

EDUCATIONAL FORMAT: SA 1, Intensive

**TIME/DAY/LOCATION: 8:30 am - 12:00 pm, Saturday, 1/21/12,
Segura Pre-function and 1-4/Lower**

TITLE: CME Basics Seminar (Part 1) (\$)

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

PRINCIPAL PRESENTER: Michael Lemon, MBA, FACME, CCMEP (Chair)
Postgraduate Institute for Medicine, 720/895-5329, mlemon@pimed.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Mary Ales, BA

Interstate Postgraduate Medical Association, 608/237-7331, males@ipmameded.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Mary Martin Lowe, PhD

Learning Advisors, 312/576-6080, marymartinlowe@mac.com

DISCLOSURE: Does have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Marcia Jackson, PhD

CME by Design, 803/854-9034, marcia.jackson@cmebydesign.com

DISCLOSURE: Does have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Jennifer Spear Smith, PhD, CCMEP

MedEdRules, LLC, 215/801-5699, jennifer.smith@mededrules.com

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: After participating in this session, you should be able to: 1) Utilize the Alliance for CME's Competency Areas to improve your practice as a CME professional; 2) Identify the skills and attributes needed to develop effective CME; 3) Describe strategies for identifying professional practice gaps and associated need; 4) Formulate performance based objectives; 5) Explain frameworks for evaluating CME outcomes; and 6) Develop a personal learning plan for continuous improvement.

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

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

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

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

PARTICIPANT NOTE SPACE:

**EDUCATIONAL FORMAT: Alliance Meeting, All 2012 Basics Seminar and 2011 Basics Institute Paid Participants Welcome
(See SA1, 8:30 am – 12:00 pm, Saturday, 1/21/12)**

**TIME/DAY/LOCATION: 5:30 – 6:30 pm, Monday, 01/23/12,
Marbella Pre-function and 1-2/Lower**

TITLE: Designing the Right Learning Activity: A CME Basics Follow-up (Part 2)

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

PRINCIPAL PRESENTER: Mary Martin Lowe, PhD

Alliance for CME, 312/576-6080, m Lowe@acme-assn.org

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

CO-PRESENTER: Michael Lemon, MBA, FACME, CCMEP

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

DISCLOSURE: Does have for sale a product for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:

- 1) Identify learning formats and experiences that promote learning and changes in knowledge, competence, and performance
- 2) Discuss how to link assessments and expected outcomes to learning formats
- 3) Develop strategies to make educationally-sound decisions about learning formats, objectives, and expected results

METHODS: The session is designed to help new CME/CPD professionals learn more about the need to thoughtfully link expected results, objectives, activity formats and learning “experiences”. Using case materials from the Basics Seminar, learners will work to develop an activity that integrates best practices in educational design to achieve appropriate expected results. This session is designed to be interactive with learners working in teams as well as group dialogue.

KEY POINTS: CPD professionals often have great aspirations to help change healthcare providers’ abilities or performance but do not always design their activities in ways that truly support these kinds of changes. It is critical that new CPD professionals learn strategies for linking expected results with the right learning formats and experiences that facilitate their desired changes.

RECOMMENDED READING: 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.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SA2, Intensive

**TIME/DAY/LOCATION: 8:30 am – 12:00 pm, Saturday, 1/21/12,
Palazzo Pre-function and A-C/Lobby**

TITLE: Getting Started With Emerging Technologies in CME (Invited Abstract) (\$)

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

PRINCIPAL PRESENTER: Brian McGowan, PhD

drbrianmcgowan@gmail.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Scott Bradbury, MS

American Academy of Pediatrics, 847/434-7147, sbradbury@aap.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Anne Grupe, MEd

American Society of clinical Oncology, 571/483-1396, anne.grupe@asco.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: The purpose of this session is:

1. Introduce and demonstrate to participants emerging technologies and social media being used to support the delivery of education across different communities and industries.
2. Demonstrate and discuss ways emerging technologies and social media can be used to enhance, support, and deliver continuing medical education across a variety of settings.
3. To restate through case studies the value proposition of emerging technologies and social media to the CME professional.

METHODS: Session will be broken down into four component sessions:

1. General lecture-based "introductory" session where an overview of the day will be provided, along with an overview of emerging technologies.
2. Small or large-group "rapid learning" sessions where 3-5 specific emerging technologies (or families of technologies) are introduced, demonstrated, and discussed
3. Small group "Breakouts" where participants will debate and discuss ways in which they can use and apply emerging technologies into their applications of continuing medical education.
4. Large-group wrap-up session where session will be summarized, learning's shared, and next steps discussed.

KEY POINTS: Throughout 2011 the Alliance for CME and the Emerging Technologies Committee endeavored to provide resources and training to the Alliance membership. At the core of these efforts was the following value proposition - emerging educational technologies and social media serve three purposes: 1) to enhance the educational and process improvements initiatives we develop for healthcare providers; 2) to serve at the core of our own personalized learning plans/for our own continuing professional development; and 3) to provide inexpensive and broad reaching modes for advocacy for the CME professional community. In an effort to support the varied and heterogeneous Alliance membership base the Alliance Conference Committee and the Emerging Technology Committee is attempting to provide a broad and varied curriculum at the 2012 Annual meeting addressing topics of emerging educational technologies and social media. From intensive workshops, to Breakout sessions, to logistical and operational technologies, to a centrally located 1:1 Emerging Technologies Workshop Stations – attendees will have access to training, resources, and advice will be freely available to any and all members interested in expanding their skill set.

RECOMMENDED READING:

1. Alliance for CME website – communities portal.
2. Medical Meetings Consult Columns: Social Media Connections (<http://bit.ly/gNichK>).

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

**TIME/DAY/LOCATION: 1:30 – 5:00 pm, Saturday, 1/21/12,
Amarante Pre-function and 2-3/Lower**

TITLE: Federal Health Care Educators Member Section Meeting

COMPETENCY:

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

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

PRINCIPAL PRESENTER: Sylvia Scherr MS, RN

Uniformed Services University, 301/295-1537, sscherr@usuhs.mil

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

CO-PRESENTER: Diana Durham, PhD

VHA Employee Education System, 562/826-5505, ext. 4188, Diana.Durham2@va.gov

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

TARGET AUDIENCE: All

MEMBER SECTIONS: Federal Health Care Educators

OBJECTIVES:

1. CE providers from federal agencies across the nation will have an opportunity to meet their colleagues, share best practices, and explore opportunities for future collaboration and sharing.
2. Representatives from the Alliance and the ACCME will update the learners on changes that occurred in the past year and future trends in continuing education.

METHODS: This session will utilize a combination of lectures, interactive Q&A, scenarios and case studies, and provide opportunity for networking. Representatives of each of the organizations represented will provide an update on key issues including new forms of learning, e.g., credit for teaching, PI, and I-PoC, uses of technology including social networking, inter-professional education, reaccreditation, innovations and best practices.

KEY POINTS: The imperative is no longer teaching, learning, or putting on courses, but on improving the quality, accessibility, and cost effectiveness of care. In this rapidly changing CE environment, federal workers must expand their skills and repertoire of education offered. Federal CE providers have unique strengths and limitations. Sharing of creative approaches to problem solving and innovative best practices can enhance practice for all.

RECOMMENDED READING:

1. New Alliance for CME website and resources - www.acme-assn.org
2. AAMC website on CME - www.aamc.org/initiatives/cme/

PARTICIPANT NOTE SPACE:

**EDUCATIONAL FORMAT: SA4, Member Section Meeting
(Health Care Education Organizations – All Conference Participants Welcome)**

**TIME/DAY/LOCATION: 1:30 – 5:00 pm, Saturday, 1/21/12,
Del Lago Pre-function and 1-2/Lower**

TITLE: Health Care Education Organizations Member Section Meeting

COMPETENCY AREAS:

- 1 - Adult Learning Principles
- 2 - Educational Interventions
- 4 - Systems Thinking
- 7 - Administration/Management

PRINCIPAL PRESENTER: Dierdre McKee, MPH

National Comprehensive Cancer Network, 215/690-0247, mckee@nccn.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

CO-PRESENTERS: To Be Determined

TARGET AUDIENCE: All

MEMBER SECTIONS: Health Care Education Organizations

OBJECTIVES:

- 1. Identify principles of adult learning
- 2. Apply adult learning principles to CME program planning
- 3. Identify different educational needs for members of health care teams
- 4. Plan a team-based educational initiative
- 5. Share successful educational interventions as models for section members
- 6. Identify challenging areas for accreditation and compliance

METHODS: Discussion, didactic presentation, and panel discussion

KEY POINTS: This Member Section meeting will include an update from the Alliance for Continuing Medical Education Board, a discussion of Section activity, a presentation of the Section "Great Ideas Award", and a discussion of accreditation challenges. In addition, the meeting will include two focused presentations/panel discussions on the use of adult learning principles and team-based clinician education.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SA5, Member Section Meeting (Hospitals and Health Systems – All Conference Participants Welcome)

**TIME/DAY/LOCATION: 1:30 – 5:00 pm, Saturday, 1/21/12,
Palazzo Pre-function and D/Lobby**

TITLE: Hospitals and Health Systems Member Section Meeting

COMPETENCY: 2.7 – Consider multidisciplinary educational interventions when appropriate.

PRINCIPAL PRESENTER: Debra Jordan, MS, CHES, CCMEP (Section Leader)
Cook Children's Medical Center, 682/885-7961, debra.jordan@cookchildrens.org

DISCLOSURE: Does not for sale a technology program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Hospitals and Health Systems

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

1. Discuss common issues of concern to CME professionals working in hospitals and health systems settings;
2. Access their program for changes necessary to achieve Reaccreditation with Commendation
3. Implement suggested solutions presented by colleagues in lecture, panel discussion, and small group formats.

METHODS: Mini-lectures will focus on ongoing issues and challenges as well as the program changes necessary for exemplary compliance. In addition, topics identified by attendees through the Hospitals Health Systems Member Section list serve will be discussed. Panel discussion, small group exercises, and question and answer sessions will be included.

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

RECOMMENDED READING: ACCME's Essential Areas and Their Elements, www.accme.org.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SA6, Member Section Meeting (Medical Education and Communication Company Alliance [MECCA] - All Conference Participants Welcome)

**TIME/DAY/LOCATION: 1:30 – 5:00 pm, Saturday, 1/21/12,
Palazzo Pre-function and F-H/Lobby**

TITLE: MECCA Member Section Meeting Annual Meeting

COMPETENCY:

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

5.2 – Identify and collaborate with external partners that enhance effective CME/CE/CPD activity.

PRINCIPAL PRESENTER: Alicia Sutton, CCMEP

Omnia Education/Prova Education, 215/237-5892, asutton@omniaeducation.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

CO-PRESENTER: Johanna Lackner Marx, MPH, MSW, CCMEP

InQuill Medical Communications, LLC, 831/440-8700, johannalackner@inquill.com

DISCLOSURE: Does have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

CO-PRESENTERS: Panel Presenters to Be Determined

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Education and Communication Companies

OBJECTIVES:

1. Identify methods to increase audience generation in CME activities
2. Evaluate various technologies and platforms used to increase audience generation for CME activities
3. Describe how social media can be used within certified education as a learning tool
4. Develop a network of peers with knowledge about audience generation methodologies and social media as learning tools

METHODS: Didactic presentations, panel presentations, case studies, and the use of ARS to measure opinions and learning in the audience

KEY POINTS: Audience generation is a key measurement of success in CME activities. Through case studies, panel discussion, and audience participation utilizing audience response technology (ARS), we will explore a variety of methods and campaigns that have helped organizations achieve superior levels of audience participation in CME activities. In addition, we will showcase how social media can be used as a learning tool through case studies from MECCA member organizations. Panel members will reflect a broad base from the CME industry who will share their successes, challenges, and best practices in audience generation techniques and social media as a learning tool.

FINANCIAL OR IN-KIND SUPPORT: Audience response technology provided by Winding River Productions, Inc.

PARTICIPANT NOTE SPACE:

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

**TIME/DAY/LOCATION: 1:30 – 5:00 p.m., Saturday, 1/21/12,
Segura Pre-function and 1-4/Lower**

TITLE: Medical Schools Member Section Meeting

COMPETENCY AREA: 6 – Leadership

PRINCIPAL PRESENTER: Andrew Crim

UNT Health Science Center, 817/735-2644, Andrew.crim@unthsc.edu,

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

CO-PRESENTER: Ginny Jacobs

University of Minnesota, 612/625-4660, gjacobs@umn.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

TARGET AUDIENCE: Non-Beginners

MEMBER SECTIONS: Medical Schools

OBJECTIVES:

1. Identify developments in policy, regulation and accreditation that have the potential to impact the practice of CME in academic centers
2. Identify opportunities for CME to align education with performance
3. Identify new opportunities for academic CME providers to extend roles and influence the system in which they operate

METHODS: This session will include interactive presentation and hands-on exercises.

KEY POINTS: Agenda items include:

1. Update from the Alliance for CME
2. Presentation of "Great Ideas" Award
3. REMS
4. Whitepaper Reviews
5. Aligning Activities with MOC
6. Late Breaking Issues

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SA8, Member Section Meeting (Medical Specialty Societies – All Conference Participants Welcome)

**TIME/DAY/LOCATION: 1:30 – 5:00 pm, Saturday, 1/21/12,
Palazzo Pre-function and E/Lobby**

TITLE: Medical Specialty Societies Member Section Meeting

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

PRINCIPAL PRESENTER: Charles Willis, MBA (Section Leader, Medical Specialty Societies)
AGA Institute, 301/272-1196 cwillis@gastro.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Janice Richards, MA (Education Programming Work Group Co-Chair)
American College of Cardiology, 202/375-6515, jrichard@acc.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

CO-PRESENTER: Brian Thompson, MBA (Education Programming Work Group Co-Chair)
American Society for Gastrointestinal Endoscopy, 630/570-5621, bthompson@asge.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Specialty Societies

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

At the conclusion of this activity, learners should be able to:

1. Identify strategies to promote team learning and inter-professional activity planning within their respective organizations.
2. Evaluate and implement best practices as exemplified by peer organizations
3. Identify areas in which scholarly activity can be applied to their own professional development either individually or in consort with others.

