et al. J Canc Educ. 2010;25:196-205.
1. Ravdin P, et al. J Clin Oncol 29: 2011 (suppl; abstr 6063).
2. Kim SH, Cho SH. Asia Pac Allergy. 2012 Jan;2(1):26-34.
3. Dryden EM, et al. Clin Pediatr (Phila). 2012 Feb 13.

FINANCIAL OR IN-KIND SUPPORT: The CME-Certified educational program associated with the topic of this poster was supported by educational grants from Pfizer and Genentech.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P10, Poster

TIME/DAY/LOCATION 7:00 am - 4:00 pm, Thursday, 1/31/13;
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Yerba Buena Grand Assembly/Lower B2

TITLE: Effective CME Systems Implementation

PRINCIPAL PRESENTER: Sarah Janesz, MAFM
Cleveland Clinic, 216/444-2577, janeszs@ccf.org

CO-PRESENTER: Steven Kawczak, PhD
Cleveland Clinic, 216/444-2572, kawczas@ccf.org

PRESENTATION METHOD(S): Poster

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

CONTENT AREA: 8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS: 6. Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Identify CME systems and their scope of implementation
2. Apply effective educational strategies to equip users
3. Employ non-educational tools to maximize utilization
4. Highlight successes & challenges faced during implementation

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P11, Poster

TIME/DAY/LOCATION   **7:00 am - 4:00 pm, Thursday, 1/31/13;**
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Yerba Buena Grand Assembly/Lower B2

TITLE: Inter-Professional Competence Measures in Biopharmaceutical Researchers

PRINCIPAL PRESENTER: Caroline Krystek, BS
The Pharmaceutical Education and Research Institute, Inc. (PERI), 703/276-0178, ckrystek@peri.org

PRESENTATION METHOD(S): Dissemination of research/findings; Poster

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.

CONTENT AREA: 5. Activities must be designed 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.

LEARNER PERCEIVED NEEDS: 4. Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Define the concept of learning transfer
2. Measure learning transfer by assessing changes in competence and performance
3. Measure learning transfer in inter-professional programs
4. Assess competence in audiences with diverse backgrounds

RECOMMENDED RESOURCES:
1. Assess CME by Jason Olivieri, MPH: http://assesscme.wordpress.com/2011/02/01/commitment-to-change-ctc-evaluation/.
2. Overton, G.K. & MacVicar, R. (2008). Requesting a commitment to change... J Contin Educ Health Prof, 28:60-66.

FINANCIAL OR IN-KIND SUPPORT: PERI-The Pharmaceutical Education and Research Institute, Inc. conducted this research as part of our continual quality improvement efforts.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P12, Poster

TIME/DAY/LOCATION **7:00 am - 4:00 pm, Thursday, 1/31/13;**
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Yerba Buena Grand Assembly/Lower B2

TITLE: Outcomes Assessment in a Regional Hospital Medicine Program

PRINCIPAL PRESENTER: Margaret Clark, MS, RN, RRT-NPS
Clark Medical Writing, LLC, 404/386-3533, mavclark@bellsouth.net

CO-PRESENTER: Steven Deitelzweig, MD, FACP
Ochsner Health System, 504/842-5766, sdeitelzweig@ochsner.org

CO-PRESENTER: Steve Eckert
CME-University, 847/784-8459, seckert@cme-university.com

CO-PRESENTER: Judith Lenhart, PhD, CMPP
Celgene Corporation, 973/886-9730, jlenhartis@yahoo.com

PRESENTATION METHOD(S): Dissemination of research/findings

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.

CONTENT AREA: 3. The ever-changing landscape of physician specialty certification and licensure will drive changes in the design and delivery of continuing education.

LEARNER PERCEIVED NEEDS: 4. Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Education Companies Alliance (MECA)

OBJECTIVES/OUTCOMES:
1. Comply with ACCME updated assessment requirements - CME University session coordinators prepared a six item pre activity, post activity, and 3 month follow-up survey to assess the knowledge and confidence of participants in a 1 hour regional symposium. The follow-up survey included 2 case based clinical practice questions designed to assess the application of knowledge to a patient scenario and 4 knowledge based questions.
2. Identify gaps in acquired knowledge and clinical application - Session coordinators compared the acquisition of knowledge with its application in a clinical scenario, by asking an identical question twice in different areas of the follow-up survey.
3. Assess the impact of the Education - Mean scores for the pre and post activity were determined and changes in performance calculated as a standardized difference and effect size. The 3 month follow-up survey data was also compared.
4. Review data on CME knowledge sustainability and performance - The mean score of the participants completing the pre activity survey was 63.46% (n = 78, SD: 19.61). The mean post activity score was 67.86% (n = 77, SD: 15.02). The calculated effect size was 0.12496 (Cohen's d = 0.25191). Participants on the follow-up survey indicated that they made changes in their practices based on the education they received (53% had made changes in Diagnosis/

P12, Poster continued

Risk Stratification, and 65% made changes in Treatment/Management (n = 34). On the follow-up survey when asked to select the appropriate "next step" in managing a patient in the case scenario portion of the survey, only 29% of the practitioners selected the correct answer (n = 34). When the question was repeated in the knowledge section, 53% of participants selected the correct answer.

5. Improve clinical application of educational content-. The effect of size of 0.13 suggests that there was a small improvement in knowledge immediately following this educational activity. This improvement in knowledge was sustained in the follow-up survey. However, the data from the clinical application questions confirm the need for ongoing education to assist physicians in applying the knowledge they have acquired to actual clinical decision making. These results document successful knowledge acquisition, followed by variances in clinical application and the need for clinically based education.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P13, Poster

TIME/DAY/LOCATION **7:00 am - 4:00 pm, Thursday, 1/31/13;**
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Yerba Buena Grand Assembly/Lower B2

TITLE: Patient-level Data Showing Effectiveness of Education in Hepatitis B

PRINCIPAL PRESENTER: Denton Chase
Asian Health Communications, 888/520-1813, dchase@ahccom.com

CO-PRESENTER: Ben Whitfield
CE Outcomes, LLC, 205/259-1500, ben.whitfield@ceoutcomes.com

PRESENTATION METHOD(S): Dissemination of research/findings

COMPETENCY: 3.3 - Use data to assess the performance of the health care professionals' office in meeting its mission and organizational goals.

CONTENT AREA: 7. Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

LEARNER PERCEIVED NEEDS: 4. Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Understand how outcomes measured management of patients with Hepatitis B
2. Assess their own education using patient-level data
3. Analyze large data sets to show organized outcomes results

FINANCIAL OR IN-KIND SUPPORT: This study was supported via an educational grant from Bristol-Myers Squibb.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P14, Poster

TIME/DAY/LOCATION   **7:00 am - 4:00 pm, Thursday, 1/31/13;**
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Yerba Buena Grand Assembly/Lower B2

TITLE: Academic Detailing and PI CME - What a Marriage!

PRINCIPAL PRESENTER: Odessa Ussery, MEd, CCMEP
Medical University of South Carolina, 843/876-1925, usseryo@musc.edu

CO-PRESENTER: Sarah Ball, PharmD
South Carolina College of Pharmacy, 803/767-6299, balls@sccp.sc.edu

PRESENTATION METHOD(S): Poster

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

CONTENT AREA: 6. Innovations to improve the provision of patient care will become the best practices of the future.

LEARNER PERCEIVED NEEDS: 7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: Medical Schools

OBJECTIVES/OUTCOMES:
1. Develop a process to incorporate AD into PI CME activities
2. Customize AD initial and follow up visits for specific PI CME activity
3. Reinforce key points and address barriers through AD follow up visit

RECOMMENDED RESOURCES:
1. O'Brien, MA et al. Educational outreach visits: effects on professional practice and health care outcomes. Cochrane Database of Systematic Reviews, 2007; Issue 4. Art. No.: CD000409.
2. Avorn J and Fischer M. Bench to behavior. Health Affairs. 2010; 29(10):1891-900.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P15, Poster

TIME/DAY/LOCATION **7:00 am - 4:00 pm, Thursday, 1/31/13;**
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Yerba Buena Grand Assembly/Lower B2

TITLE: Clinician Adherence to Disease Prevention Guidelines

PRINCIPAL PRESENTER: Carolyn Skowronski, PharmD
pmiCME, (Division of DBC Pri-Med), 617/406-4280, cskowronski@pmicme.org

CO-PRESENTER: Marissa Seligman, PharmD, CCMEP
pmiCME, (Division of DBC Pri-Med), 617/406-4288, mseligman@pmicme.org

PRESENTATION METHOD(S): Dissemination of research/findings

COMPETENCY: 3.5 - Promote continuous improvement as an administrative skill for the staff of the health care professions' office.

CONTENT AREA: 8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS: 7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Identify 3 clinician interventions that can prevent CA or CVD
2. Use an assessment tool on clinician adherence to guidelines
3. Evaluate clinician adherence performance annually

RECOMMENDED RESOURCES: 3 published CA/CVD disease prevention guidelines - TBD

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P16, Poster

TIME/DAY/LOCATION   7:00 am - 4:00 pm, Thursday, 1/31/13;
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Yerba Buena Grand Assembly/Lower B2

TITLE: PI-CME Addressing Imaging in Low Back Pain: Overuse Overturned?

PRINCIPAL PRESENTER: Susan Szpunar, MPH, DrPH
St. John Hospital and Medical Center, 313/343-7838, susan.szpunar@stjohn.org

CO-PRESENTER: Steven Minnick, MD, MBA
St. John Hospital and Medical Center, 313/343-3823, steven.minnick@stjohn.org

CO-PRESENTER: Nancy DeRita
St. John Hospital and Medical Center, 313/343-3877, nancy.derita@stjohn.org

PRESENTATION METHOD(S): Dissemination of research/findings; Skills building

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

CONTENT AREA: 5. Activities must be designed 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.

LEARNER PERCEIVED NEEDS: 7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Identify a practice gap suitable for a PI-CME activity
2. Develop measurement tools and identify data sources
3. Develop educational interventions and tools
4. Interpret outcomes for the PI-CME project
5. Reflect upon lessons learned, use findings to improve system

RECOMMENDED RESOURCES: http://www.ama-assn.org/resources/doc/cme/pra-booklet.pdf

FINANCIAL OR IN-KIND SUPPORT: This activity was funded through an educational grant from Pfizer to the Association of Hospital Medical Education (AHME) to support PI-CME activities for AHME member institutions. AHME retains full control over the distribution of individual grants under this collaborative grant program.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P17, Poster

TIME/DAY/LOCATION 7:00 am - 4:00 pm, Thursday, 1/31/13;
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Yerba Buena Grand Assembly/Lower B2

TITLE: Stepwise, Comprehensive Inter-professional Multidisciplinary Educational Approach for Improving Immunization Rates in Adults

PRINCIPAL PRESENTER: Michelle Bonnarens, PharmD
ASHP Advantage, 260/338-0025, mbonnarens@ashp.org

CO-PRESENTER: Julie Webb, BSPharm
American Society of Health-System Pharmacists, 571/223-1658, jwebb@ashp.org

CO-PRESENTER: Catherine Klein, BSPharm
ASHP Advantage, 248/723-8840, cnklein@ashpadvantage.com

PRESENTATION METHOD(S): Panel discussion; Case study

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

CONTENT AREA: 6. Innovations to improve the provision of patient care will become the best practices of the future.

LEARNER PERCEIVED NEEDS: 7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Describe educational interventions and strategies to engage the entire inter-professional team in screening patients' immunization status in the inpatient setting
2. Explain potential challenges when educating health care professionals from a variety of disciplines
3. Describe limitations and barriers in closing practice gaps taking into account the perspectives of various members of the health care team

RECOMMENDED RESOURCES:
1. Moore DE, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. J Cont Educ Health Prof.2009; 29(1):1-15.
2. McWilliam CL. Continuing education at the cutting edge: promoting transformative knowledge translation. J Cont Educ Health Prof. 2007; 27:27-9.

FINANCIAL OR IN-KIND SUPPORT: The activities described in this poster were funded by an educational grant from Pfizer, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P18, Poster

TIME/DAY/LOCATION **7:00 am - 4:00 pm, Thursday, 1/31/13;**
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Yerba Buena Grand Assembly/Lower B2

TITLE: Medication Education Strategies In & Outside the Pharmacy Walls

PRINCIPAL PRESENTER: Kathleen Cubera, RPh, BSPharm
Summa Health System, 330/375-6113, cuberak@summahealth.org

CO-PRESENTER: Jacqueline Ewald, PharmD, BCPS
Summa Health System, 330/375-6138, ewaldj@summahealth.org

CO-PRESENTER: Barbara Weisensell, RPh, BSPharm
Summa Health System, 330/375-4080, weisenselb@summahealth.org

PRESENTATION METHOD(S): Poster

COMPETENCY: 4.3 - Consider health care organizational needs and goals when offering continuing education interventions.

CONTENT AREA: 8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS: 8. Basics – from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Use skills activities for continuing professional development
2. Provide learning opportunities to pharmacists
3. Develop competencies for pharmacy technicians
4. Include allied professions/physicians in selected offerings
5. Encourage professional growth of pharmacy students/residents

RECOMMENDED RESOURCES:
1. Core Compentencies for Interprofessional Collaborative Practice May 2011(Interprofessional Education Collaborative).
2. Teaching Strategies Promoting Active Learning in Healthcare Education, Journal of Education & Human Development 2007.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P19, Poster

TIME/DAY/LOCATION **7:00 am - 4:00 pm, Thursday, 1/31/13;**
                              7:00 am - 4:00 pm, Friday, 2/1/13;
                              7:00 - 10:30 am, Saturday, 2/2/13,
                              Yerba Buena Grand Assembly/Lower B2

TITLE: Pressure Ulcer Rates Lower at Maine Hospital with CME/QI Partnership

PRINCIPAL PRESENTER: Kathryn Bourgoin, MD
Eastern Maine Medical Center, 207/941-2373, kbourgoin@emh.org

CO-PRESENTER: Mary Blish,RN
Eastern Maine Medical Center, 207/973-7303, mblish@emh.org

PRESENTATION METHOD(S): Poster

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 continuing education mission.

CONTENT AREA: 6. Innovations to improve the provision of patient care will become the best practices of the future.

LEARNER PERCEIVED NEEDS: 7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

TARGET AUDIENCE: All

MEMBER SECTIONS: Hospitals and Health Systems

OBJECTIVES/OUTCOMES:
1. Learn why attending the Hospital Quality Improvement meeting is important for Needs Assessment. Pressure ulcers were identified as important to address, since this is required by JCAHO (Joint Commission on Hospital Accreditation).
2. How to pick CME topics based on the Hospital Quality Improvement needs. We brought an expert doctor from Boston to our rural hospital to do CME on pressure ulcers for doctors and nurses.
3. How to gather data before and after CME to show improvement. The rates of pressure ulcers went down after the CME program, and have stayed down for almost a year.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P20, Poster

TIME/DAY/LOCATION 7:00 am - 4:00 pm, Thursday, 1/31/13;
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Yerba Buena Grand Assembly/Lower B2

TITLE: Collaboration among CME, Risk Management and the Quality Office

PRINCIPAL PRESENTER: Rasa Williamson
University of Florida, 352/733-0064, rsimkus@ufl.edu

CO-PRESENTER: Laura Gruber, MBA, MHS
University of Florida, 352/265-8309, grubela@ufl.edu

CO-PRESENTER: Marvin Dewar, MD, JD
University of Florida, 352/265-8309, dewarma@ufl.edu

PRESENTATION METHOD(S): Poster

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 continuing education mission.

CONTENT AREA: 6. Innovations to improve the provision of patient care will become the best practices of the future.

LEARNER PERCEIVED NEEDS: 7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Discuss partnership among CME, Risk Management and Hospital Quality
2. List key success factors in a CME quality awards program
3. Plan the development of a collaborative quality awards program

RECOMMENDED RESOURCES:
1. CMS Core Measures
2. Physician Quality Reporting System
3. UHC Quality Scorecard
4. National Quality Foundation
5. National Patient Safety Foundation

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P21, Poster

TIME/DAY/LOCATION **7:00 am - 4:00 pm, Thursday, 1/31/13;
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Yerba Buena Grand Assembly/Lower B2**

TITLE: Cardiovascular Update: Raising the Bar for Program Evaluation beyond Learner Satisfaction

PRINCIPAL PRESENTER: Anna Jones, BS, RCP, CCMEC
Southern Kentucky Area Health Education Center (AHEC), 606/864-1432, ajones@soahec.org

PRESENTATION METHOD(S): Poster

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

CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Describe continuing education limitations when evaluating training program impact
2. Review American Nurses Credentialing Center's (ANCC's), Kentucky Medical Associations and the Alliance for Continuing Education in Health Professions standard for program evaluation
3. Discuss implementation of pre and post assessment for knowledge presented during Cardiovascular Update program

FINANCIAL OR IN-KIND SUPPORT: Not Applicable

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P22, Poster

TIME/DAY/LOCATION **7:00 am - 4:00 pm, Thursday, 1/31/13;**
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Yerba Buena Grand Assembly/Lower B2

TITLE: Managing Continuing Education Efficiencies through Intra-Institutional Collaboration

PRINCIPAL PRESENTER: Pauline Sylvester, MBA
Jefferson Medical College of Thomas Jefferson University, 215/955-5945, pauline.sylvester@jefferson.edu

CO-PRESENTER: Kathleen O'Neill, MSN, RN
Thomas Jefferson University Hospital, 215/503-0998, Kathleen.Oneill@jeffersonhospital.org

CO-PRESENTER: Jeanne Cole, EdD
Jefferson Medical College of Thomas Jefferson University, 215/955-8411, jeanne.cole@jefferson.edu

PRESENTATION METHOD(S): Poster

COMPETENCY: 5.3 - Collaborate and build relationships that support educational improvements for the patient, the health care professionals, and the organization in which the professionals work.

CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS: 8. Basics – from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Schools

OBJECTIVES/OUTCOMES:
1. Identify accreditation and documentation criteria and develop shared systems to meet them
2. Address inter-professional educational needs in the planning and delivery of activities
3. Recognize the mutual benefits of intra-institutional collaboration and their impact on activities
4. Build on new relationships and identify opportunities for future collaboration

RECOMMENDED RESOURCES: A handout will be provided.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P23, Poster

TIME/DAY/LOCATION **7:00 am - 4:00 pm, Thursday, 1/31/13;**
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Yerba Buena Grand Assembly/Lower B2

TITLE: Planning Timeline: A Tool for Successful Course Management

PRINCIPAL PRESENTER: Vicki Klein, BS
Mayo Clinic-Rochester, 507/266-7992, klein.vicki@mayo.edu

CO-PRESENTER: Julie Reed, BA
Mayo Clinic-Rochester, 507/266-2821, reed.julie1@mayo.edu

PRESENTATION METHOD(S): Poster

COMPETENCY: 7.3 - Provide appropriate logistics for educational activities to enhance the educational experience.

CONTENT AREA: 2. New technologies are vital to facilitate delivery of performance improvement activities.

LEARNER PERCEIVED NEEDS: 8. Basics – from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Apply timeline to satisfy ACCME accreditation criteria
2. Effectively schedule tasks for CME activity planning
3. Provide current status updates to stakeholders

RECOMMENDED RESOURCES: Planning timeline-available upon request from presenters.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P24, Poster

TIME/DAY/LOCATION   7:00 am - 4:00 pm, Thursday, 1/31/13;
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Yerba Buena Grand Assembly/Lower B2

TITLE: Collaboration for Recruiting Observers to Monitor CME Activities

PRINCIPAL PRESENTER: Jack Dolcourt, MD, MEd
University of Utah School of Medicine, 801/581-6887, jack.dolcourt@hsc.utah.edu

CO-PRESENTER: Brad Halvorsen, MA
University of Utah School of Medicine, 801/585-6120, brad.halvorsen@hsc.utah.edu

PRESENTATION METHOD(S): Case study; Poster presentation

COMPETENCY: 7.7 - Apply effective management skills including problem solving, communication and interpersonal skills, performance management, delegation and supervision, and organizational development.

CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS: 1. Regulatory – from Accreditation Council for Continuing Medical Education (ACCME) to Federal Drug Administration (FDA) and Office of Inspector General (IOG)/Institute of Medicine (IOM). Participants want to know how to comply, document, keep up-to-date, and manage conflict of interest (COI).

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Identify & collaborate with external partners for greater efficiency
2. Manage finances and staff resources when providing oversight
3. Monitor activities for SCS compliance in a cost-efficient manner

RECOMMENDED RESOURCES: http://www.accme.org/cme-providers/maintaining-your-accreditation/maintaining-compliance-accme-monitoring

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P25, Poster

TIME/DAY/LOCATION **7:00 am - 4:00 pm, Thursday, 1/31/13;**
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Yerba Buena Grand Assembly/Lower B2

TITLE: Perceived and Unperceived Needs of Medical School Faculty

PRINCIPAL PRESENTER: David Dixon, MD, MClSc, FCFP
University of Western Ontario, 519/850-2904, ddixon@uwo.ca

PRESENTATION METHOD(S): Dissemination of research/findings

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

CONTENT AREA: 8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS: 3. Needs Assessments – from how to design and interpret needs assessments to how to better glean true practice gaps and performance measures.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Schools

OBJECTIVES/OUTCOMES:
1. Differentiate perceived and unperceived learning needs
2. Demonstrate delphi methodology for prioritizing needs
3. Use learning needs to develop a personalized learning plan
4. Develop educational programs reflective of participant needs
5. Implement learning strategies for geographic and role based needs

RECOMMENDED RESOURCES: Continuing Professional Development Needs Assessment Program (CPD-NAP), University of Western Ontario, 519-850-2904, Dave Dixon (ddixon@uwo.ca) - a needs assessment process for professionals in faculty and health learning needs.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P26, Poster

TIME/DAY/LOCATION 7:00 am - 4:00 pm, Thursday, 1/31/13;
7:00 am - 4:00 pm, Friday, 2/1/13;
7:00 - 10:30 am, Saturday, 2/2/13,
Yerba Buena Grand Assembly/Lower B2

TITLE: Learner Driven CME and Outcomes Measurement: Impacting COPD Prevention in Indiana

PRINCIPAL PRESENTER: Alexander Djuricich, MD
Indiana University School of Medicine, 317/274-0104, adjurici@iupui.edu

CO-PRESENTER: Christine Darling, BS
Indiana University School of Medicine, 317/274-5179, tdarling@iupui.edu

CO-PRESENTER: Monica Armin, BA, BS
Indiana University School of Medicine, 317/274-8353, marmin@iupui.edu

PRESENTATION METHOD(S): Dissemination of research/findings; Case study

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

CONTENT AREA: 1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 4. Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Schools

OBJECTIVES/OUTCOMES:
1. Understand why learner-driven programming is most effective for CME courses.
2. Understand how learner-driven programming can best impact clinical and patient outcomes (e.g., format preferences of the audience).
3. Outline best practices for accurate assessment/evaluation of CME courses: needs assessment; practice gaps; transfer of knowledge to practice; identify barriers to achieve performance in practice and improving healthcare outcomes.
4. Learn how the process was applied to a recent CME activity about COPD at the Indiana University School of Medicine.

RECOMMENDED RESOURCES:
1. Centers for Disease Control and Prevention. Tobacco Control State Highlights 2010. Atlanta; U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
2. Indiana State Department of Health. Available at: www.chronicdisease.isdh.in.gov Accessed April 19, 2011.
3. Moore DE Jr, Cervero RM, Fox R. A conceptual model of CME to address disparities in depression care. JCEHP 2007;27:40-54.
4. Indiana University School of Medicine Division of CME. 2008 Smoking Cessation Needs Assessment.
5. Shannon S. Adult learning and CME. Lancet 2003;361:266.
6. Yawn, BP; Optimizing Chronic Obstructive Pulmonary Disease Management in Primary Care. Southern Medical Journal 104: 121-127, 2011.

PARTICIPANT NOTE SPACE:

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

TIME/DAY/LOCATION: 8:30 - 10:00 am, Thursday, 1/31/13, Yerba Buena 7-9/Lower B2

TITLE: Building a Post Flexnerian Workforce **(Invited Abstract)**

STORY: All health professional work in the US – education, practice, regulation – still labors under the paradigm laid out by Abraham Flexner just over 100 years ago. While revolutionary for its day, it severely limits the adaptability of today's health professional communities to the challenges of the 21st Century. The presentation asks what revolutionary thoughts might Flexner have today, how do we limit ourselves, where will innovation be sourced in the future, and what can be done to leverage change in the health professions to respond to these challenges.

PRINCIPAL PRESENTER: Ed O'Neil, PhD, MPA, FAAN
O'Neil and Associates, 415/834-8761, herringoneil@gmail.com

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Understand how the Flexnerian model for the health professional limits us today.
2. Ask and answer the question, "What would Flexner do today?".
3. Identify the drivers of innovation in health care for the future.
4. Describe and understand what we can do to move our professions to positions of strategic success.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T2, Breakout

TIME/DAY/LOCATION: 10:30 - 11:30 am, Thursday, 1/31/13, Yerba Buena 7-9/Lower B2

TITLE: The Commercial Support Drama in Three Acts

PRINCIPAL PRESENTER: Debra Gist, MPH
American Academy of Dermatology, 847/240-1697, dgist@aad.org

CO-PRESENTER: Kimberly Gregory, PhD
GlaxoSmithKline, 919/483-2736, kimberly.n.gregory@gsk.com

CO-PRESENTER: Maureen Doyle-Scharff, MBA
Pfizer, Inc., 212/733-6360, maureen.doyle-scharff@pfizer.com

CO-PRESENTER: Julie White, MS
Boston University School of Medicine, 617/638-4605, jlwhite@bu.edu

PRESENTATION METHOD(S): Panel discussion; Case study; Role play

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

CONTENT AREA: 6. Innovations to improve the provision of patient care will become the best practices of the future.

LEARNER PERCEIVED NEEDS: 5. Finances – from how to write a grant to how to use industry grant sites, how to manage resources to budget reconciliation, with questions in between (e.g., finding new resources of revenue and asking learners to pay for education).

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Describe challenges faced by both providers & supporters.
2. Identify key reasons grant proposals are unsuccessful.
3. Delineate tips for preparing a competitive grant proposal.
4. Assess your CME Program on compliance and effectiveness.
5. Formulate CME strategies for improving patient health.

RECOMMENDED RESOURCES: Saxton M. A view from industry: The foundations of future commercial support and a call for action. JCEHP; Volume 29, Issue 1, Winter 2009, Pages: 71–75, Mike Saxton.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T3, Breakout

TIME/DAY/LOCATION: 10:30 - 11:30 am, Thursday, 1/31/13,
Nob Hill A-B/Lower B2

TITLE: Successes and Pitfalls of Needs Assessments

STORY: This breakout session will share experiences and best practices in developing needs assessments. A refresher on the basics of an educational needs assessment will be offered, and our collective challenges and accomplishments will be highlighted. This session is meant for CME professionals assisting content experts through the education development process, as it can be difficult to complete a needs assessment when you're not the content expert. CME professionals need to be equipped and prepared to gather key information from content experts to help assess gaps in practice and develop educational needs. The goal is to help participants apply practical solutions in their own settings to create successful needs assessments that comply with regulatory requirements. The strategy and planning tools from the Cleveland Clinic Center for Continuing Education and Beaumont Health System will be reviewed as examples to developing educational needs.

PRINCIPAL PRESENTER: Steven Kawczak, PhD
Cleveland Clinic, 216/444-2572, kawczas@ccf.org

CO-PRESENTER: Brooke Taylor, MPH
Beaumont Health System, 248/551-0908, brooke.taylor@beaumont.edu

PRESENTATION METHOD(S): Case study; Workshop; Skills building

COMPETENCY: 2.2 - Identify health care professionals' learning needs using data, especially clinical practice data.

CONTENT AREA: 5. Activities must be designed 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.