METHODS: Short lecture presentations, panel presentations on strategic initiatives and successful activities, question and answer sessions as well as informal roundtable sessions on issues in continuing professional development.

KEY POINTS: Volunteer MSS staff on the Education Work Group plan and implement based on member input. Emphasis is on the exchange of new and innovative ideas and “best practices” in continuing professional development. Additionally, nominees for the MSS “Great Idea Award”, as appropriate to identified topics, will be asked to share their submitted award proposals. Through discussion and networking at this session, members build alliances and peer to peer synergies in order to improve their own professional practice.

PARTICIPANT NOTE SPACE:

**EDUCATIONAL FORMAT: SA9, Member Section Meeting
(Pharmaceutical Alliance for Continuing Medical Education [PACME] – All
Conference Participants Welcome)**

**TIME/DAY/LOCATION: 1:30 – 5:00 pm, Saturday, 1/21/12,
Palazzo Pre-function and A-C/Lobby**

TITLE: Strengthening Our Value: Tools to Get the Most Out of Each
Approved Grant

COMPETENCY:

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

7.1 – Document the value of the CME/CE/CPD program to its own organization and to the physicians that it serves.

PRINCIPAL PRESENTER: Hilary Schmidt PhD

sanofi-aventis, 908/981-5152, Hilary.Schmidt@sanofi-aventis.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: PACME

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

1. Assess the potential impact of each grant proposal and its ability to deliver appropriate metrics of effectiveness along each step of the educational process.
 - a. Effectively evaluate educational design, methods, and interventions to obtain meaningful and timely outcomes metrics.
 - b. Determine the effectiveness of completed educational activities against the established learning objectives and educational design and methods ,
 - c. Utilize outcomes data as a key component to validate one’s educational strategy and future tactics.
2. Position IME as a critical asset to the overall mission of the organization to improve HCP knowledge, competence and patient outcomes.

METHODS: This will be an interactive session, utilizing best practice examples and case studies which stimulate input and discussion and lead to action steps that participants will be able to implement in their own environment.

KEY POINTS: The session will include updates on key PACME initiatives and important issues confronting all IME Departments along with a review of the current legislative environment confronting members and potential actions that should be considered to strengthen our CME mission. One such issue is the continued resource allocation within the industry. Corporate Management needs to ensure that valuable resources are used in the most effective manner possible to maximize impact and control expense. For each approved grant submission, IME departments must be able to validate maximum impact through proper educational design delivery, and evaluation and meaningful outcomes of the educational intervention. Speakers will challenge participants to evaluate their current grant review processes with a critical eye on educational design and specific and measurable metrics. Panel discussions will review the potential of new alternative educational models. Table discussions will focus on “Best Practices” and how to utilize and incorporate outcomes data and subsequently shared with the larger group. Sessions will continue to provide direction on the continuing importance of improving the internal and external Strategic Value of the IME department to key stakeholders.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SA 10, Member Section Meeting (State Medical Societies - All Conference Participants Welcome)

**TIME/DAY/LOCATION: 1:30 – 5:00 pm, Saturday, 1/21/12,
Cordova Pre-function and 5-6/Lower**

TITLE: State Medical Societies Member Section Meeting

COMPETENCY: 6.3 – Provide and support environment for continuous improvement in educational practice and office operations.

PRINCIPAL PRESENTER: Leslie Howell, BA
Pennsylvania Medical Society, 717/909-2624, lhowell@pamedsoc.org

DISCLOSURE: Does not for sale a technology program, product, and/or service for CME/CE/CPD professionals.

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

DISCLOSURE: Does not for sale a technology program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: State Medical Societies

OBJECTIVES: This meeting is intended for staff and committee volunteers who work with state medical societies as accreditors of intrastate providers and/or as an ACCME-accredited state medical society. Its purpose is to:

1. Share information and best practices related to current issues in the intrastate accreditation system, as well as issues related to accrediting CME activities; and
2. Identify a network of CME professionals who can be contacted for information and assistance throughout the year.

METHODS: Interactive session with presentations, case studies, and Q&A

KEY POINTS: This meeting will include content areas such as:

1. Update from Alliance for CME Board of Directors
2. Best practices for continued implementation of the Updated Criteria among state-accredited CME providers
3. Great Ideas Award
4. Coordination and Collaboration with SMS Peers
5. Any other timely topics affecting state medical society involvement in CME

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SA 11, Member Section Meeting (Other – All Conference Participants Welcome)

**TIME/DAY/LOCATION: 1:30 – 5:00 pm, Saturday, 1/21/12,
Del Lago Pre-function and 3-4/Lower**

TITLE: Redesigning the ‘Other Member Section’: Making Sure It Can Best Support Our Needs (Part 1)

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

PRINCIPAL PRESENTER: Harold Magazine, PhD
Science Care, 602/288-0046, harold.magazine@sciencecare.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Moss Blachman, PhD
University of South Carolina School of Medicine, 803/434-4211, blachman@sc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of the breakouts, participants should be able to engage in a process to address their unmet needs.

METHODS:

1. Preconference survey of members of the “Other Member Section” to identify areas of unmet need and to inform the discussion at this session of the Annual meeting.
2. Presentation and interactive small group discussions to:
 - Confirm the range of needs of the members of this section and
 - Begin formulating a strategy to address their membership needs.

KEY POINTS:

1. Address the concern that some members feel that:
 - They do not fit cleanly into any specific member section and
 - Their specific needs and concerns may not be fully recognized and supported.
2. Identify the range of needs (met and unmet) of the members of the “Other Member Section.”
3. Formulate a plan to address these needs and communicate it to the Alliance.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SA 12, Breakout

**TIME/DAY/LOCATION: 5:15 – 7:00 pm, Saturday, 1/21/12,
Palazzo Pre-function and D/Lobby**

TITLE: Frances Maitland Memorial Lecture and Mentor/Mentee Program

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

PRINCIPAL PRESENTER: Robert Kristofco, MSW
Pfizer Medical Education Group, 205/249-7317, robert.kristofco@pfizer.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: All

PROVIDER GROUPS: All

OBJECTIVES: At the conclusion of this session, attendees will understand the relevance of mentoring for CME professionals at every level. The session will also present useful strategies for mentoring processes related to practical exercises to identify individual personal and professional goals with educational opportunities during the Annual Conference, as well as resources of the Alliance and other relevant organizations for goal attainment.

METHODS: The Memorial Lecture was established in 2000 as a way to honor Frances Maitland and continue her legacy as CME's best known mentor. The purpose of this lecture is to emphasize the value of mentoring with the enthusiasm and spirit of Frances who embodied the essence of mentoring.

KEY POINTS: Mentoring is a tradition in CME, as either a formal or informal process. Mentoring has been proven to work, as evidenced by the many CME professionals who have been mentored by someone like Frances Maitland, who took the time to mentor. In the time that ideas and experiences are exchanged, the tradition of the mentoring process is continuously renewed.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SA13, Breakout

**TIME/DAY/LOCATION: 5:15 – 7:00 pm, Saturday, 1/21/12,
Palazzo Pre-function and D/Lobby**

TITLE: Frances Maitland Memorial Lecture and Mentor/Mentee Program

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

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: This session will enable Mentees (newcomers to CME and/or this meeting) to competently and confidently navigate the Alliance Annual Conference, select sessions to attend, identify networking opportunities, find resources, etc; and Mentors (experienced CME professionals) should be able to address the needs of Mentees, communicate knowledge and demonstrate skills effectively, and provide necessary resources and networking opportunities to best help Mentees within the context of this meeting and early career development.

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

KEY POINTS: 1) Successful mentoring requires a commitment of time from both the Mentor and Mentee both before and during the Annual Conference, communicating and doing some homework (self-assessment/identifying educational gaps, looking through the Advance Program for sessions and networking opportunities, gathering resources, etc.); and 2) communication of needs, goals, realistic expectations and responsibilities is essential.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P1, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Engaging Physicians and Improving Patient Care through Case-Based Learning: Moving Beyond the Didactic Presentation

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

PRINCIPAL PRESENTER: Marissa Seligman, PharmD, CCMEP

pmiCME, 617/406-4288, mseigman@pmicme.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Carolyn Skowronski, PharmD

pmiCME, 617/406-4000, cskowronski@pmicme.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Alyce Kuklinski, NP, RN

pmicme, 617/406-4000, akuklinski@pmicme.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this presentation, participants should be able to:

1. Provide evidence that supports the hypothesis that case-based presentations are more effective than didactic lectures in application of information into clinician performance-in-practice
2. Demonstrate the differences in audience engagement levels using case-based presentations versus didactic lectures

METHODS: Data will be collected from 2011 Access with ACP program attendees:

1. Quantitative: Physicians attending the case-based Access programs will be polled using the Audience Response System (ARS) regarding their assessment of case-based CME versus didactic CME. They will rate the case-based presentations on several parameters, such as effectiveness of the case-based format to learning and ease of applying learnings in their practice.
2. Qualitative: Physicians attending the programs will be asked to provide written qualitative feedback via comment forms.
3. (Optional) Quantitative: Presenting faculty will rate the case-based format against didactic lectures they have delivered on similar subjects.

KEY POINTS: A case-based presentation provides actionable information and applies learning at the level of patient management. Attendee participation in case-based learning requires critical thinking and clinical decision making, two key elements in effective patient care.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P2, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Menopause: A Regional Assessment of Educational Needs of Healthcare Professionals in South Texas

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

PRINCIPAL PRESENTER: Jan Patterson, MD, MS

UT Health Science Center San Antonio School of Medicine, 210/567-0964, pattersonj@uthscsa.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Marissa Howard

UT Health Science Center San Antonio School of Medicine, 210/567-4435, howardm@uthscsa.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Brenda Johnson, MEd, CCMEP

University of Texas Medical Branch-Galveston, 409/772-9305, br2johns@utmb.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Describe the process of identifying learning needs of physicians using data derived from a multi-organizational, multi-disciplinary regional needs assessment.
2. Describe quantitative methods used to analyze results.
3. Describe longitudinal plan for dissemination of data, development of learning objectives and design/dissemination of educational interventions.

METHODS: A didactic presentation will review the process an academic medical center undertook to assess learning needs of healthcare professional in south Texas with regard to management and treatment of menopausal patients. A description of the survey of healthcare providers including physicians, nurse practitioners, and physician assistants in family medicine, internal medicine, gynecology, endocrinology, and endocrinologists, and pharmacists from multiple organizations will be shared as well as plans for dissemination of findings, and development of future educational interventions.

KEY POINTS: CME Professionals should develop competency in the use of clinical practice data to identify the learning needs of physicians and other healthcare professionals.

RECOMMENDED READING:

1. The Alliance for Continuing Medical Education ALMANAC August 2010, "The Roots of Education Are in 'Why'".
2. DE Moore Et Al, "Achieving Desired Results and Improved Outcomes: Integrating Planning and Assessment Throughout Learning Activities.

FINANCIAL OR IN-KIND SUPPORT: Menopause – A Regional Assessment of Educational Needs of Healthcare Professionals in South Texas is supported by an educational grant from Pfizer, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P3, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Urology Core Curriculum: Lifelong Learning to Deliver Quality Urological Care

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

PRINCIPAL PRESENTER: Lauren Ero, MS, MEd
American Urological Association, 410/689-3780, lero@auanet.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Sandra Baird, BS
American Urological Association, 410/689-4040, sbaird@auanet.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: Medical Specialty Societies

OBJECTIVES: Describe the implementation of an online resource for self-directed lifelong learning guided by best practices in adult learning.

METHODS: Poster will illustrate the components of an interactive, online core curriculum developed to provide up-to-date resources for residents and practicing physicians.

KEY POINTS: Consideration of best practices in adult learning is essential. The Urology Core Curriculum enables self-directed lifelong learning, is interactive and accessible, provides multimedia content and encourages sequential, multiple interactions with the content. Self assessment directs the learner to a personalized experience with the curriculum, providing “just-in-time” learning opportunities. The curriculum will address the education needs of physicians preparing for certification and recertification as it provides the knowledge base for the American Board of Urology examinations. The Core Curriculum provides strategic guidance to the AUA for the entire CME program, and future directions include developing Internet Point-of-Care CME and Performance Improvement CME for the Core Curriculum.

RECOMMENDED READING: Cook, D. A., Garside, S., Levinson, A. J., Dupras, D. M., & Montori, V. M. (2010). What do we mean by web-based learning? A systematic review of the variability of interventions. *Medical Education*, 44(8), 765-774.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P4, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Cultivating Faculty for a New Medical School in an Academic Healthcare System: Components of a Comprehensive Faculty Development Program

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

PRINCIPAL PRESENTER: Brooke Taylor, MPH, CCMEP

William Beaumont Hospital, 248/551-0908, brooke.taylor@beaumont.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Linda Gillum, PhD

Oakland University, 248/370-3633, gillum@oakland.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Learners should be able to gain strategies to 1) identify key clinical and basic science faculty and assess their instructional needs, 2) teach faculty the needed teaching related content and skills determined to be best practices, 3) enhance faculty abilities to transfer this learning into their teaching, and 4) describe CME's role in the development of a faculty development initiative.

METHODS: This poster describes a faculty development initiative designed to transition faculty from a community hospital-based clinical teaching program to a university-affiliated, health care system-based medical school curriculum.

KEY POINTS: A new medical school faces significant challenges of transitioning faculty from a suburban community-based clinical teaching model to an integrated, university-affiliated academic health care system model that includes both basic and clinical science teaching in all four years of the curriculum. A description of the faculty development curriculum design, teaching methodologies, and evaluation strategies will be presented, as well as lessons learned in preparing faculty for the inaugural class matriculating in August 2011.