LEARNER PERCEIVED NEEDS: 3. Needs Assessments – from how to design and interpret needs assessments to how to better glean true practice gaps and performance measures.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Define an educational need assessment
2. Identify strategies to address gaps in practice
3. Review tools providers can use to help identify gaps and needs
4. Share experiences in developing needs assessments

RECOMMENDED RESOURCES:
1. Shannon, Susan, "Needs assessment for CME," The Lancet - 15 March 2003 (Vol. 361, Issue 9361, Page 974).
2. Davis, Dave, et. al., eds. The Continuing Professional Development of Physicians (AMA Press, 2003) - Section I "Deciding what to do."

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T4, Breakout

TIME/DAY/LOCATION: 10:30 - 11:30 am, Thursday, 1/31/13,
Yerba Buena 1-2/Lower B2

TITLE: Development of a Medical Education Wiki (MEkipedia)

PRINCIPAL PRESENTER: Dale Kummerle, PharmD
Bristol-Myers Squibb, 609/897-5801, dale.kummerle@bms.com

PRESENTATION METHOD(S): Dissemination of research/findings

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

CONTENT AREA: 8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS: 6. Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Identify strategies used to incorporate combined expertise
2. Describe the process of developing an internal training program
3. Discuss the change management process and identified barriers
4. Describe the outcomes achieved from wiki section stewardship
5. Identify future directions for this platform

RECOMMENDED RESOURCES: This is a presentation which will discuss how learners can utilize technology such as SharePoint to develop a medical education wiki for the purpose of sharing medical education expertise across a global organization.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T5, Breakout

TIME/DAY/LOCATION: 10:30 - 11:30 am, Thursday, 1/31/13, Yerba Buena 3-4/Lower B2

TITLE: Take This Job and LOVE It!

PRINCIPAL PRESENTER: Stephen Lewis, MA, CCMEP
Global Education Group, 303/395-1782, slewis@globaleducationgroup.com

CO-PRESENTER: Nancy Paynter, MBA, CCMEP
Genentech, IMED, 650/225-7707, npaynter@gene.com

PRESENTATION METHOD(S): Dissemination of research/findings; Case study; Workshop; Skills building; Small group

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

CONTENT AREA: 8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS: 10. Personal and Staff Development – From conflict management, leadership development, and working with difficult people to work-life balance, staff recruitment and development, and personal growth.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Identify steps to improve workplace performance and success
2. Apply career management and growth tools personally
3. Identify effective tools to improve career success

RECOMMENDED RESOURCES: Help Wanted: A Complete Guide to Career Success. Lewis, Stephen and Gill, Ann. Waveland Press. 1995.

FINANCIAL OR IN-KIND SUPPORT: Turning Technologies, ARS requested

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T6, Breakout

TIME/DAY/LOCATION: 10:30 -11:30 am, Thursday, 1/31/13,
Yerba Buena 5-6/Lower B2

TITLE: Learning for Life: Insights from Medical Education Research

STORY: This is a practical, informative session for people from all Alliance member sections. Participants will leave the session better prepared to create educational plans that reflect best available educational research in the needs assessments, activity designs, and outcome measures. You will also be better prepared to help faculty incorporate educational research findings and principles into the education, and to engage in educational research. And you will be better prepared to evaluate the appropriateness and relevance of educational research that is cited in needs assessments, educational plans or outcome evaluations. In short – to help assure that continuing education for health professionals reflects current research and best practices.

PRINCIPAL PRESENTER: Mindi McKenna, PhD, MBA
American Academy of Family Physicians (AAFP), 913/906-6000, mmckenna@aafp.org

PRESENTATION METHOD(S): Dissemination of research/findings; Skills building

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

CONTENT AREA: 7.Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

LEARNER PERCEIVED NEEDS: 4.Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Apply outcomes research in planning medical education
2. Design learning activities based on educational research

RECOMMENDED RESOURCES:
1. Fordis et al. Comparison of instructional efficacy of Internet and live CME. JAMA 2005;294(9):1043-51.
2. Moore et al. Achieving desired results and outcomes. JCEHP 2009 Winter;29(1):1.
3. Wagner, SJ, Oandasan, I. Research for Interprofessional Competency-Based Evaluation (RICE). Journal of Interprof Care. 2008. 23(3), 297-300.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T7, Breakout

TIME/DAY/LOCATION: 10:30 -11:30 am, Thursday, 1/31/13, Yerba Buena 10-11/Lower B2

TITLE: Redefining Hope: An Inter-professional Team-Based Palliative Medicine Program Case Study

STORY: The Jahna Haldeman-Foland Memorial Lecture Series is dedicated to demystifying the myths and misconceptions surrounding palliative medicine and hospice, while promoting patient-centered practices for spiritual, physical, cultural, and emotional comfort of patient's managing life-limiting illnesses. Educational programs designed to strengthen provider-patient relationships, increase provider competencies/performance within end-of-life care patient services, and identify role clarification of colleagues through a patient's continuum of care.

PRINCIPAL PRESENTER: Bruce Ellsweig, MD
Lehigh Valley Health Network, 610/969-0300, bruce.ellsweig@lvhn.org

CO-PRESENTER: Marciann Albert, BA
Lehigh Valley Health Network, 610/402-2587, marciann.albert@lvhn.org

PRESENTATION METHOD(S): Case study; Workshop

COMPETENCY: 5.3 - Collaborate and build relationships that support educational improvements for the patient, the health care professionals, and the organization in which the professionals work.

CONTENT AREA: 1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Discuss the struggles health care providers working in end-of-life care and palliative medicine face when trying to convey hope in realistic terms to patients and their families.
2. Cite 2 benefits of utilizing inter-professional partnerships in the development and/or design of end-of-life care and palliative medicine activities.
3. Summarize how inter-professional team-based programs can enhance professional advancement, performance improvement, and personal growth.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T8, Breakout

TIME/DAY/LOCATION: 10:30 -11:30 am, Thursday, 1/31/13, Nob Hill C-D/Lower B2

TITLE: Leveraging Change in Learner Preferences and New Technologies to Effect Better Outcomes

PRINCIPAL PRESENTER: Philip Bellman, MPH
The Permanente Medical Group-Northern CA, 510/625-2425, Philip.Bellman@kp.org

CO-PRESENTER: Carol Havens, MD
The Permanente Medical Group-Northern CA, 510/625-3317, Carol.Havens@kp.org

PRESENTATION METHOD(S): Dissemination of research/findings; Workshop

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

CONTENT AREA: 7. Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

LEARNER PERCEIVED NEEDS: 4. Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Discuss findings of 2012 learning preference survey of 7,000 physicians in an integrated healthcare system
2. Assess the implications of shifting physician demographics and learning preferences on CME/CPD programs
3. Identify opportunities to employ multi-interventional educational strategies and leverage new technologies
4. Provide education that is more effective, interactive, and aligned with the rapidly changing learning preferences of younger clinicians

RECOMMENDED RESOURCES:
1. Wentz DK, editor. Continuing Medical Education: Looking Back, Planning Ahead. Dartmouth College Press, Lebanon, NH; 2011.
2. Bickel J. Working Together: Turning Generational Differences into Strengths. San Francisco Medical Society; October 2009. http://www.sfms.org

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T9, Breakout

TIME/DAY/LOCATION: 10:30 -11:30 am, Thursday, 1/31/13, Yerba Buena 12-13/Lower B2

TITLE: Education and Quality Improvement: The ACP Immunization Advisor

PRINCIPAL PRESENTER: Yodit Beru, MPH
American College of Physicians, 202/261-4586, yberu@acponline.org

CO-PRESENTER: Laura Lee Hall, PhD
American College of Physicians, 202/261-4559, drlauraleehall@gmail.com

CO-PRESENTER: Michael Barr, MD, MBA
American College of Physicians, 202/261-4531, mbarr@acponline.org

CO-PRESENTER: Thomas Stringham
Hot Tomali, 604/788-8347, tstringham@cientis.com

PRESENTATION METHOD(S): Case study

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

CONTENT AREA: 2. New technologies are vital to facilitate delivery of performance improvement activities.

LEARNER PERCEIVED NEEDS: 6. Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Review the key steps to developing a smart phone application for health care education and quality improvement.
2. Discuss health care provider views and use of smart phone technology for education and quality improvement.
3. Consider the impact of a smart phone application on learning, practice, and outcomes.
4. Identify future opportunities for using smart phone applications in education and quality improvement.

RECOMMENDED RESOURCES: http://immunization.acponline.org

FINANCIAL OR IN-KIND SUPPORT: Unrestricted educational grants from Sanofi-Pasteur, Merck Vaccines, and Pfizer, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T10, Breakout

TIME/DAY/LOCATION: 10:30 -11:30 am, Thursday, 1/31/13, Yerba Buena 14-15/Lower B2

TITLE: How to Improve and Engage Your CME Committee

PRINCIPAL PRESENTER: Marc Jackson, MD, MBA
Intermountain Healthcare, 801/442-3930, marc.jackson@imail.org

CO-PRESENTER: Susan DuBois, CPCS
Intermountain Healthcare, 801/442-2840, susan.dubois@imail.org

CO-PRESENTER: SarahAnn Whitbeck, MBA
Intermountain Healthcare, 801/442-3934, sarahann.whitbeck@imail.org

PRESENTATION METHOD(S): Workshop

COMPETENCY: 7.5 - Develop a management culture of the office reflecting a collaborative, service oriented, continuous improvement system that meets the needs of the health care professionals served, the organization of the CE program, and the accreditation standards.

CONTENT AREA: 1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Discuss methods to improve engagement of committee members
2. Select ideal members for interdisciplinary education
3. Review electronic application submission process
4. Present strategies to deal with opposing opinions and/or conflict
5. Provide tools to enhance members' knowledge of CEHP principles

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T11A, B, C, Office Hours

TIME/DAY/LOCATION: **10:30 - 10:45 am, 10:50 - 11:05 am, and**
11:10 - 11:25 am, Thursday, 1/31/13,
Foothill B/2nd

TITLE: Commercial Support/Pharma and Device
(All Paid Participants Who Signed-up for This Time Slot Welcome)

STORY: Remember when you signed up for an appointment with a college professor, seeking feedback, advice, or just a quick answer? Because of our ACEHP "professors" the attendees at the 2013 Annual Conference will have the same opportunity – a chance to sign-up for an appointment with professors who have expertise in a variety of topics. We have three rooms set aside and a total of six time slots allocated to Office Hours. Each appointment will be for 15 minutes! This is YOUR chance to ask that burning question, get some sage advice, or float a new idea.

PRINCIPAL PRESENTER: Jacqueline Mayhew, MS, CCMEP
Pfizer, Inc., 347/244-5164, jacqueline.mayhew@pfizer.com

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T12A, B, C, Office Hours

**TIME/DAY/LOCATION: 10:30 - 10:45 am, 10:50 - 11:05 am, and
11:10 - 11:25 am, Thursday, 1/31/13,
Foothill H/2nd**

TITLE: In-World Education
(All Paid Participants Who Signed-up for This Time Slot Welcome)

STORY: Remember when you signed up for an appointment with a college professor, seeking feedback, advice, or just a quick answer? Because of our ACEHP "professors" the attendees at the 2013 Annual Conference will have the same opportunity – a chance to sign-up for an appointment with professors who have expertise in a variety of topics. We have three rooms set aside and a total of six time slots allocated to Office Hours. Each appointment will be for 15 minutes! This is YOUR chance to ask that burning question, get some sage advice, or float a new idea.

PRINCIPAL PRESENTER: Cynthia Kear, MDiv, CCMEP
California Academy of Family Physicians, 415/586-6660, ckear@familydocs.org

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T13A, B, C, Office Hours

TIME/DAY/LOCATION: 10:30 - 10:45 am, 10:50 - 11:05 am, and 11:10 - 11:25 am, Thursday, 1/31/13, Foothill A/2nd

TITLE: Technology Help Desk #1
(All Paid Participants Who Signed-up for This Time Slot Welcome)

STORY: Remember when you signed up for an appointment with a college professor, seeking feedback, advice, or just a quick answer? Because of our ACEHP "professors" the attendees at the 2013 Annual Conference will have the same opportunity – a chance to sign-up for an appointment with professors who have expertise in a variety of topics. We have three rooms set aside and a total of six time slots allocated to Office Hours. Each appointment will be for 15 minutes! This is YOUR chance to ask that burning question, get some sage advice, or float a new idea.

PRINCIPAL PRESENTER: Anne Grupe, MS Ed
American Society of Clinical Oncology, 571/483-1396, anne.grupe@asco.org
AC Technology Committee

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T14, Intensive

TIME/DAY/LOCATION: 1:00 - 2:45 pm, Thursday, 1/31/13, Foothill G/2nd

TITLE: Transforming the CME Enterprise: Strategies, Tactics, and a Model

PRINCIPAL PRESENTER: Chitra Subramaniam, PhD
Duke Clinical Research Institute, 919/401-1205, chitra.subramaniam@duke.edu

CO-PRESENTER: Katherine Grichnik, MD
Duke Clinical Research Institute, 919/401-1203, grich002@mc.duke.edu

CO-PRESENTER: Joseph Green, PhD
Professional Resource Network Inc, 919/918-4999, prn.jgreen@mindspring.com

CO-PRESENTER: Maureen Doyle-Scharff, MBA
Pfizer Inc, 740/815-9870, maureen.doylescharff@pfizer.com

PRESENTATION METHOD(S): Panel discussion; Case study; Workshop; Small group

COMPETENCY: 6.1 - Provide a vision of present role and future direction for continuing education and health care professionals' roles and responsibilities in continued learning.

CONTENT AREA: 5. Activities must be designed 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.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Apply appropriate 'value propositions' to guide the strategic planning of your CPD organization
2. Use 'transformational self-assessment instruments' to determine your organization's highest area of educational need to initiate the desired changes
3. Apply the 'knowledge management' conceptual framework to align, design and deliver a transformed strategic vision for your organization and your colleague organizations
4. Develop a plan on how your CPD Office can reach out within the parent organization and outside the organization to other CPD groups or other possible collaborators to enhance your ability to impact the quality of care provided by your health professionals
5. Share the information from all participating Specialty Societies, Hospitals, Medical Education/Communication Companies, Medical Schools and other Health Professional organizations with next year's Alliance planning committee and the Almanac and Journal of CE in the Health Professions.

RECOMMENDED RESOURCES:
1. Leist, J., Green, J., Kristofco, R.,The meaning and value of continuing medical education, Page 359, chapter 31 from the book Continuing Medical Education: Looking back, Planning ahead by Wentz,D., Dartmouth Press, 2011.
2. Zack, M., Developing a Knowledge Strategy. California Management Review, Vol. 41, No. 3, Spring, 1999, pp. 125-145.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T15, Mini-Plenary

TIME/DAY/LOCATION: 1:15 - 2:15 pm, Thursday, 1/31/13,
Yerba Buena 7-9/Lower B2

TITLE: Fill Your Energy Bucket: Be Creative, Engaged and Resilient!
(Invited Abstract)

STORY: You want to be ready to take on the challenges and may even save the world. Yet . . . You sometimes feel caught between the pit and the pendulum of decreasing resources and increasing demands. You know that brilliant leaders don't do things better, they do things differently. Yet . . . You can get tired and depleted, doing Good. This session will be different. This one is for *you*! Why? Because so much depends upon you – at work, home, community and beyond. Simply put, their experience depends on you. If you are OK, they are likely to be OK. That's our goal. Together, we will create a story full of real-life examples, applicable data, and practical tips. We will weave these into a framework of fundamentals such as values, smart health practices, and essential elements of personal, professional, and organizational renewal. The idea is for you to be in good shape with plenty of energy and set to go.

PRINCIPAL PRESENTER: Linda Hawes Clever, MD, MACP
President, RENEW
Clinical Professor, UCSF
Associate Dean of Alumni Affairs, Stanford University School of Medicine
415/600-3321, Linda.clever@ucsf.edu

PRESENTATION METHOD(S): Quick presentation followed by small group discussions and a recap of discussion

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Expand abilities to contend with change, uncertainty, and surprises
2. Recognize limits and how to set them
3. Discover essential elements in reaching fulfillment and even joy
4. Outline proven health practices used by effective leaders

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T16, Breakout

TIME/DAY/LOCATION: 1:15 - 2:15 pm, Thursday, 1/31/13,
Yerba Buena 1-2/Lower B2

TITLE: From Social Media to Social Learning Metrics: Designing and Developing Innovative Web-Based CME/CE Activities

PRINCIPAL PRESENTER: Venkat Gullapalli, MD
Medikly, 201/984-3332, vg@medikly.com

CO-PRESENTER: Joseph Kim, MD
Medical Communications Media, 215/518-5587, mdjoekim@gmail.com

CO-PRESENTER: Lisa Fleet, MA, Dip.Ad.Ed, BEd
Memorial University, 709/777-4293, lfleet@mun.ca

PRESENTATION METHOD(S): Panel discussion/dissemination of research findings; Case study

COMPETENCY: 2.6 - Consider the learning environment, select and apply learning formats that are effective for health care professionals' learning and meeting the expected outcome.

CONTENT AREA: 2. New technologies are vital to facilitate delivery of performance improvement activities.

LEARNER PERCEIVED NEEDS: 6. Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Identify relevant social learning metrics that can be used to inform the design and development of CME/CE activities.
2. Reflect on best practices/lessons learned from using IT.
3. Discuss how to apply appropriate social learning metrics to assess the impact of CME/CE activities.

RECOMMENDED RESOURCES:
1. Sherman L. Using social media in CME/CPD: principles and practices [Internet]. Ottawa: 3rd National CPD Accreditation Conference: 2011 September [cited 2012 March 15]. Available from: http://www.cfpc.ca.
2. Social Learning Handbook by Jane Hart.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T17, Breakout

TIME/DAY/LOCATION: 1:15 - 2:15 pm, Thursday, 1/31/13,
Yerba Buena 3-4/Lower B2

TITLE: How Learner Confidence Influences Learning Outcomes

PRINCIPAL PRESENTER: Karyn Ruiz-Cordell, MA, PhD (ABD)
RealCME, 646/380-8482, kruizcordell@realcme.com

CO-PRESENTER: David Clausen, CCMEP
RealCME, 646/380-8494, dclausen@realcme.com

PRESENTATION METHOD(S): Panel Discussion; Dissemination of research/findings

COMPETENCY: 2.4 - Assist health care professionals to reflect upon present and desired levels of performance and plan the next step in their personal education.

CONTENT AREA: 5. Activities must be designed 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.

LEARNER PERCEIVED NEEDS: 8. Basics – from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Generate more meaningful confidence assessments
2. Assess how differences in learner confidence influence learner engagement
3. Accurately assess the impact of learner confidence on other learning domains

RECOMMENDED RESOURCES: Cask, B., Mitchner, N.A., & Ravyn, D. Confidence-based learning CME: overcoming barriers in irritable bowel syndrome with constipation. JCEHP. 2011; 31(3): 157-164.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T18, Breakout

TIME/DAY/LOCATION: 1:15 - 2:15 pm, Thursday, 1/31/13, Nob Hill A-B/Lower B2

TITLE: Managing Outcomes: Assessing Gaps and Barriers through Needs Assessment

STORY: On Monday, you will have the foundation to explore a comprehensive needs assessment using mixed qualitative and quantitative methods. You will be able to determine whether you wish to utilize these methods for existing and future projects. You will be able to assess your own organization's needs relative to conducting such a needs assessment. And you will be able to make decisions as to whether this is capability you wish to build internally or use expertise outside your organization.

PRINCIPAL PRESENTER: Tom McKeithen, MBA
Healthcare Performance Consulting, Inc, 904/529-6571, mckeithen@changingperformance.com

CO-PRESENTER: Floyd Pennington, PhD
CTL Associates, Inc., 770/506-8150, ctlassoc@mindspring.com

CO-PRESENTER: Andrew Urban, MD
University of Wisconsin School of Medicine and Public Health, 608/240-2149, awurban@wisc.edu

CO-PRESENTER: Mikayla Barlett, CCMEP
American Urological Association, 410/689-3795, mbarlett@auanet.org

CO-PRESENTER: Sheila Robertson, MPH
CME Enterprise, 785/883-4417, sheila_robertson@cmeenterprise.com

CO-PRESENTER: Amy Holthusen
Interstate Postgraduate Medical Association, 608/237-6695, aholthusen@ipmameded.org

PRESENTATION METHOD(S): Panel discussion; Dissemination of research/findings; Skills building

COMPETENCY: 2.2 - Identify health care professionals' learning needs using data, especially clinical practice data.

CONTENT AREA:
5. Activities must be designed 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.
7. Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

LEARNER PERCEIVED NEEDS: 3. Needs Assessments – from how to design and interpret needs assessments to how to better glean true practice gaps and performance measures.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Select effective strategies for conducting needs assessments
2. Choose new assessment methods to use with their learners
3. Discuss educational strategies to address knowledge and performance gaps

T18, Breakout continued

RECOMMENDED RESOURCES:
1. A resource may be available closer to January 2013 as a publication is currently being written/submitted.
2. Queeney, D "Assessing Needs In Continuing Education - An Essential Tool for Quality Improvement". Jossey-Bass Publishers, 1995.ISBN 0-7979-0059-1.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T19, Breakout

TIME/DAY/LOCATION: 1:15 - 2:15 pm, Thursday, 1/31/13, Yerba Buena 5-6/Lower B2

TITLE: The Seven AMA Learning Formats

STORY: Accredited providers are expected to know and follow not only accreditation standards but also the requirements of the AMA for awarding *AMA PRA Category 1 Credit*™. By knowing more about approved learning formats, providers and those designing instruction can better select teaching methods to optimize learning. Faculty in this session will review, not only basics, but will also discuss such things as minimum performance level requirements and credit statement wording protocol for each of the seven learning formats.

PRINCIPAL PRESENTER: Barbara Huffman, MEd
American Medical Association, 312/464-4677, barbara.huffman@ama-assn.org

CO-PRESENTER: Mary Kelly
American Medical Association, 312/464-4668, mary.kelly@ama-assn.org

PRESENTATION METHOD(S): Case study; Mini-lecture intermixed with case examples

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

CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS: 1. Regulatory – from Accreditation Council for Continuing Medical Education (ACCME) to Federal Drug Administration (FDA) and Office of Inspector General (IOG)/Institute of Medicine (IOM). Participants want to know how to comply, document, keep up-to-date, and manage conflict of interest (COI).

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Describe in depth the requirements for each of the seven (7) approved AMA learning formats to assure that providers comply with changes to the AMA PRA credit system.
2. Discuss and apply knowledge of the specific requirements to case examples to illustrate best practices when designating AMA PRA Category 1 Credit™ for live activities, enduring materials, journal CME, test item writing, manuscript review, performance improvement activities, and internet point of care CME.

RECOMMENDED RESOURCES: www.ama-assn.org/go/prabooklet

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T20, Breakout

**TIME/DAY/LOCATION: 1:15 - 2:15 pm, Thursday, 1/31/13,
Nob Hill C-D/Lower B2**

TITLE: When PI Attacks! Learning from Challenges

PRINCIPAL PRESENTER: Andrew Crim
University of North Texas Health Sciences Center-Fort Worth, 817/735-2644, andrew.crim@unthsc.edu

CO-PRESENTER: Sean Hayes, PsyD
AXDEV Group, 888/282-9338, hayess@axdevgroup.com

CO-PRESENTER: Biagina-Carla Farnesi, MSc.
AXDEV Group, 888/282-9338, farnesic@axdevgroup.com

CO-PRESENTER: Pamela McFadden
University of North Texas Health Sciences Center-Fort Worth, 817/735-2581, pam.mcfadden@unthsc.edu

PRESENTATION METHOD(S): Case study; Small group

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

CONTENT AREA: 1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Learnings from a PI-CME initiative and strategies for success
2. Raised awareness on potential obstacles when engaging professionals in a PI-CME initiative
3. Increased knowledge on developing a communication process with external partners
4. Improved understanding of roles and responsibilities in a partnership

FINANCIAL OR IN-KIND SUPPORT: This program and case study were supported by an educational grant from Pfizer.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T21, Breakout

TIME/DAY/LOCATION: 1:15 - 2:15 pm, Thursday, 1/31/13, Yerba Buena 10-11/Lower B2

TITLE: The Impact of Practice-Based Assessments and Training

STORY: Practice-based learning is best defined as work-based learning, in contrast to classroom or theory-based learning, and typically includes a combination of theory and experience-based strategies. The literature reflects the limitations of just theory or observational training and the Accreditation Council for Graduate Medical Education (ACGME) has added practice-based learning and improvement as one of its core competencies. This session will discuss how to engage in practice-based quality improvement for healthcare providers, including pharmacists, through two case examples relating to diabetes and obesity health care. It is designed to offer participants a sense for the spectrum of processes involved in practice-based quality improvement; including needs assessment, implementation of educational activities, evaluation of outcomes/impacts, and sustainability of quality improvements. Participants will be provided with an opportunity to reflect on how the practice-based strategies discussed can translate into their own areas of work.

PRINCIPAL PRESENTER: Kristen Binaso, BPharm, RPH, CCP, ASCP
American Pharmacists Association, 973/881-7941, kbinaso@aphanet.org

PRINCIPAL PRESENTER: Victoria Chien, PhD, MBA
University of South Carolina SOM-PHR CME Organization, 803/434-4998, victoria.chien@uscmed.sc.edu

CO-PRESENTER: Terry Dex, PharmD
Sanofi us, 908/981-5178, terry.dex@sanofi.com

CO-PRESENTER: Tina Kehoe, MAEd, CCMEP
Medical University of South Carolina COM, 843/876-1925, kehoet@musc.edu

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

CONTENT AREA: 6. Innovations to improve the provision of patient care will become the best practices of the future.

LEARNER PERCEIVED NEEDS: 4. Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:
1. Outline the components of practice based assessments and training
2. Evaluate the programs for interactive activity that leads to quality improvement
3. Utilize an iterative assessment approach as a learning intervention
4. State the impact of the educational activities from the learners perspective
5. State the impact/outcomes of the educational activities on patient care and at the practice level

METHODS: This session will use case presentations and dialogue with participants to achieve its objectives.

T21, Breakout continued

RECOMMENDED READING:

1. Abel C, Ruddy D, Kober S, Ruggerio J. Changing Performance among Practicing Pharmacists through Comprehensive Educational Initiatives. *CE Measure*. 2010. ;4:4-9.
2. AHRQ.(2007). Effectiveness in continuing medical education. Evidence Report No. 149.
3. Fera T, Bluml B, Ellis W. Diabetes Ten City Challenge: Final Economic and Clinical Results. *J Am Pharm Assoc*. 2009.49:e52-e60.
4. Moore, D.E., Green, J.S., and Gallis, H.A. (2009) Achieving Desired Results and Improved Outcomes: Integrating Planning and Assessment Throughout Learning Activities. JCEHP, 29(1):1-15.
5. Skelton JB. DOTxMed: Pharmacist-delivered interventions to improve care for patients with diabetes. *J Am Pharm Assoc* (2003). 2012 Jan-Feb;52(1):25-33.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T22, Breakout

TIME/DAY/LOCATION: 1:15 - 2:15 pm, Thursday, 1/31/13, Yerba Buena 12-13/Lower B2

TITLE: Budgets and More: Managing CME/CPD Program Finances

PRINCIPAL PRESENTER: Sarah Janesz, MAFM
Cleveland Clinic, 216/444-2577, janeszs@ccf.org

CO-PRESENTER: Molly Mooney, BS
Cleveland Clinic, 216/448-0920, mooneym2@ccf.org

PRESENTATION METHOD(S): Panel discussion

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

CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS: 5. Finances – from how to write a grant to how to use industry grant sites, how to manage resources to budget reconciliation, with questions in between (e.g., finding new resources of revenue and asking learners to pay for education).