RECOMMENDED READING: Clark JM, Houston TK, Kolodner K, Branch WT Jr, Levine RB, Kern DE. (2004). Teaching the teachers: national survey of faculty development in departments of medicine of US teaching hospitals. *J Gen Intern Med*; 19(3):205–14.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P5, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Comparing the Effectiveness of Patient-Centered Methodologies in Managing Latino Patients with Diabetes

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

PRINCIPAL PRESENTER: Robert Hennis, CCMEP
High Level Outcomes, LLC, 858/546-4900, rhennis@highleveloutcomes.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Amaryllis Soto, CCMEP
Sanofi-aventis US, 908/981-5149, amaryllis.soto@sanofi-aventis.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion, participants should be able to: (1) define specific challenges of caring for patients from diverse linguistic and cultural backgrounds, (2) assess the effectiveness of 3 methodologies in managing patients with chronic illnesses, and (3) outline how specific educational methodologies can be incorporated into community-based interventions in order to provide the highest impact on the patient.

METHODS: This poster presentation will present the results of a 3-arm study evaluating the effectiveness of several patient-centered methodologies in providing education/disease management to patients with chronic illness (ie, diabetes).

KEY POINTS: Health care providers are increasingly challenged with caring for patients from diverse linguistic and cultural backgrounds. It is important for health care professionals and managers to have a basic understanding of the impact of language and culture on health care delivery in order to efficiently organize services that meet the needs of both the institution and a diverse patient population. The Latino population has been disproportionately impacted by the diabetes epidemic and more research is needed to determine the effectiveness of various patient-centered methodologies on underserved populations. To that end, this study will evaluate 3 different methods providing education/disease management services for Latinos with Type 2 diabetes: tele-health, targeted educational print materials, and motivational interviewing. All methods are behavioral approaches meant to complement and not to substitute for standard care. Approximately 300 patients are expected to be involved in this research study (100 patients per arm).

FINANCIAL OR IN-KIND SUPPORT: This program is supported by an educational grant from sanofi-aventis US.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P6, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Evidence-based Transfusion Medicine: Use of an Interactive Monthly Educational Newsletter to Change Physician Practice

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

PRINCIPAL PRESENTER: Irwin Gross, MD
Eastern Maine Medical Center, 207/973-7794, igross@emh.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Kathryn Bourgoïn, MD
Eastern Maine Medical Center, 207/973-7315, kbourgoïn@emh.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: Hospitals and Health Systems

OBJECTIVES: At the completion of this poster, participants should be able to: (1) identify the key elements of a blood management program; (2) describe how an evidence-based clinical newsletter can contribute to implementation of a hospital-wide blood management program; and (3) list three methods of distribution to maximize awareness and readership

METHODS: The medical director of the hospital blood management program, together with support staff, created a visually distinctive clinical newsletter, distributed throughout the organization via the hospital intranet site and e-mail system. The newsletter contains interactive links to relevant references in the medical literature and a post-newsletter quiz.

KEY POINTS: Evidence based blood management programs attempt to change physician behavior-based transfusion practices to improve patient outcomes. Restrictive transfusion strategies are associated with lower costs, shorter lengths of stay, fewer infections, and lower mortality. Published data show large variations in transfusion rates and physician practice. A clinical newsletter was developed to facilitate implementation of comprehensive blood management at our hospital in an effort to decrease transfusions and standardize physician practice. Content was coordinated with specific clinical initiatives and contained links to relevant evidence based literature. Over two years, transfusion rates fell by greater than 50%.

RECOMMENDED READING:

1. Basics of Blood Management, 1st Edition. Petra Seeber and Aryeh Shander, 2007. Published by Blackwell Publishing.
2. Patient Blood Management - A New Paradigm for Transfusion Medicine, Thompson A, et al. ISBT Science Series (2009) 4, 423-35.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P7, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: How to Achieve the Development of a Continuing Interprofessional Development Strategy for Social Pediatrics?

COMPETENCY: 2.8 – Provide longitudinal interventions when appropriate.

PRINCIPAL PRESENTER: Céline Monette, BSc

Médecins francophones du Canada, 514/388-2228, ext. 222, cmonette@medecinsfrancophones.ca

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Francine Borduas, MD

Médecins francophones du Canada, 514/388-2228, francineborduas@videotron.ca

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Gilles Julien, MD

Fondation du Dr Julien, 514/527-3777, fondation@pediatriesociale.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Hélène Sioui Trudel, BA, LLL

Fondation du Dr Julien, 514/527-3777, atsienha@sympatico.ca

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: We present an approach for developing a continuing interprofessional development (CID) strategy in community social pediatric (CSP). This new field relies on collaboration among professionals, patients, family and community so that vulnerable populations of children can develop fully.

METHODS: A strategy was developed integrating a vision, a mission, a goal and a plan of action that rely on a common base for CSP professionals. A theoretical basis and all core values, competencies, expected behaviors were identified and translated into a CID portfolio. The latter used by a pedagogical and scientific committee to develop a CID concept.

KEY POINTS: The advantage of this approach is to have an integrated CID strategy based on the desired practice. It allows experts from various professions in this new field of CSP to agree on the same CID portfolio and to contribute to the implementation of a CID continuum concept that support and influence the training of physicians and other professionals. A partnership between Médecins francophones du Canada and Fondation du Dr Julien, fostered the contribution of CSP experts to develop a strategic plan that translates in a CID continuum. It aims at facilitating expertise sharing, skills improvement and capacity building in the field of CPS for an interprofessional global practice based on the implementation of the Child Rights Convention.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P8, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: A Curricular Approach to Pharmacist Continuing Education to Advance Pharmacy Practice in Anticoagulation Management

COMPETENCY: 2.8 – Provide longitudinal interventions when appropriate.

PRINCIPAL PRESENTER: Jill Fitzgerald, PharmD

University of Connecticut School of Pharmacy, 860/486-2130, jill.fitzgerald@uconn.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this presentation, participants should be able to:

1. Describe the curricular approach to pharmacist management of anticoagulation therapy culminating in a practice-based activity.
2. Recognize the value of providing multiple educational interventions to assist pharmacists in advancing their practice in anticoagulation management.
3. Discuss the implications of practice-based education for pharmacists.

METHODS: We will describe how we developed longitudinal comprehensive anticoagulation continuing education activities on anticoagulation management culminating in a traineeship at a local community hospital.

KEY POINTS: In 2008, the University of Connecticut School of Pharmacy Office of Pharmacy Professional Development provided a knowledge-based Anticoagulation Symposium. Following that activity, participants were surveyed to identify knowledge and practice gaps as part of a needs assessment process. From that survey, a second Anticoagulation Symposium was developed to educate pharmacists on the knowledge and application-based topics identified by the gap analysis. In addition, the presentations from the 2nd symposium were converted to online and webinar activities and several additional online educational modules were developed to provide an anticoagulation pre-requisite for a Traineeship at a pharmacist-run community hospital outpatient anticoagulation clinic. Participants who wish to attend the traineeship are required to complete the pre-requisite online and webinar activities. The Traineeship participants will be surveyed to investigate how the Traineeship affected their practice and the patients they serve.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P9, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Assessing the Effect of a Pilot Project Educating Residents on the Proper Usage of Spirometry

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

PRINCIPAL PRESENTER: Debi Susalka

CE Outcomes, LLC, 205/259-1500, debi.susalka@ceoutcomes.com

DISCLOSURE: Does have for sale a product and/or service to CME/CE/CPD professionals.

CO-PRESENTER: Theresa Barrett, MS, CMP, CAE

New Jersey Academy of Family Physicians, 609/394-1711, theresa@njafp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Shereta Wiley, MPH

CE Outcomes, LLC, 205/259-1500, shereta.wiley@ceoutcomes.com

DISCLOSURE: Does have for sale a product and/or service to CME/CE/CPD professionals.

CO-PRESENTER: Chad Williamson, MS, MBA

CE Outcomes, LLC, 205/259-1500, chad.williamson@ceoutcomes.com

DISCLOSURE: Does have for sale a product and/or service to CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: (1) Understand how a pilot program on the use of spirometry for residents may be expanded to the national level; (2) Learn the current needs of residents regarding the use of spirometry to diagnose COPD; and (3) Design educational outcomes to assess the effect of an intervention on a residency program.

METHODS: Through a graphic poster display, we will present an overview of the assessment of a residency program on spirometry use for COPD, showing background on the intervention, assessment methods used, effect of the program, and recommendations for future programming in this topic area.

KEY POINTS: Use of spirometry is crucial in the proper diagnosis of chronic obstructive pulmonary disease (COPD), but preliminary data reveals that physicians do not learn spirometry techniques in residency and most current residents perceive it as too complicated. Hands on and didactic education was provided to residents from January to March 2011 throughout New Jersey. Effect on practice was measured by using a case-vignette survey before, immediately after, and 30 days following the education. Through the presentation we will present findings from this assessment, as well as recommendations for future activities for spirometry education and implications for expansion to a national level.

FINANCIAL OR IN-KIND SUPPORT: This assessment was supported by an educational grant from Pfizer.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P10, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Ask the Expert Meets Peer-to-Peer: Outcomes from the 3rd Annual Chair Summit – Master Class for Neuroscience Professional Development

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

PRINCIPAL PRESENTER: Christina Ansted, MPH, CCMEP
CME Outfitters, LLC, 614/328-4516, cansted@cmeoutfitters.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Robert Kennedy, MA
CME Outfitters, LLC, 614/328-4521, rkennedy@cmeoutfitters.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Jan Schultz, MSN, RN, CCMEP
Postgraduate Institute for Medicine, 720/895-5332, jschultz@pimed.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Evaluate pre and post survey data to assess differences associated with participation in the educational activity; (2) Review data analysis results for Moore Level 5 outcomes measure to determine if information and strategies learned at Chair Summit were applied to practice and had an impact on patient care.

METHODS: (1) Illustrate the application of a multi-faceted outcomes process to measure educational effectiveness; (2) Demonstrate integration of adult learning principles and models of outcomes measurement into the development of a comprehensive educational program; and (3) Display audience demographics, audience generation tactics, data from online surveys and outcomes measurement.

KEY POINTS: (1) The integration of adult learning principles and models of outcomes measurement should be included in the development of a comprehensive educational program. (2) Key clinical take-away messages are points-of-knowledge or attitudes that are expected to shift based on the information presented in the initiative. (3) Consider a multi-faceted outcomes process to measure educational effectiveness. (4) Demographic questions, clinical assertions and, when appropriate, confidence measurement ratings help to identify ongoing knowledge gaps.

RECOMMENDED READING: (1) Moore DE. A framework for outcomes evaluation in the continuing professional development of physicians. In: Davis D, et al, eds. The Continuing Professional Development of Physicians: From Research to Practice. Chicago, Ill: American Medical Association;2003. (2) Moore DE Jr, et al. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. J Contin Educ Health Prof 2009;29:1-15.

FINANCIAL OR IN-KIND SUPPORT: This continuing education activity was co-sponsored by USF Health and CME Outfitters, LLC, and supported by educational grants from AstraZeneca Pharmaceuticals, Cephalon, Inc., Janssen, Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc., administered by Ortho-McNeil Janssen Scientific Affairs, LLC, Lilly USA, LLC, Pfizer Inc., and Sepracor Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P11, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: A Novel Interdisciplinary Team Approach to Improving Institutional Quality and Patient Care: The STOP VTE Initiative

COMPETENCY: 2.12 – Offer consultation within physician organizations to identify goals for education that are specific to the practice and measureable.

PRINCIPAL PRESENTER: Kristi Hofer, PharmD
ASHP Advantage, 434/964/0027, khofer@ashpadvantage.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Michelle Bonnarens, PharmD
ASHP Advantage, 503/992/1418, mbonnarens@ashpadvantage.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Kristan Cline, PhD, CCMEP
Ortho-McNeil Janssen Scientific Affairs, LLC, 908/927/6670, KCline1@its.inj.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Stuart Haines, PharmD
University of Maryland School of Pharmacy, 561/753/8896, shaines@rx.umaryland.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon reviewing this poster, participants will be able to: (1) Describe a method by which an interprofessional team can perform an in-depth evaluation of an institution's practices toward any disease state or wellness program, (2) Explain the role of the mentoring team, (3) State the potential impact of the education intervention on patient outcomes, and (4) Evaluate the addition of mentorship components in the design of educational initiatives.

METHODS: The poster presentation will review the rationale and components of the STOP VTE Initiative with emphasis on the development of the mentored institutional quality improvement component including sharing the changes in institutional performance as it relates to key quality measures reported before and after the intervention.

KEY POINTS: An Institutional Impact Mentored Quality Improvement activity was offered as an adjunct to the educational interventions of the STOP VTE Initiative - a comprehensive educational initiative designed to improve guidelines based VTE prophylaxis in hospitalized patients. Selected institutions assembled inter-professional teams that worked with expert faculty mentors before the visit and onsite to evaluate the institution's VTE prevention practices and develop a plan to achieve institution-specific quality-improvement goals. The team championed the quality improvement project within their institution. Data regarding the impact on VTE prophylaxis assessed before and 6 months after the intervention will be presented.

RECOMMENDED READING: (1) www.stopvte.org; (2) McWilliam CL. Continuing education at the cutting edge: promoting transformative knowledge translation. JCEHP. 2007; 27:72-9, and (3) Davis D. Continuing education, guideline implementation, and the emerging transdisciplinary field of knowledge translation. JCEHP. 2006; 26:5-12.

FINANCIAL OR IN-KIND SUPPORT: The activities described in this poster were funded by an educational grant from Ortho-McNeil, Division of Ortho-McNeilJanssen Pharmaceuticals, Inc., administered by Ortho-McNeil Janssen Scientific Affairs, LLC.

EDUCATIONAL FORMAT: P12, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Effective Decision Making for Creation and Implementation of a CME Office Database System

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

PRINCIPAL PRESENTER: Sarah Janesz, MAFM

Cleveland Clinic Center for Continuing Education, 216/445-6026, janeszs@ccf.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon reading this poster, the participants should be able to:

1. Describe an analysis of whether to purchase or custom build a CME database system
2. Avoid common pitfalls when designing a custom CME database system
3. Recognize the key items that lead to a successful system implementation

METHODS: The poster will illustrate the Cleveland Clinic Center for Continuing Education's experience in planning, designing, building, and implementing a CME office database system.

KEY POINTS: Whether or not to purchase or design and build your own electronic CME database system can be a very difficult decision. Likewise, implementation of a new database system can be extremely complex to navigate. Some proceed on schedule with full involvement of stakeholders, while others stall or struggle, experiencing only partial success or no success at all. How can you make the right decision for your CME office, fortify yourself against failure and plan for success? This poster will share a perspective of how to make a sound decision based on the successes and challenges experienced by the Cleveland Clinic Center for Continuing Education.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P13, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Assessment of Physician Knowledge of Hereditary Angioedema (HAE) and Its Treatments Before and After a Targeted Educational Event

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

PRINCIPAL PRESENTER: Yvonne Powers, CCMEP

Penn State College of Medicine, 717/531-6493, ypowers@hmc.psu.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Timothy Craig, DO

Penn State Milton S. Hershey Medical Center, 717/531-6525, tcraig@hmc.psu.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Kristin Kodoric, MD

Penn State Milton S. Hershey Medical Center, 717/531-6525, kkodoric@hmc.psu.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: After analyzing the data in the tables and graphs, the participant will be able to:

1. Compare and contrast the changes in scores between pre and post tests.
2. Assess the value of pre and post testing for educational events.
3. Develop and implement a program of pre and post testing for future educational events.

METHODS: Physicians who attended CME sessions on new developments and treatment modalities for Hereditary Angioedema were asked to complete pre-tests and post-tests. Attendee responses were analyzed to assess the effectiveness of an educational event on baseline knowledge about HAE and its treatments, along with a one-year follow up survey.

KEY POINTS: Results – Correct pre-test responses averaged 77% for allergists, 65% for rheumatologists, 40% for emergency room physicians, and 37% for family practitioners. These groups improved an average of 7.5%, 30%, 42.5%, and 53%, respectively, following the sessions. Collectively, post-test improvement ranged from 16-55% for all questions.

Conclusion – Baseline knowledge about HAE and its treatments is deficient among physicians who may encounter HAE patients in their practice. Lectures on HAE advancements do improve physician knowledge immediately following an educational event. One year follow up indicates physicians were able to integrate this knowledge into practice.

FINANCIAL OR IN-KIND SUPPORT: This program was funded through an educational grant from Viropharma.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P14, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: An Online Approach to the Qualitative Evaluation of a CME Activity

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

PRINCIPAL PRESENTER: Wendy Turell, DrPH, CCMEP
Contextive Research LLC, 917/750-0173, wendy@contextiveresearch.com

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon reading this poster, learners will be able to: (1) Describe the anatomy and application of online focus groups in CME evaluation, and (2) Select existing or planned CME activities for which this methodology is appropriate.

METHODS: This poster presentation highlights the benefits, challenges, and anatomy of an online focus group. The poster includes:

1. Descriptions and images of the composition and “look” of online focus groups
2. An example of interview protocols and Nvivo coded and themed learner-data transcripts
3. A presentation of report-ready qualitative data results

KEY POINTS: Focus group research is helpful in bringing forth descriptive CME outcomes data regarding positive change, as well as variables that prevent or deter positive knowledge translation into behavioral change. Online focus groups are a cost-effective and efficient way to bring learners together for a synchronous research-based discussion. This poster will also highlight the importance of a strict qualitative methodology, and theory-driven data analysis.

RECOMMENDED READING: Krueger RA, Casey MA. Focus Groups: A Practical Guide for Applied Research (ed 4). Sage: 2009.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P15, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Saturday Morning EP Report: Effectiveness of a Unique Performance Improvement Activity That Approximates Standard Clinical Practice

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

PRINCIPAL PRESENTER: Ben Caref, PhD
Medtelligence, 646/567-0948, bcaref@medtelligence.net

DISCLOSURE: Does have for sale a program for CME/CE/CPD professionals.

CO-PRESENTER: Kathy Wickman, BSN, RN
Medtelligence, 908/601-2575, kwickman@medtelligence.net

DISCLOSURE: Does have for sale a program for CME/CE/CPD professionals.

CO-PRESENTER: Pamela Clark, BA
Medtelligence, 203/856-6624, pclark@medtelligence.net

DISCLOSURE: Does have for sale a program for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Describe a unique on-site intervention that uses multiple yet easy-to-employ technologies, an experiential design based on medical adult learning principles, and incorporates robust statistical analysis; (2) Develop paired activities with reinforcement of the learning objectives via follow-up online; (3) Discuss the value of a case-based, peer-to-peer activity based on robust Level 1-4 statistical analysis; (4) Understand how measurements at multiple stages of a multi-faceted program can be used as a basis for improvement of future programs, and (5) Identify opportunities for onsite-online outcomes-based programming.

METHODS: We will review the "Saturday Morning EP Report" program and outcomes achieved based on learners' responses to questions designed to assess Moore's Level 1-4 at various interventions. We will also discuss the value of these measurements in relation to the gaps in knowledge and performance that still exist to aid in implementing program improvements.

KEY POINTS: A multi-component CME curriculum, using the trademarked Morning Report format, on the management of challenging cases in atrial fibrillation will be presented. The program consisted of regional live meetings followed by several linked online activities. The unique meeting format was case-based, with no didactic lecturing, and included a high degree of peer-to-peer interactivity and use of technology. Both live and online assessments were made to provide Level 1-4 outcomes. Level 4 assessments were made by creating cases that approximated the clinical setting and asking questions based on the key learnings, while also addressing the learning objectives. The purpose of this poster is to share the data and insights that resulted from the learning measurements.

RECOMMENDED READING:

1. Bordage G, Carlin B, Carlin, Mazmanian PE. Chest 2009;135:29S-36S.
2. Cauffman JG, et al. J Continuing Education in the Health Professions. 2002;22: 214-221.
3. Moore D, Green J, Gallis H. JCEHP 2009; 29(1):1-15.

FINANCIAL OR IN-KIND SUPPORT: The Saturday Morning EP Report program was supported by an educational grant from sanofi-aventis US.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P16, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Clever Medical Education: Building Upon Outcomes Data

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

PRINCIPAL PRESENTER: Sara Fagerlie, PhD

Educational Concepts Group, 770/980-3148, sfagerlie@educationalconcepts.net

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Alison Heintz, MPH

Educational Concepts Group, 770/951-7370, aheintz@educationalconcepts.net

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Maureen Haas, PharmD, BCPS, BCOP

Educational Concepts Group, 770/951-7370, mhaas@educationalconcepts.net

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Tina Stacy, PharmD, BCOP, CCMEP

Educational Concepts Group, 770/933-1684, tstacy@educationalconcepts.net

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this presentation, participants should be able to:

- Critically evaluate outcomes data
- Categorize outcomes results
- Develop education strategies based upon outcomes data

METHODS: Outcomes results will be reviewed, compared, and categorized. Strategies to utilize results for further education and incorporation into future programming will be discussed.

KEY POINTS: Sixty-nine certified live activities on multiple myeloma were held over a 1 year period. Competency was assessed via case vignettes completed prior to and immediately following each activity with an audience response system. Surveys completed 6 weeks following each activity evaluated performance. Results from the case vignettes and evaluation criteria will be presented. Additional discussion will include categorizing results and strategies used to build upon those results for additional educational programming and outcomes design.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P17, Poster

**TIME/DAY/LOCATION: 7:00 am - 4:00 pm, Sunday, 1/22/12;
7:00 am - 4:00 pm, Monday, 1/23/12;
7:00 - 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Longitudinal and Latitudinal Outcomes of a Social Learning Educational Initiative

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

PRINCIPAL PRESENTER: Stephen Chavez

National Center for Continuing Medical Education, LLC, 609/630-6231, schavez@naccme.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this presentation, participants should be able to:

1. Recognize when to apply appropriate measurement instruments in multi-modal initiatives.
2. Understand how to apply control groups to measure educational effectiveness.
3. Discuss the impact of social media on educational outcomes.

METHODS: The instructional design and outcomes achieved will be reviewed, and we will discuss the value of measurement in multi-modal initiatives that include social learning.

KEY POINTS: A collaborative (Hopkins, DentalLearning.com, Academy of general Dentistry, NACCME), multi-component accredited program (webinar series, reinforcement toolkit, and learning blog) were assessed using pre-post test, long-term, and control group instruments. The purpose of this presentation is to share the insights that resulted from both longitudinal and latitudinal assessment of the program components.

FINANCIAL OR IN-KIND SUPPORT: This program was funded through an educational grant from Pfizer, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P18, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Transition to On-Line Evaluation Tools in Promoting More Accurate Assessments

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

PRINCIPAL PRESENTER: Mary Noel Stenberg, BS
Penn State College of Medicine, 717/531-6856, mstenberg@hmc.psu.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Kimberly Smith, BS
Penn State College of Medicine, 717/531-6079, ksmith16@hmc.psu.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

- Explore considerations in transitioning to an on-line evaluation tool
- Describe practical strategies to identify physician practice gaps and barriers to design effective educational activities
- Design an evaluation tool which will assess outcomes at various levels and assist in planning future activities
- Determine when to use a paper evaluation versus an on-line evaluation

METHODS: We will review on-line evaluation tool and the outcomes achieved. Data from 3 years of ongoing programs will be used to compare the strengths and weaknesses of the on-line tool to traditional paper evaluations. Response rates, strategies for physician change, and future improvement gaps will be analyzed.

KEY POINTS: Well-designed evaluations can garner valuable information on an activity level and overall program level. Hard copy (paper) evaluation forms are time consuming to aggregate and analyze. Penn State College of Medicine has wrestled with benefits of moving toward an on-line evaluation tool versus disadvantages of not requiring evaluations immediately at the end of an activity.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P19, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Optimizing the Management of Nausea and Vomiting Associated with Cancer Therapy through Interactive Program Design

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

PRINCIPAL PRESENTER: Alison Heintz, MPH

Educational Concepts Group, LLC, 866/951-7370, aheintz@educationalconcepts.net

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Maureen Haas, PharmD, BCPS, BCOP

Educational Concepts Group, 866/980-3145, mhaas@educationalconcepts.net

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Tina Stacy, PharmD, BCOP, CCMEP

Educational Concepts Group, 866/933-1684, tstacy@educationalconcepts.net

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Discuss how the intersection of confidence, knowledge, and competency data translates into a comprehensive background for identifying future educational gaps.
2. Identify the value of long-term outcomes measurements in identifying knowledge retention, erosion, and opportunities for adjusting current programming.
3. Explain the application and advantages of an audience response system to augment participants' on-site learning experiences.

METHODS: We will review the outcomes methodology, results obtained, and discuss the value of the program format and different types of assessment questions in considering future educational direction for optimizing the management of nausea and vomiting associated with cancer therapy.

KEY POINTS: A series of 40 accredited activities where participants were assessed by pre-case scenarios and post-case scenarios with knowledge, confidence, and competency questions administered via ARS. Further assessment occurred via e-mail 6 weeks following the activities. The multiple points of assessment were designed to reveal the consistency between participants' therapeutic choices and confidence levels, and the clinical evidence presented during the activity. The purpose of this poster is to provide the outcomes results and interpretations from the activities, and to demonstrate the significance of the different assessment-type questions in determining both the value of the educational content and design, and the opportunities for program refinement and future needs.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P20, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: A Simplified Model for Educational Outcomes Measurements (EOMs): Change in Serum Lipid Monitoring Rates in Patients with Bipolar Disorder

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

PRINCIPAL PRESENTER: Joy Leffler, MLA, NASW, CSE
CME Outfitters, LLC, 614/328 4524, jleffler@cmeoutfitters.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Monique Johnson, MD
CME Outfitters, LLC, 614/328 4515, mjohnson@cmeoutfitters.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Paul Keck, MD
University of Cincinnati College of Medicine, 513/558 8626, paul.keck@lindnercenter.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: After viewing this poster presentation, participants will be able to: 1) Describe a model for a measuring performance improvements in their CME program; 2) Appreciate the value of collaboration with physicians along with their institutional affiliations; 3) Explain the processes involved in creating a collaborative, comparative outcomes study; 4) Analyze data from study and control groups for simplified performance improvement outcomes reporting; and 5) Utilize outcomes reports as foundational work for future continuous performance improvement activities.

METHODS: Use of graphical representations to depict the process flow and organizational underpinning of a simplified educational outcomes measurement. The visual presentation will include charts and key take-away points to stimulate further discussion and encourage similar studies.

KEY POINTS: Many providers remained challenged to varying degrees by the process of creating and implementing an outcomes plan that measures physician performance improvement over time. The collection, reporting and use in educational planning of outcomes data are vital components of educational design and planning. This presentation will simplify these processes and present the learner with a working model that may be easily translated into their CME program. The practical approach of this poster will allow learners to easily visualize its application to their program activities and stimulate discussion of possible integration of practice improvements in their CME activities. In addition, the poster will focus on how to utilize valuable data analyses and reporting for the identification of potential gaps in education, as well as their underlying needs.

RECOMMENDED READING:

1. Moore, DE, Green, JS, Gallis, HA. Achieving desired results and improved outcomes: Integrating planning and assessment throughout learning activities. JCEHP. 2009;29: 1–15.
2. Davis NL. Transitioning to Performance-Based Continuing Professional Development. CE Measure 2009;3(3):34-37.