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Discuss financial mgmt tools and systems for a CME/CPD Program
2. Formulate methods to ensure effective budgeting techniques are utilized
3. Identify ways to accurately manage activity revenue and expense
4. Describe the value of employing precise financial reconciliation practices
5. Develop strategies to leverage financial data for evaluating CME/CPD activities

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T23, Intensive

TIME/DAY/LOCATION: 2:45 - 5:00 pm, Thursday, 1/31/13, Foothill G/2nd

TITLE: Improving Development and Engagement: The ART of Creating Compliant Planning Documents

PRINCIPAL PRESENTER: Pam Beaton, BS
Savvy CME Consulting, 207/769-9422, pam@savvycmeconsulting.com

CO-PRESENTER: Sarah Shimer, MPH
The Permanente Federation, LLC, 510/271-6446, Sarah.A.Shimer@kp.org

CO-PRESENTER: Steven Folstein, MEd
American Academy of Allergy, Asthma & Immunology, 414/272-6071, sfolstein@aaaai.org

CO-PRESENTER: Scott Hershman, MD, CCMEP
HCA-HealthONE Denver Hospital System, 303/584-6006, Scott.Hershman@HealthONEcares.com

PRESENTATION METHOD(S): Panel discussion; Workshop; Skills building; Small group

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

CONTENT AREA: 1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 8. Basics – from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Evaluate current planning process and identify areas for improvement
2. Develop a planning mechanism to meet the needs of the organization
3. Incorporate adult learning principles and accreditation criteria into a planning process/mechanism
4. Utilize strategies to ensure that planning and evaluation processes meet accreditation requirements
5. Describe organizational and program requirements and expectations concisely for multiple outside stakeholders

RECOMMENDED RESOURCES:
1. ACCME's Examples of Compliance and Non-Compliance http://accme.org/requirements/accreditation-requirements-cme-providers/examples-compliance-noncompliance
2. ACCME's Accreditation Criteria http://accme.org/requirements/accreditation-requirements-cme-providers/accreditation-criteria

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T24 , Mini-plenary

TIME/DAY/LOCATION: 2:45 - 3:45 pm, Thursday, 1/31/13,
Yerba Buena 7-9/Lower B2

TITLE: Turning Medical Education Inside Out and Upside Down
(Invited Abstract)

STORY: Continuing education in the health professions needs to change. It is not about evolution versus revolution or academic versus private; it is all about meeting the educational needs of the learners. And there are a lot of them. We have established an environment of educational isolation, where learners are taught separately although they work collaboratively. These learners each have their own individual learning style, system (or lack thereof) and an overall journey. This highly engaging and interactive session will follow a TED-like style, in which opportunities for improving learner journeys and ultimately patient outcomes will be provided, discussed and maybe even debated! Participants will be forced to think about what was, what is, and what should be.

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES: At the conclusion of the session, learners will be better able to:
• Review the current state of lifelong learning in healthcare
• Outline opportunities for improving educational methodologies and strategies for improving learner experiences in continuing education in the health professions
• Address some of the challenges faced by medical educators when addressing the educational needs of interdisciplinary audiences

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T25, Breakout

DAY/TIME/LOCATION: 2:45 - 3:45 pm, Thursday, 1/31/13,
Yerba Buena 1-2/Lower B2

TITLE: Unprofessional Confessional: The Perks and Pitfalls of Social Media
(Invited Abstract)

STORY: We know what social media is … we use Facebook, Twitter, Yammer, and other SM tools for play and for work. But, are there ways to optimize our use of these tools? What are their powers? How can we be more efficient with SM? And how can they be misused? What are the ethics around health care professionals' use of SM tools with patients? How should we counsel students? Join us for stories and insights as we discuss these important questions.

PRINCIPAL PRESENTER: Robin Heyden
Heyden Ty, 781/772-1308, robinheyden@gmail.com

CO-PRESENTER: Jay Lee, MD, MPH
Long Beach Memorial Family Medicine Residency Program, 562/933-0012, eejaywon@gmail.com

PRESENTATION METHOD(S): Quick presentation followed by small group discussions and a recap of discussion.

COMPETENCY AREAS:
2. Educational Interventions
8. Self-assessment and Lifelong Learning

CONTENT AREA: 8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS: 8. Technology –From use of IT in organizations to use of IT to deliver information, from social media and web education to ARS and innovation for engagement.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:
• Develop greater efficiency and effectiveness with social media tools
• Define the ethical line for social media for you and your organization, and develop guidelines for your learners to assist them in best practices of SM use.
• Create a support group of colleagues for ongoing discussion, guidance, benchmarking, and more.

RECOMMENDED READING:
• AMA Guidelines
• British Medical Association Guidelines
• http://socialmediagovernance.com/policies.php

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T26, Breakout

TIME/DAY/LOCATION: 2:45 - 3:45 pm, Thursday, 1/31/13, Yerba Buena 3-4/Lower B2

TITLE: Learner-Centered CME and Patient-Centered Care

PRINCIPAL PRESENTER: Laura Filla, MEd
American Academy of Family Physicians (AAFP), 913/906-6000, ext. 6558, lfilla@aafp.org

CO-PRESENTER: Kathy Marian, MEd
American Academy of Family Physicians (AAFP), 913/906-6000, ext. 6540, kmarian@aafp.org

CO-PRESENTER: Wes James, MEd
American Academy of Family Physicians (AAFP), 913/906-6000, ext. 6537, wjames@aafp.org

PRESENTATION METHOD(S): Case study; Small group

COMPETENCY: 2.6 - Consider the learning environment, select and apply learning formats that are effective for health care professionals' learning and meeting the expected outcome.

CONTENT AREA: 6. Innovations to improve the provision of patient care will become the best practices of the future.

LEARNER PERCEIVED NEEDS: 8. Basics – from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Construct learner-centered educational objectives and outcomes
2. Create learner-centered online learning
3. Help medical faculty and CME producers to see these parallels
4. Help medical faculty/CME producers develop learner-centered CME
5. Models that move learners to patient-centered medical care model

RECOMMENDED RESOURCES:
1. C.A., et. al.. Fam Med. 2011;43(10):740-2.
2. Frohna AZ, et. al. Acad Med. 2006;81(11):975-8.
3. Menachery EP, et. al. Med Teach. 2008;30(5):e137-44.
4. Regan-Smith M, et. al. Teach Learn Med. 2007;19(3):278-86.
5. Smith RC, et. al. Patient Educ Couns. 2000;39(1):27-36.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T27, Breakout

TIME/DAY/LOCATION: 2:45 - 3:45 pm, Thursday, 1/31/13, Yerba Buena 5-6/Lower B2

TITLE: Stories of Leadership in CE in the Health Professions

PRINCIPAL PRESENTER: Mary Martin Lowe, PhD
Alliance for Continuing Education in the Health Professions, 312/576-6080, mlowe@acehp.org

CO-PRESENTER: Jacob Coverstone
The International Society for Magnetic Resonance in Medicine, 510/ 841-1899, jacob@ismrm.org

CO-PRESENTER: Teena Nelson, MHA
University of Wisconsin School of Medicine and Public Health, 608/240-6006, tmnelson@ocpd.wisc.edu

CO-PRESENTER: Robyn Snyder, BA
American College of Cardiology, 202/375-6534, rsnyder@acc.org

PRESENTATION METHOD(S): Panel discussion; Workshop; Small group

COMPETENCY: 6.1 - Provide a vision of present role and future direction for continuing education and health care professionals' roles and responsibilities in continued learning.

CONTENT AREA: 8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS: 10. Personal and Staff Development – From conflict management, leadership development, and working with difficult people to work-life balance, staff recruitment and development, and personal growth.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Describe the 5 Key Leadership Practices from Kouzes and Posner's framework, The Leadership Challenge
2. Compare one's own leadership practices to stories told by colleagues who participated in the Alliance's Leadership Program
3. Identify how embracing opportunities for leadership development and growth can further enhance one's own abilities, improve relationships with colleagues, increase personal productivity, and advance organizational performance
4. Create a personal leadership development plan for 2013 that outlines goals to achieve and initial steps to achieve those goals

RECOMMENDED RESOURCES: Kouzes, J. M. & Posner, B.Z. (2008). The Leadership Challenge, 4th Edition. San Francisco, CA: Jossey-Bass.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T28, Breakout

TIME/DAY/LOCATION: 2:45 - 3:45 pm, Thursday, 1/31/13, Yerba Buena 10-11/Lower B2

TITLE: Using Public Health Data to Develop Targeted Needs Assessment

STORY: We're from the government and we're here to help is a cliché and often a punch line, but in CME its true when it comes to needs assessment. Dave Davis, MD once said "all CME is local" and government healthcare data can target needs assessment right down to your zip code. Since the government covers a significant percentage of healthcare costs, they have become very good at tracking and publishing this data. Attending this presentation will provide you with the publicly available resources to target your educational needs on a national, regional and local level. An article from the October 2012 Almanac *Use of Public Health Data in Gap Analysis* will be provided as a handout, so you will be able to utilize this data immediately.

PRINCIPAL PRESENTER: George Mejicano, MD, MS
University of WI, 608/240-204, mejicano@wisc.edu

CO-PRESENTER: Robert Meinzer, BS
NJ Academy of Family Physicians, 651/636-2729, rlmeinz@visi.com

PRESENTATION METHOD(S): Dissemination of research/findings; Skills building

COMPETENCY: 2.2 - Identify health care professionals' learning needs using data, especially clinical practice data.

CONTENT AREA: 7. Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

LEARNER PERCEIVED NEEDS: 3. Needs Assessments – from how to design and interpret needs assessments to how to better glean true practice gaps and performance measures.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Identify agencies that provide national healthcare data
2. Recognize sites that report state level healthcare performance
3. Locate organizations that publish healthcare disparities data
4. Apply Hospital Compare data to needs assessment
5. Develop needs assessment based on County Health Rankings

RECOMMENDED_RESOURCES:
1. http://www.cdc.gov/nchs/data/hus/hus10.pdf
2. http://www.ahrq.gov/qual/nhqr10/nhqr10.pdf
3. http://www.ahrq.gov/qual/nhdr10/nhdr10.pdf
4. http://www.hospitalcompare.hhs.gov/staticpages/help/hospital-resources.aspx

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T29, Breakout

TIME/DAY/LOCATION: 2:45 - 3:45 pm, Thursday, 1/31/13, Yerba Buena 12-13/Lower B2

TITLE: Building Capacity for Interprofessional Collaborative Practice through an Innovative Continuing Health Education Program

STORY: Ever wondered how to design, implement and evaluate a technology-enhanced program to teach health care students and faculty how to work effectively in an interprofessional team? This breakout session will provide participants with the framework for developing and integrating learning modules that address the interprofessional education competencies: patient-centred communication, roles and responsibilities, collaborative decision making, shared leadership, team functioning and interprofessional conflict management. Participants will leave the session energized and armed with strategies and tools to teach any or all of these interprofessional competencies for collaborative, patient-centred practice in a variety of educational settings.

PRINCIPAL PRESENTER: Christie Newton, MD, CCFP, FCFP
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CO-PRESENTER: Victoria Wood, MA
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PRESENTATION METHOD(S): Dissemination of research/findings; Workshop; Skills building

COMPETENCY: 5.3 - Collaborate and build relationships that support educational improvements for the patient, the health care professionals, and the organization in which the professionals work.

CONTENT AREA: 1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Describe community based practitioners' interprofessional professional development (IP-PD) needs
2. Outline the Interprofessional collaborative learning series (IP-CLS)
3. Critique the effectiveness of the IP-CLS as an IP-PD model
4. Identify opportunities for IP-PD in their own contexts
5. Implement strategies for IP-PD

RECOMMENDED RESOURCES: This workshop will give participants the opportunity to explore ways to incorporate interprofessional learning into existing professional development (PD) strategies within their own context through describing a case example from the University of British Columbia College of Health Disciplines, the Interprofessional Collaborative Learning Series (IP-CLS). www.chd.ubc.ca.

FINANCIAL OR IN-KIND SUPPORT: The IP-CLS was developed, implemented and piloted through a Teaching and Learning Enhancement fund of the University of British Columbia.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T30, Breakout

TIME/DAY/LOCATION: 2:45 - 3:45 pm, Thursday, 1/31/13, Nob Hill A-B/Lower B2

TITLE: Improving Your Performance in PI-CME

PRINCIPAL PRESENTER: Harvey Parker, PhD, CCMEP
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CO-PRESENTER: Jeremy Lundberg, MSSW
DLC Solutions, LLC, 267/234-7401, jlundberg@dlc-solutions.com

CO-PRESENTER: Stephen Burton, MS
CE Outcomes LLC, 205/259-1512, stephen.burton@ceoutcomes.com

CO-PRESENTER: Michael Adler
MyCME, 215/690-4826, michael.adler@myCME.com

CO-PRESENTER: Gregg Sherman, MD
National Association for Continuing Education (NACE), 954/723-0057, gsherman@naceonline.com

PRESENTATION METHOD(S): Dissemination of research/findings; Skills building

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.

CONTENT AREA: 8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS: 7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Identify barriers to successful implementation of PI-CME
2. Describe strategies to increase success in PI-CME
3. Discuss importance of linking measures to interventions
4. Designing a customized IT platform for your PI-CME
5. Using multiple outcomes strategies to evaluate of your PI-CME

RECOMMENDED RESOURCES: Kahn, N., Bagley, B., Tyler, S. (2007) Performance improvement CME: Core of the new CME, CPPD Report, Spring 2007 (22) http://www.ama-assn.org/resources/doc/cme/cppd22.pdf.

FINANCIAL OR IN-KIND SUPPORT: This abstract was based on a PI-CME activity entitled: ADHD in Adults: Making Exam Room Decisions. This was supported by an educational grant from Lilly USA, LLC. For further information concerning Lilly grant funding visit www.lillygrantoffice.com.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T31, Breakout

TIME/DAY/LOCATION: 2:45 - 3:45 pm, Thursday, 1/31/13, Yerba Buena 14-15/Lower B2

TITLE: The Paperless CME Activity File: Electronic Performance-in-Practice

STORY: If you're an accredited CE provider, you probably either know or are anticipating how much time and effort will go into preparing activity files for reaccreditation. If you have ever been in the position to review CE activity files, you know how difficult it can be to keep track of compliance evidence, especially across activities. If you can relate to either (or both!) of these scenarios, you will want to make time in your schedule on Thursday afternoon for a very practical session on the ins-and-outs of creating paperless CME activity files! This is not just a hypothetical good idea – staff from the American Society of Clinical Oncology created a new model for paperless CME files that were approved by the ACCME for reaccreditation submission, ended up making the file assembly process much more efficient, and received great feedback from reviewers! Not to mention that in this digital age, it's nice to be able to eliminate the printer and go green. If you're looking for suggestions that you can actually implement in your office on Monday, this session definitely fits the bill!

PRINCIPAL PRESENTER: Anne Grupe, MS Ed
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CO-PRESENTER: Sean Malone, BS
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CO-PRESENTER: Carey Beth Catalino, BA
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CO-PRESENTER: Acacia McKenna, MS
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PRESENTATION METHOD(S): Panel discussion

COMPETENCY: 7.5 - Develop a management culture of the office reflecting a collaborative, service oriented, continuous improvement system that meets the needs of the health care professionals served, the organization of the CE program, and the accreditation standards.

CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS: 6. Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Transition from paper in documenting ACCME compliance
2. Compare technology options for CME file maintenance
3. Develop user-friendly electronic submissions for reaccreditation
4. Use technology to increase transparency of CME processes

RECOMMENDED RESOURCES:
1. Starting & Running a Wiki Website - http://en.wikibooks.org/wiki/Starting_and_Running_a_Wiki_Website
2. Guide to the Reaccreditation Process - http://www.accme.org/news-publications/publications/materials-support-pre-application-and-accreditation-processes/guide

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T32, Breakout

**TIME/DAY/LOCATION: 2:45 - 3:45 pm, Thursday, 1/31/13,
Nob Hill C-D/Lower B2**

TITLE: A Catalyst for Change: Results in a New Approach to Grant Support

PRINCIPAL PRESENTER: Laura Bartolomeo, BS
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CO-PRESENTER: Jaclyn Santora, BS
Pfizer, Inc, 212/733-1972, jaclyn.santora@pfizer.com

PRESENTATION METHOD(S): Dissemination of research/findings; Small group

COMPETENCY: 2.5 - Translate health care professionals' needs into measureable objectives.

CONTENT AREA: 6. Innovations to improve the provision of patient care will become the best practices of the future.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Identify transparency efforts in your organization to improve trust and transparency
2. Describe a streamlined grant funding support process leveraging a Request for Proposal (RFP) model
3. Identify opportunities to maximize value and impact in your organization to improve patient care

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T33, Breakout

TIME/DAY/LOCATION: 4:00 - 5:00 pm, Thursday, 1/31/13, Yerba Buena 7-9/Lower B2

TITLE: WIIFM?: How to Communicate Effectively as a CPD Professional

PRINCIPAL PRESENTER: Teri Evans, CCMEP
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CO-PRESENTER: Morris Blachman, PhD
University of South Carolina SOM-Palmetto Health Richland CME Org, 803/434-4211, morris.blachman@uscmed.sc.edu

PRESENTATION METHOD(S): Workshop; Skills building; Small group

COMPETENCY: 5.4 - Apply effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

CONTENT AREA: 1. Inter-professional and/or team-based learning and care require application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Communicate effectively with a variety of stakeholders
2. Communicate to achieve full participation from stakeholders
3. Synthesize differences into a common set of objectives
4. Communicate to achieve results regardless of venue/context

RECOMMENDED RESOURCES: Evidence in the learning organization GE Crites, MC McNamara, EA Akl, WS Richardson,CA Umscheid and J Nishikawa Health Research Policy and Systems 2009, 7:4 doi:10.1186/1478-4505-7-4. This article is available from: http://www.health-policy-systems.com/content/7/1/4

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T34, Breakout

TIME/DAY/LOCATION: 4:00 - 5:00 pm, Thursday, 1/31/13, Nob Hill A-B/Lower B2

TITLE: Evaluating Evaluations: Developing Evaluations to Assess Outcomes

STORY: Evaluations are a routine part of a continuing medical education (CME) program, yet they are expensive, difficult to construct, time consuming to analyze and their reliability can often be questioned. Our presentation will address the "Why, What, Who and How" of CME evaluations. The rationale for evaluations will be reviewed. Specifically, why is it important to have an effective evaluation of a CME course? An effective evaluation tool should help determine whether or not the educational gap or gaps have been addressed. It needs to be determined what specifically is important to be evaluated in a CME course. The educational portion of the program is obviously needs to be evaluated, however the success of a course may depend on many other factors including the course location, audiovisual services, meals, registration services, quality of syllabus, etc. Multiple individuals contribute to a successful CME course and who should be evaluated in a CME production will be reviewed. Currently a variety of types of evaluation tools are available and a portion of the program will be devoted to how to develop an effective evaluation tool which best serves the needs of the CME program.

PRINCIPAL PRESENTER: Darryl Chutka, MD
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CO-PRESENTER: Jennifer Curran, MA
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CO-PRESENTER: Anthony Berman, EdD
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CO-PRESENTER: Peggy Paulson, MA
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PRESENTATION METHOD(S): Workshop

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.

CONTENT AREA: 5. Activities must be designed 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.

LEARNER PERCEIVED NEEDS: 4. Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Evaluate measurement effectiveness of outcomes evaluations
2. Develop evaluation questions to collect data for future CME
3. Identify common mistakes in evaluating educational activities

RECOMMENDED RESOURCES:
1. Tian, J., Atkinson, N., Portnoy, B., Lowitt, N. (2010). The Development of a Theory-Based Instrument to Evaluate the Effectiveness of Continuing Medical Education. Academic Medicine. 85(9), 1518-1525.
2. Ratanawongsa N., Thomas P., Marinopoulos S., Dorman T., Wilson L., Ashar B., Magaziner J., Miller R., Prokopowicz G., Qayyum R, Bass E. (2008). The Reported Validity and Reliability of Methods for Evaluating Continuing Medical Education: A Systematic Review. Academic Medicine. 83(3), 274-83.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T35, Breakout

TIME/DAY/LOCATION: 4:00 - 5:00 pm, Thursday, 1/31/13, Yerba Buena 1-2/Lower B2

TITLE: Lessons Learned from Virtual Learning

PRINCIPAL PRESENTER: Gynisha Peeks
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PRINCIPAL PRESENTER: Kate Ray, MS
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CO-PRESENTER: Michele Galioto
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CO-PRESENTER: Victoria Staifer, MSA
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COMPETENCY: 2.6 - Consider the learning environment, select and apply learning formats that are effective for health care professionals' learning and meeting the expected outcome.

CONTENT AREA: 2. New technologies are vital to facilitate delivery of performance improvement activities.

LEARNER PERCEIVED NEEDS: 6. Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES: At the end of this session, participants will be able to
1. Discuss the concept of virtual learning.
2. Summarize planning steps to maximize the learner engagement during a virtual learning experience.
3. Compare and contrast the benefits and barriers of virtual learning.

RECOMMENDED RESOURCES:
1. Edwards, P., Domínguez, E. & Rico, M. (2008). A Second Look at Second Life: Virtual Role-play as a Motivational Factor in Higher Education. In K. McFerrin et al. (Eds.), Proceedings of Society for Information Technology & Teacher Education International Conference 2008 (pp. 2566-2571). Chesapeake, VA: AACE.
2. Wang, S.K. & Hsu, H.Y. (2008). Using ADDIE Model to Design Second Life activities for Online Learners. In C. Bonk et al. (Eds.), Proceedings of World Conference on E-Learning in Corporate, Government, Healthcare, and Higher Education 2008 (pp. 2045-2050). Chesapeake, VA: AACE.
3. McKay, S., Van Schie, J. & Headley, S. (2008). Embarking on an Educational Journey in Second Life. In K. McFerrin et al. (Eds.), Proceedings of Society for Information Technology & Teacher Education International Conference 2008 (pp. 1762-1766). Chesapeake, VA: AACE.
4. http://www.ons.org/CNECentral/Conferences/RadiationeConference/radiation2012
5. http://www.ons.org

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T36, Breakout

TIME/DAY/LOCATION: 4:00 - 5:00 pm, Thursday, 1/31/13, Nob Hill C-D/Lower B2

TITLE: Continuous Quality Improvement of Your CME Program

PRINCIPAL PRESENTER: Suzanne Ziemnik, MEd
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CO-PRESENTER: Rhonda Metzler, SCT (ASCP)
American Society for Clinical Pathology, 800/267-2727, ext. 3905, Rhonda.Metzler@ascp.org

CO-PRESENTER: Chitra Subramaniam, PhD
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PRESENTATION METHOD(S): Case study; Workshop

COMPETENCY: 7.5 - Develop a management culture of the office reflecting a collaborative, service oriented, continuous improvement system that meets the needs of the health care professionals served, the organization of the CE program, and the accreditation standards.

CONTENT AREA: 5. Activities must be designed 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.

LEARNER PERCEIVED NEEDS: 8. Basics – from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Systematically evaluate CME Program effectiveness
2. Evaluate improvements in CME Program and its learners
3. Strategically evaluate the Mission of their CME Program
4. Utilize tools to identify compliance with C11 through C22
5. Develop self study report one year at a time

RECOMMENDED RESOURCES:
1. www.accme.org/CME-providers/maintaining-your-accreditation
2. www.accme.org/CME-providers/self-study-reports

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T37, Breakout

TIME/DAY/LOCATION: 4:00 - 5:00 pm, Thursday, 1/31/13, Yerba Buena 3-4/Lower B2

TITLE: Moving the Pendulum Forward in Medical Education: The Importance of Targeting Pharmacists to Achieve Outcomes

PRINCIPAL PRESENTER: Amy Larkin, PharmD
Medscape, 859/948-7954, alarkin@medscape.net

CO-PRESENTER: Rolando Brual, RPh,
Lilly USA, LLC, 317/277-8297, ro_brual@lilly.com

CO-PRESENTER: Janet Cline, RPh
Creative Educational Concepts, Inc., 859/260-1717, jcline@ceconcepts.net

CO-PRESENTER: Shelby Englert
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PRESENTATION METHOD(S): Panel discussion

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

CONTENT AREA: 1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 8. Basics – from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Identify the role of the pharmacist on the healthcare team
2. Recognize improvements in patient care and treatment effectiveness that pharmacists can impact
3. Recognize important educational needs and successful strategies for pharmacists
4. Explain changes in ACPE accreditation requirements and reporting
5. Identify the importance of education for the team/by the team

RECOMMENDED RESOURCES:
1. http://www.pharmacist.com/
2. http://www.ashp.org/
3. http://www.accp.com/
4. https://www.ascp.com/
5. http://www.ncpanet.org/
6. https://www.acpe-accredit.org/

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T38, Breakout

TIME/DAY/LOCATION: 4:00 - 5:00 pm, Thursday, 1/31/13, Yerba Buena 5-6/Lower B2

TITLE: In-situ Simulation: Evidence for Effective, Team-based Education

STORY: This program–simulating a heart attack, with patient actors, simulators, and videographic equipment–brought together interdisciplinary teams of providers, performance measure data, and cutting edge technology to change practice and outcomes through compelling and engaging education. Health care providers got to see their own performance through data and video clips, which informed a vigorous but respectful discussion among participants about how they could improve heart attack care. The session will walk you through how to conduct this kind of program and its measured impact.

PRINCIPAL PRESENTER: Laura Lee Hall, PhD
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CO-PRESENTER: Beth Beaudin-Seiler, MPA
Western Michigan University College of Aviation, 269/964-4579, beth.seiler@wmich.edu

CO-PRESENTER: Chet Dalski, EMT-PI/C, RN, MA
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PRESENTATION METHOD(S): Dissemination of research/findings; Case study

COMPETENCY: 4.1- Recognize that, when offering learning interventions, health care professionals are part of a team and the system in which they work.

CONTENT AREA: 1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Visualize the Elements of an in-situ simulation program
2. Understand range of evidence to assess simulation impact
3. Review program impact on clinicians, systems, and outcomes
4. Discuss the keys to impactful simulation education

RECOMMENDED RESOURCES:
1. Integrating the science of team training: guidelines for continuing education. Weaver SJ et al. J Contin Educ Health Prof. 2010 Fall; 30 (4): 208-20.
2. Technology-enhanced simulation for health professions education: a systematic review and meta-analysis. Cook DA et al., JAMA. 2011; 306: 978-88.

FINANCIAL OR IN-KIND SUPPORT: BMS, sanofi-aventis, Daiichi-Sankyo-Lilly, AstraZeneca, The Medicines Company, Pfizer, Gilead Sciences, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T39, Breakout

TIME/DAY/LOCATION: 4:00 - 5:00 pm, Thursday, 1/31/13,
Yerba Buena 10-11/Lower B2

TITLE: Using Trigger Videos for Multi-Disciplinary Team Learning

PRINCIPAL PRESENTER: Stephen Kates, MD
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CO-PRESENTER: Kimberly Aguilar, RN
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CO-PRESENTER: Michael Cunningham, PhD
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PRESENTATION METHOD(S): Case study; Workshop; Small group

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

CONTENT AREA: 5. Activities must be designed 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.

LEARNER PERCEIVED NEEDS: 4. Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Explain the benefits of trigger videos for small group discussions
2. Recognize the importance of the facilitator's role
3. Consider a variety of educational techniques

RECOMMENDED RESOURCES: IOM (Institute of Medicine). 2010. Redesigning Continuing Education in the Health Professions. Washington, DC: The National Academies Press.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T40, Breakout

TIME/DAY/LOCATION: 4:00 - 5:00 pm, Thursday, 1/31/13, Yerba Buena 12-13/Lower B2

TITLE: Integration of an Echocardiography PI Program into a RSS

PRINCIPAL PRESENTER: Dan Rayzor, RDCS, RVT, FASE
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CO-PRESENTER: Otfrid Niedermaier, MD, FACC
Summa Health System, 330/375-4901, oniedermaier@neocs.org

CO-PRESENTER: Robert Flora, MD, MBA, MPH
Summa Health System, 330/434-0543, florar@summahealth.org

PRESENTATION METHOD(S): Case study; Workshop; Small group

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.

CONTENT AREA: 8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS: 7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

TARGET AUDIENCE: All

MEMBER SECTIONS: Hospitals and Health Systems

OBJECTIVES/OUTCOMES:
1. Integrate their PI program into a regularly scheduled series.
2. Develop & utilize collection tools to document outcomes.
3. Ensure compliance of an RSS with Criteria 2-15.