FINANCIAL OR IN-KIND SUPPORT: CME Outfitters, LLC

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P21, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Evolution of an RSS Case Conference Reporting System for Documenting Competency That Leads to Performance Change

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

PRINCIPAL PRESENTER: Tina Kehoe, MAEd

Medical University of South Carolina Office of CME, 843/876-1925, kehoet@musc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Odessa Ussery, MEd

Medical University of South Carolina Office of CME, 843/876-1925, usseryo@musc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Elizabeth Gossen, BS

Medical University of South Carolina Office of CME, 843/876-1925, gossen@musc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: Medical Schools

OBJECTIVES: After this presentation, participants should be able to:

1. Recognize the challenges of implementing a data collection process into a traditional medical school learning environment.
2. Identify interventions for addressing the learning needs of the RSS case conference directors and coordinators when adapting to the new process.
3. Realize the benefits to collecting outcome data for RSS case conference activities.
4. Consider a similar model for one's own RSS case conference activities.

METHODS: We will review the evolution of our data collection process and discuss the results of its implementation, as well as future process improvements.

KEY POINTS: Little data is available to support the assumption that traditional medical school case conferences and lecture series result in real performance changes. Using guidance from published literature, we developed a qualitative data collection process for identifying competency within the case conference, which also led to changes in practice performance that could be objectively documented through the electronic medical record. Collaboration among RSS activity directors and relevant stakeholders was necessary to adapt our methodology for implementation into the clinical teaching environment. This presentation will share the evolution of a quality improvement process for capturing data previously undocumented.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P22, Poster (Cancelled)

EDUCATIONAL FORMAT: P23, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Quality Essentials: Certification Challenge for the Mayo Clinic CME Staff

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

PRINCIPAL PRESENTER: Julie Reed, BS

Mayo Clinic-Rochester 507/266-2821, reed.julie1@mayo.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

- Identify Mayo Clinic's value equation and approach to quality improvement.
- Identify learning strategies for inter-professional education related to quality and safety.
- Establish a community of practice as a key to learning about improving quality performance.

METHODS: The poster outlines the Mayo Quality Fellows (MQF) program, available to physicians, nurses, and allied health staff to learn the essentials of quality improvement.

KEY POINTS: The poster is an overview of the quality improvement model that includes the framework of DMAIC (Define, Measure, Analyze, Improve, Control), Lean, and PSDA (Plan, Do, Study, Act) methodologies. The CME staff across three sites has achieved certification in the program. Understanding the quality framework enables CME staff to collaborate with course directors to include quality education in CME programs.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P24, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Outcomes from a Performance Improvement CME Intervention with a Diabetes Preceptorship: An Avenue for Glycemic Control with Adjunctive Pramlintide

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

PRINCIPAL PRESENTER: Davida Kruger, MSN, APN-BC, BC-ADM
Henry Ford Medical Group, 313/916-3906, dkruger1@hfhs.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Identify the stages of the AMA Performance Improvement CME model. (2) Recognize that the PI CME model is dynamic and that a multifaceted and systems-based approach can be integrated without compromising the integrity of the model. (3) Describe a unique Preceptorship model of live-based instruction, skill-based learning, telemedicine support, Web-based data collection, and 360° feedback. (4) Collaborate as a Provider team or with a physician or education partner to identify a clinical performance measure or measures that can be addressed through a PI CME intervention

METHODS: Didactic review and discussion of the program goals and objectives, methods, outcomes and conclusions using visual aids

KEY POINTS: To improve postprandial glycemic control in types 1 and 2 diabetes (T1/T2 DM), a PI CME activity with a preceptorship was designed with patient goals of a lower A1c, lower BMI, and weight loss, plus fewer episodes of hypoglycemia and nausea. Objectives were to outline roles of insulin and amylin in glucose homeostasis and DM pathophysiology; describe factors in poor glycemic control and DM complications; interpret safety and efficacy data on insulin and adjunctive pramlintide; identify patients who require further assessment and improved management; and effectively manage both insulin and pramlintide dosing. Overall patient improvement was seen in all three domains, with most patients progressing to goals. The activity validated an intensive multifocal educational intervention for improving patient outcomes in T1/T2 DM.

RECOMMENDED READING: Addleton R, Pennington F. Developing Leaders Who Understand Performance Improvement. Alliance for CME Annual Conference. January 2009. San Francisco, CA. Available at: www.physiciansinstitute.org/media/ez/pdf/dlwupiacme09revised.pdf

FINANCIAL OR IN-KIND SUPPORT: Supported by an educational grant from Amylin Pharmaceuticals, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P25, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Development and Validation of an Interprofessional Collaborator Assessment Rubric

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

PRINCIPAL PRESENTER: Vernon Curran, PhD
Memorial University Faculty of Medicine, 709/777-752, vcurran@mun.ca

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this presentation, participants should be able to: 1) Describe a methodological approach for constructing, validating and pre-piloting a performance improvement tool for interprofessional collaboration; 2) Identify key interprofessional collaborator competencies, and 3) Evaluate the value and feasibility of using an assessment rubric as a performance improvement tool for enhancing interprofessional collaboration.

METHODS: We will review the methodological approach taken to design, construct, validate and pre-pilot an assessment rubric for interprofessional collaborator competencies; and present the final version of the Interprofessional Collaborator Assessment Rubric (ICAR).

KEY POINTS: This multi-phase, mixed methods research project involved the development, construction, validation and pre-piloting of an Interprofessional Collaborator Assessment Rubric (ICAR). The first phase involved a detailed comparative analysis of peer-reviewed and grey literature followed by a two-round Delphi survey of experts. In the second phase, multi-site focus groups with practitioners were conducted to evaluate the utility, clarity, practicality and fairness of the rubric. The presentation will include a discussion of the significance of rubrics as performance improvement tools, a summary of the key study findings, presentation of the ICAR and associated competencies, and discussion of next steps to evaluate the reliability of the rubric.

RECOMMENDED READING: Curran, V.R., Casimiro, L., Banfield, V., Hall, P., Lackie, K., Simmons, B., Tremblay, M., Wagner, S.J., Oandasan, I. (2008). Research for Interprofessional Competency-Based Evaluation (RICE). *Journal of Interprofessional Care*, 23(3), 297-300.

FINANCIAL OR IN-KIND SUPPORT: Project was funded by the Academic Health Council - Champlain Region.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P26, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: The Spectrum of Alignment in CME Reporting Structures: Models and Impact

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

PRINCIPAL PRESENTER: Katrina Wolford
Akron Children’s Hospital, 330/543-8407, kwolford@chmca.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Mary Starbuck, BA
Summa Health System, 330/375-3234, starbucm@summahealth.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Abbey Parris, MAEd
Akron Children’s Hospital, 330/543-8693, aparris@chmca.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: Hospitals and Health Systems

OBJECTIVES:

Examine various CME reporting line models within hospital settings.
Compare and contrast how these models integrate the CME enterprise with performance and quality improvement.
Explore how these models affect visibility and utilization of CME program resources.

METHODS: We will highlight those models that best support integration of CME with quality improvement, and that enhance visibility of CME within the organization.

KEY POINTS: Hospital CME programs continue to strive to provide activities related to performance and quality improvement. This project brings CME and GME professionals from one pediatric and one adult hospital together to investigate the impact of various reporting models on the integration of CME and quality improvement. A number of national and state CME providers will be surveyed to identify where CME fits into their organizational structure and how that relates to this integration.

RECOMMENDED READING: Academic CME in the US and Canada: The 2010 AAMC/SACME Harrison Survey.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P27, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Medication Reconciliation: The Journey of Two Ohio Hospitals toward Increased Patient Safety

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

PRINCIPAL PRESENTER: Mary Starbuck, BA
Summa Health System, 330/375-3234, starbucm@summahealth.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Denise Snyder, MSN, RN
Wooster Community Hospital, 330/263-8358, dsnyder@wchosp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Eric Gasser, RN
Wooster Community Hospital, 330/263-8608, egasser@wchosp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Kathy Cubera, RPh
Summa Health System, 330/375-6113, cuberak@summahealth.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Compare & contrast the journey of two health systems as they support/develop efficient medication reconciliation across the continuum of care.
2. Consider educational strategies employed for staff education in our health systems as examples that may be applied in any Continuing Medication Education (CME) program.

METHODS: We will describe CME medication reconciliation efforts at one small community hospital (Wooster Community Hospital) and at one larger health system hospital (Summa Akron City Hospital), and discuss how these approaches might be useful to other CME professionals.

KEY POINTS: Wooster Community Hospital's CME team developed a CME/CNE intervention to help launch use of an electronic medication reconciliation and discharge instruction package. They collaborated with IT in this effort to train nurses and physicians. Measurement points include efficiency of the process, patient outcomes, and physician performance with electronic medication reconciliation and discharge instructions.

Summa Akron City Hospital's CME team hosts a semi-annual Quest for Quality presentation that highlights various patient safety and quality initiatives and demonstrates longitudinal outcomes. The competence gap Quest for Quality events address is that everyone on the health care team needs to understand they have a role in the culture of safety. Medication reconciliation was one of three safety/quality initiatives featured at a recent presentation at which time the process, implementation, and ongoing impact was highlighted.

RECOMMENDED READING: The Joint Commission National Patient Safety Goals - #8 (effective July 1 2011)
Healthy People 2020.

EDUCATIONAL FORMAT: P28, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: CME Program to Enable Physician Self-Assessment of Accountability for Medical Errors

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

PRINCIPAL PRESENTER: Alyce Kuklinski, NP, RN

pmiCME, 617/406-4293, akuklinski@pmicme.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Marissa Seligman, PharmD, CCMEP

pmiCME, 617/406-4288, mseligman@pmicme.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this presentation, participants should be able to:

1. Recognize the value of physician self-assessment in determining individuals' and practice settings' preparedness for managing clinical errors that adversely affect patient outcomes.
2. Recognize the value of continuing medical education in countering "blame and fear" based individual- and practice-level responses to medical errors.

METHODS: We will present the educational planning, development and implementation of a specific CME-certified session, which focused on emphasized the inevitability of human error in the clinical practice setting, as well as the results of a faculty-administered self-assessment that examined learners' preparedness to manage clinical errors, including their fears of adverse outcomes for both patients and themselves.

KEY POINTS: We conducted a series of certified educational activities which included an audience self-assessment survey (administered by faculty who championed his own medical error reporting), conducted using a highly-interactive audience response system (ARS). The activity was designed to raise awareness and acceptance of medical errors as unfortunate, but inevitable, occurrences in any clinical practice setting. The self-assessment survey was specifically designed to help learners determine their preparedness to manage medical and patient care errors for which they could be accountable, as well as their competence in utilizing of system-level procedures that could potentially help direct their response to medical errors that adversely affect patient outcomes. The purpose of this poster presentation is to share the insights that resulted from analysis of the learner survey responses and to help providers create education activities that tackle higher-risk issues at the patient care level.

RECOMMENDED READING: Ring, DC et al. Case 34-2010: A 65-Year-Old Woman with an Incorrect Operation on the Left Hand. NEJM. 2010; 363: 1950-1957.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P29, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Collaborating to Improve Patient Care through Education

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

PRINCIPAL PRESENTER: Anne Grothe

Cleveland Clinic Center for Continuing Education, 216/444-8981, grothea@ccf.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Steven Kawczak, MA

Cleveland Clinic Center for Continuing Education, 216/444-2572, kawczas@ccf.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Phil Lammers

Cleveland Clinic Center for Continuing Education, 216/448-0785, lammerp@ccf.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Identify opportunities for synergy between Quality and CME departments.
2. Describe how synergy between Cleveland Clinic's CME and Quality Departments led to a series of collaborations in education.
3. Highlight topics addressed through education, citing data supporting progress toward closing practice gaps in a large institution

METHODS: Poster will illustrate collaboration pathway between two separate departments within large healthcare institution to create education addressing identified gaps in practice. Patient outcomes and performance data were used to determine educational interventions and their improvement in these outcomes was charted. This included several key areas such as managing VTE, implementing informed consent, and improving hand hygiene.

KEY POINTS: Cleveland Clinic Center for Continuing Education and the Cleveland Clinic Quality and Safety Institute began collaborating several years ago in order to move together toward our common mission of improved patient care. Progress in several areas will be highlighted using data collected throughout the collaboration including managing VTE, implementing informed consent, and improving hand hygiene.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P30, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Improving HIV/AIDS Care in New Jersey through Performance Improvement CME: A Public/Private Partnership

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

PRINCIPAL PRESENTER: Brenda Christian, PA

University of Medicine and Dentistry of New Jersey, 973/972-6325, christbj@umdnj.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Janine Scotti, MBA

University of Medicine and Dentistry of New Jersey, 973/972-7140, scottija@umdnj.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Describe challenges of maintaining quality of care in an epidemic that affects patients relying primarily on publicly funded healthcare (2) Review professional practice gaps for physicians, NP's, and PA's in the treatment of persons living with HIV/AIDS (3) Identify solutions to garner resources from public and private sources to develop knowledge, skills, attitudes, and systems that improve the efficiency of care provision (4) Recognize the need to be prepared with solutions that support the clinician in overcoming system barriers (5) Assess success of this approach to PI based on outcomes

METHODS:

1. Describe a process to develop a PI CME activity that enhanced an existing publicly funded QI education model in New Jersey.
2. Review the gaps and barriers that supported the need for enhancement of the existing program with Performance Improvement CME.
3. Discuss insights from the development and implementation of the activity.
4. Review the outcomes of the activity and ideas for continuation of support for the affected HCP's.

KEY POINTS:

1. HIV/AIDS healthcare in New Jersey is a challenge due to the magnitude of the epidemic and the limited resources with which to provide care.
2. Limited resources to eliminate barriers to system change require collaboration among providers and a diversity of funding sources to leverage change.
3. PI CME is an effective tool to raise awareness of performance gaps and support educational and systems approaches to improvement.