RECOMMENDED RESOURCES: Their own internal performance improvement programs, especially in fields and specialties that are procedurally dominant.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T41, Breakout

TIME/DAY/LOCATION: 4:00 - 5:00 pm, Thursday, 1/31/13, Yerba Buena 14-15/Lower B2

TITLE: LMS Development: Integrating Education and Quality Improvement

PRINCIPAL PRESENTER: Robert Birnbaum, MD, PhD
Partners Healthcare, 617/726-9421, rjbirnbaum@partners.org

CO-PRESENTER: Tristan Gorrindo, MD
Massachusetts General Hospital, 617/643-7548, tgorrindo@partners.org

CO-PRESENTER: Jon Merril, MD
Astute Technology, LLC, 703/810-8100, drmerril@astutetech.com

PRESENTATION METHOD(S): Dissemination of research/findings; Case study; Workshop; Skills building

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

CONTENT AREA: 2. New technologies are vital to facilitate delivery of performance improvement activities.

LEARNER PERCEIVED NEEDS: 6. Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Explain how to implement PI CME and MOC via online platforms
2. Design a LMS to facilitate health care reform efforts
3. Apply principles of forming a public private partnership

RECOMMENDED RESOURCES:
1. Maine PCMH: http://www.pcpcc.net/content/maine-patient-centered-medical-home-pilot
2. Massachusetts General MOC: http://www.abpn.com/moc_psych.asp
3. MGH Academy: http://www.mghacademy.org

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T42, Breakout

TIME/DAY/LOCATION: 4:00 - 5:00 pm, Thursday, 1/31/13, Foothill F/2nd

TITLE: Learning Management Systems (LMS): Necessity or Nuisance?

PRINCIPAL PRESENTER: Ellen Brown, BS
American College of Radiology, 800/227-5463, ext. 4693, ebrown@acr.org

CO-PRESENTER: Ronny Salmeron, BS
American College of Radiology, 800/227-5463, ext. 4562, rsalmeron@acr.org

PRESENTATION METHOD(S): Panel discussion; Dissemination of research/findings; Case study; Workshop; Small group

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

CONTENT AREA: 7. Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

LEARNER PERCEIVED NEEDS: 6. Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Describe challenges in developing requirements for LMS
2. Examine pitfalls in LMS implementation of biz and tech specs
3. Discuss challenges to update LMS for CME compliance
4. Identify solutions to add features for CME compliance in LMS
5. Illustrate strategies to improve communication & LMS workflow

RECOMMENDED RESOURCES:
1. A guide to the Project Management Body of Knowledge (PMBOK® guide), 3rd Edition (2004). Project Management Institute.
2. Williams van Rooij, S. & Dabbagh, N. Facilitating Project-based Learning in Virtual Teams Using Project Management Methodology. American Educational Research Association (AERA) Annual Meeting, San Diego, CA, April, 2009.
3. Horton, W. & Horton, K. (2003) E-Learning Tools and Technologies, Wiley Inc.
4. Allen, M. (2003). Michael Allen's guide to e-learning. Hoboken: John Wiley & Sons, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T43A, B, C, Office Hours

TIME/DAY/LOCATION: 4:00 - 4:15 pm, 4:20 - 4:35 pm, and
4:40 - 4:55 pm, Thursday, 1/31/13,
Foothill B/2nd

TITLE: Block Grants
(All Paid Participants Who Signed-up for This Time Slot Welcome)

STORY: Remember when you signed up for an appointment with a college professor, seeking feedback, advice, or just a quick answer? Because of our ACEHP "professors" the attendees at the 2013 Annual Conference will have the same opportunity – a chance to sign-up for an appointment with professors who have expertise in a variety of topics. We have three rooms set aside and a total of six time slots allocated to Office Hours. Each appointment will be for 15 minutes! This is YOUR chance to ask that burning question, get some sage advice, or float a new idea.

PRINCIPAL PRESENTER: Robert Addleton, EdD, CCMEP
Physicians' Institute for Excellence in Medicine, 678/303-9285, bob@mag.org

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T44A, B, C, Office Hours

TIME/DAY/LOCATION: 4:00 - 4:15 pm, 4:20 - 4:35 pm, and
4:40 - 4:55 pm, Thursday, 1/31/13,
Foothill H/2nd

TITLE: Clinicians Using Social Media
(All Paid Participants Who Signed-up for This Time Slot Welcome)

STORY: Remember when you signed up for an appointment with a college professor, seeking feedback, advice, or just a quick answer? Because of our ACEHP "professors" the attendees at the 2013 Annual Conference will have the same opportunity – a chance to sign-up for an appointment with professors who have expertise in a variety of topics. We have three rooms set aside and a total of six time slots allocated to Office Hours. Each appointment will be for 15 minutes! This is YOUR chance to ask that burning question, get some sage advice, or float a new idea.

PRINCIPAL PRESENTER: Brian McGowan, PhD
Consultant, 610/908-2871, drbrianmcgowan@gmail.com

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T45A, B, C, Office Hours

TIME/DAY/LOCATION: 4:00 - 4:15 pm, 4:20 - 4:35 pm, and
4:40 - 4:55 pm, Thursday, 1/31/13,
Foothill A/2nd

TITLE: Managing Multiple Accreditations
(All Paid Participants Who Signed-up for This Time Slot Welcome)

STORY: Remember when you signed up for an appointment with a college professor, seeking feedback, advice, or just a quick answer? Because of our ACEHP "professors" the attendees at the 2013 Annual Conference will have the same opportunity – a chance to sign-up for an appointment with professors who have expertise in a variety of topics. We have three rooms set aside and a total of six time slots allocated to Office Hours. Each appointment will be for 15 minutes! This is YOUR chance to ask that burning question, get some sage advice, or float a new idea.

PRINCIPAL PRESENTER: Diana Durham, PhD, FACEHP
US Veterans Affairs Employee Education System, 562/826-5505, ext. 4188, Diana.durham2@va.gov

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F1, Plenary

TIME/DAY/LOCATION: 8:30 - 9:30 am, Friday, 2/1/13, Yerba Buena 7-9/Lower B2

TITLE: Patient Safety from a Global Perspective: Opportunities and Challenges for the CPD Community **(Invited Abstract)**

STORY: The global health care arena is evolving rapidly. Innovation and technology serve as strong catalysts for positive change, and yet with rapid change comes challenges and risks. Patient safety is everyone's business and everyone's responsibility. How healthcare professionals are trained, how they access education and information, their commitment to life-long learning and the efficiency of the systems within which they work are all part of the equation that impact practice gaps and ultimately the safe and effective care of patients. What role should a CE/CME/CPD provider play in patient safety? How can needs-based education and performance improvement initiatives decrease risks and improve patient safety? Dr. Denham will answer these questions and more in an effort to outline global opportunities for planned change that drive adoption of clinical solutions in patient safety and healthcare performance improvement. As co-founder of the *Global Patient Safety Forum* in Geneva Switzerland, a convener of global healthcare leaders in high performance accountable healthcare, Dr. Denham will provide perspective on global initiatives, including the role of the World Health Organization in patient safety efforts.

PRINCIPAL PRESENTER: Charles Denham, MD
Chairman, Global Patient Safety Forum, Geneva, Switzerland; Editor and Chief, *Journal of Patient Safety*
512/457-7609, Charles_denham@tmit1.org

PRESENTATION METHOD(S): Lecture

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.
3.4 Promote continuous improvement and performance measurement as skills for health care professionals during educational interventions.
3.6 Provide measurement tools and utilize reliable data to enable health care professionals-learners to compare present levels of performance with optimum performance.
4.1 Recognize that, when offering learning interventions, health care professionals serve as part of a team and the system in which they work.
4.2 Consider a multi-disciplinary focus for needs assessment, educational design, and evaluation, as appropriate.
4.3 Consider healthcare organizational needs and goals when offering continuing education interventions.
4.4 Enable health care professionals, or teams, to apply in practice what is learned with limited fear of failure.
4.5 Design activities with a cumulative goal of helping health care professionals, or teams of learners, to adopt change incrementally, assuring there is compatibility with present systems and advantage over present behaviors.
4.6 Identify and help modify processes that are barriers to change and the implementation of new knowledge.
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 continuing education mission.
5.2 Identify and collaborate with external partners that enhance effective continuing education activities.
5.3 Collaborate and build relationships that support educational improvements for the patient, the health care professionals, and the organization in which the professionals work.
6.1 Provide a vision of present role and future direction for continuing education and health care professional's role and responsibilities in continued learning.
6.2 Develop a model learning organization.
6.3 Provide and support an environment of continuous improvement in educational practice and office operations.
6.4 Promote and support appropriate change as an essential component of an effective continuing education program.

F1, Plenary continued

CONTENT AREA: 6. Innovations to improve the provision of patient care will become the best practices of the future.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F2, Intensive

TIME/DAY/LOCATION: 10:00 am - 12:15 pm, Friday, 2/1/13, Foothill G/2nd

TITLE: A Practical How-To: Integrating Simulation-Based Education into Your CME/CE Activities

PRINCIPAL PRESENTER: Ed Dellert, RN, MBA, CCMEP
American College of Chest Physicians, 847/498-8333, edellert@chestnet.org

CO-PRESENTER: Marguerite Dupre, MD
College des medecins du Quebec, 514/933-4411, ext. 5299, mdupre@cmq.org

CO-PRESENTER: Chad Jackson, MS, RRT, CHT, CCMEP
American College of Chest Physicians, 847/922-8676, cjackson@chestnet.org

CO-PRESENTER: Francois Goulet, MD
College des medecins du Quebec, 514/933-4441, ext. 5237, fgoulet@cmq.org

FACILITATOR/PARTICIPATOR:
Johanne Thiffault, MSc
College des medecins du Quebec, 514/933-4441, ext. 5240, jthiffault@cmq.org

PRESENTATION METHOD(S): This case-based presentation will include slides, video clips and discussion to illustrate the potential for simulation-based education – from needs assessment to skills assessment in CME/CE activities.

COMPETENCY: 2.5 - Translate health care professionals' needs into measureable objectives.
3.6 - Provide measurement tools and utilize reliable data to enable health care learners to compare present levels of performance with optimum performance.

CONTENT AREA: 3. The ever-changing landscape of physician specialty certification and licensure will drive changes in the design and delivery of continuing education.
1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 3. Needs Assessments – from how to design and interpret needs assessments to how to better glean true practice gaps and performance measures.
6. Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:
1. Discuss the importance of simulation-based education to assess clinical skills, enhance communication skills, and design activities to improve learning outcomes
2. Identify simulation activities to improve learning outcomes
3. Discuss simulation-based learning strategies
4. Outline the key-features approach used in the SOI
5. Create a plan to use simulation-based learning strategies

RECOMMENDED RESOURCES:
1. Issenberg, S.B., Scalese, R.J. (2007). Best Evidence Medical Education on High Fidelity Simulation: What Clinicians Need to Know. Clinical Teacher(4) 73-77.
2. Moores, L., Dellert, E., Bauman, M. & Rosen, M. (2009). Effectiveness of continuing medical education: Amercian College of Chest Physician evidence-based educational guidelines. Chest 135(3 suppl) p. 1-75.

EDUCATIONAL FORMAT: F3, Breakout

TIME/DAY/LOCATION: 10:00 - 11:00 am, Friday, 2/1/13, Yerba Buena 7-9/Lower B2

TITLE: Using Technology: An Introduction to Content Tools

STORY: Are you looking for new and innovative ways to deliver health education content? Do you want to try and use technology to connect your learners with content, but don't know where to start? This session, which is sponsored and facilitated by the ACEHP Technology Committee, will provide hands-on walk-throughs of some of the most popular technology-based content tools. With so many choices and options out in the tech marketplace, it can feel overwhelming to try and figure out what to use, and how to use it. We'll start by examining best practices in the use of blogs to support continuing education, and move on to examining how crowd-sourced solutions like wikis can add value and user-interaction to your educational offerings. We'll also show a number of different ways QR codes can be used directly and indirectly in support of your activities, and discuss how you can best leverage distribution tools like SlideShare and YouTube. This is a hands-on workshop, so everyone is encouraged to bring their own laptops, tablets, and smart phones, and learn and practice along with us as we jump from tool to tool during the session.

PRINCIPAL PRESENTER: Scott Bradbury, MS
American Academy of Pediatrics, 847/434-7147, sbradbury@aap.org

CO-PRESENTER: Olivier Petinaux, MS
American College of Surgeons, 312/202-5375, opetinaux@facs.org

CO-PRESENTER: Ben Clark, MS
American Society of Clinical Oncology, 571/483-1418, ben.clark@asco.org

CO-PRESENTER: Jeremy Lundberg, MSSW
DLC Solutions LLC, 267/234-7401, jlundberg@dlc-solutions.com

PRESENTATION METHOD(S): Workshop

COMPETENCY: 2.9 - Provide interactive learning and opportunities to practice skills that lead to change in health care professionals' performance.

CONTENT AREA: 2. New technologies are vital to facilitate delivery of performance improvement activities.

LEARNER PERCEIVED NEEDS: 6. Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Describe how blogs and wikis can be used to enhance and support CME
2. Create a QR code and link content to it in support of learners accessing additional content
3. List 3 ways you can create and serve multimedia content to users through sites like YouTube or iTunes U
4. Create an account on SlideShare and post content to the site

RECOMMENDED RESOURCES:
1. Introduction to Blogging: http://codex.wordpress.org/Introduction_to_Blogging
2. About YouTube: http://www.youtube.com/t/about_youtube
3. Wikipedia: http://en.wikipedia.org/wiki/Wikipedia
4. QR Codes: http://en.wikipedia.org/wiki/QR_codes
5. What is SlideShare? http://www.slideshare.net/tour
6. About iTunesU: http://www.apple.com/education/itunes-u/

EDUCATIONAL FORMAT: F4, Breakout

**TIME/DAY/LOCATION: 10:00 - 11:00 am, Friday, 2/1/13,
Yerba Buena 1-2/Lower B2**

TITLE: Global Opportunities: A Case for Collaboration **(Presentation co-hosted by Alliance for Continuing Education in the Health Professions [Alliance] and Global Alliance for Medical Education [GAME])**

STORY: As the community of CPD professionals continues to expand globally, interest in collaborating across countries, and across provider groups continues to grow. The Alliance for Continuing Education in the Health Professions and the Global Alliance for Medical Education have a long standing relationship, with a solid base of common members. This interactive session facilitated by both organizations' leadership will share examples of global expansion of CE/CME/CPD programs, identify partnership strategies and introduce participants to a number of resources and opportunities to engage more globally.

PRINCIPAL PRESENTER: Robert Galbraith, MD
President, Global Alliance for Medical Education, 215/590-9834, rgalbraith@nbme.org

CO-PRESENTER: Maureen Doyle-Scharff, MBA
Vice President, Global Alliance for Medical Education, 740/815-9870, maureen.doyle-scharff@pfizer.com

CO-PRESENTER: Damon Marquis, MA
President, Alliance for Continuing Education in the Health Professions, 312/202-5813, dmarquis@sts.org

CO-PRESENTER: Jack Kues, PhD
Vice President, Alliance for Continuing Education in the Health Professions, 513/558-3196, kuesjr@uc.edu

PRESENTATION METHOD(S): Interactive Discussion

COMPETENCY:
2.6 Consider the learning environment, select and apply learning formats that are effective for health care professionals learning and meeting the expected outcome.
2.12 Offer consultation within health care professionals' organizations to identify goals for education that are specific to the practice and are measureable.
3.6 Provide measurement tools and utilize reliable data to enable health care professionals-learners to compare present levels of performance with optimum performance.

CONTENT AREA: Activities must be designed 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.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

RECOMMENDED RESOURCES:
1. ACEHP website, www.acehp.org
2. GAME website, www.game-cme.org

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F5, Breakout

TIME/DAY/LOCATION: 10:00 - 11:00 am, Friday, 2/1/13, Yerba Buena 3-4/Lower B2

TITLE: A Dashboarding Journey: Outcomes for Activities and Programs

PRINCIPAL PRESENTER: Andrea Thrasher, MEd
Cincinnati Children's Hospital Medical Center, 513/803-0689, andrea.thrasher@cchmc.org

CO-PRESENTER: Laura Werts, MS
Cincinnati Children's Hospital Medical Center, 513/636-1826, laura.werts@cchmc.org

PRESENTATION METHOD(S): Dissemination of research/findings; Small group

COMPETENCY: 3.3 - Use data to assess the performance of the health care professionals' office in meeting its mission and organizational goals.

CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Describe what a dashboard is and potential usefulness
2. Contemplate creating a dashboard for his/her program
3. Identify decision points in the process of creating a dashboard
4. Brainstorm data categories to report
5. Identify thresholds for data that will reported

RECOMMENDED RESOURCES: Using conditional formatting in Microsoft Excel - http://blogs.office.com/b/microsoft-excel/archive/2012/02/27/conditional-formatting-rules-simplified.aspx.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F6, Breakout

TIME/DAY/LOCATION: 10:00 - 11:00 am, Friday, 2/1/13, Yerba Buena 5-6/Lower B2

TITLE: Aligning With a Competency-Based Curriculum: ACC's Journey Year 2

STORY: In 2011, ACC embarked on a journey to transform hundreds of hours of educational programming – annual meeting, live learning programs, online education – into a fully integrated performance improvement and lifelong learning system driven entirely by a competency-based curriculum. The ultimate vision, which ACC hopes to achieve over several years, is an educational portfolio that is fluid and adaptive, constantly informed by monitoring multiple data sources and performance outcomes. Last year, we shared with you our initial plans and how we thought our efforts would unfold in 2012. This year we'll highlight our tales from the front lines of implementation. Why come to this session? You'll get first-hand advice on "what's working" and "what's not". You'll see unique tools and process flow techniques developed to move us forward. You'll understand how we adjusted planning models to build support among physician thought leaders. You'll hear where we intend to go next!

PRINCIPAL PRESENTER: Janice Sibley, MS, MA
American College of Cardiology, 202/375-6385, jsibley@acc.org

CO-PRESENTER: Marcia Jackson, PhD
CME By Design, 803/854-9034, marcia.jackson@cmebydesign.com

CO-PRESENTER: Joseph Green, PhD
Professional Resource Network, Inc., 919/918-4999, prn.jgreen@mindspring.com

PRESENTATION METHOD(S): Case study

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

CONTENT AREA: 5. Activities must be designed 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.

LEARNER PERCEIVED NEEDS: 4. Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: Medical Specialty Societies

OBJECTIVES/OUTCOMES:
1. Link identified knowledge/performance gaps with competency statements
2. Design processes for translating competencies into outcomes-based curriculum
3. Evaluate staffing structure necessary for successful curriculum planning
4. Describe activity planner and faculty mentoring requirements for rollout
5. Apply lessons learned on competency-based curriculum development

RECOMMENDED RESOURCES: Moore, D.E., Green, J.S., and Gallus, H.A. (2009) Achieving Desired Results and Improved Outcomes: Integrating Planning and Assessment Throughout Learning Activities. JCEHP, 29(1):1-15.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F7, Breakout (Cancelled)

EDUCATIONAL FORMAT: F8, Breakout

TIME/DAY/LOCATION: 10:00 - 11:00 am, Friday, 2/1/13, Yerba Buena 10-11/Lower B2

TITLE: Enabling, Implementing and Evaluating Learner Self-Assessments and Self-Directed Curricula

PRINCIPAL PRESENTER: Kathleen Geissel, PharmD
Medscape, LLC, 609/371-8101, kgeissel@medscape.net

CO-PRESENTER: Jennifer Boyd, MBA, CCMEP
PVI, PeerView Institute for Medical Education, 917/282-2251, jennifer.boyd@peerviewnetwork.com

CO-PRESENTER: Alex Norbash, MD
American Roentgen Ray Society, 617/638-6610, alex.norbash@bmc.org

CO-PRESENTER: Keri Sperry
American Roentgen Ray Society, 703/858-4315, education@arrs.org

CO-PRESENTER: Caroline Robinson, PhD
CE Outcomes, LLC, 205/259-1077, caroline.robinson@ceoutcomes.com

PRESENTATION METHOD(S): Dissemination of research/findings; Case study; Panel discussion

COMPETENCY: 2.3 - Facilitate health care professionals' self-assessment, self-directed learning, and evaluation using appropriate data.

CONTENT AREA: 8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS:
3. Needs Assessments – from how to design and interpret needs assessments to how to better glean true practice gaps and performance measures.
6. Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:
1. Create and implement tools to assess current physician knowledge gaps utilizing existing enduring materials
2. Design education that is personalized to individual learner's needs
3. Identify strategies for self-directed performance-based initiatives
4. Assess the benefits, drawbacks & impact of tailored CME

RECOMMENDED RESOURCES:
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):1-15

F8, Breakout continued

2. Davis DA, O'Brien MA, Freemantle N, et al. Impact of formal continuing medical education. Do conferences, workshops, rounds, and other traditional continuing education activities change physician behavior or health care outcomes? JAMA 1999;282: pp. 867-874.
3. "Comparison of Vignettes, Standardized Patients, and Chart Abstraction: A Prospective Validation Study of 3 Methods for Measuring Quality", John W. Peabody, MD, PhD; Jeff Luck, MBA, PhD; Peter Glassman, MBBS, MSc; Timothy R. Dresselhaus, MD, MPH; Martin Lee, PhD., JAMA. 2000;283:1715-1722.
4. Davis DA, Mazmanian PE, Fordis M, Van Harrison R, Thorpe KE, Perrier L. Accuracy of physician self-assessment compared with observed measures of competence: a systematic review. JAMA. 2006 Sep 6;296(9):1094-102
5. Hawkins, R, Kreuter, M, Resnicow, K, Fishbein, M, Dijkstra, A. Understanding tailoring in communicating about health. Health Educ. Res. 2008; 23:454-466.
6. Parboosingh J. Role of self-assessment in identification of learning needs. Journal of Continuing Education in the Health Professions, 18: 213–219.
7. Perkins MB, et al. Applying theory-driven approaches to understanding and modifying clinicians' behavior: what do we know? Psychiatr Serv. 2007 Mar; 58(3):342-8

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F9, Breakout

TIME/DAY/LOCATION: 10:00 - 11:00 am, Friday, 2/1/13, Yerba Buena 12-13/Lower B2

TITLE: Equitable Health QI CME: The EBAN Experience

STORY: Can CME be used to improve population health? Really? How do you do that? Join in an interactive session with Carl Patow and Deb Bryan, and learn how quality improvement, community members, health professionals and theater were mixed to create an award winning CME event! We'll have movies, conversations, panel discussions and presentations. You'll learn how your organization can improve care for ethnic communities in a nifty new way. Improved health, new community relationships, better health professional communication. It's all here. Join us!

PRINCIPAL PRESENTER: Carl Patow, MD, MPH
HealthPartners Institute for Medical Education, 952/883-7185, carl.a.patow@healthpartners.com

CO-PRESENTER: Debra Bryan, MEd
HealthPartners Institute for Medical Education, 952/883-7185, debra.j.bryan@healthpartners.com

PRESENTATION METHOD(S): Dissemination of research/findings

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

CONTENT AREA: 1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Describe how to include community members in CME
2. Plan a CME activity that includes QI and health data
3. Understand the use of filmed stories to improve care
4. Outline a basic year-long plan for a QI collaborative
5. Cite the advantages of a year-long format in care redesign

RECOMMENDED RESOURCES:
1. www.EBANexperience.com
2. The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003.

FINANCIAL OR IN-KIND SUPPORT: Pfizer Medical Education Group provided partial support for this activity. There was no influence from the grantor on the content of the activity.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F10, Breakout

TIME/DAY/LOCATION: 10:00 - 11:00 am, Friday, 2/1/13, Yerba Buena 14-15/Lower B2

TITLE: CME Program PI: Partnering with Quality to Improve RSS Outcomes

STORY: CME Providers are constantly improving the quality of healthcare by providing various types of educational activities using multiple methods of delivery. These activities must be routinely evaluated for process and procedural changes while continuing to complete everyday tasks. This can be challenging. This presentation will explain how we overcame some of the challenges. With the help of our hospital's Quality Improvement coaches, our office designed a PI project to improve our processes and procedures around the planning and implementation of Regularly Scheduled Series.

PRINCIPAL PRESENTER: Adrienne Ross, MEd
University of South Carolina SOM-Palmetto Health Richland CME Org, 803/434-4211, adrienne.ross@uscmed.sc.edu

CO-PRESENTER: Teri Evans, CCMEP
University of South Carolina SOM-Palmetto Health Richland CME Org, 803/434-4211, teresa.evans@uscmed.sc.edu

PRESENTATION METHOD(S): Case study

COMPETENCY: 7.5 - Develop a management culture of the office reflecting a collaborative, service oriented, continuous improvement system that meets the needs of the health care professionals served, the organization of the CE program, and the accreditation standards.

CONTENT AREA: 8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS: 7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Implement continuous quality improvement techniques
2. Reflect on CME program with an eye for improvement
3. Improve CME Program through application QI/PI principles

RECOMMENDED RESOURCES: The Improvement Guide: A Practical Approach to Enhancing Organizational Performance. GJ Langley, RD Moen, KM Nolen, TW Nolan, CL Norman, LP Provost.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F11, Breakout

TIME/DAY/LOCATION: 10:00 - 11:00 am, Friday, 2/1/13, Nob Hill A-B/Lower B2

TITLE: A Tale of Two Units (QI and CPD) Working Together: It Was the Best of Times; It Was the Worst of Times

PRINCIPAL PRESENTER: George Mejicano, MD
University of Wisconsin, 608/240-2204, mejicano@wisc.edu

CO-PRESENTER: Elizabeth Mullikin, MS
University of Wisconsin, 608/240-6003, eamullikin@wisc.edu

CO-PRESENTER: Pratik Prajapati, MHA
University of Wisconsin, 608/821-4189, pratik.prajapati@uwmf.wisc.edu

CO-PRESENTER: Teena Nelson, MHA
University of Wisconsin, 608/240-6006, tmnelson@ocpd.wisc.edu

PRESENTATION METHOD(S): Case study

COMPETENCY: 4.1 - Recognize that, when offering learning interventions, health care professionals are part of a team and the system in which they work.

CONTENT AREA: 3. The ever-changing landscape of physician specialty certification and licensure will drive changes in the design and delivery of continuing education.

LEARNER PERCEIVED NEEDS: 2. Maintenance of Certification (MOC)/Maintenance of Licensure (MOL) – from understanding the basics to developing products to engage learners.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Determine if your organization can be an MOC portfolio sponsor
2. Understand how QI and CPD units can work together
3. Analyze your own skills regarding QI, CPD, and collaboration

RECOMMENDED RESOURCES: MOC Multi-Specialty Portfolio Approval Program: 2011-2013 Standards and Guidelines (Available from Kevin Graves at the American Board of Family Medicine upon request)

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F12, Breakout

TIME/DAY/LOCATION: 10:00 - 11:00 am, Friday, 2/1/13, Nob Hill C-D/Lower B2

TITLE: An RSS Process Accrediting More than 100 Series: It Can Be Done!

PRINCIPAL PRESENTER: SarahAnn Whitbeck, MBA
Intermountain Healthcare, 801/442-3934, sarahann.whitbeck@imail.org

CO-PRESENTER: Susan DuBois, CPCS
Intermountain Healthcare, 801/442-2840, susan.dubois@imail.org

CO-PRESENTER: Marc Jackson, MD, MBA
Intermountain Healthcare, 801/442-3930, marc.jackson@imail.org

PRESENTATION METHOD(S): Didactic presentation

COMPETENCY: 7.5 - Develop a management culture of the office reflecting a collaborative, service oriented, continuous improvement system that meets the needs of the health care professionals served, the organization of the CE program, and the accreditation standards.

CONTENT AREA: 1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 8. Basics – from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.