RECOMMENDED READING:

1. New Jersey HIV/AIDS Statewide Coordinated Statement of Need 2009, (www.state.nj.us/health/aids/documents/scsn_pt1_09.pdf).
2. The Physician's Recognition Award and credit system: 2010 Revision; American Medical Association: (www.ama-assn.org/ama1/pub/upload/mm/455/prc-booklet.pdf)

FINANCIAL OR IN-KIND SUPPORT: This activity was supported by an educational grant from Pfizer and EMD Serono.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P31, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Robust Content Validation and Its Impact on Patient Care

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

PRINCIPAL PRESENTER: Sandra Baird, BS
American Urological Association, 410/689-4040, sbaird@auanet.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Kellogg Parsons, MD, MHS
Moores UCSD Comprehensive Cancer Center, 858/822-7874, k0parsons@mail.ucsd.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Lauren Ero, MEd
American Urological Association, 410/689-3780, lero@auanet.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Develop a comprehensive content review process to resolve conflicts of interest
2. Develop a risk stratification process to identify levels of risks in a presentation
3. Build a volunteer leadership team for your organization through the selection process

METHODS: This poster will highlight the American Urological Association's (AUA) comprehensive content validation process to review, screen and resolve potential conflicts of interests in educational activities. In light of increasing public concerns over affiliations of the medical community with the pharmaceutical and medical device industries, content validation is essential in ensuring transparency, supporting the presentation of evidence-based data, and maintaining high quality patient care.

KEY POINTS: The AUA has developed a comprehensive online content validation system to systematically screen and resolve potential conflicts of interest in advance for Continuing Medical Education (CME) activities. A four-tiered risk stratification system was developed and validated by expert planners within the organization. Educational activities are categorized as either "very low risk", "low risk", "intermediate risk" or "high risk" based on their content area. All CME presentations perceived as "high risk" are reviewed, as a random sample of other presentations. Reviewers are fellowship-trained members of the AUA who are within 5 years of completing training. There are currently 40 reviewers, representing both community and academic practices, who are matched to presentations by their areas of expertise.

FINANCIAL OR IN-KIND SUPPORT: No financial support was received for this project.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P32, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: The CME/CPD Price Tag: Tools to Support a Fee for Service Approach

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

PRINCIPAL PRESENTER: Sarah Myren, BA

Mayo School of Continuous Professional Development-Rochester, 507/266-2292, myren.sarah@mayo.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this presentation, participants should be able to:

1. Identify one's own current approach to estimate the resources required to plan and implement a CME/CPD activity;
2. (2) Discuss financial management systems, tools and approaches used in various CME/CPD settings; and
3. Implement a fee for service approach in one's own CME/CPD setting.

METHODS: The presenter will convey various approaches used to budget and track finances, as well as the estimated effort required to plan and implement CME/CPD activities. Printed handouts will be available to attendees upon request.

KEY POINTS: Given the increased demands on CME/CPD professionals, the financial management and effort assessment templates serve as multi-purpose tools which link specific planning tasks with associated service fees. These tools also provide a blueprint for ensuring proper resource and financial management from inception through the life of a CME/CPD activity that ultimately supports the goal of providing improved patient care.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P33, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Educating the Educators: Working with Committee, Planners and Faculty to Create an Outstanding CME Program

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

PRINCIPAL PRESENTER: Pam Beaton, BS
American College of Cardiology, 202/375-6441, pbeaton@acc.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Evaluate current CME program for areas of organizational improvement
2. Determine the strengths of your CME program
3. Identify barriers to best practices
4. Integrate education of CME/CPD requirements into a CME program

METHODS: The methods used to transform the American College of Phlebology's (ACP) CME program from a CME-misguided group of brilliant leaders to a brilliant group of CME-savvy leaders will be presented in the form of a poster. The presenter will be available to discuss comments or answer questions. Strategies utilized will be available to learners.

KEY POINTS: Oftentimes committee, planners and faculty are not fully aware of the requirements for an effective and compliant CME program, which leads to unfavorable accreditation decisions, inefficient planning, and potentially poor educational outcomes. After recently receiving the provisional accreditation, the American College of Phlebology has taken steps to improve current CME practices. By identifying gaps in knowledge, competence and performance with CME leadership and faculty, the ACP has developed CME activities and a mentoring program to address those gaps. Starting with revising the mission statement, surveying CME leadership for levels of understanding, continuing with hosting webinars on CME requirements and working one-on-one with those involved in ACP educational interventions, there has been a paradigm shift in how CME activities are planned and evaluated. This poster reviews how changing the approach to planning and evaluating a CME activity can be a CME activity itself.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P34, Poster

**TIME/DAY/LOCATION: 7:00 am – 4:00 pm, Sunday, 1/22/12;
7:00 am – 4:00 pm, Monday, 1/23/12;
7:00 – 10:30 am, Tuesday, 1/24/12;
Mediterranean Pre-function 4-6/Lobby**

TITLE: Strategies for Affordable Self-assessment and Life-long Learning of CME Professionals

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

PRINCIPAL PRESENTER: Luis Salazar, CCMEP

Kaiser Permanente-Los Angeles, 323/783-1429, luis.r.salazar@kp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Access low-cost or no-cost resources available for self-assessment and life-long learning of CME professionals.
2. Select resources for self-assessment and life-long learning that match various learning styles.
3. Describe how membership in a professional organization for CME can enhance the affordability of developing CME professionals' competence.

METHODS: This poster will illustrate the wealth of resources available to CME professionals for low-cost and no-cost approaches to their own self-assessment and lifelong learning.

KEY POINTS: CME professionals, as other professionals, are tasked with developing and continually maintaining their professional competence. In today's economy, organizations are increasingly restricting resources supporting development of their CME professionals. In order to remain current, CME professionals must maintain a focus on keeping costs down while maximizing impact of professional development activities. A wealth of resources is available at low-cost and no-cost for use in self-assessment and life-long learning of CME professionals, including many available through professional organizations for CME. A variety of resources is available to address various learning styles and optimize impact.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU1, President's Address and Opening Plenary

**TIME/DAY/LOCATION: 8:30 – 10:00 am, Sunday, 1/22/12,
Mediterranean 1-8/Lobby**

TITLE: Quality Improvement and Bending the Cost Curve: The Role of Measurement, HIT and Professional Development (Invited Abstract)

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

PRINCIPAL PRESENTER: Louis Diamond, MD
Quality Healthcare Consultants, 301/468-1166, Louis.diamond1@gmail.com

DISCLOSURE: Does not for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

- Learn about the national Performance Improvement enterprise and the National Priority Partnership recommendations
- Become familiar with the healthcare information infrastructure in support of performance improvement
- Learn about the dimension of needed dimensions required to facilitate quality improvement and bend the cost curve and the relationship to professional development
- Be able to take action to facilitate improvement in population health and healthcare delivery

METHODS: Lecture

KEY POINTS:

- The performance measurement and improvement national enterprise is made up of multiple players and is becoming aligned.
- Accountable Care Act (ACA) (health reform legislation - Obama care) has many provisions that focus on performance improvement and system redesign.
- The role of CME providers is changing with the need to be integrated into the performance improvement enterprise.

RECOMMENDED READING:

The National Quality Forum, (NQF), the Joint Commission (JC), NCQA, RWJ, (www.rwjf.org/qualityequality/product.jsp?id=71857), Office of the National Coordinator (ONC) for HIT, National Priorities Partnership (NPP) and Partnership for Patients web sites.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU2, Mini-plenary

**TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/22/12,
Mediterranean 1-8/Lobby**

TITLE: Learning Organizations: A Construct to Facilitate Organizational Continuous Performance Improvement (Invited Abstract)

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

PRINCIPAL PRESENTER: Sharon Confessore, PhD
Bon Secours Health System, Inc, 410/913-7683, Sharon_Confessore@bshsi.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Joseph Green, PhD
Professional Resource Network, Inc., 202/557-4670, prn.jgreen@mindspring.com

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

1. Describe key principles of being a “Learning Organization” and how they are applicable to day’s CME/CPD providers
2. Identify interdependencies between being a Learning Organization and continuous performance improvement in CME/CPD
3. Develop steps in a personal plan to integrate Learning Organization principles into CME/CPD programs

METHODS: The session is designed to help CME/CPD professionals learn more about the concept of “Learning Organizations” and how key principles of the concept are applicable to today’s CME/CPD providers. Presenters will offer examples of how organizations have adopted and benefited from integrating Learning Organization principles and practices. Case studies will be reviewed from different organization types to highlight the relevance of the concept in a variety of CME/CPD practice settings.

KEY POINTS: Although there are many perspectives on learning organizations and continuous performance improvement efforts, key themes from both of these combine to create powerful mechanisms for CME/CPD organizations. Both focus on the ways and extent to which organizations and individuals create, acquire, share, and utilize new knowledge in order to develop innovative programs or services in order to proactively succeed in a fast-paced and changing environment. For CME/CPD organizations to evolve, survive and succeed, they must create cultures that encourage and support employees and volunteers. Taken together continuous improvement techniques and learning cultures provide a powerful mechanism to help organizations embrace open dialogue and encourage learning from mistakes. Learning organizations value contributions from all so that key experiences can be shared for everyone’s benefit, and continuous improvement mechanisms provide a systematic method of applying what is learned. By linking the principles of continuous performance improvement with those of a learning organization, CME/CPD organizations could use these principles for their own continuous performance improvement to help ensure they continue to evolve, survive, and succeed.

RECOMMENDED READING:

1. Senge, P. (1990). *The Fifth Discipline: The Art and Practice of the Learning Organization*. New York: Currency Doubleday.
2. Confessore, S. J. (1997), Building a learning organization: communities of practice, self-directed learning, and continuing medical education. *Journal of Continuing Education in the Health Professions*, 17: 1–11.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU3, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/22/12, Palazzo A/Lobby

TITLE: Emerging Technologies and the CME Professional: Getting the Most from the Alliance for CME in 2012 (Invited Abstract)

COMPETENCY:

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

6.1 – Provide a vision of present role and future direction for CME/CE/CPD and physician role and responsibilities in continued learning.

8.2 – Continually improve educational performance of the CME/CE/CPD program through professional development.

PRINCIPAL PRESENTER: Brian McGowan, PhD

drbrianmcgowan@gmail.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service to CME/CE/CPD professionals.

CO-PRESENTER: Scott Bradbury, MS

American Academy of Pediatrics, 847/434-7147, sbradbury@aap.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service to CME/CE/CPD professionals.

CO-PRESENTER: Anne Grupe, MEd

American Society of Clinical Oncology, 571/483-1396, anne.grupe@asco.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service to CME/CE/CPD professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Throughout 2011 the Alliance for CME and the Emerging Technologies Committee endeavored to engineer and provide resources and training related to emerging educational technologies and social media for the Alliance membership.

The purpose of this session is:

1. To restate through case studies the value proposition of emerging technologies and social media to the CME professional
2. To introduce new technologies that are available to the Alliance membership in 2012, and
3. To present a roadmap that attendees can follow over the 4 days of the 2012 Annual Conference in an effort to fully explore the utility of emerging technologies and social media in the education of healthcare providers and in our own continuing professional development.

METHODS: The presenters will provide, through didactic lecture and case studies, examples of technologies that are available both throughout 2012 and more specifically over the 4 days of the 2012 Annual Conference.

KEY POINTS: Throughout 2011 the Alliance for CME and the Emerging Technologies Committee endeavored to provide resources and training to the Alliance membership. At the core of these efforts was the following value proposition - emerging educational technologies and social media serve three purposes: 1) to enhance the educational and process improvements initiatives we develop for healthcare providers; 2) to serve at the core of our own personalized learning plans/for our own continuing professional development; and 3) to provide inexpensive and broad reaching modes for advocacy for the CME professional community. In an effort to support the varied and heterogeneous Alliance membership base the Alliance Conference Committee and the Emerging Technology Committee is attempting to provide a broad and varied curriculum at the 2012 Annual meeting addressing topics of emerging educational technologies and social media. From intensive workshops, to breakout sessions, to logistical and operational technologies, to a centrally located 1:1 Emerging Technologies Workshop Stations – attendees will have access to training, resources, and advice will be freely available to any and all members interested in expanding their skill set.

RECOMMENDED READING: Alliance for CME website – communities portal; Medical Meetings Consult Columns: Social Media Connections (<http://bit.ly/gNichK>).

EDUCATIONAL FORMAT: SU4, Breakout (Part 1)

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/22/12, Palazzo B/Lobby

TITLE: RSS Monitoring: Tips and Tools for Simplifying the Process

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

MODERATOR: John Boothby, MSW

Virginia Commonwealth University, 804/828-5410, jboothby@mcvh-vcu.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

PRINCIPAL PRESENTER: Caroline Swenson

University of WI School of Medicine and Public Health, 608/240-6004, crflood@ocpd.wisc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Review guidelines for monitoring Regularly Scheduled Series (RSS) activities for compliance with ACCME criteria
2. Assess RSS compliance monitoring system currently in place to identify redundancies, gaps and challenges
3. Develop and apply manageable refinements for improving the planning and compliance monitoring processes for RSS activities

METHODS: Presentation and discussion will cover common challenges and questions around monitoring compliance of RSS activities.

KEY POINTS: Key points of this breakout session are to explore common challenges faced by those charged with monitoring RSS activities and to address simple, low-cost solutions for improving RSS planning and monitoring processes.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU4, Breakout (Part 2)

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/22/12, Palazzo B/Lobby

TITLE: RSS Attendance-taking by Cell-Phone: An Inexpensive Way to Improve CME Office Efficiency

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

MODERATOR: John Boothby, MSW

Virginia Commonwealth University, 804/828-5410, jboothby@mcvh-vcu.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

PRINCIPAL PRESENTER: Jack Dolcourt, MD, MEd

University of Utah School of Medicine, 801/581-6887, jack.dolcourt@hsc.utah.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Brad Halvorsen, MA

University of Utah School of Medicine, 801/585-6120, brad.halvorsen@hsc.utah.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Deborah Ladmiraault, BS

University of Utah School of Medicine, 801/581-6886, deborah.ladmiraault@hsc.utah.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: As a result of this presentation, participants should be able to:

1. Describe improvements in the efficiency of RSS registration that can be attained through automation;
2. Be aware of Direct Inward Dialing for telecommunications;
3. Identify key elements for designing and implementing the automation of RSS registration so that these data can flow into a database;
4. Be aware of the benefits and barriers to implementation.