TARGET AUDIENCE: All

MEMBER SECTIONS: Hospitals and Health Systems

OBJECTIVES/OUTCOMES:
1. Demonstrate effective management of a large-scale RSS program
2. Illustrate how RSS can build interdisplinary relations
3. Present methods for educating RSS Coordinators about their role
4. Discuss disciplinary process for RSS process compliance infractions

RECOMMENDED RESOURCES: ACCME website, www.accme.org

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F13A, B, C, Office Hours

TIME/DAY/LOCATION: 10:00 - 10:15 am, 10:20 - 10:35 am, and
10:40 - 10:55 am, Friday, 2/1/13,
Foothill B/2nd

TITLE: Accreditation Questions
(All Paid Participants Who Signed-up for This Time Slot Welcome)

STORY: Remember when you signed up for an appointment with a college professor, seeking feedback, advice, or just a quick answer? Because of our ACEHP "professors" the attendees at the 2013 Annual Conference will have the same opportunity – a chance to sign-up for an appointment with professors who have expertise in a variety of topics. We have three rooms set aside and a total of six time slots allocated to Office Hours. Each appointment will be for 15 minutes! This is YOUR chance to ask that burning question, get some sage advice, or float a new idea.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F14A, B, C, Office Hours

TIME/DAY/LOCATION: 10:00 - 10:15 am, 10:20 - 10:35 am, and
10:40 - 10:55 am, Friday, 2/1/13,
Foothill A/2nd

TITLE: Webinar Design
(All Paid Participants Who Signed-up for This Time Slot Welcome)

STORY: Remember when you signed up for an appointment with a college professor, seeking feedback, advice, or just a quick answer? Because of our ACEHP "professors" the attendees at the 2013 Annual Conference will have the same opportunity – a chance to sign-up for an appointment with professors who have expertise in a variety of topics. We have three rooms set aside and a total of six time slots allocated to Office Hours. Each appointment will be for 15 minutes! This is YOUR chance to ask that burning question, get some sage advice, or float a new idea.

PRINCIPAL PRESENTER: Lisa Roberts, MAEd
Kaiser Permanente-Northern California, 510/625-6537, lisa.o.roberts@kp.org

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F15A, B, C, Office Hours

TIME/DAY/LOCATION: 10:00 - 10:15 am, 10:20 - 10:35 am, and
10:40 - 10:55 am, Friday, 2/1/13,
Foothill H/2nd

TITLE: Technology Help Desk #2
(All Paid Participants Who Signed-up for This Time Slot Welcome)

STORY: Remember when you signed up for an appointment with a college professor, seeking feedback, advice, or just a quick answer? Because of our ACEHP "professors" the attendees at the 2013 Annual Conference will have the same opportunity – a chance to sign-up for an appointment with professors who have expertise in a variety of topics. We have three rooms set aside and a total of six time slots allocated to Office Hours. Each appointment will be for 15 minutes! This is YOUR chance to ask that burning question, get some sage advice, or float a new idea.

PRINCIPAL PRESENTER: Anne Grupe, MS Ed
American Society of Clinical Oncology, 571/483-1396, anne.grupe@asco.org
AC Technology Committee

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F16, Mini-Plenary

TIME/DAY/LOCATION: 11:15 am - 12:15 pm, Friday, 2/1/13, Yerba Buena 7-9/Lower B2

TITLE: Doctors Do Care **(Invited Abstract)**

STORY: The San Francisco Free Clinic is a unique collaboration between the Bay Area medical community and local private charities. Dedicated to providing medical care for the uninsured, the clinic is a tribute to the generosity and sense of caring in the hearts of physicians. This session is the story of the clinic, of its effect on patients and young physicians in training, and a reminder that compassion is alive and well among physicians.

PRINCIPAL PRESENTER: Richard Gibbs, MD
San Francisco Free Clinic, 415/750-9087, rgibbs@sffc.org

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Engage colleagues in work that makes a difference in the health of our population.
2. Inspire others to take a step outside the usual and customary to lead change.
3. Remind us that humanity and giving are still the core of medicine.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F17, Breakout

TIME/DAY/LOCATION: 11:15 am - 12:15 pm, Friday, 2/1/13, Nob Hill A-B/Lower B2

TITLE: ABC: Acronyms 'R Us' **(Invited Abstract)**

STORY: Every enterprise – from medicine to NASA and CME/CPD to accounting – has its own set of acronyms and its own jargon. We counsel physicians and other clinicians against using jargon in media interviews, patient encounters and even education, yet we engage in the activity daily (even hourly). Decoding the acronyms to better understand and engage in the work is vital for those new to the CME/CPD enterprise, and this session will help beginners tackle the activity in a non-threatening, fun atmosphere.

PRINCIPAL PRESENTER: Mary Ales, BA
Interstate Postgraduate Medical Association (IPMA), 608/237-7331, males@ipmameded.org

CO-PRESENTER: Shelly Rodrigues, CAE, FACEHP
California Academy of Family Physicians, 415/345-8667, srodrigues@familydocs.org

COMPETENCY: 7.5 - Develop a management culture of the office reflecting a collaborative, service oriented, continuous improvement system that meets the needs of the health care professionals served, the organization of the CE program, and the accreditation standards.

CONTENT AREA: 5. Activities must be designed 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.

LEARNER PERCEIVED NEEDS: 8. Basics – from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) decode the language of our enterprise, with full understanding of the players, organizations, agencies, and relationships involved; 2) locate necessary information to break the code for new acronyms; and 3) build a sentence with at least four CME/CPD acronyms in it! (kidding)

METHODS: Be prepared to an action-packed, fully interactive session on acronym identification! We'll also provide a glossary, with links to the many acronyms most commonly used in the CME/CPD world.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F18, Breakout

TIME/DAY/LOCATION: 11:15 am - 12:15 pm, Friday, 2/1/13, Yerba Buena 1-2/Lower B2

TITLE: iBook CME: Innovative Approaches to Medical Education

PRINCIPAL PRESENTER: Robert Kennedy, MA
CME Outfitters, LLC, 614/328-4521, rkennedy@cmeoutfitters.com

CO-PRESENTER: Christina Ansted, MPH, CCMEP
CME Outfitters, LLC, 614/328-4516, cansted@cmeoutfitters.com

CO-PRESENTER: Monique Johnson, MD, CCMEP
CME Outfitters, LLC, 614/328-4515, mjohnson@cmeoutfitters.com

PRESENTATION METHOD(S): Panel discussion; Interactive demonstration of creating an iBook

COMPETENCY: 2.9 - Provide interactive learning and opportunities to practice skills that lead to change in health care professionals' performance.

CONTENT AREA: 2. New technologies are vital to facilitate delivery of performance improvement activities.

LEARNER PERCEIVED NEEDS: 6. Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Education Companies Alliance (MECA)

OBJECTIVES/OUTCOMES:
1. Define portable multimedia platforms and how their features can be applied in medical education and for obtaining credit
2. Describe ways an iBook or eBook can be used to publish medical education activities
3. Review the process for creating an iBook as a tool for multimedia/mobile education
4. List at least three possible applications for such a mobile educational tool

RECOMMENDED RESOURCES:
1. Lewis Jr M. Apple iPad: No place in your practice Modern Medicine Website. http://www.modernmedicine.com/modernmedicine/Modern+Medicine+News/Apple-iPad-No-place-in-your-practice/ArticleStandard/Article/detail/761335?contextCategoryId=40158&ref=25. Published: February 23, 2012. Accessed February 28, 2012
2. Young KJ, Kim JJ, Yeung G, Sit C, Tobe SW. Physician preferences for accredited online continuing medical education. J Contin Educ Health Prof. 2011;31(4):241-6. PMID: 22189987.
3. Kennedy RS. Portable CME: Continuing Medical Education On Handheld Computers. J Am Med Inform Assoc. 2001 Nov-Dec;8(6):943

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F19, Breakout

TIME/DAY/LOCATION: 11:15 am - 12:15 pm, Friday, 2/1/13,
Yerba Buena 3-4/Lower B2

TITLE: Leading Organizational Change in Continuing Professional Development

STORY: Today, teams and organizations face rapid change like never before. Maintaining quality in the system while undergoing change is one of the most difficult leadership challenges. The Lifelong Learning Division (formerly Education Division) at ACC is transforming the way that learning opportunities are envisioned, planned, implemented, and evaluated. With this evolution has also come a necessary change in culture within the organization. Come to this session to receive practical advice from ACC divisional leadership on leading change while maintaining quality in the system, keeping "old trains" running while "new trains" are built, and using tools for enhancing communication both internally and externally. Hear tipsabout helping people to get comfortable with "grey" and to expect that mistakes will be made while change is occurring. Understand how ACC leaders have used organizational strategies to promote teamwork and improve performance. Learn what it means to be effective versus being right.

PRINCIPAL PRESENTER: Mary Ellen Beliveau
American College of Cardiology, 202/375-6692, mbeliveau@acc.org

CO-PRESENTER: Janice Sibley, MS, MA
American College of Cardiology, 202/375-6385, jsibley@acc.org

CO-PRESENTER: Scott Moren, PharmD, MBA
American College of Cardiology, 202/375-6381, scott_moren@hotmail.com

PRESENTATION METHOD(S): Case study; Skills building

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

CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS: 10. Personal and Staff Development – From conflict management, leadership development, and working with difficult people to work-life balance, staff recruitment and development, and personal growth.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Describe how to maintain quality in the system while undergoing change
2. Evaluate tools for enhancing communication internally and externally
3. Apply tips for helping people get comfortable with "grey"
4. Describe organizational strategies promoting teamwork and performance
5. Describe the benefit of between being effective versus being right

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F20, Breakout

TIME/DAY/LOCATION: 11:15 am - 12:15 pm, Friday, 2/1/13, Yerba Buena 5-6/Lower B2

TITLE: Incorporating Patient Experience Studies to Improve Clinician-Patient Communications in the Primary Care Setting

PRINCIPAL PRESENTER: Sherlyn Celone
Integrated Learning Partners, LLC, 203/557-4225, sherlyn.celone@llpmail.com

CO-PRESENTER: Peter Gamache, PhD, MBA, MPH, RN
Integrated Learning Partners, LLC, 203/557-4225, peter.gamache@ilpmail.com

CO-PRESENTER: Patricia Gilliam, PhD, MEd, NP
Integrated Learning Partners, LLC, 203/557-4225, patricia.gilliam@ilpmail.com

CO-PRESENTER: Angela Flanigan, BA
Georgia Academy of Family Physicians, 404/321-7445, aflanigan@gafp.org

PRESENTATION METHOD(S): Panel discussion; Dissemination of research/findings; Case study; Workshop

COMPETENCY: 2.9 - Provide interactive learning and opportunities to practice skills that lead to change in health care professionals' performance.

CONTENT AREA: 1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Assess the communication needs of patients and providers to improve the patient experience
2. Identify challenges and solutions for patient-provider engagement to improve adherence
3. Evaluate patient engagement with clinical management planning and their success in reaching desired treatment goals
4. Develop clinician-patient compliance assessment activities that guide the development of educational interventions for clinicians and their patients

RECOMMENDED RESOURCES:
1. This presentation is based on the: GO! Diabetes Patient Experience Study 2012. For more information go to: www.godiabetes.org/Resources/PatientExperienceStudy.aspx
2. Alan M. Delamater. Improving Patient Adherence. Clinical Diabetes April 2006 24:71-77; doi:10.2337/diaclin.24.2.71
3. Stone, M. et Al. Improving Patient Compliance, Strategic Medicine, January 1998
4. Stein TS and Kwan J. Thriving in a busy practice: physician-patient communication training. Eff Clin Pract 1999; 2(2): 63-70.

FINANCIAL OR IN-KIND SUPPORT: Financial support provided by sanofi aventis.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F21, Breakout

TIME/DAY/LOCATION: 11:15 am - 12:15 pm, Friday, 2/1/13, Yerba Buena 10-11/Lower B2

TITLE: Addressing a Statewide HC Mandate Utilizing a CME Collaborative

PRINCIPAL PRESENTER: Maria Sullivan, BS
Warren Alpert Medical School of Brown University, 401/863-1208, Maria_Sullivan@Brown.edu

CO-PRESENTER: Ted Bruno, MD
The France Foundation, 860/598-2274, Tbruno@francefoundation.com

PRESENTATION METHOD(S): Didactic - actual example of a statewide HIV Testing Initiative

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

CONTENT AREA: 7. Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Schools

OBJECTIVES/OUTCOMES:
1. Recognize value of collaborating with a State Health Department
2. Identify external partners to facilitate activity design and mgmt
3. Create network of HC stakeholders for activity delivery
4. Position their CME unit as a resource for Statewide HC initiatives

RECOMMENDED RESOURCES:
1. Lasker, Roz D. and the Committee on Medicine and Public Health. Medicine & public health: the power of collaboration. The New York Academy of Medicine 2007. Available at http://www.cacsh.org/pdf/MPH.pdf (accessed March 12, 2012)
2. Association of American Medical Colleges MedEdPORTAL available at https://www.mededportal.org/ accessed March 12, 2012)

 PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F22, Breakout

TIME/DAY/LOCATION: 11:15 am - 12:15 pm, Friday, 2/1/13, Yerba Buena 12-13/Lower B2

TITLE: Integrating CME into the Clinical Workflow: A Case Study for the Use of EMR in Delivering PI CME

PRINCIPAL PRESENTER: Chitra Subramaniam, PhD
Duke Clinical Research Institute, 919/401-1205, chitra.subramaniam@duke.edu

CO-PRESENTER: Kenneth Gersing, MD
Duke Department of Psychiatry, 919/684-0103, kenneth.gersing@duke.edu

CO-PRESENTER: Walter Wolyniec, MSc
Confluent Health Solutions Inc, 203/417-3990, walter.wolyniec@confluenths.com

CO-PRESENTER: Jack Rush
DirectOne Communications, 516/987-3797, jrush@direct1.net

PRESENTATION METHOD(S): Case study

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

CONTENT AREA: 2. New technologies are vital to facilitate delivery of performance improvement activities.

LEARNER PERCEIVED NEEDS: 7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Recognize the role and use of EMR data in the design, development and delivery of a PI CME activity
2. Describe ways to identify outcome measures for PI CME activity
3. Design a PI CME activity that is integrated into the clinical work flow
4. Utilize different features of the EMR such as alerts and reminders in a PICME activity

RECOMMENDED RESOURCES:
1. www.mindlinc.com
2. www.pri-med.com/.../PMI_PhysicianLearningNeeds_PatientDataPosterJanuary2008.pdf
3. Shelton RC.,Trivedi MH, Performance improvement CME: algorithms and EMRs in depression. J Clin Psychiatry. 2011 Sep;72(9):e29.

FINANCIAL OR IN-KIND SUPPORT: Project supported by grants from BMS and Pfizer.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F23, Breakout

TIME/DAY/LOCATION: 11:15 am - 12:15 pm, Friday, 2/1/13, Yerba Buena 14-15/Lower B2

TITLE: A Roadmap to Joint Accreditation and Team-Based Education

PRINCIPAL PRESENTER: Randy Robbin, CCMEP
North American Center for CME, LLC (NACCME LLC), 609/371-1137, rrobbin@naccme.com

CO-PRESENTER: John Savage, MS, CCMEP
North American Center for CME, LLC (NACCME LLC), 609/371-1137, jsavage@naccme.com

CO-PRESENTER: Robert Kirsner, MD, PhD
University of Miami Miller School of Medicine, 305/243-4472, rkirsner@med.miami.edu

CO-PRESENTER: Dimitra Travlos, PharmD, BCPS
Accreditation Council for Pharmacy Education (ACPE), 312/664-3575, dtravlos@acpe-accredit.org

PRESENTATION METHOD(S): Panel discussion; Case study; Skills building

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

CONTENT AREA: 1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Define the mission and requirements for Joint Accreditation (JA)
2. Explain the value proposition of JA for eligible CME providers
3. Develop the competencies to lead your staff in applying for JA
4. Outline the importance of team-based CME in optimizing care
5. Implement team-based CME from needs analysis to evaluation

RECOMMENDED RESOURCES:
1. Eligibility requirements for Joint Accreditation: https://www.acpe-accredit.org/pdf/JA_Eligibility.pdf.
2. Official website for the multidisciplinary Symposium on Advanced Wound Care: http://www.sawc.net.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F24, Breakout

TIME/DAY/LOCATION: 11:15 am - 12:15 pm, Friday, 2/1/13, Nob Hill C-D/Lower B2

TITLE: Belt-tightening and Thriving in the New CME/CPE Paradigm

PRINCIPAL PRESENTER: Scott Weber
Med-IQ, 443/690-5214, sweber@med-iq.com

CO-PRESENTER: Anthia Mandarakas
sanofi-aventis US, 908/981-5319, Anthia.Mandarakas@sanofi.com

CO-PRESENTER: Kristen Binaso, RPh, BPharm
American Pharmacists Association, 973/881-7941, Kbinaso@aphanet.org

PRESENTATION METHOD(S): Panel discussion

COMPETENCY: 6.1 - Provide a vision of present role and future direction for continuing education and health care professionals' roles and responsibilities in continued learning.

CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS: 5. Finances – from how to write a grant to how to use industry grant sites, how to manage resources to budget reconciliation, with questions in between (e.g., finding new resources of revenue and asking learners to pay for education).

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Challenge current education model for max result/minimum cost
2. Leverage collaborative relationships for cost-effective education
3. Optimally identify and use resources for effective interventions
4. Design new funding plans to offset reduced commercial support
5. Gain insight into industry trends; consider other funding models

RECOMMENDED RESOURCES: Yager J, Silverman JJ, Rapaport MH. Adapting to decreased industry support of CME: lifelong education in an "industry-lite" world. Acad Psychiatry. 2011;35:101-105.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F25, Intensive

TIME/DAY/LOCATION: 1:45 - 4:15 pm, Friday, 2/1/13, Foothill G/2nd

TITLE: A Look at Meaningful Use and Performance Improvement CME: Individualizing Strategies to Optimize System Performance

CO-PRINCIPAL PRESENTER: Laura Gruber, MBA, MHS
University of Florida, 352/265-8309, grubela@ufl.edu

CO-PRINCIPAL PRESENTER: Karen Kuc, MPH
Joslin Diabetes Center, 617/309-5933, Karen.Kuc@joslin.harvard.edu

CO-PRESENTER: Sherlyn Celone
Joslin Diabetes Center, 203/451-3164, Sherlyn.celone@joslin.harvard.edu

CO-PRESENTER: Marvin Dewar, MD, JD
University of Florida, 352/265-8309, dewarma@ufl.edu

CO-PRESENTER: James Holly, MD (Panelist)
South Texas Medical Associates, 409-833-9797, Jholly@setma.com

CO-PRESENTER: Miriam Vincent, MD, PhD, JD (Panelist)
Downstate Family Medical Center, 718/270-244, Miriam.Vincent@downstate.edu

PRESENTATION METHOD(S): Panel discussion; Dissemination of research/findings; Case study; Workshop; Small group

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

CONTENT AREA: 5. Activities must be designed 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.

LEARNER PERCEIVED NEEDS: 7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Explain the principles of meaningful use.
2. Assess organizational needs/cultures in order to develop and implement effective individualized performance improvement solutions that support Patient Centered Medical Home (PCMH) standards.
3. Design effective performance improvement initiatives that demonstrate individual provider and system-wide behavior changes.
4. Understand the process for baseline and comparative assessments and how you need more than data to affect change.
5. Leverage organizational change management strategies to effectively implement performance improvement initiatives.
6. Develop performance improvement CME initiatives that address clinical and professional competency gaps in care.
7. Select performance improvement models and tools to effectively and efficiently improve individual provider and care team performance.

F25, Intensive continued

RECOMMENDED RESOURCES:
1. Nolan TW. Execution of Strategic Improvement Initiatives to Produce System-Level Results. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2007. (Available on www.IHI.org)
2. Using Electronic Medical Records to Measure and Improve Performance. Randall D. Cebul. Trans Am Clin Climatol Assoc. 2008; 119: 65–76.
3. Auerbach AD, Landefeld, S, Shojania KG. The Tension Between Needing to Improve Care and Knowing How to Do It. New Eng J Med. 2007; 357:608-613.
4. Botwinick L, Bisognano M, Haraden C. Leadership Guide to Patient Safety. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2006. (Available on www.IHI.org)
5. Federal Register
6. Health Information and Management Systems (HIMSS)
7. Cms.gov
8. American Association of Medical Colleges (AAMC)

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F26, Breakout

TIME/DAY/LOCATION: 1:45 - 2:45 pm, Friday, 2/1/13, Yerba Buena 7-9/Lower B2

TITLE: Ask the Experts: Pearls and Sage Advice on Assessment and Evaluation

PRINCIPAL PRESENTER: Mary Martin Lowe, PhD
Alliance for Continuing Education in the Health Professions, 312/576-6080, mlowe@acehp.org

CO-PRESENTER: Joseph Green, PhD
Professional Resource Network, Inc., 202/557-4670, prn.jgreen@mindspring.com

CO-PRESENTER: Carol Havens, MD
The Permanente Medical Group-Northern California, 510/625-3317, carol.havens@kp.org

CO-PRESENTER: David Price, MD
Kaiser Permanente-Colorado, 303/614-1308, david.price@kp.org

PRESENTATION METHOD(S): Panel discussion; Open Q&A and group input throughout session

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.

CONTENT AREA: 5. Activities must be designed 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.

LEARNER PERCEIVED NEEDS: 4. Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Avoid common mistakes CE Providers make when implementing assessment and evaluation practices.
2. Link CE activity assessment and evaluation with the expected results and strategic priorities of a CE program.
3. Implement at least one best practice for designing assessments of CE activities and the overall CE program.

RECOMMENDED RESOURCES:
1. Moore, D. E., Green, J. S. and Gallis, H. A. (2009) Achieving desired results and improved outcomes: Integrating planning and assessment throughout learning activities. Journal of Continuing Education in the Health Professions, 29: 1–15.
2. Kirkpatrick, D. (1998). Evaluating Training Programs: The Four Levels. 2nd ed. San Francisco, CA: Berrett-Koehler.
3. Rogers, E.M. (2003). Diffusion of Innovations, 5th Edition. New York, NY: Free Press.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F27, Breakout

TIME/DAY/LOCATION: 1:45 - 2:45 pm, Friday, 2/1/13, Yerba Buena 1-2/Lower B2

TITLE: Creating an Internal CME Audit: Practical Tools

STORY: We often hear that colleagues are overwhelmed by the details of ACCME's accreditation criteria, policies, and Standards for Commercial Support^{SM}. Even as some become more familiar and comfortable designing, delivering, and evaluating CME activities implementing these criteria, others realize that monitoring for compliance can be a daunting task. This session focuses on ways to engage staff and volunteers in an audit process designed to help monitor compliance for a variety of activity types. We'll share an approach to compliance monitoring that is systematic, comprehensive and offers every day practical audit tools that can easily be adapted to your own CME activities. These practical audit forms will serve as a focal point for participant review and discussion, allow for feedback and opportunities for participants to share their own compliance successes. The comprehensive internal CME audit process provides one way to accentuate the value of the continuing education activities, assists volunteers to conduct and complete the audit and documents the results of the monitoring process. As an added advantage, this session provides basic guidance to support the ongoing development of your continuing education staff.

PRINCIPAL PRESENTER: Susan Brown Zahn, PhD
American Orthopedic Society for Sports Medicine (AOSSM), 847/292-4900, susan@aossm.org

CO-PRESENTER: Jacqueline Parochka, EdD
Excellence in Continuing Education, Ltd, 847/680-6419, jacquelineparochka@comcast.net

PRESENTATION METHOD(S): Case study

COMPETENCY: 7.1 - Document the value of the continuing education program to its own organization and to the health care professionals that it serves.

CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS: 8. Basics – from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Describe the components of an internal CME audit process
2. Gain the potential to develop an audit process
3. Evaluate the comprehensiveness and questions on an audit

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F28, Breakout

TIME/DAY/LOCATION: 1:45 - 2:45 pm, Friday, 2/1/13, Nob Hill A-B/Lower B2

TITLE: Interacting With the Learner Online: How Can We Improve the Design, Planning and Implementation of CME Programs?

PRINCIPAL PRESENTER: Roger Blumenthal, MD
Johns Hopkins University School of Medicine, 410/955-7376, rblument@jhmi.edu

CO-PRESENTER: Chris Cannon, MD
Brigham & Women's Hospital-Harvard Medical School, 617/278-0145, cpcannon@partners.org

CO-PRESENTER: Robert Rosenbloom
PlatformQ Health, 617/938-6001, rrosenbloom@platformq.com

CO-PRESENTER: Alyce Kuklinski, NP, RN
PlatformQ Health, 617/938-6009, akuklinski@platformq.com

PRESENTATION METHOD(S): Panel discussion with live in-person and live virtual presentations

COMPETENCY: 2.9 - Provide interactive learning and opportunities to practice skills that lead to change in health care professionals' performance.

CONTENT AREA: 7. Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

LEARNER PERCEIVED NEEDS: 6. Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Analyze how various interactive modalities (including the use of open-source integrated learning management systems such as Moodle) can be used to facilitate activity registration, curriculum/test administration and peer-to-peer communication
2. Incorporate the most effective interactive formats into individual online programs in order to facilitate timely needs assessment, retained learning and program evaluation
3. List criteria to consider when evaluating a technology partner in the planning, implementation and/or evaluation of a CME activity or activities
4. Increase interactivity among participants of online CME to ensure an exchange of ideas, knowledge and best practices

RECOMMENDED RESOURCES: Learners can find out more about virtual education platforms at www.CardioCareLive.com.

FINANCIAL OR IN-KIND SUPPORT: None

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F29, Breakout

TIME/DAY/LOCATION: 1:45 - 2:45 pm, Friday, 2/1/13, Yerba Buena 3-4/Lower B2

TITLE: A Competency-based Professional Development Framework for CME Providers

STORY: Current changes in the continuing medical education landscape require CME professionals to evaluate their current skillsets and learn new ones to meet the growing demands of the marketplace. CME Directors and managers working along with their staff are now required to assess the competencies needed and provide a career development and training pathway. This training and professional development are integral if the CME office has to sustain and be successful. This session focuses on defining a competency based training and development matrix for CME professionals. Participants will take with them examples of competency based training matrices for common positions that exist within a CME office. The session will also discuss the process of development of a matrix, so participants can modify or create one based on their needs. Use of the matrix to define the training and career pathway for staff has implications for annual performance reviews and setting goals for all staff, thereby making continuous professional development more meaningful and effective.

PRINCIPAL PRESENTER: Chitra Subramaniam, PhD
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CO-PRESENTER: Katherine Grichnik, MD
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PRESENTATION METHOD(S): Small group

COMPETENCY: 8.2 Continually improve educational performance of the continuing education program through professional development.

CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS: 10. Personal and Staff Development – From conflict management, leadership development, and working with difficult people to work-life balance, staff recruitment and development, and personal growth.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Recognize the role of competency based frameworks and curricula in training and professional development
2. Describes approaches to creating a competency based framework for CME professionals
3. Discuss the different competencies and the relevant skills that pertain to a CME professionals
4. Describe the implementation and use of the competency framework for training CME professionals

RECOMMENDED RESOURCES:
1. Campbell C, Silver I, Sherbino J, Cate OT, Holmboe ES.2010. Competency based continuing professional development, Med Teach. 2010;32(8):657-62.
2. Brook, PA. 1989. Applying adult learning principles to competency based staff development, Canadian Vocational Journal, v24 n4 p4-6 Feb 1989.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F30, Breakout

TIME/DAY/LOCATION: 1:45 - 2:45 pm, Friday, 2/1/13, Nob Hill C-D/Lower B2

TITLE: Evaluating the Methodology and Value of Outcomes in CME: Designing and Implementing Strategies to Assess Learner and Patient Outcomes

PRINCIPAL PRESENTER: Matthew Frese, MBA
Quintiles Medical Education, 908/463-9263, matthew.frese@quintiles.com

PRINCIPAL PRESENTER: Sara Miller, MS
Med-IQ, 410/838-3459, smiller@med-iq.com

PRINCIPAL PRESENTER: Randy Robbin, CCMEP
NACCME, LLC, 609/371-1137, rrobbin@naccme.com

PRINCIPAL PRESENTER: Sara Fagerlie, PhD
Educational Concepts Group, LLC, 425/244-5101, sfagerlie@educationalconcepts.net

CO-PRESENTER: Tom Bregartner, MBA
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CO-PRESENTER: Dale Kummerle, PharmD
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CO-PRESENTER: Terry Dex, PharmD
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CO-PRESENTER: Carolyn Berry, PhD
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CO-PRESENTER: Brian Lee, PharmD
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CO-PRESENTER: Anthia Mandarakas
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CO-PRESENTER: Alison Heintz, MPH
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CO-PRESENTER: Jason Everly, PharmD, BCOP
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PRESENTATION METHOD(S): Panel discussion; Case study; Dissemination of research findings; Skill building
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.

CONTENT AREAS:
5. Activities must be designed 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.

F30, Breakout continued

6. Innovations to improve the provision of patient care will become the best practices of the future.
8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS:
3. Needs Assessments – from how to design and interpret needs assessments to how to better glean true practice gaps and performance measures.
4. Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.
7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Define the need, methodology, and value for the evaluation of patient outcomes.
2. Discuss the value of designing a serialized curriculum for a diverse learner group and healthcare teams.
3. Discuss the value and process for accessing and utilizing a patient centric approach in the design, development and outcome of an educational intervention.
4. Outline the value of strategic partnerships (managed care, patient advocacy groups, medical associations and others) in the design and development of your activity.
5. Implement effective strategies for evaluating outcomes, improving assessment methodology, and reporting results.
6. Interpret educational outcomes to determine educational gaps and tactical consideration for future activities.

RECOMMENDED RESOURCES:
1. Allaire BT, Trogdon JG, Egan BM, et al. Measuring the impact of a continuing medical education program onpatient blood pressure. J Clin Hyperten. 2011:13;517-522.
2. Davis, et al. Impact of formal continuing medical education. Available at: http://jama.amaassn.org/content/282/9/867.full.pdf
3. Ellrodt G, et al. Multidisciplinary rounds (MDR): an implementation system for sustained improvement in the AHA's get with the guidelines program. Crit Pathw Cardiol. 2007 Sep;6(3):106-116
4. Mazmanian PE, Davis DA, Galbraith R.Continuing Medical Education effect on clinical outcomes. Chest. 2009;135: 495-555.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F31, Breakout

TIME/DAY/LOCATION: 1:45 - 2:45 pm, Friday, 2/1/13, Yerba Buena 5-6/Lower B2

TITLE: Death by Webinar

STORY: Have you ever found yourself navigating away to check your email during an educational webinar? For many, looking at slides while listening to a disembodied voice is inherently boring. Yet the webinar format is convenient, low-cost, and relatively easy to use – it's here to stay! So how can you design a webinar that incorporates meaningful interaction leading to your educational goals and objectives? Using WebEx in this session, we will demonstrate the effective use of raising hands, chat, annotation, quick vote, polling, and discussion to keep participants engaged and help them learn.

PRINCIPAL PRESENTER: Amy Osterholm, MPH, MSW
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CO-PRESENTER: Karen Olivar, BA
The Permanente Medical Group-Northern CA, 510/625-4769, karen.n.olivar@kp.org

PRESENTATION METHOD(S): Lecture/Demonstration

COMPETENCY: 2.9 - Provide interactive learning and opportunities to practice skills that lead to change in health care professionals' performance.

CONTENT AREA: 7. Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

LEARNER PERCEIVED NEEDS: 6. Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Design an educational webinar that maximizes participant interaction, leading to improved outcomes.
2. Facilitate an educational webinar maximizing interaction, leading to improved outcomes.

RECOMMENDED RESOURCES: Presenter will provide a link to the recorded webinar that is used as a live demonstration during the presentation.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F32, Breakout

TIME/DAY/LOCATION: 1:45 - 2:45 pm, Friday, 2/1/13, Yerba Buena 10-11/Lower B2

TITLE: Improving Immunizations for Oncology Patients through Team Based Education and Practice Change

STORY: As CE providers, sometimes we identify a gap that is so obvious and basic that it is difficult to believe it even exists. Such is the case with ensuring pneumococcal vaccination in cancer patients in advance of their undergoing chemotherapy and radiation therapy. In a nutshell, most of this patient population – which is highly vulnerable to pneumococcal infection resulting in hospitalization, morbidity or mortality – is unaware or uneducated by their healthcare providers about the pneumococcal vaccine. This initiative demonstrated that while many oncology professionals knew about the risk, they didn't consider immunization a priority, or believed it was the responsibility of primary care. It also demonstrated that appropriately designed and executed interprofessional CE can change attitudes and beliefs, resulting in standing orders, clinical discussions and improved patient care.

PRINCIPAL PRESENTER: Andrew Crim
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CO-PRESENTER: Lucille Leong, MD
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CO-PRESENTER: Allison Eades, MA
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CO-PRESENTER: Robert Morgan, MD
City of Hope Comprehensive Cancer Center, 626/359-8111, rmorgan@coh.org

CO-PRESENTER: Sean Hayes, PsyD
AXDEV Group, 888/282-9338, hayess@axdevgroup.com

CO-PRESENTER: Pamela McFadden
University of North Texas Health Sciences Center-Fort Worth, 817/735-2581, pam.mcfadden@unthsc.edu

PRESENTATION METHOD(S): Dissemination of research/findings

COMPETENCY:
4.1 - Recognize that, when offering learning interventions, health care professionals are part of a team and the system in which they work.
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 continuing education mission.

CONTENT AREA: 6. Innovations to improve the provision of patient care will become the best practices of the future.

LEARNER PERCEIVED NEEDS:
4. Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.
7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

F32, Breakout continued

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Facilitating changes in practice through the dissemination of a clinical action plan (Pneumococcal Risk Reduction Roadmap)
2. Strategies to promote participant reflection on gaps and barriers in clinical practice
3. Raised awareness on the complexity of the roles, responsibility, and accountability of professionals in the health care system and the impact on patient care and safety
4. Recognize how IT can improve vaccinating at point of care
5. Identify members of a multidisciplinary team to optimize vaccines
6. Be aware of a model for best practices for vaccinations
7. Value of using a case study to inform development of an educational program

RECOMMENDED RESOURCES:
1. US Department of Health and Human Services, CDC. (2009). Pneumococcal polysaccharide vaccine information statement. Retrieved from http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-ppv.pdf.
2. Yee SS, Dutta PR, Solin LJ et al. Lack of compliance with national vaccination guidelines in oncology patients. J Support Onc 2010; 8: 28-34.
3. http://www.cdc.gov/vaccines/default.htm.
4. Burns IT, Zimmerman RK. Immunization barriers and solutions. J Fam Prac 2005; 54: 58-62.

FINANCIAL OR IN-KIND SUPPORT: These programs and case study were supported by an educational grant from Pfizer.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F33, Breakout

TIME/DAY/LOCATION: 1:45 - 2:45 pm, Friday, 2/1/13, Yerba Buena 12-13/Lower B2

TITLE: Overview of PA CPD, Accreditation and Certification Maintenance

PRINCIPAL PRESENTER: Daniel Pace
American Academy of Physician Assistants, 703/836-2272, dpace@aapa.org

CO-PRESENTER: Greg Thomas, PA-C
National Certification Commission for Physician Assistants, 703/836-2272, gthomas@nccpa.net

CO-PRESENTER: Leocadia Conlon, PA-C, MPH
American Academy of Physician Assistants, 571/319-4405, lconlon@aapa.org

CO-PRESENTER: Sharon Kulesz, PA
American Academy of Physician Assistants, 703/836-2272, skulesz@aapa.org

PRESENTATION METHOD(S): Panel discussion; Large group facilitation with ARS support

COMPETENCY: 4.1 - Recognize that, when offering learning interventions, health care professionals are part of a team and the system in which they work.

CONTENT AREA: 1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 1. Regulatory – from Accreditation Council for Continuing Medical Education (ACCME) to Federal Drug Administration (FDA) and Office of Inspector General (IOG)/Institute of Medicine (IOM). Participants want to know how to comply, document, keep up-to-date, and manage conflict of interest (COI).

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Synthesizing understanding of the role of the PA for CIPE
2. Compare & contrast PA requirements with MD/DO requirements
3. Deconstruct attitudes as needed about PA needs as learners

RECOMMENDED RESOURCES:
1. www.aapa.org
2. www.nccpa.net
3. 2010 Institute of Medicine report on Redesigning CEHP

FINANCIAL OR IN-KIND SUPPORT: AAPA will use its ARS system.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F34, Breakout

TIME/DAY/LOCATION: 1:45 - 2:45 pm, Friday, 2/1/13, Yerba Buena 14-15/Lower B2

TITLE: Navigate the MOC Landscape: Concept, Potential and Products

STORY: Learn what the American Board of Medical Specialties (ABMS) Maintenance of Certification® process means for practicing physicians and any stakeholder organizations through three linked, interactive discussions –

• What is the role of the ABMS in the voluntary self-regulation of physicians? How MOC and the associated competencies emerged as the vehicle to accomplish this. How the 24 ABMS member boards implement MOC requirements and guide the development of compliant activities.

• Inter-professional and/or team-based learning and care touches most of the MOC core competencies and offers one of the most promising avenues for improvement in the health system. Through case study learn how to implement and measure collaborative interventions.

• Evaluate how your organization might approach creating a Practice Improvement Module®, an MOC activity that satisfies ABMS Part IV requirements (Practice Performance Assessment). A case study will look at the strengths and pitfalls of one medical society's experience in developing their first MOC approved PIM.

PRINCIPAL PRESENTERS:
Ron Murray, EdD
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Ed Dellert, RN, MBA, CCMEP
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Lori Marks, PhD
American Gastroenterological Association, 301/941-2624, lmarks@gastro.org

CO-PRESENTERS:
Stephanie Bedasse, CCMEP
Formerly at HIT Global, 416/471-8969, bedasse_s@yahoo.ca

Tamara Eberly, PhD
Consultant, University of Virginia School of Medicine (ret.), 434/218-9819, eberly.health@gmail.com

Suzanne Ziemnik, MEd
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Ted Bruno, MD
The France Foundation, 860/598-2274, tbruno@francefoundation.com

Maura Davis, BS
American Gastroenterological Association, 301/941-9786, mdavis@gastro.org

MODERATOR: Charles Willis, MBA
Clinical Outcomes Improvement, 773/415-0401, charleswillis1@hotmail.com

PRESENTATION METHODS: Panel discussion and case study

F34, Breakout continued

COMPETENCY:
2.12 - Offer consultation within health care professionals' organizations to identify goals for education that are specific to the practice and measureable.
3.6 - Provide measurement tools and utilize reliable data to enable health care learners to compare present levels of performance with optimum performance.
5.3 - Collaborate and build relationships that support educational improvements for the patient, the health care professionals, and the organization in which the professionals work.

CONTENT AREA:
1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.
3. The ever-changing landscape of physician specialty certification and licensure will drive changes in the design and delivery of continuing education.
8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS:
2. Maintenance of Certification (MOC)/Maintenance of Licensure (MOL) – from understanding the basics to developing products to engage learners.
7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:
- Describe the ABMS competencies and learning stages of MOC.
- Create activities that meet MOC requirements.
- Compare the MOC requirements among specific boards.
- Review evolving process for board recognition of MOC activities.
- Identify effective collaborations and measurements for success.
- Identify ineffective processes and tools used in collaborations.
- Discuss how collaborations can have larger & improved impacts.
- Select appropriate performance measures for PIM development.
- Apply PIM platform selection criteria: vendor or in-house?
- Evaluate when to integrate PIM development with a registry.

RECOMMENDED READING:
1. American Board of Medical Specialties, www.abms.org/Maintenance_of_Certification. www.certificationmatters.org
2. Federation of State Medical Boards, Maintenance of Licensure (MOL) Information Center, http://www.fsmb.org/m_mol_faqs.html.
3. Institute for Healthcare Improvement Open School, http://www.ihi.org/offerings/IHIOpenSchool/overview/Pages/default.aspx.
4. National Institute for Quality Improvement and Education Site, https://www.niqie.org/Default.aspx.
5. American Board of Internal Medicine, MOC, self-evaluation of practice performance: http://www.abim.org/moc/earning-points.aspx.
6. The Physician's Recognition Award and credit system (AMA, 2010, page 6): http://www.ama-assn.org/resources/doc/cme/pra-booklet.pdf.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F35A, B, C, Office Hours

TIME/DAY/LOCATION: 1:45 - 2:00 pm, 2:05 - 2:20 pm, and
2:25 – 2:40 pm, Friday, 2/1/13,
Foothill A/2nd

TITLE: Accreditation with Commendation
(All Paid Participants Who Signed-up for This Time Slot Welcome)

STORY: Remember when you signed up for an appointment with a college professor, seeking feedback, advice, or just a quick answer? Because of our ACEHP "professors" the attendees at the 2013 Annual Conference will have the same opportunity – a chance to sign-up for an appointment with professors who have expertise in a variety of topics. We have three rooms set aside and a total of six time slots allocated to Office Hours. Each appointment will be for 15 minutes! This is YOUR chance to ask that burning question, get some sage advice, or float a new idea.

PRINCIPAL PRESENTER: Wanda Johnson, BS
The Endocrine Society, 301/941-0222, wjohnson@endo-society.org

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F36A, B, C, Office Hours

TIME/DAY/LOCATION: 1:45 - 2:00 pm, 2:05 - 2:20 pm, and
2:25 - 2:40 pm, Friday, 2/1/13,
Foothill B/2nd

TITLE: Office and Tech Tools for the CPD Office
(All Paid Participants Who Signed-up for This Time Slot Welcome)

STORY: Remember when you signed up for an appointment with a college professor, seeking feedback, advice, or just a quick answer? Because of our ACEHP "professors" the attendees at the 2013 Annual Conference will have the same opportunity – a chance to sign-up for an appointment with professors who have expertise in a variety of topics. We have three rooms set aside and a total of six time slots allocated to Office Hours. Each appointment will be for 15 minutes! This is YOUR chance to ask that burning question, get some sage advice, or float a new idea.

PRINCIPAL PRESENTER: Mary Ales, BA
Interstate Postgraduate Medical Association, 608/237-7331, males@ipmameded.org

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F37A, B, C, Office Hours

TIME/DAY/LOCATION: 1:45 - 2:00 pm, 2:05 - 2:20 pm, and
2:25 - 2:40 pm, Friday, 2/1/13,
Foothill H/2nd

TITLE: Tricks for Meeting Planning
(All Paid Participants Who Signed-up for This Time Slot Welcome)

STORY: Remember when you signed up for an appointment with a college professor, seeking feedback, advice, or just a quick answer? Because of our ACEHP "professors" the attendees at the 2013 Annual Conference will have the same opportunity – a chance to sign-up for an appointment with professors who have expertise in a variety of topics. We have three rooms set aside and a total of six time slots allocated to Office Hours. Each appointment will be for 15 minutes! This is YOUR chance to ask that burning question, get some sage advice, or float a new idea.

PRINCIPAL PRESENTER: Robyn Snyder, BA
American College of Cardiology, 202/375-6534, rsnyder@acc.org

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F38, Mini-plenary

TIME/DAY/LOCATION: 3:15 - 4:15 pm, Friday, 2/1/13,
Yerba Buena 7-9/Lower B2

TITLE: REMS, Mandated Education and Our Opportunity
(Invited Abstract)

STORY: Since medical societies, state governments and other regulatory and accreditation organizations instituted mandatory continuing education requirements for health professionals there has been ongoing debate about their effectiveness. Now, in the context of public health problems like prescription drug abuse agencies of government and others are setting education mandates ostensibly designed to improve practice. The practice gaps intended to be addressed by these initiatives have been identified and patient and practitioner factors that bear on the problem have been studied- especially in the area of pain management. When engaging in planning for mandated education there are myriad standards, regulatory requirements and guidances to be considered as well.

PRINCIPAL PRESENTER: Robert Kristofco, MSW
Pfizer Inc, 212/733-0055, robert.kristofco@pfizer.com

CO-PRESENTER: Don Moore, PhD
Vanderbilt University School of Medicine, 615/322-4030, don.moore@vanderbilt.edu

CO-PRESENTER: Curtis Olson, PhD
University of Wisconsin-Madison, 608/265-8025, caolson2@wisc.edu

PRESENTATION METHOD(S): Interactive Panel Discussion

COMPETENCY:
2.6 Consider the learning environment, select and apply learning formats that are effective for health care professionals learning and meeting the expected outcome.
2.12 Offer consultation within health care professionals' organizations to identify goals for education that are specific to the practice and are measureable.
3.6 Provide measurement tools and utilize reliable data to enable health care professionals-learners to compare present levels of performance with optimum performance.

CONTENT AREA: What are the considerations that should be taken into account when addressing educational mandates? This session intends to provide participants with perspectives ranging from an exploration of the philosophy of continuing education in the health professions to the role implementation science plays in the delivery and assessment of education. The participants in this session will be asked to take a position on requiring an evidence based approach when asked to engage in planning or implementing mandated education.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES: This session will address the following questions:
- Federal and State Mandated Education: What is it that the education community is being asked to do?
- What is our philosophy of education and how can it guide our thinking on this topic?
- Does implementation science have anything to contribute to our addressing these mandates?
- Is it time we mandated evidence based approaches to problems being addressed using mandatory education?
- Are there case studies that can shed light on these problems?
- What role does advocacy play in this discussion?

F38, Mini-plenary continued

RECOMMENDED RESOURCES:

1. Olson CA, Where is the Philosophy in the Continuing Education of Health Professions Literature? Journal of continuing education in the health professions, 2012 32(2): 75-77.
2. Fox RD, Miner C. Motivation and the facilitation of change, learning, and participation in educational programs for health professionals. Journal of Continuing Education in the Health Professions. 1999;19(3):132-141.
3. Donald E. Moore, Jr., PhD; Ronald M. Cervero, PhD; Robert Fox, EdD. A Conceptual Model of CME to Address Disparities in Depression Care Journal of Continuing Education in the Health Professions, 27(S1):S40–S54, 2007.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F39, Breakout

TIME/DAY/LOCATION: 3:15 - 4:15 pm, Friday, 2/1/13, Yerba Buena 1-2/Lower B2

TITLE: Advancing CE through Innovation (Batteries Not Included)

PRINCIPAL PRESENTER: Scott Weber
Med-IQ, 443/690-5214, sweber@med-iq.com

CO-PRESENTER: Kristan Cline, PhD, CCMEP
Janssen Scientific Affairs, 908/927-6670, kcline1@its.jnj.com

CO-PRESENTER: Chitra Subramaniam, PhD
Duke Clinical Research Institute, 919/401-1205, chitra.subramaniam@duke.edu

PRESENTATION METHOD(S): Panel discussion

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

CONTENT AREA: 6. Innovations to improve the provision of patient care will become the best practices of the future.

LEARNER PERCEIVED NEEDS: 8. Basics – from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Define "Innovation" as it applies to the current CE landscape
2. Design educational innovations for improved engagement
3. Explore non-tech innovations from other fields and their impact
4. Evaluate/balance value of technology with the impact on learner

RECOMMENDED RESOURCES: Institute of Medicine of the National Academies. Redesigning continuing education in the health professions. December 4, 2009. www.iom.edu/Reports/2009/Redesigning-Continuing-Education-in-the-Health-Professions.aspx. Accessed March 16, 2012.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F40, Breakout

TIME/DAY/LOCATION: 3:15 - 4:15, Friday, 2/1/13, Nob Hill A-B/Lower B2

TITLE: Perspectives in Learning through Social Media

PRINCIPAL PRESENTER: Alexander Djuricich, MD
Indiana University School of Medicine, 317/274-0104, adjurici@iupui.edu

CO-PRESENTER: Jennifer Gunter, MD
Physician, 415/690-0373, jennifer.gunter@gmail.com

CO-PRESENTER: Derek Warnick
D. Warnick Consulting, 267/997-9820, dwarnick@theCMEguy.com

CO-PRESENTER: Alicia Reese
Sanofi US, 585/355-1558, alicia.reese@sanofi.com

PRESENTATION METHOD(S): Case study; Skills building

COMPETENCY: 2.9 - Provide interactive learning and opportunities to practice skills that lead to change in health care professionals' performance.

CONTENT AREA: 8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS: 6. Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Review reflections from CME professionals and practicing physicians on using Social Media in their personal learning networks.
2. Recognize the importance that social media can bring to health promotion.
3. Explore practical ways to integrate social media into a conference presentation.
4. Integrate social media into one's day-to-day work activities.

RECOMMENDED RESOURCES:
1. George DR. "Friending Facebook?" A mini course on the use of social media by health professionals. JCEHP 2011;31(3):215-9.
2. My Small Dream For The CME Community On Twitter: http://wp.me/p1zifw-5QvLS9.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F41, Breakout

TIME/DAY/LOCATION: 3:15 - 4:15, Friday, 2/1/13,
Yerba Buena 3-4/Lower B2

TITLE: Developing the Medical Professional for the Future of CPD

PRINCIPAL PRESENTER: Debra Gist, MPH
American Academy of Dermatology, 847/240-1697, dgist@aad.org

CO-PRESENTER: Christine Presta
American Academy of Dermatology, 847/240-1698, cpresta@aad.org

CO-PRESENTER: Ted Bruno, MD
The France Foundation, 860/598-2274, tbruno@francefoundation.com

CO-PRESENTER: Jennifer Green
The France Foundation, 860/598-2293, jgreen@francefoundation.com

PRESENTATION METHOD(S): Dissemination of research/findings; Case study

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

CONTENT AREA: 3. The ever-changing landscape of physician specialty certification and licensure will drive changes in the design and delivery of continuing education.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Identify current and evolving challenges in CPD
2. Recognize the role of peer diffusion of regulatory information
3. Delineate strategies for developing clinicians as faculty
4. Discuss the impact of educational interventions for CPD planners, faculty and residents

RECOMMENDED RESOURCES: Davis DA, Prescott J, Fordis CM Jr, Greenberg SB, Dewey CM, Brigham T, Lieberman SA, Rockhold RW, Lieff SJ, Tenner TE Jr. Rethinking CME: an imperative for academic medicine and faculty development. Acad Med. 2011 Apr;86(4):468-73.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F42, Breakout

TIME/DAY/LOCATION: 3:15 - 4:15, Friday, 2/1/13,
Yerba Buena 5-6/Lower B2

TITLE: Research & Development in Continuing Health Education (CHE): How to Build Capacity with the Resources You Have

PRINCIPAL PRESENTER: Lisa Fleet, MA, Dip.AdEd, BEd
Memorial University, 709/777-4293, lfleet@mun.ca

CO-PRESENTER: Heather Stenerson, MEd
University of Saskatchewan, 306/766-6421, heather.stenerson@rqhealth.ca

PRESENTATION METHOD(S): Workshop; Skills building; Small group

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

CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS: 10. Personal and Staff Development – From conflict management, leadership development, and working with difficult people to work-life balance, staff recruitment and development, and personal growth.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Explore the challenges faced by CHE researchers.
2. Recognize the contributions research can make to their programs.
3. Identify the process involved in "growing" research capacity.

RECOMMENDED RESOURCES:
1. Cooke J. A framework to evaluate research capacity building in health care. BMC Fam Pract 2005;6:44.
2. Huggett KN, Gusic ME, Greenberg R, Ketterer JM. Twelve tips for conducting collaborative research in medical education. Med Teach 2011;33(9):713-18.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F43, Breakout

TIME/DAY/LOCATION: 3:15 - 4:15, Friday, 2/1/13, Nob Hill C-D/Lower B2

TITLE: CME SIMULATION: Examining Simulation-Based Learning Modalities in Improving Health Professionals' Care

PANELIST: Stephen Chavez
NACCME, 215/317-5864, schavez@naccme.com

PANELIST: Mary Faulkner
Abbott Labs, 847/936-1046, mary.faulkner@abbott.com

PANELIST: Trudi Bloom, MBA, CCMEP
Genentech, 650/225-7661, tbloom@gene.com

PANELIST: Nikhil Patel, PharmD
Bristol-Myers Squibb, 609/897-3800, Nikhil.patel@bms.com

PANELIST: Luis Llerena, MD, FACS
Tampa General Hospital, 813/844-7968, lllerena@health.usf.edu

PANELIST: Bonny McClain, MS, DC
ASSESSmint Quantitative Analytics, 336/274-7996, bonny@assessmint.net

PANELIST: Kim Vadas, BA, MABMH(c)
University of South Florida, 813/224-7858, kvadas@health.usf.edu

DESCRIPTION: The panelists will describe the use of both hands-on and video-based patient simulation in continuing professional development. The perspectives of faculty, commercial supporter, outcomes expert, educational planner and academic institution will be shared. Attendees will be able to examine the practical application of simulation modalities to affect learning outcomes.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
- Describe a comprehensive model for an experiential simulation education-based CME program
- Integrate learner-centric approaches to accommodate heterogeneous gaps
- Explain the processes for integrating "hands-on" instructional design into program, and
- Discuss best practices in activities that assist learner teams in adopting systems change
- Recognize key catalysts influencing the balance between collaboration and conflict within interprofessional collaborative healthcare teams.
- Assess the impact of patient simulation on planning, needs assessment and outcomes design

PERFORMANCE: Level 5/6–Simulation based education enables healthcare profession teams to reduce medical errors and improve patient safety and care. The use of simulation as an educational tool encourages reflective practice through the receipt of formative feedback from peers, as well as teaching faculty.

RECOMMENDED RESOURCES:
- Problem-Based Learning, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1125189/
- Integration of Advanced Technologies to Enhance Problem-Based Learning Over Distance: Project TOUCH, http://virtualenvironments.pbworks.com/f/jacobs.pdf
- Using Patient Simulation to Facilitate Students' Clinical Skills, http://www.capcsd.org/proceedings/2002/talks/rdean2002.pdf
- CORE Workshops, http://www.naccme.com/core

EDUCATIONAL FORMAT: F44, Breakout

TIME/DAY/LOCATION: 3:15 - 4:15, Friday, 2/1/13,
Yerba Buena 10-11/Lower B2

TITLE: Powering the Pharmacist from Dispenser to Leader in Hospital QI

PRINCIPAL PRESENTER: Randy Robbin, CCMEP
North American Center for CME, LLC (NACCME LLC), 609/371-1137, rrobbin@naccme.com

CO-PRESENTER: Rolando Brual, RPh
Lilly USA, LLC, 317/277-8297, ro_brual@lilly.com

CO-PRESENTER: Randolph Fugit, PharmD, BCPS
University of Colorado Health Sciences Center, 303/399-8020, ext. 2033, randolph.fugit@va.gov

CO-PRESENTER: Julie Owens, PharmD
Sanofi US, 908/981-5191, julie.owens@sanofi.com

PRESENTATION METHOD(S): Panel discussion; Skills building

COMPETENCY: 4.1 - Recognize that, when offering learning interventions, health care professionals are part of a team and the system in which they work.

CONTENT AREA: 1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Outline the role of pharmacists on institutional quality care teams
2. Summarize quality-reporting requirements from CMS and others
3. Illustrate the need and value drivers for supporting pharmacy CE
4. Define areas of educational need for health-system pharmacists
5. Use a validated instructional design for pharmacy CE initiatives

RECOMMENDED RESOURCES:
1. Pharmacy Learning Network (live, local learning for health-system pharmacists): http://www.pharmacylearningnetwork. com; JCCP Vision Statement.
2. http://www.accp.com/docs/positions/misc/JCPPVisionStatement.pdf.
3. ASHP Pharmacy Practice Model Initiative: http://www.ashp.org/PPMI.
4. CMS Hospital Quality Initiatives: http://www.cms.gov/hospitalqualityinits/.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F45, Breakout

TIME/DAY/LOCATION: 3:15 - 4:15, Friday, 2/1/13, Yerba Buena 12-13/Lower B2

TITLE: Getting Handy: Working with Industry for Hands-on Education

PRINCIPAL PRESENTER: Damon Marquis, MA, MS, FACEHP
The Society of Thoracic Surgeons, 312/202-5813, dmarquis@sts.org

CO-PRESENTER: Pam Beaton, BS
Savvy CME Consulting, 202/769-9422, pam@savvycmeconsulting.com

PRESENTATION METHOD(S): Panel discussion; Case study; Skills building; Small group

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

CONTENT AREA: 7. Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

LEARNER PERCEIVED NEEDS: 1. Regulatory – from Accreditation Council for Continuing Medical Education (ACCME) to Federal Drug Administration (FDA) and Office of Inspector General (IOG)/Institute of Medicine (IOM). Participants want to know how to comply, document, keep up-to-date, and manage conflict of interest (COI).