METHODS: Our didactic presentation will relate our experience developing and implementing an inexpensive and easy to use system based on cell phone technology to replace manual sign-in sheets for RSSs. We will describe the process from design through implementation with sufficient detail for participants to adapt our model to their situation.

KEY POINTS:

1. Manual data entry using paper-based RSS attendance rosters can be arduous.
2. The ubiquitous cell phone, coupled with well-established telecommunications technology offers an inexpensive approach for automating the collection and recording of RSS attendance.
3. RSS registration by cell phone is quick and simple for the user.

FINANCIAL OR IN-KIND SUPPORT: Clancy Systems provided technical assistance and hosted the application during its development. Clancy Systems is not involved in producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU4, Breakout (Part 3)

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/22/12, Palazzo B/Lobby

TITLE: Utilizing an Electronic RSS Monitoring System to Reduce Staffing Resources and Improve Compliance Tracking

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

MODERATOR: John Boothby, MSW

Virginia Commonwealth University, 804/828-5410, jboothby@mcvh-vcu.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

PRINCIPAL PRESENTER: Steven Kawczak, MA

Cleveland Clinic Center for Continuing Education, 216/444-2572, kawczas@ccf.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Sarah Janesz, MAFM

Cleveland Clinic Center for Continuing Education, 216/445-6026, janeszs@ccf.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: After this session, the participants should be able to:

1. Describe the benefits of installing an electronic RSS monitoring system
2. Understand how utilizing an electronic RSS system can improve compliance tracking
3. Recognize the advantages to the participants and coordinators when using an electronic system

METHODS: The presenters will discuss the Cleveland Clinic Center for Continuing Education's experience in planning, designing, and implementing an electronic RSS monitoring system. Participants will be encouraged to share their current situations and if an electronic system should be adapted within their own setting.

KEY POINTS: Information on planning and designing an electronic RSS monitoring system, as well as implementing the system across a very large hospital system will be illustrated. Demonstration of the Cleveland Clinic Center for Continuing Education's current system and the improvements gained for tracking compliance will be given. Presenters will discuss the benefits experienced by CME office staff, RSS coordinators, and end users due to system use.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU5, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/22/12, Palazzo D/Lobby

TITLE: Mind the Gap

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

PRINCIPAL PRESENTER: Lisa Winter, BS, PMP

Mayo School of CPD-Rochester, 507/284-8214, winter.lisa@mayo.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Darryl Chutka, MD

Mayo School of CPD-Rochester, 507/538-1703, chutka.darryl@mayo.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Define an effective educational gap statement.
2. Provide a template for an effective educational gap statement.
3. Describe how educational gap statements can differ for an external vs. internal course vs. a regularly scheduled series.

METHODS: The presenters will use a combined lecture and interactive format describing how we identify practice gaps and write gap statements. The purpose of this session will be to share our best practices and demonstrate tools the Mayo School of Continuous Professional Development has developed and found to be effective.

KEY POINTS: Our “Mind the Gap” session will focus on effective methodologies to prepare a gap statement that allows users to build an educational activity that truly addresses professional practice gaps. Participants will leave the session with a better understanding of mapping out educational gaps and effective methods to implement in their workplace.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU8, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/22/12, Del Lago 3-4/Lower

TITLE: Maximizing Physician Change in Obesity Diagnosis & Management: Lessons from a PI-CME Program

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

PRINCIPAL PRESENTER: Lara Zisblatt, MA

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

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Jennifer D'Alessandro, MPA

National Committee for Quality Assurance (NCQA), 303/378-3211, Dalessandro@ncqa.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Jill Foster, MD MPH

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

DISCLOSURE: Does have for sale a product and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to (1) Describe the Obesity PI CME program; (2) Discuss the preliminary data from the participants of the program and descriptions of participant experiences; (3) Describe the initial experience of working with the ANCC to pilot a PI activity for nursing credit; (4) Identify strategies to facilitate the learner reaching improvement goals.

METHODS: Through a didactic presentation, we will take participants through development of a PI-CME program developed around HEDIS and ICSI measures to improve the management of patients with obesity.

KEY POINTS: Physicians play an important role in detecting and diagnosing obesity, however key gaps remain that prevent optimal patient management. A PI-CME program has been developed with four collaborating organizations focusing on a systematic self-assessment process and fully integrated stage B design. For this initiative, self-assessment and chart audit tools serve multiple purposes – to help the participant physicians facilitate self-learning and identify strengths and gaps and the planning of the areas of need for intervention and outcomes measurement. This presentation will cover the design of this program as well as interim results, including the gaps that clinicians have identified and the steps that they are choosing to improve performance in obesity care.

FINANCIAL OR IN-KIND SUPPORT: This study was supported by GSK.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU9, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/22/12, Palazzo F/Lobby

TITLE: Integrating Quality Improvement Tools and Performance Improvement to Achieve CME Office Goals

COMPETENCY: 3.3 – Use data to assess the performance of the CME/CE/CPD office in meeting its mission and organizational goals.

PRINCIPAL PRESENTER: Marissa Howard

UT Health Science Center San Antonio School of Medicine, 210/567-4435, howardm@uthscsa.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Brenda Johnson, MEd, CCMEP

University of Texas Medical Branch-Galveston, 409/772-9305, br2johns@utmb.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Cynthia Garcia-Garza

UT Health Science Center San Antonio School of Medicine, 210/567-4447, garcia16@uthscsa.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: Relate QI methods and performance improvement techniques to accomplishing CME Office goals

METHODS: An academic medical center will demonstrate how the use of the quality improvement tools – aims statement, process flow chart, cause and effect diagram, and statistical control processes/charts – resulted in process improvements in the CME Office and accomplishment of CME Mission and goals

KEY POINTS: CME professionals trained in quality improvement processes/tools can affect changes in the CME Office which result in improved performance and achievement of CME mission

RECOMMENDED READING:

1. Quinn, Robert E, Deep Change Discovering the Leader Within, Jossey-Bass 1996.
2. (2) Kotter, John P., Leading Change, Harvard Business School Press, 1996.
3. Gordon, Jon, SOUP – A Recipe to Nourish Your Team and Culture, John Wiley and Sons, Inc, 2010.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU10, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/22/12, Palazzo E/Lobby

TITLE: How to Help PI CME Flourish in Any Setting

COMPETENCY: 4.3 – Consider healthcare organizational needs and goals when offering CME/CE/CPD interventions.

PRINCIPAL PRESENTER: Ron Murray, EdD

University of Virginia School of Medicine, 434/982-3687, rtm7a@virginia.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Ladi Carr, PhD

University of Virginia School of Medicine, 434/243-5703, ladicarr@virginia.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Stephanie Bedasse, BSc

HIT Global Consulting Services Inc., 514/932-3232, stephanie.bedasse@hit-global.com

DISCLOSURE: Does have for sale a technology, product and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this presentation, participants should be able to:

1. Identify factors that enhance or hinder PI CME implementation;
2. Discuss how target audience perception impacts PI CME; and
3. Communicate strategies for improving PI CME participation and completion rates.

METHODS: Didactic presentation and group discussion will link lessons learned from implementing PI CME programs with strategies that can be applied to future PI CME initiatives.

KEY POINTS: We will examine our experience implementing 2 national PI CME programs. The same PI CME model was utilized for both programs; however, the target audience and subject matter differed. By comparing the 2 programs, we will discuss the impact of target audience and subject matter on recruitment rates, educational and performance outcomes, and overall perception of the PI CME process by participants. We will also touch on strategies that CME providers can use to support PI CME implementation and help boost completion rates.

FINANCIAL OR IN-KIND SUPPORT: 4i-ACS was supported by an independent medical education grant from Bristol-Myers Squibb/Sanofi Pharmaceuticals partnership. 4i-COPD was supported through an educational grant from Pfizer to the PIEM and UVA School of Medicine as part of the Asthma COPD Educational Solutions Collaborative (ACES).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU11, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/22/12, Amarante 2-3/Lower

TITLE: Utilizing NCQA HEDIS® Performance Measures to Assess the Impact of Managed Care CME on Patient Health in Type 2 Diabetes

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

PRINCIPAL PRESENTER: Randy Robbin, CCMEP
NACCME LLC, 609/371-1137, rrobbin@naccme.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Nick Lombardi
NACCME LLC, 609/630-6216, nlombardi@naccme.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Victoria Street, CCMEP
National Committee for Quality Assurance, 202/955-1708, street@ncqa.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Eric Jones, PharmD
sanofi-aventis US, 908/981-7277, eric.jones@sanofi-aventis.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Outline the value of educating managed care administrators, due to its downstream affect on in-plan physicians and covered patients; (2) Design a managed care CME initiative, based on learner preferences, to promote incremental change in diabetes care; (3) Measure objective level 4 and subjective level 5 outcomes; and (4) Describe the role of HEDIS® as an established tool for measuring health plan performance and, when combined with traditional CME outcomes data, changes in community health (level 7).

METHODS: The presenters will chart the path from educating health plan medical directors, pharmacy directors, and other managed care administrators to optimizing in-plan physician practice to improving patient health in type 2 diabetes. The session will combine case-based, didactic presentations with ample time for panel discussion and Q&A.

KEY POINTS: The Breakout will discuss learner preference data, which was the impetus behind the multi-media, serial educational design. Moore's objective level 4 and subjective level 5 outcomes data and analysis will be presented as well as the utility of the HEDIS® "Comprehensive Diabetes Care" measure, combined with traditional CME outcomes data, in offering an innovative approach to assessing the impact of managed care CME on community health (level 7). More than 90% of US health plans voluntarily submit HEDIS® data, consisting of approximately 70 different measures. The Comprehensive Diabetes Care measure assesses the percentage of covered patients 18 to 75 years of age with diabetes who are treated to multiple goals, including HbA1c and blood pressure control.

RECOMMENDED READING: National Committee for Quality Assurance (NCQA) "State of Healthcare Quality Report", (www.ncqa.org/Portals/0/State%20of%20Health%20Care/2010/SOHC%202010%20-%20Full2.pdf).

FINANCIAL OR IN-KIND SUPPORT: Achieving and Outperforming Type 2 Diabetes HEDIS® Measures is supported by an independent educational grant from sanofi-aventis US.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU12, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/22/12, Palazzo C/Lobby

TITLE: Improving Medication Outcomes in Diabetes through Enhancing Collaboration and Communication by Pharmacists

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

PRINCIPAL PRESENTER: Todd Sorensen, PharmD

University of Minnesota, 612/625-8645, soren042@umn.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Kristen Binaso, RPh

American Pharmacists Association, 202/429-7589, KBinaso@APHANET.ORG

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Terry Dex, PharmD

sanofi-aventis US, 908/981-5178, terry.dex@sanofi-aventis.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to describe an approach to prioritizing and developing educational interventions based on the following principles: (1) understand and implement the Institute for Healthcare Improvement's "Breakthrough Model for Performance Improvement; (2) assess and address systems-based issues; (3) evaluate options for systems changes based on meaningful performance measures; (4) identify and evaluate components and results of the APhA DOTxMed program; and (5) comprehend the value of motivational interviewing and other communication techniques in improving patient care.

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

KEY POINTS: The multi-disciplinary nature of diabetes care requires an effective partnership between patients with diabetes and their team of health care providers. Consistent with the medical home model, an interprofessional approach to diabetes care has documented improvement in average levels of blood glucose, diabetes-related complications and quality of life. Pharmacists play a vital role in this approach fostered by their accessibility and training. The presenters will describe educational strategies that have been employed to enhance the contributions of pharmacists to collaborate in diabetes care and lead systems improvement efforts in interprofessional settings, especially with primary care physicians. Educational strategies have focused on integrating evidence-based clinical pharmacy services into the care of diabetes patients, enhancing practitioner abilities to lead systems improvement efforts and training pharmacists on motivational interviewing and other communication techniques to improve interactions with patients and primary care physicians with a focus on medication adherence. Participants will be encouraged to employ some of these methodologies as they seek to close educational gaps in other therapeutic areas, particularly those that rely primarily on chronic medication management.

RECOMMENDED READING: (1) Hammond RW, Schwartz AH, Campbell MJ, Remington TL, Chuck S, Blair MM, Vassey AM, Rospond RM, Herner SJ, Webb CE. American College of Clinical Pharmacy. Collaborative drug therapy management by pharmacists—2003. *Pharmacotherapy*. 2003;23(9):1210–1225. (2) Cranor CW, Bunting BA, Christensen DB. The Asheville Project: long-term clinical and economic outcomes of a community pharmacy diabetes care program. *J Am Pharm Assoc (Wash)* 2003;43:173–184. (3) Fera T, Bluml BM, Ellis WM, Schaller CW, Garrett DG. The Diabetes Ten City Challenge: interim clinical and humanistic outcomes of a multisite community pharmacy diabetes care program. *J Am Pharm Assoc* (2003) 2008;48(2):181–190. (4) Wubben DP, Vivian EM. Effects of pharmacist outpatient interventions on adults with diabetes mellitus: a systematic overview. *Pharmacotherapy*. 2008;28(4):421–436. (5) The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. Institute for Health Care Improvement, Cambridge, MA. 2003.

EDUCATIONAL FORMAT: SU13, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/22/12, Palazzo H/Lobby

TITLE: Building Effective Partnerships with External Collaborators to Help Meet CME Missions: A Case-Study

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

PRINCIPAL PRESENTER: Marissa Seligman, PharmD, CCMEP

pmiCME, 617/406-4288, mseligman@pmicme.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Kristin Fludder, BS, CCMEP

pmiCME, 617/406-4253, kfludder@pmicme.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Marc Mosier, MD

pmiCME, 617/488-4591, mmosier@pmicme.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this presentation, participants should be able to:

1. Identify ways to build successful partnerships with external stakeholders to capitalize on your program's strengths and weaknesses to meet the needs of your CME Mission as well as expanding the scope, reach and type of educational and non-educational interventions of a collaborative educational initiative.
2. Develop an educational design strategy to best utilize resources from each stakeholder in the execution of a CME activity.
3. Creation of measurable endpoints and outcomes at activity and program levels that clearly align with the respective CME Missions of the collaborators.

METHODS: Presenters will use this break-out session to demonstrate best practices in identifying and selecting external collaborators in the development of a certified CME-activity.

KEY POINTS: CME programs can greatly benefit from consolidating resources between different provider and non-provider organizations to achieve aspects of your CME Mission. This Breakout will focus on how to identify specific strengths within your CME organization and discuss strategies in approaching a potential external partner to better position the value of collaboration. A case-study will be presented demonstrating an effective collaboration between an accredited provider and medical education company in the creation of a multi-channel and reinforced didactic and workshop linked to a performance improvement component involving practitioner patient chart assessment , provider audit, and patient surveys.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU14, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/22/12, Segura 1-2/Lower

TITLE: The Educational Coach: Transforming the CME Planning Process

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

PRINCIPAL PRESENTER: Teri Evans

University of SC School of Medicine PHR CME Organization, 803/434-4211, teresa.evans@uscmed.sc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: As a result of participating in this Breakout session, the learner will be able to:

1. Demonstrate how educational coaching can transform the CME planning process
2. Apply educational coaching strategies to their workplace

METHODS: Case presentation and small group discussion

KEY POINTS:

1. Take your CME activities to the next level using educational coaching strategies.
2. Using a case example, we will illustrate how to coach planning committee members to design activities that result in higher levels of educational outcomes.
3. Using a second case example, participants will have the opportunity to apply educational coaching strategies while in small groups.

RECOMMENDED READING: Langley, Gregory. *The Improvement Guide: A practical approach to enhancing organizational performance*. 2nd ed. San Francisco: Jossey-Bass, 2009.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU15, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/22/12, Segura 3-4/Lower

TITLE: Strategies to Embed Patient Engagement to Optimize CME Outcomes

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

PRINCIPAL PRESENTER: Mei ling Schwartz, MPH
 Kaiser Permanente-Panorama City, 818/375-3808, mei.ling.schwartz@kp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Reem Borsha, MPH
 Kaiser Permanente-Panorama City, 818/375-2486, reem.h.borsha@kp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. State the rationale and benefits of embedding patient engagement in CME activities
2. Identify proven patient engagement strategies and resources use to enhance practice performance and patient outcomes
3. Increase confidence in applying strategies, tools and resources into own clinical setting
4. Initiate a plan to embed patient engagement strategies into CME planning and presentations

METHODS: Instructional methods will consist of didactic format, case examples and discussions

KEY POINTS: Patient centeredness is one of the six dimensions of quality established by IOM and is a key component in improving the quality and safety of health care in the US today. A critical step on the path towards safer, higher quality care is encouraging and facilitating patient and family engagement to improve health care experiences and outcomes. Patient and family engagement is at the core of patient centered care. Even though research has shown that physicians who provide care that is respectful of and responsive to individual patient preferences have significantly higher patient satisfaction and clinical outcomes, few physicians know how to do it successfully. The goal of this session is to share proven patient engagement methods tht CME should include to help physicians make practice change and to optimize care outcomes. We will be sharing our years of experience and strategies we used to help CME planners and physicians in practice to use patient engagement in delivering patient centered care.

RECOMMENDED READING:

1. Safaer, S and K Firminger, Pateint’s Perception of the Quality of Health Care Services; Annual Review of Public Health.
2. Berwidk, Don, Fifty Years After, To Err Is Human: What We Have Learned; Journal of the American Medical Association.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU16, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/22/12, Cordova 2/Lower

TITLE: Leading Quality Improvement Initiatives: Essential Components of a New Paradigm of Continuing Education

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

PRINCIPAL PRESENTER: Thomas Van Hoof, EdD
University of Connecticut, 860/729-4523, tom.vanhoof@uconn.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

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

1. Describe three key components of a new continuing education (CE) paradigm that will be effective in changing clinician behavior and in improving patient outcomes
2. Discuss leadership strategies in using components of the new paradigm to change CE culture to one more consistent with quality improvement aims

METHODS: This Breakout session will provide a brief didactic presentation about key, literature-based components of a new paradigm consistent with quality improvement (QI) aims. The session will then devote considerable discussion to recommendations for leaders to put these components into practice, including a discussion of relevant QI experiences.

KEY POINTS: Continuing education leaders should devote attention to an expanded and prioritized list of educational outcomes and help clinicians to understand which interventions work, why they work, and what contextual factors influence the impact of interventions. Clinicians being more informed consumers of CE is critical, but leadership, guided by a new paradigm, is necessary to accomplish this.

RECOMMENDED READING:

1. Van Hoof TJ et al. Essential components of a new paradigm in continuing education: Leadership required. (in press).
2. Moore DE et al. Achieving desired results and improved outcomes: Integrating planning and assessment throughout learning activities. *J Cont Educ Health Prof* 2009; 29(1):1-15.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU17, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/22/12, Segura 5/Lower

TITLE: What's It Worth? Demonstrating CME Value to Internal and External Stakeholders

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

PRINCIPAL PRESENTER: John Scott, CCMEP
Genentech, 650/225-8819, scott.john-a@gene.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Stephen Lewis, CCMEP
Global Education Group, 303/395-1782, ext. 71, slewis@globaleducationgroup.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: 1) Identify methods for developing appropriate participant questions and data collection to demonstrate the impact of continuing education on learners and patients; 2) Discuss examples of both quantitative and qualitative formats that link CME to value for specific internal, external, and public audiences, and 3) Apply analytical methods that highlight the value of CME/CE to managers, learning audiences, regulators, and other stakeholders.

METHODS: A case-based discussion will allow presenters and the audience to identify the specific audiences who need to better understand the value of CME/CE and methods for translating this value.

KEY POINTS: This session will highlight a process for uncovering the implicit and explicit value/impact of CME/CE activities and provide a discussion of practical examples (case studies) showing how the data was collected, compiled, and presented to define the value of actual CME/CE interventions.

RECOMMENDED READING:

1. Bloom B. S. (1956). *Taxonomy of Educational Objectives, Handbook I: The Cognitive Domain*. New York: David McKay Co Inc.
2. Van't Hooft, M. (2006). *Ubiquitous Computing in Education: Invisible Technology, Visible Impact*. London: Elrbaum Associates.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU18, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/22/12, Marbella 1-2/Lower

TITLE: Publications in CME: Disseminating the Data to Multiple Audiences

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

PRINCIPAL PRESENTER: Karen Roy, MSc
Cephalon, 610/883-5789, kroy@cephalon.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Sharon Tordoff, BS, CCMEP
CME Outfitters, LLC, 614/328-4499, stordoff@cmeoutfitters.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Thomas Roth, PhD
University of Michigan, 313/ 916-5171, troth1@hfhs.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: After attending this session, learners should be able to 1) identify publications opportunities for their own CME program, 2) implement a strategic publications plan targeting both education and medical literature, 3) engage faculty in publications development, and 4) harness CME publications for internal CME advocacy.

METHODS: Panelists will present experiences regarding CME publications efforts from perspectives of Provider, Faculty, Supporter and Journal Editor. An interactive session will follow where participants will develop a strategic publications plan based on needs assessment and outcomes data from a completed CME program.

KEY POINTS: Supporting the value of CME is an ongoing challenge for all stakeholders in the CME community. Reflecting performance gaps to the broader medical community and disseminating data on the impact of CME activities may create a greater awareness of the need for and value of high-quality CME. Restricting publications efforts to the educational literature limits the impact of CME publications. Increased efforts to share CME data in the mainstream medical literature is required to engage the medical community and it is important that all stakeholders in CME recognize the value. This interactive panel presentation will identify common barriers of the various stakeholder groups to CME publications and also provide solutions to move the CME community forward.

RECOMMENDED READING: International Committee of Medical Journal Editors www.icmje.org.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU19, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Sunday, 1/22/12, Cordova 5-6/Lower

TITLE: From Intake to Execution: A Decision-making and Tracking Process for CME Activities

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

PRINCIPAL PRESENTER: Elizabeth Mullikin, MS

University of WI Office of Continuing Professional Development, 608/240-6003, eamullikin@wisc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Danielle Hepting, BS

University of WI Office of Continuing Professional Development, 608/240-2145, drhepting@ocpd.wisc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this presentation, participants will have a clear example of an intake process for gathering and tracking information in order to make decisions on incoming CME activity inquiries; identify strategies for documenting specific measures relating to this process; and appreciate how implementing a standard process improves communication, effective decision-making, and maximizes resources.

METHODS: A didactic presentation using visuals (i.e. flowchart, process map) and data collection forms/tools to illustrate the process. Will demonstrate how the process works through discussion of case studies.

KEY POINTS: CME offices that do a large amount of collaboration within their organizations and with external partners understand that with each incoming CME inquiry, there is a significant amount of variability within the types of projects and the roles/responsibilities of organization(s) involved. Without an efficient or standard process to manage inquiries and office resources/capacity organizations may be making decisions that result in bottlenecks or taking on too much/too little. As a result of implementing such a process, organizations will benefit from improved communication, better financial decisions, increased control of staff capacity, improved customer service, and improved employee performance and morale.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU20, Intensive**TIME/DAY/LOCATION: 1:15 – 2:15 pm, 2:45 – 3:45 pm, 4:00 – 5:00 pm,
Sunday, 1/22/12, Marbella 1-2/Lower****TITLE: Pearls and Pitfalls in PI-CME: Lessons Learned to Inform PI-CME 2.0****COMPETENCY:** 3.4 – Promote continuous improvement and performance measurement as skills for physicians during educational interventions.**PRINCIPAL PRESENTER:** Laura Lee Hall, PhDAmerican College of Physicians, 202/261-4559, laurah@acponline.org**DISCLOSURE:** Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.**CO-PRESENTER:** Victoria Street, CCMEPNational Committee for Quality Assurance, 202/955-1708, street@ncqa.org**DISCLOSURE:** Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.**CO-PRESENTER:** Nancy Davis, PhDNational Institute for Quality Improvement and Education, 412/205-5368, ndavis@niqie.org**DISCLOSURE:** Does have for sale a program, product, and/or service for CME/CE/CPD professionals.**CO-PRESENTER:** Walter Fox, CCMEPOrtho-McNeil Janssen Scientific Affairs, LLC, 908/218-7201, wfox@its.jnj.com**DISCLOSURE:** Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.**TARGET AUDIENCE:** Non-beginners**MEMBER SECTIONS:** All**OBJECTIVES:**

1. Review characteristics of first generation PI-CME initiatives.
2. Consider the strengths and challenges associated with different approaches to PI-CME initiatives, including learner recruitment and retention, performance measure selection, educational interventions, technical platform, and funding sources.
3. Discuss the keys to further aligning continuing medical education and professional development with performance/quality improvement from the perspective of multiple stake-holders.

METHODS: Review of first generation PI-CME initiatives, summarizing funding, performance measures, educational interventions and recruitment/retention. Brief case studies will be followed by discussion, led first by a multidisciplinary expert panel then all participants. Finally, an interactive panel discussion will consider the key components of successful PI-CME in the future.**KEY POINTS:** Since AMA's conceptualization in 2005, more than 40 performance improvement (PI) CME programs have been implemented in the U.S., across various healthcare areas. These programs have begun to educate physicians about quality improvement and link continuing medical education to performance and patient outcomes. Nonetheless, many challenges have characterized the first generation of PI-CME initiatives, including learner recruitment and retention, performance measure selection and data gathering, and models of financial support. Through an examination of 3 major PI initiatives and a survey of the field, pearls and pitfalls will be identified through discussion by a multi-stakeholder panel.**FINANCIAL OR IN-KIND SUPPORT:** Commercial support for NCQA's ADHD PI-CME initiative was provided by Ortho-McNeil Janssen Scientific Affairs; Commercial support for ACC's PI-CME initiatives include: Bristol-Myers Squibb/sanofi Pharmaceuticals Partnership, Boehringer Ingelheim Pharmaceuticals, Inc, Daiichi Sankyo, Inc., Lilly USA, LLC, Pfizer, and Schering Corporation; Commercial support for I-HQ PI-CME initiatives include: Celgene Corporation, Lilly USA, LLC, sanofi-aventis U.S., and Teva Neuroscience.**PARTICIPANT NOTE SPACE:**

EDUCATIONAL FORMAT: SU21, Intensive

TIME/DAY/LOCATION: 1:15 – 3:45 pm, Sunday, 1/22/12, Segura 5/Lower

TITLE: Quality Science 101 for the CE/CPD Professional: What You Need to Know! (Invited Abstract)

COMPETENCY:

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

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

PRINCIPAL PRESENTER: Sally Kraft, MD

University of Wisconsin Medical Foundation, 608/821-4900, sakraft@wisc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: As a result of this presentation, participants should be able to:

1. Appreciate the emerging science that is the basis of quality improvement (QI).
2. Understand the nomenclature, basic principles, and techniques that are utilized by persons working to improve clinical performance and patient outcomes.
3. Better communicate and interact with persons that work in hospitals, health systems, and government units dedicated to quality improvement

METHODS: This two hour intensive will include both didactic and interactive components. First, the instructor will define key words and phrases that are commonly used within quality improvement circles (e.g., performance measures, attribution, denominators, etc.) Second, she will provide an overview of key concepts and review the basic processes and principles that underlie QI science (e.g., root cause analysis, fishbone diagrams, plan-do-study-act cycles, etc.). Third, the instructor will engage the members of the audience in order to determine how participants are currently interacting with QI professionals in their home organizations, including a discussion of successful projects as well as challenges that they may have faced. Fourth, the instructor and participants will explore how persons working in the two fields can support each other's efforts to improve patient care and health outcomes