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Implement mechanisms to maintain compliance for hands-on training
2. Develop policies to clarify roles when working with industry
3. Work with faculty/planners to ensure independence from CI
4. Work with industry to develop effective education

RECOMMENDED RESOURCES:
1. ACCME Standards for Commercial Support
2. AdvaMed Code of Ethics
3. CMSS Code of Ethics on Interactions with Healthcare Professionals
4. AMA Code of Medical Ethics

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F46, Breakout

TIME/DAY/LOCATION: 4:30 - 5:30 pm, Friday, 2/1/13,
Yerba Buena 7-9/Lower B2

TITLE: Inter-professional and Team-Based Education: A Collaboration as Good as Abbott and Costello

PRINCIPAL PRESENTER: Jason Singer, PharmD
Lilly USA, LLC, 317/277-8333, jsinger@lilly.com

CO-PRESENTER: Lawrence Sherman, FACEHP, CCMEP
Prova Education, 646/701-0041, ls@provaeducation.com

PRESENTATION METHOD(S): Case study; Workshop

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

CONTENT AREA: 1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 8. Basics – from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. List the benefits and challenges of team-based/inter-professional learning
2. Appropriately apply different principles of team-based/inter-professional education
3. Select appropriate educational environments in which team-based/inter-professional education is the optimal approach

RECOMMENDED RESOURCES:
1. Reeves S. An Overview of Continuing Interprofessional Education. JCHEP, 29(3):142–146, 2009.
2. Kanter SL. Can We Improve Interprofessional Team-Based Patient Care Without Calling 9-1-1? Academic Medicine, 87(3): 253–254, 2012.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F47, Breakout

TIME/DAY/LOCATION: 4:30 - 5:30 pm, Friday, 2/1/13, Yerba Buena 1-2/Lower B2

TITLE: Technology 101 Workshop: An Introduction to Social Media Websites

PRINCIPAL PRESENTER: Scott Bradbury, MS
American Academy of Pediatrics, 847/434-7147, sbradbury@aap.org

CO-PRESENTER: Brian McGowan, PhD
Consultant, 610/908-2871, Drbrianmcgowan@gmail.com

CO-PRESENTER: Derek Warnick, MSPT
D. Warnick Consulting, 267/997-9820, dwarnick@theCMEguy.com

CO-PRESENTER: Brandee Plott, CCMEP
Quantum Outcomes, 303/551-9100, bplott@quantum-outcomes.com

PRESENTATION METHOD(S): Workshop

COMPETENCY: 2.9 - Provide interactive learning and opportunities to practice skills that lead to change in health care professionals' performance.

CONTENT AREA: 2. New technologies are vital to facilitate delivery of performance improvement activities.

LEARNER PERCEIVED NEEDS: 6. Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Create an account and logon to 3 of the leading social media websites: Twitter, Facebook, LinkedIn
2. List the main features of each of those 3 social media websites
3. List 3 ways each of those sites can be used to enhance and support CME
4. Describe strategies for monitoring and managing accounts on each of the 3 sites

RECOMMENDED RESOURCES:
1. Twitter Basics: http://support.twitter.com/groups/31-twitter-basics
2. Facebook Basics: http://www.facebook.com/help/basics
3. What is LinkedIn? http://learn.linkedin.com/what-is-linkedin/

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F48, Breakout

TIME/DAY/LOCATION: 4:30 - 5:30 pm, Friday, 2/1/13, Yerba Buena 3-4/Lower B2

TITLE: Qualitative Analysis Boot Camp

PRINCIPAL PRESENTER: Wendy Turell, DrPH, CCMEP
Contextive Research, LLC, 917/750-0173, wendy@contextiveresearch.com

CO-PRESENTER: Alexandra Howson, MA (Hons), PhD, CCMEP
Thistle Editorial, LLC, 415/374-9757, alexhowson@thistleeditorial.com

PRESENTATION METHOD(S): Workshop

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

CONTENT AREA: 8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS: 4. Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Apply basic steps to analyze open-ended gap or outcomes data
2. Utilize free and low-priced qualitative software
3. Identify emergent themes in qualitative data
4. Code and begin analysis of qualitative transcripts

RECOMMENDED RESOURCES:
1. http://tinyurl.com/5ggpuk
2. http://tinyurl.com/7h5rmaq

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F49, Breakout

TIME/DAY/LOCATION: 4:30 - 5:30 pm, Friday, 2/1/13, Nob Hill A-B/Lower B2

TITLE: Gamification: Moving MedEd from Mind-numbing to Motivating

PRINCIPAL PRESENTER: Daniel Patrick, BS
NetHealth LLC, 610/590-2229, daniel@nethealthinc.com

CO-PRESENTER: Scott Kober, MBA, CCMEP
Institute for Continuing Healthcare Education, 215/446-8036, skober@iche.edu

CO-PRESENTER: Lauren Patrick, MS
NetHealth LLC, 610/590-2229, lpatrick@nethealthinc.com

CO-PRESENTER: Peter Raymond
Human Condition, 646/867-0644, peter@hcxdesign.com

CO-PRESENTER: Barbara Bole, MPA
NetHealth LLC, 610/590-2229, bbole@nethealthinc.com

PRESENTATION METHOD(S): Dissemination of research/findings; Workshop; Small group; Participation in interactive activity

COMPETENCY: 2.9 - Provide interactive learning and opportunities to practice skills that lead to change in health care professionals' performance.

CONTENT AREA:
2. New technologies are vital to facilitate delivery of performance improvement activities.
7. Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

LEARNER PERCEIVED NEEDS: 6. Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:
1. Explore the variety of ways gaming techniques can be incorporated into continuing health education initiatives
2. Discuss the pros and cons of introducing gaming technology into continuing health education activities
3. Consider the incorporation of gaming principles into at least one educational initiative you are currently planning
4. Develop a plan to incorporate game technology into learning modules

RECOMMENDED RESOURCES:
1. Kato, P. (2010). Video games in health care: Closing the gap. Review of General Psychology 14(2),
2. doi:10.1037/a0019441.
3. Hogan, M., Kapralos, B., Cristancho, S., Finney, S., Dubroowski, A. (2011). Bringing community health nursing.
4. Telner D,Bujas-BobanovicM,Chan D,Chester B,Marlow B,MeuserJ,Rothman A, Harvey B. Game-based versus traditional case-based learning: comparing effectiveness in stroke continuing medical education.Can Fam Physician. 2010. Sep;56(9):e345-51.
5. Wykes S. Game on: Stanford develops new tool for teaching doctors to treat sepsis. Available at http://med.stanford.edu/ism/2012/february/septris.html.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F50, Breakout

TIME/DAY/LOCATION: 4:30- 5:30, Friday, 2/1/13, Nob Hill C-D/Lower B2

TITLE: Integrating CE/CME with REMS to Meet a Public Health Need

STORY: Regulatory agencies, such as FDA, and various legislative bodies are increasingly influencing CE/CME. Two stunning examples include California's AB 487 (mandating 12 hours of pain education) and the pending FDA REMS on Long-Acting/Extended Release Opioids. The later is a clear example of how REMS are becoming more common in today's education and practice environments, with significant potential consequences for what clinicians must learn and how they must practice. The implications for accredited providers are enormous and require new strategies to understand, develop and implement effective educational responses as well as build new forms of collaboration.

PRINCIPAL CO-PRESENTER: Cynthia Kear, MDiv, CCMEP
California Academy of Family Physicians, 415/586-6660, ckear@familydocs.org
And on behalf of CO*RE (Collaboration for REMS Education)

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

PRESENTATION METHOD(S): Dissemination of research/findings; Case study

COMPETENCY: Competency 2.1- Emphasize problem-based/practice-based learning.

CONTENT AREA: 6. Innovations to improve the provision of patient care will become the best practices of the future.

LEARNER PERCEIVED NEEDS: 1. Regulatory – from Accreditation Council for Continuing Medical Education (ACCME) to Federal Drug Administration (FDA) and Office of Inspector General (IOG)/Institute of Medicine (IOM). Participants want to know how to comply, document, keep up-to-date, and manage conflict of interest (COI).

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Participants will learn to:
- Recognize the value of CME interventions to support REMS requirements by the FDA and understand the complex, diverse regulatory processes associated (FDA, ACCME, other)
- Compare various educational interventions to identify learning preferences and implement best practices for educational design either on a national or regional basis
- Identify sources of REMS education, guidelines and/or content to utilize in educating your learners

RECOMMENDED RESOURCES: FDA's Risk Evaluation and Mitigation Strategy document. www.fda.gov.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F51, Breakout

TIME/DAY/LOCATION: 4:30 - 5:30, Friday, 2/1/13,
Yerba Buena 5-6/Lower B2

TITLE: Achilles Heel for PI Programs: Engaging Physicians for All 3 Stages

PRINCIPAL PRESENTER: Philip Dombrowski, MBA
Annenberg Center for Health Sciences-Eisenhower, 760/773-4533, pdombrowski@annenberg.net

CO-PRESENTER: Nancy Nankivil, BS
Wisconsin Medical Society, 608/442-3740, nancy.nankivil@wismed.org

CO-PRESENTER: Eric Peterson, EdM
Annenberg Center for Health Sciences-Eisenhower, 760/773-4500, epeterson@annenberg.net

PRESENTATION METHOD(S): Dissemination of research/findings; Workshop; Group discussion

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

CONTENT AREA: 5. Activities must be designed 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.

LEARNER PERCEIVED NEEDS: 7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Understand what recruitment efforts have been used and their results
2. Apply existing knowledge to avoid or minimize recruitment problems in their own PI programs
3. Establish a cohort of centers/individuals actively exploring hurdles to broader engagement in PI-CME programs

RECOMMENDED RESOURCES:
1. Physician Consortium for Performance Improvement. The Physician Consortium for Performance Improvement website. Available at: http//www.ama-asn.org/go/quality.
2. Audet AJ, Doty MM, et. Al. Measure, learn and improve: Physicians' involvement in quality improvement. Health Affairs 2005;24(3):843-853.
3. Homboe ES, Meehan TP, et.al. Promoting physicians' self-assessment and quality improvements: The ABIM diabetes practice improvement module. J Contin Educ Health Prof 2006;25(2):109-19.

FINANCIAL OR IN-KIND SUPPORT: Funding for this analysis was provided by the Annenberg Center for Health Sciences at Eisenhower. Funding for the various PI-QI programs reported on was provided by Amgen, Boehringer-Ingelheim, Pfizer, and sanofi-aventis.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F52, Breakout

TIME/DAY/LOCATION: 4:30 - 5:30, Friday, 2/1/13,
Yerba Buena 10-11/Lower B2

TITLE: Identification and Mitigation: Risks Related to the Resolution of COI

PRINCIPAL PRESENTER: Michael Lemon, MBA, CCMEP, FACEHP
Postgraduate Institute for Medicine, 720/895-5329, mlemon@pimed.com

CO-PRESENTER: Jan Schultz, MSN, RN, CCMEP
Postgraduate Institute for Medicine, 720/895-5332, jschultz@pimed.com

CO-PRESENTER: Sandra Weaver, MS
CME Peer Review, LLC, 814/404-7553, sweaver@cmepeerreview.com

CO-PRESENTER: Richard Tischler, Jr. PhD, FACEHP
Viator Medical Communications, 301/829-5775, rich.tischler@viatormed.com

PRESENTATION METHOD(S): Panel discussion; Dissemination of research/findings

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

CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS: 1. Regulatory – from Accreditation Council for Continuing Medical Education (ACCME) to Federal Drug Administration (FDA) and Office of Inspector General (IOG)/Institute of Medicine (IOM). Participants want to know how to comply, document, keep up-to-date, and manage conflict of interest (COI).

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Identify factors to be considered in risk for COI
2. Establish criteria for stratifying levels of risk threshold
3. Identify action steps at each threshold
4. Develop implementation plan for assessment/stratification tool

RECOMMENDED RESOURCES:
1. Davis, N, et al. Evaluating conflicts of interest in research presented in CME venues, JCEHP. Vol28, No. 4, Autumn 2008:220-227.
2. Barnes, B, et al. A risk stratification tool to assess commercial influences on continuing medical education. JCEHP. Vol 27, No 4, Autumn 2007, Pages: 234-240.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F53A, B, C, Office Hours

TIME/DAY/LOCATION: 4:30 - 4:45 pm, 4:50 - 5:05 pm, and
5:10 - 5:25 pm, Friday, 2/1/13,
Foothill A/2nd

TITLE: Physician Learning Preferences
(All Paid Participants Who Signed-up for This Time Slot Welcome)

STORY: Remember when you signed up for an appointment with a college professor, seeking feedback, advice, or just a quick answer? Because of our ACEHP "professors" the attendees at the 2013 Annual Conference will have the same opportunity – a chance to sign-up for an appointment with professors who have expertise in a variety of topics. We have three rooms set aside and a total of six time slots allocated to Office Hours. Each appointment will be for 15 minutes! This is YOUR chance to ask that burning question, get some sage advice, or float a new idea.

PRINCIPAL PRESENTER: Philip Bellman, MPH
The Permanente Medical Group-Northern CA, 510/625-2425, Philip.bellman@kp.org

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F54A, B, C, Office Hours

TIME/DAY/LOCATION: 4:30 - 4:45 pm, 4:50 - 5:05 pm, and
5:10 - 5:25 pm, Friday, 2/1/13,
Foothill B/2nd

TITLE: Personnel Management
(All Paid Participants Who Signed-up for This Time Slot Welcome)

STORY: Remember when you signed up for an appointment with a college professor, seeking feedback, advice, or just a quick answer? Because of our ACEHP "professors" the attendees at the 2013 Annual Conference will have the same opportunity – a chance to sign-up for an appointment with professors who have expertise in a variety of topics. We have three rooms set aside and a total of six time slots allocated to Office Hours. Each appointment will be for 15 minutes! This is YOUR chance to ask that burning question, get some sage advice, or float a new idea.

PRINCIPAL PRESENTER: Suzanne Ziemnik, MEd
American Society for Clinical Pathology, 800/267-2727, ext. 4744, Suzanne.ziemnik@ascp.org

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F55A, B, C, Office Hours

TIME/DAY/LOCATION: 4:30 - 4:45 pm, 4:50 - 5:05 pm, and
5:10 - 5:25 pm, Friday, 2/1/13,
Foothill H/2nd

TITLE: Choosing an Online Learning Platform
(All Paid Participants Who Signed-up for This Time Slot Welcome)

STORY: Remember when you signed up for an appointment with a college professor, seeking feedback, advice, or just a quick answer? Because of our ACEHP "professors" the attendees at the 2013 Annual Conference will have the same opportunity – a chance to sign-up for an appointment with professors who have expertise in a variety of topics. We have three rooms set aside and a total of six time slots allocated to Office Hours. Each appointment will be for 15 minutes! This is YOUR chance to ask that burning question, get some sage advice, or float a new idea.

PRINCIPAL PRESENTER: Steven Folstein, MEd
American Academy of Allergy, Asthma & Immunology, 414/272-6071, sfolstein@aaaai.org

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F56, Alliance Meeting, All 2013
Basics Seminar Paid Participants Welcome
(See W1, 8:30 am - 12:00 pm, Wednesday, 1/30/13 for Alliance Basics Seminar: Part 1)

TIME/DAY/LOCATION: 5:45 - 6:45 pm, Friday 2/1/13, Foothill G/2nd

TITLE: Alliance Basics Seminar: Part 2 of Your Basics Program Experience

PRINCIPAL PRESENTER: Robert Bartel, MSc
The Endocrine Society, 301/941-0259, rbartel@endo-society.org

PRESENTATION METHOD(S): Workshop (*NOTE: The Alliance Basics Seminar is part of a multi-media Basics Program. The Alliance Basics Program includes (1) the Basics Seminar at the 2013 Annual Conference, (2) three Alliance CALLS "Core" online courses, (3) three archived webinars in the Alliance Basics Curriculum, and (4) an online community group. Registration for the Basics Seminars at the Annual Conference enrolls you in the Basics Program and gives you access to all program components!*)

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

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

LEARNER PERCEIVED NEEDS: 8. Basics- from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Make connections between Basics Part I content and Annual Conference sessions
2. Get answers to questions based on Annual Conference experiences
3. Develop a personal learning plan, including how to integrate other Basics Program offerings (i.e., CALLS courses, archived webinars and the online community group) into your plan.

RECOMMENDED RESOURCES: Resources and Education on http://www.acehp.org/imis15/acme/.

FINANCIAL OR IN-KIND SUPPORT: This educational seminar is supported by an unrestricted educational grant from Alcon Laboratories, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S1, Member Section Joint Follow-up Meeting (Medical Specialty Societies and Industry Alliance for Continuing Education [IACE] - formerly Pharmaceutical Alliance for Continuing Medical Education [PACME] – All Conference Participants Welcome)

TIME/DAY/LOCATION: 7:15 - 8:15 am, Saturday, 2/2/13, Foothill G/2nd

TITLE: Medical Specialty Societies and IACE Interactions: Effective Strategies & Compliant Solutions

PRINCIPAL PRESENTER: Pamela Mason, BS, CCMEP, FACEHP
AstraZeneca, 302/885-1325, pamela.mason@astrazeneca.com

CO-PRESENTER: Deborah Samuel, MBA
American Academy of Pediatrics, 847/4347097, dsamuel@aap.org

CO-PRESENTER: Helen Kostarides, BS
Lilly USA, 317/655-0463, kostarides_helen@lilly.com

CO-PRESENTER: Elizabeth Yarboro
American College of Radiology, 703/716-7571, eyarboro@acr.org

PRESENTATION METHOD(S): Panel discussion; Dissemination of research/findings; Skills building
Facilitators: PACME-MSS Working Group Members

COMPETENCY: 7.5 - Develop a management culture of the office reflecting a collaborative, service oriented, continuous improvement system that meets the needs of the health care professionals served, the organization of the CE program, and the accreditation standards.

CONTENT AREA: 1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Specialty Societies and IACE (formerly PACME)

OBJECTIVES/OUTCOMES:
1. Recognize challenges faced by associations & industry
2. Share results from SWOT analysis on satellite symposia models
3. Describe differences, benefits & shortcomings of each model
4. Identify possible strategies that can be incorporated into your org
5. Describe key components to ensure compliance & communication

RECOMMENDED RESOURCES:
1. ACCME Standards for Commercial Support 2004
2. CMSS Code for Interactions with Companies 2010
3. PhRMA Code for Interactions with Healthcare Professionals 2018

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S2, Member Section Follow-up Meeting (Medical Schools – All Conference Participants Welcome)

TIME/DAY/LOCATION: 7:15 - 8:15 am, Saturday, 2/2/13, Foothill F/2nd

TITLE: Medical Schools Member Section Follow-up Meeting

PRINCIPAL PRESENTER: Ginny Jacobs, MEd, MLS, CCMEP
University of Minnesota, 612/626-7600, gjacobs@umn.edu

PRESENTATION METHOD(S): Small group; Key takeaways/highlights from the various sessions

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

CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS: 8. Basics – from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Schools

OBJECTIVES/OUTCOMES:
1. Gather insights from sessions you were unable to attend.
2. Describe at least three key takeaways from the meeting.
3. Identify action items designed to improve CE dept's effectiveness.
4. Reinforce a network of peers available for follow-up discussions.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S3, Member Section Follow-up Meeting (Medical Education Companies Alliance [MECA] formerly Medical Education and Communication Company Alliance [MECCA] - All Conference Participants Welcome)

TIME/DAY/LOCATION: 7:15 - 8:15 am, Saturday, 2/2/13, Foothill E/2nd

TITLE: MECA Member Section – CME Coalition Policy Update: Understanding the Impact of the Physician Payment Sunshine Act and Other Government Issues Potentially Affecting CE

FACILITATOR: Thomas Sullivan
Rockpointe, 410/309-0690, ext. 224, tsullivan@rockpointe.com

PRESENTATION METHOD(S): Panel discussion

COMPETENCY: 7.6 – Assure that the continuing education program is in compliance with the Accreditation Essentials, Elements, and Policies and other regulatory requirements.
CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff

LEARNER PERCEIVED NEEDS: 1. Regulatory – from Accreditation Council for Continuing Medical Education (ACCME) to Federal Drug Administration (FDA) and Office of Inspector General (IOG)/Institute of Medicine (IOM). Participants want to know how to comply, document, keep up-to-date, and manage conflict of interest (COI).

TARGET AUDIENCE: All

MEMBER SECTION: Medical Education Companies Alliance (MECA)

OBJECTIVES/OUTCOMES:
1. Understanding the reporting implications for CME providers and supporters under the Physician Payment Sunshine Act
2. Recognize the impact of implementation of Affordable Care Act for CE Learners
3. Familiarize CE providers with potential laws affecting the use of antipsychotics in nursing home settings and the value of CE to assist in reducing antipsychotic overuse
4. Publicize the potential Federal opioid CE requirement

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S4, Plenary

TIME/DAY/LOCATION: 8:30 – 9:30 am, Saturday, 2/2/13,
Yerba Buena 7-9/Lower B2

TITLE: Our Stories, Our Selves **(Invited Abstract)**

STORY: When my doctor called to say that my blood work was "perfect", does that mean that I myself am perfect? How can my cheerful, busy, public self be the incubator for debilitating illness within? Which self are we talking about when we talk about me? As I recount my history and habits to a health care provider, I concoct a story at odds with the MRI's version of me. Which story is mine? And when the moment of truth comes, will it come out of story – out of narrative – or out of dialogue? Ask a playwright.

PRINCIPAL PRESENTER: Margaret Edson, BA, MA, EdS, LtD Hon
Author of the Pulitzer Prize-winning play *Wit*, 404/888-0422, Maggie.edson@att.net

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Participants will experience a new theory of identity as it relates to the sense of *self* in health care settings.
2. Participants will experience a new theory of interpersonal communication in health care settings.
3. Participants will be able to apply the ideas of *Our Stories, Our Selves* as they educate health care clinicians in interpersonal and communication skills.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S5, Intensive

TIME/DAY/LOCATION: 10:00 am - 12:15 pm, Saturday, 2/2/13, Foothill G/2nd

TITLE: Get Smart with Data: From Objectives to Item Placement to Analysis

PRINCIPAL PRESENTER: Erik Brady, PhD, CCMEP
Clinical Care Options, LLC, 919/280-6519, ebrady@clinicaloptions.com

CO-PRESENTER: John Ruggiero, PhD, MPA, CCMEP
Genentech, IMED, 650/467-6848, ruggiero.john@gene.com

PRESENTATION METHOD(S): Dissemination of research/findings; Workshop; Skills building

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.

CONTENT AREA: 8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS: 4. Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Align objectives with questions to ensure accurate measurement
2. Apply best practices in item placement to maximize participation
3. Develop methods for outcomes analysis to better leverage data

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S6, Mini-plenary

TIME/DAY/LOCATION: **10:00 – 11:00 am, Saturday, 2/2/13,**
Yerba Buena 7-9/Lower B2

TITLE: The Medical Education Continuum: Bridging the Gap from UME, GME, and CPD **(Invited Abstract)**

STORY: Healthcare quality improvement and patient safety (QI/PS) has become a priority across the continuum of medical education. Often faculty haven't had formal training in QI/PS and students are needing an understanding of the basics as soon as they begin clinical work. New focus and requirements at all levels are providing opportunities for collaboration.

MODERATOR: Dave Davis, MD
Association of American Medical Colleges (AAMC), 202/862-6275, ddavis@aamc.org

CO-PRESENTER: Ellen Cosgrove, MD
University of Washington School of Medicine, 206/218-5328, Ellencos@uw.edu

CO-PRESENTER: Steven Minnick, MD, MBA
St. John Hospital and Medical Center, 313/343-3823, Steven.Minnick@stjohn.org

CO-PRESENTER: Robert Baron, MD, MS
University of California San Francisco, 415/476-3414, baron@medicine.ucsf.edu

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Identify cross-continuum content issues of relevance to UME, GME and CME
2. Review case studies of cross-continuum activity
3. Design Quality Improvement and Safety programming as a bridge across the continuum
4. Develop ways in which CME can support changes in GME and UME

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S7, Breakout

TIME/DAY/LOCATION: 10:00 - 11:00 am, Saturday, 2/2/13, Yerba Buena 1-2/Lower B2

TITLE: The World Cafe' - Creating Powerful Conversations to Ignite Change

PRINCIPAL PRESENTER: Jane Grube, CCMEP
Lehigh Valley Health Network, 610/402-2398, jane_m.grube@lvhn.org

CO-PRESENTER: Cheryl Brunovsky, MS
Lehigh Valley Health Network, 610/402-2379, Cheryl.brunovsky@lvhn.org

PRESENTATION METHOD(S): Small group; Round table café format to stimulate dialogue

COMPETENCY: 2.6 - Consider the learning environment, select and apply learning formats that are effective for health care professionals' learning and meeting the expected outcome.

CONTENT AREA: 7. Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Define the World Cafe' Guidelines
2. Develop the appropriate questions for change
3. Utilize Cafe' format to cross pollinate ideas
4. Connect diverse perspectives to share new insights and discoveries

RECOMMENDED RESOURCES:
1. Brown, J., Isaacs, D. The World Cafe: Shaping Our Futures Through Conversations That Matter. Berrett-Koehler Publishers, Inc. San Francisco, 2005.
2. www.theworldcafe.com

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S8, Breakout

TIME/DAY/LOCATION: 10:00 - 11:00 am, Saturday, 2/2/13,
Nob Hill A-B/Lower B2

TITLE: Approaches to Reviewing and Revising Faculty Presentation Materials

STORY: I attended a session at Alliance that showed participants how helping physicians empathize with a patient could help physicians better treat the patient. What left such an impression was that the presenters allowed participants to don prosthetics that simulated the symptoms of RA and nerve damage–we really got to try them out! It really brought home how being involved and participating in the education made so much more of an impression than a didactic lecture. I love those A-Ha moments!

PRINCIPAL PRESENTER: Elizabeth Campbell
American Academy of Family Physicians, 913/906-6000, ext.6559, ecampbell@aafp.org

PRESENTATION METHOD(S): Case study; Skills building

COMPETENCY: 2.11 - Assure content validation in any continuing education intervention.

CONTENT AREA: 4. Changes in accreditation, regulation, certification, and other forces impacting providers require ongoing development of the continuing education professional staff.

LEARNER PERCEIVED NEEDS: 8. Basics – from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Decide what level of review is appropriate for faculty presentation materials
2. Formulate a process for review of faculty handouts and presentation materials, including decisions on doing the work internally or externally
3. Develop a style sheet to use in the review process
4. Communicate the new process to faculty in a way that maximizes acceptance and buy-in

RECOMMENDED RESOURCES:
1. Clinical Pharmacology (http://www.clinicalpharmacology.com/?epm=2_1)
2. Dorland's Medical Dictionary (http://www.dorlands.com/wsearch.jsp)
3. AMA Manual of Style (http://www.amamanualofstyle.com/oso/public/index.html)
4. Jablonski's Dictionary of Medical Acronyms & Abbreviations

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S9, Breakout

TIME/DAY/LOCATION: 10:00 - 11:00 am, Saturday, 2/2/13, Nob Hill C-D/Lower B2

TITLE: Combining Performance and Clinical/Patient Data through Collaborative Outcome Studies

PRINCIPAL PRESENTER: Beverly Wood, MD, MSEd, PhD
University of Southern California, 818/209-7748, bwood@usc.edu

CO-PRESENTER: Eric Parks, PhD
American Society for Clinical Pathology, 312/541-4894, Eric.parks@ascp.org

CO-PRESENTER: Patricia Britz, MEd, MPM
American College of Radiology, 703/390-9878, PBritz@acr.org

PRESENTATION METHOD(S): Case study; Skills building

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

CONTENT AREA: 1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 4. Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Define the role of outcomes as a measure of change implementation.
2. Identify and discuss barriers and solutions in outcome measurement for interdisciplinary specialists who work as a team in performing the appropriate staging, mediastinal assessment, tissue acquisition and biomarker analysis in patient with Non-small Cell Lung Cancer.
3. Design an outcome study partnering with a registry that utilizes registry baseline data (pre-activity) and post-activity clinical and patient practice data in order to measure change in patient care.
4. Apply lessons learned to identifying potential partners and available resources for conducting a collaborative outcome study

RECOMMENDED RESOURCES:
1. Measurement of learning outcomes in continuing professional development. Journal of Continuing Education in the Health Professions. 19(4):214-221, 1999. Grant J.
2. Outcome measurement in multi-interventional continuing medical education. Journal of Continuing Education in the Health Professions. 17(1):12-19, 1997. Lane DS.
3. Can we alter physician behavior by educational methods? Lessons learned from studies of the management and follow-up of hypertension, Journal of Continuing Education in the Health Professions. 22(1):11-22, 2002. Tu K. Davis D.
4. From a process of care to a measure: the development and testing of a quality indicator, International Journal of Quality in Health Care. 2001: 13(6):489-96, 2001, Rubin HR and Pronovost P.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S10, Breakout

TIME/DAY/LOCATION: 10:00 - 11:00 am, Saturday, 2/2/13, Yerba Buena 3-4/Lower B2

TITLE: Do Format and Engagement Strategy Impact Effectiveness?

PRINCIPAL PRESENTER: Marcia Jackson, PhD
CME by Design, 803/854-9034, marcia.jackson@cmebydesign.com

CO-PRESENTER: Kathleen Geissel, PharmD
Medscape, LLC, 609/371-8101, kgeissel@medscape.net

PRESENTATION METHOD(S): Dissemination of research/findings; Workshop; Small group

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

CONTENT AREA: 7. Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

LEARNER PERCEIVED NEEDS: 4. Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Compare outcome data from different multimedia formats
2. Critique the outcome of varied learner engagement approaches
3. Align format and engagement strategy with educational need

RECOMMENDED RESOURCES: Moore DE, 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):1-15.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S11, Breakout

TIME/DAY/LOCATION: 10:00 - 11:00 am, Saturday, 2/2/13, Yerba Buena 5-6/Lower B2

TITLE: Aligning an Institutional Patient Safety Program with CME

STORY: In November of 1999, a landmark article was published by the Institute of Medicine. "To Err is Human: Building a Safer Health System" changed how we look at the practice of medicine forever. Around that same time, Virginia Mason Medical Center was re-examining how we deliver health care and improve quality and safety. An ambitious program was instituted, based on the basic tenets of the Toyota Production System, called the Virginia Mason Production System. A core concept was the ability to "stop the line" if any staff member encountered a situation that could harm a patient. To accomplish this mission, a "Patient Safety Alert" system was developed. This complex system allows any employee to immediately submit a report on line which is promptly reviewed by a patient safety specialist who notifies the appropriate leadership and launches an investigation. The goal is to correct the problem or faulty process as quickly as possible. At this point over 18,000 reports have been filed. This presentation will review how we have been able to align this important method of identifying knowledge gaps that affect quality and patient safety with directed educational interventions.

PRINCIPAL PRESENTER: Bruce Nitsche, MD
Virginia Mason Medical Center, 206/842-3809, winban@vmmc.org

PRESENTATION METHOD(S): Case study; Skills building

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 continuing education mission.

CONTENT AREA: 6. Innovations to improve the provision of patient care will become the best practices of the future.

LEARNER PERCEIVED NEEDS: 7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

TARGET AUDIENCE: All

MEMBER SECTIONS: Hospitals and Health Systems

OBJECTIVES/OUTCOMES:
1. Define the basic mechanics of a patient safety alert program
2. Be able to produce a CME intervention for a patient safety alert
3. Understand the dynamics of linking patient safety with CME
4. Be able to "mine" for educational gaps causing PSA's

RECOMMENDED RESOURCES: Kenny, Charles. Transforming Healthcare: Virginia Mason Medical Center's Pursuit of the Perfect Patient Experience. New York: CRC Press 2010.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S12, Breakout

TIME/DAY/LOCATION: 10:00 - 11:00 am, Saturday, 2/2/13, Yerba Buena 10-11/Lower B2

TITLE: Role of CPD and MOC in Quality Improvement: A Sherpa's Story

PRINCIPAL PRESENTER: Stephanie Starr, MD
Mayo Clinic-Rochester, 507/266-4408, starr.stephanie@mayo.edu

CO-PRESENTER: Robert Graber, MBA
Mayo Clinic-Scottsdale, 480/301-4689, graber.robert@mayo.edu

CO-PRESENTER: Allison Hartl, MA
Mayo Clinic-Rochester, 507/266-0772, hartl.allison@mayo.edu

CO-PRESENTER: Leanne Andreasen, MBA
Mayo Clinic-Scottsdale, 480/301-8482, andreasen.leanne@mayo.edu

PRESENTATION METHOD(S): Workshop; Small group

COMPETENCY: 6.1 - Provide a vision of present role and future direction for continuing education and health care professionals' roles and responsibilities in continued learning.

CONTENT AREA: 3. The ever-changing landscape of physician specialty certification and licensure will drive changes in the design and delivery of continuing education.

LEARNER PERCEIVED NEEDS: 7. Performance Improvement (PI)/Quality Improvement – from basics of PI and assistance with engaging learners in PI/QI process to PI/QI measurements.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Guide teams to identify gaps in quality patient care
2. Mentor peers about QI tools and frameworks (DMAIC)
3. Explain importance of baseline and re-measurement data
4. Promote communication strategies to stakeholders
5. Express value in sustaining ongoing QI efforts

RECOMMENDED RESOURCES: Institute of Medicine. (2001). Crossing the Quality Chasm: A New Health System for the Twenty-first Century. Washington, DC. National Academy Press.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S13, Breakout

TIME/DAY/LOCATION: 10:00 - 11:00 am, Saturday, 2/2/13, Yerba Buena 12-13/Lower B2

TITLE: A Personalized, Assessment-based, Tiered Curriculum Integrating Current Guidelines for Atrial Fibrillation

PRINCIPAL PRESENTER: Karyn Ruiz-Cordell, MA, PhD (ABD)
RealCME, 646/380-8490, kruizcordell@realcme.com

CO-PRESENTER: Brian Lee, PharmD
Horizon CME, Inc., 503/344-6788, brian.lee@horizoncme.com

CO-PRESENTER: Anthia Mandarakas
Sanofi-Aventis, 908/981-5319, anthia.mandarakas@sanofi-aventis.com

CO-PRESENTER: Marissa Seligman, PharmD, CCMEP, FACEHP
pmiCME, (Division of DBC Pri-Med), 617/406-4288 , mseligman@pmicme.org

PRESENTATION METHOD(S): Panel discussion; Dissemination of research/findings; Case study

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.

CONTENT AREA: 5. Activities must be designed 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.

LEARNER PERCEIVED NEEDS: 4. Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Analyze the effect of a two-tiered individualized curriculum through Moore's Level 1-5 analysis
2. Compare learner progression through the tiered pathways and extended follow-up
3. Design a tiered assessment-based initiative addressing pre-established learning objectives
4. Discuss the future applications of tiered, assessment-based, individualized curricula
5. Utilize the outcomes from this type of curriculum to build advocacy for CME programs

RECOMMENDED RESOURCES: Hauer K.E. et al. Remediation of the deficiencies of physicians across the continuum from medical school to practice: a thematic review of the literature. Academic Medicine. 2009; 84 (12): 1822-1832.

FINANCIAL OR IN-KIND SUPPORT: Curriculum supported through an educational grant from Sanofi-Aventis.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S14, Mini-plenary

TIME/DAY/LOCATION: 11:15 am - 12:15 pm, Saturday, 2/2/13, Yerba Buena 7-9/Lower B2

TITLE: Teach the Teacher: The Keys to Make Learning Stick

STORY: Think about the best experience you had in an educational session, class, or activity. What made it so special? Odds are, you not only remember what made it so special but you also remember the topics covered and key learning points! Having such a great experience helped you learn. That's the point of this session – to explore different yet simple strategies that you can use with your own faculty OR as a teacher yourself to help facilitate learning. How? By creating meaningful and impactful experiences for your learners!

As educators in the health professions, we are in unique positions to both support teachers and be teachers. Having tools to become – and to develop – the most effective teachers is critical to our success. We hope you will join us for this engaging session in which we will share our stories and strategies for effective teaching and learning.

PRINCIPAL PRESENTER: Jeffrey Mallin, MD
Kaiser Permanente Downey Medical Center, 562/657-2343, jeffrey.s.mallin@kp.org

CO-PRESENTER: Mary Martin Lowe, PhD
Alliance for Continuing Education in the Health Professions, 312/576-6080, mlowe@acehp.org

CO-PRESENTER: Carol Havens, MD
The Permanente Medical Group-Northern California, 510/625-3317, Carol.havens@kp.org

CO-PRESENTER: Joyce Kersey, MSA
Permanente Medical Group-Southern CA, 626/405-6501, joyce.a.kersey@kp.org

PRESENTATION METHOD(S): Workshop; Skills building; Small group; Challenge Cycles

COMPETENCY:
8.2 - Continually improve educational performance of the continuing education program through professional development.
8.3 - Promote professional development for self and staff.

CONTENT AREA:
7. Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.
8. Engage in self-assessment, identify gaps in knowledge/practice, and design an individual learning plan for ongoing improvement.

LEARNER PERCEIVED NEEDS:
8. Basics – from tools and resources for accreditation to principles of adult learning, from CE office practices and support to faculty management.
10. Personal and Staff Development – From conflict management, leadership development, and working with difficult people to work-life balance, staff recruitment and development, and personal growth.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

S14, Mini-plenary continued

OBJECTIVES/OUTCOMES:
1. Assess how well faculty present, facilitate, and connect with specific audiences in learning settings
2. Identify best practices for public speaking and teaching
3. Engage and coach faculty/planners in delivery techniques that drive educational content to facilitate learning, retention, and change
4. Create memorable educational activities that impact the audience and produce desired results that stick
5. Develop an individualized action plan and framework for implementing effective communications skills and enhancing faculty engagement
6. Develop a personal improvement plan for one's own communication skills

RECOMMENDED RESOURCES:
1. C Heath and D Heath, Made to Stick: Why Some Ideas Survive and Others Die, Random House, 2007
2. T Koegel, The Exceptional Presenter: A Proven Formula to Open Up and Own the Room, Greenleaf Book Group Press, 2007
3. N Morgan, Working the Room: How to Move People to Action Through Audience-Centered Speaking, Harvard Business School Press, 2003
4. D Moore and H Gallis, "Acquiring the Skill to Use Challenge Cycles in CME Activities", Breakout F9, Alliance for CME 36th Annual Conference, Jan 2011
5. D Davis, B Barnes, R Fox (Ed), The Continuing Professional Development of Physicians: From Research to Practice, AMA Press, 2003
6. Continuing Education in the Health Professions, Josiah Macy Jr. Foundation, 2008
7. Reynolds, G. (2008). Presentation Zen: Simple Ideas on Presentation Design and Delivery. New Riders: New York, NY.
8. Golden, J. L., Berquist, G. F., Coleman, W. E. & Sproule, M. (2003). The Rhetoric of Western Thought. DuBuque, IA: Kendall Hunt Publishing
9. Knowles, M. S. and Associates. (1984). Andragogy in Action: Applying Modern Principles of Adult Learning. San Francisco: Jossey-Bass.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S15, Breakout

TIME/DAY/LOCATION: 11:15 am - 12:15 pm, Saturday, 2/2/13, Yerba Buena 1-2/Lower B2

TITLE: How to Write a Successful Abstract for the Alliance Annual Conference **(Invited Abstract)**

STORY: The Annual Conference Committee uses multiple factors to weigh submitted abstracts during the abstract selection process. As time slots become more competitive, the need to balance the program with a wide variety of topics emanating from the eight competency areas, member sections, professions and experience is critical. This session will focus on the abstract selection process, the criteria for selection, tips that members can use to get their submission recognized for approval and the opportunity for guided practice.

PRINCIPAL PRESENTER: Maureen Doyle-Scharff, MBA, FACME
Pfizer, 740-815-9870, maureen.doyle-scharff@pfizer.com

CO PRESENTER: Mary Ales, BA
Interstate Postgraduate Medical Association, 608-237-7331, males@ipmameded.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) describe the abstract selection process used by the Alliance for CME Annual Conference Committee; 2) given a sample concept, construct an abstract that meets the selection criteria, and 3) score an abstract using the selection criteria.

METHODS: The presenters will guide participants through the selection process using case examples. Participants will have the opportunity to develop a sample abstract and give and receive constructive feedback.

RECOMMENDED RESOURCES:
1. 2013 Call for Educational Abstracts document.
2. Writing and Speaking for Excellence by Deborah St. James with Howard Spiro.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S16, Breakout

TIME/DAY/LOCATION: 11:15 am - 12:15 pm, Saturday, 2/2/13, Nob Hill A-B/Lower B2

TITLE: Outcomes Reporting: What and How Data Are Utilized in Industry

STORY: Developing innovative and impactful educational activities can be an overwhelming challenge. Detailing and reporting the outcomes of those activities can present even more of a challenge. During this panel discussion, industry professionals will reveal how they incorporate outcomes data into the annual planning process and effectively champion internally the value of supporting IME. This session will examine innovative and best practices outcomes reporting examples and how that data is utilized in the pharmaceutical industry.

PRINCIPAL PRESENTER: Shunda Irons-Brown, PhD, MBA, CCMEP (Moderator)
sironsbrown@yahoo.com

CO-PRESENTER: Angelo Carter, PharmD
Bristol-Myers Squibb, 609/897-5249, angelo.carter@bms.com

CO-PRESENTER: Kristan Cline, PhD, CCMEP
Janssen Scientific Affairs, LLC, 908/927-6670, kcline1@its.jnj.com

CO-PRESENTER: Anne Marie Dubois, MSPharm
Novo Nordisk, 609/987-5449, adus@novonordisk.com

CO-PRESENTER: Terry Dex, PharmD, CCMEP
Sanofi US, 908/981-5178, terry.dex@sanofi.com

PRESENTATION METHOD(S): Panel discussion

COMPETENCY: 7.1 - Document the value of the continuing education program to its own organization and to the health care professionals that it serves.

CONTENT AREA: 6. Innovations to improve the provision of patient care will become the best practices of the future.

LEARNER PERCEIVED NEEDS: 4. Outcomes and Research – from data gathering and analysis to designing activities with outcomes in mind to understanding what Moore really means.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Understand how industry incorporates outcomes data into planning
2. Recognize role of outcomes data in championing the value of CME
3. Understand the importance of data accuracy and reporting
4. Effectively communicate the value of educational interventions
5. Evaluate and implement best practices in outcomes reporting

RECOMMENDED RESOURCES:
1. Moore, D.E., Jr., J.S. Green, and H.A. Gallis, Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. J Contin Educ Health Prof, 2009. 29(1): p. 1-15.
2. Wentz, D.K., ed. Continuing Medical Education: Looking Back, Planning Ahead. 2011, Dartmouth College Press: Hanover, New Hampshire.
3. AHRQ, Effectiveness in Continuing Medical Education, in Evidence Report No. 149. 2007.

EDUCATIONAL FORMAT: S17, Breakout

TIME/DAY/LOCATION: 11:15 am - 12:15 pm, Saturday, 2/2/13, Nob Hill C-D/Lower B2

TITLE: Primary Care Team use of Cloud-based Technology to Improve Care and Streamline Educational, QI, and Pay-for-Performance Requirements: An ACP-MedConcert Pilot

STORY: The American College of Physicians and CECity have partnered to provide ACP members with an innovative cloud-based technology platform, MedConcert™, that has secure online communication and social networking capabilities to connect healthcare providers with the latest educational resources and performance improvement programs. MedConcert™ integrates quality improvement with requirements for pay-for-performance and professional credentialing, easing performance data collection and monitoring. Moreover, MedConcert™ allows for HIPAA compliant Facebook®-like communication with colleagues and other care-providers to improve coordination of care. Join this interactive session to learn strategies to implement in your care setting for continuous performance improvement. Through description of ACP's experience in implementing MedConcert™, you will learn approaches to assist healthcare professionals in identifying and collecting performance measure data for analysis of patient and population health. Learn how performance measure gaps can be dynamically indexed to targeted quality improvement tools and how to use social networking to enhance healthcare provider use of IT to deliver information. We hope you will join us for what promises to be an informative and exciting session!

PRINCIPAL PRESENTER: Yodit Beru, MPH
American College of Physicians, 202/261-4586, <u>yberu@acponline.org</u>

CO-PRESENTER: Laura Lee Hall, PhD
American College of Physicians, 202/261-4559, <u>drlauraleehall@gmail.com</u>

CO-PRESENTER: Simone Karp, RPh
CECity, 412/338-0366, ext. 311, <u>skarp@cecity.com</u>

CO-PRESENTER: Michael Barr, MD
American College of Physicians, 202/261-4531, <u>mbarr@acponline.org</u>

PRESENTATION METHOD(S): Case Study

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

CONTENT AREA: 2. New technologies are vital to facilitate delivery of performance improvement activities.

LEARNER PERCEIVED NEEDS: 6.Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Describe an innovative technological approach to continuous performance improvement.
2. Convey the findings from a pilot program to test a new PI technology platform.

S17, Breakout continued

3. Develop approaches to assist healthcare professionals with the identification and collection of performance measure data for the analysis of patient and population health.
4. Probe the potential uses of social networking for performance improvement and learning.
5. Identify tools for enhancing healthcare provider use of IT tools for performance improvement and social networking.

RECOMMENDED RESOURCES:
1. PQRS: www.cms.gov/pqrs
2. HEDIS: www.ncqa.org/tabid/59/Default.aspx
3. Medical Home Builder: www.medicalhomebuilder.org
4. CAHPS: www.cahps.ahrq.gov/default.asp
5. ACP QI: www.acponline.org/running_practice/quality_improvement

FINANCIAL OR IN-KIND SUPPORT: Both ACP and CECity have donated in-kind staff resources and time to the execution of this pilot.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S18, Breakout

TIME/DAY/LOCATION: 11:15 am - 12:15 pm, Saturday, 2/2/13, Yerba Buena 3-4/Lower B2

TITLE: Interprofessional Faculty Development: Downstream Benefits in Patient Health and Student Competency

PRINCIPAL PRESENTER: Barbara Speer, BS
University of Cincinnati Center for Continuous Professional Development, 513/558-3268, speerba@uc.edu

CO-PRESENTER: Tiffiny Diers, MD
University of Cincinnati College of Medicine, 513/373-0552, dierstl@uc.edu

PRESENTATION METHOD(S): Case study

COMPETENCY: 5.3 - Collaborate and build relationships that support educational improvements for the patient, the health care professionals, and the organization in which the professionals work.

CONTENT AREA: 1. Inter-professional and/or team-based learning and care requires application of effective communication and interpersonal skills to facilitate partnering with appropriate organizations.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Develop skills in interprofessional teamwork and learning through a multi-modal "Faculty Scholars Program."
2. Translate academic-community partnerships into experiential learning environments for healthcare improvement.
3. Integrate interprofessional skills in self-management support, teamwork, and improvement science to impact community health.
4. Create interprofessional curricula that unite students of diverse disciplines to improve the health of vulnerable populations.
5. Leverage educational resources and partnerships to create a "ripple effect" that improves patient and community health.

RECOMMENDED RESOURCES: Resource information will be provided as handouts for the presentation.

FINANCIAL OR IN-KIND SUPPORT: This project was funded in part by an unrestricted educational grant from Pfizer. Additionally, in-kind support was received from Cincinnati Children's Hospital Medical Center, the Society of St. Vincent de Paul of Cincinnati, and the University of Cincinnati.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S19, Breakout

TIME/DAY/LOCATION: 11:15 am - 12:15 pm, Saturday, 2/2/13, Yerba Buena 5-6/Lower B2

TITLE: The Interactive Audience Participation Game

PRINCIPAL PRESENTER: Kimberley Jacques
Radiological Society of North America, 630/590-7740, kjacques@rsna.org

CO-PRESENTER: Annette Savage
Radiological Society of North America, 630/ 571-7877, asavage@rsna.org

PRESENTATION METHOD(S): Case study; Small group

COMPETENCY: 1.1 - Maintain awareness of current evidence-based adult learning principles.

CONTENT AREA: 2. New technologies are vital to facilitate delivery of performance improvement activities.

LEARNER PERCEIVED NEEDS: 3. Needs Assessments – from how to design and interpret needs assessments to how to better glean true practice gaps and performance measures.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES/OUTCOMES:
1. Identify innovative technologies used to assess physician knowledge, education needs, and personal education gaps
2. Implement strategies to enhance audience participation by simulating physician practice with an interactive gaming format
3. Provide physicians with resources and an individualized learning map based upon their performance
4. Analyze data to identify practice gaps based upon physicians performance

RECOMMENDED RESOURCES:
1. Understanding and Facilitating Adult Learning: A Comprehensive Analysis of Principles and Effective Practices, Stephen D. Brookfield.
2. ACME Monthly Almanac Volume 33, No. 2, February 2011, pg. 5 AJR2008; 190:W319-W322 The New Update on Adult Learning Theory: New Directions for Adult and Continuing Education, Sharon B. Miriam.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S20, Breakout

TIME/DAY/LOCATION: 11:15 am - 12:15 pm, Saturday, 2/2/13, Yerba Buena 10-11/Lower B2

TITLE: Use of a Qualitative Improvement Project to Promote Interprofessional Collaboration

PRINCIPAL PRESENTER: Mei Ling Schwartz, MPH
Kaiser Permanente-Panorama City, 818/375-3808, mei.ling.schwartz@kp.org

CO-PRESENTER: Sharon Peng, MD
Kaiser Permanente-Panorama City, 818/375-3850, sharon.c.peng@kp.org

CO-PRESENTER: Reem Borsha, MPH
Kaiser Permanente-Panorama City, 818/375-2486, reem.h.borsha@kp.org

PRESENTATION METHOD(S): Case study

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 continuing education mission.

CONTENT AREA: 5. Activities must be designed 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.

LEARNER PERCEIVED NEEDS: 9. Organizational Strategy – from how to engage in inter-professional learning to collaboration with other organizations, from strategic planning to change in educational environments.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: Hospitals and Health Systems

OBJECTIVES/OUTCOMES:
1. Identify required competencies of interprofessional teams
2. Create a culture for interprofessional collaboration in practice
3. Apply practical strategies for interprofessional collaboration
4. Cite examples of successful outcomes of interprofessional teams
5. Generate ideas on interprofessional collaboration in own settings

RECOMMENDED RESOURCES:
1. Commitee on Quality of Health Care in America, Crossing the Quality Chasm: a new Health Syster for the 21st century, Institute of Medicine.
2. Educating interprofessional learner for quality, safety and systems improvement. J Interprofessional Care. 2006;20(5):497–505.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S21, Breakout

TIME/DAY/LOCATION: 11:15 am - 12:15 pm, Saturday, 2/2/13, Yerba Buena 12-13/Lower B2

TITLE: Copyright and Professionalism in the Digital Age

PRINCIPAL PRESENTER: Laura Hruska, MEd
American Academy of Orthopaedic Surgeons, 847/384-4105, Hruska@aaos.org

CO-PRESENTER: Lisa Johnson, MHS
American Society of Clinical Oncology, 571/483-1393, lisa.johnson@asco.org

PRESENTATION METHOD(S): Panel discussion; Case study; Small group; Symposium, would be great with several others describing their situations and a discussant wrapping it all up.

COMPETENCY: 6.1 - Provide a vision of present role and future direction for continuing education and health care professionals' roles and responsibilities in continued learning.

CONTENT AREA: 7. Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome.

LEARNER PERCEIVED NEEDS: 6. Technology – from use of innovative technology (IT) in organizations to use of it to deliver information, from social media and web education and innovation for engagement.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Specialty Societies

OBJECTIVES/OUTCOMES:
1. Know the copyright laws that pertain to your work
2. Know where to find additional resources
3. Able to clearly articulate copyright issue related to your work
4. Able to draft an appropriate policy for your work
5. Able to design a follow-up evaluation/survey instrument

RECOMMENDED RESOURCES:
1. ED470984 2002-12-00 New Copyright Exemptions for Distance Educators: The Technology, Education and Copyright Harmonization (TEACH) Act. ERIC Digest.
2. www.eric.ed.gov

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S22A, B, C, Office Hours

TIME/DAY/LOCATION: 11:15 - 11:30 am, 11:35 - 11:50 am, and 11:55 am - 12:10 pm, Saturday, 2/2/13, Foothill A/2nd

TITLE: Maintenance of Certification (MOC)/Maintenance of Licensure (MOL)
(All Paid Participants Who Signed-up for This Time Slot Welcome)

STORY: Remember when you signed up for an appointment with a college professor, seeking feedback, advice, or just a quick answer? Because of our ACEHP "professors" the attendees at the 2013 Annual Conference will have the same opportunity – a chance to sign-up for an appointment with professors who have expertise in a variety of topics. We have three rooms set aside and a total of six time slots allocated to Office Hours. Each appointment will be for 15 minutes! This is YOUR chance to ask that burning question, get some sage advice, or float a new idea.

PRINCIPAL PRESENTER: Chitra Subramaniam, PhD
Duke Clinical Research Institute, 919/401-1205, chitra.subramaniam@duke.edu

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S23A, B, C, Office Hours

**TIME/DAY/LOCATION: 11:15 - 11:30 am, 11:35 - 11:50 am, and
11:55 am - 12:10 pm, Saturday, 2/2/13,
Foothill B/2nd**

TITLE: Government and Foundation Support
(All Paid Participants Who Signed-up for This Time Slot Welcome)

STORY: Remember when you signed up for an appointment with a college professor, seeking feedback, advice, or just a quick answer? Because of our ACEHP "professors" the attendees at the 2013 Annual Conference will have the same opportunity – a chance to sign-up for an appointment with professors who have expertise in a variety of topics. We have three rooms set aside and a total of six time slots allocated to Office Hours. Each appointment will be for 15 minutes! This is YOUR chance to ask that burning question, get some sage advice, or float a new idea.

PRINCIPAL PRESENTER: Lois Colburn
University of Nebraska Medical Center, 402/559-2824, lcolburn@unmc.edu

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S24A, B, C, Office Hours

TIME/DAY/LOCATION: 11:15 - 11:30 am, 11:35 - 11:50 am, and 11:55 am - 12:10 pm, Saturday, 2/2/13, Foothill H/2nd

TITLE: Technology Help Desk #3
(All Paid Participants Who Signed-up for This Time Slot Welcome)

STORY: Remember when you signed up for an appointment with a college professor, seeking feedback, advice, or just a quick answer? Because of our ACEHP "professors" the attendees at the 2013 Annual Conference will have the same opportunity – a chance to sign-up for an appointment with professors who have expertise in a variety of topics. We have three rooms set aside and a total of six time slots allocated to Office Hours. Each appointment will be for 15 minutes! This is YOUR chance to ask that burning question, get some sage advice, or float a new idea.

PRINCIPAL PRESENTER: Anne Grupe, MS Ed
American Society of Clinical Oncology, 571/483-1396, anne.grupe@asco.org
AC Technology Committee

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S25, Plenary

TIME/DAY/LOCATION: 12:30 - 1:00 pm, Saturday, 2/2/13, Yerba Buena 7-9/Lower B2

TITLE: Annual Conference Wrap-up/Closing

STORY: Don't you dare leave San Francisco without coming back to the main plenary room for the final session—if you do you'll miss the culmination of the ACEHP 2013 celebration. We'll be showing a terrific video capturing all the action of the annual conference, and the kick off of the 2014 annual conference, chaired by Maureen Doyle-Scharff.

PRINCIPAL PRESENTER: Damon Marquis, MA
President, Alliance for Continuing Education in the Health Professions, 312/202-5813, dmarquis@sts.org

CO-PRESENTER: Shelly Rodrigues, MS, CAE, FACEHP, CCMEP
2013 Annual Conference Chair, Alliance for Continuing Education in the Health Professions, 415/345-8667, srodrigues@familydocs.org

TARGET AUDIENCE: All

MEMBER SECTIONS: All

PARTICIPANT NOTE SPACE: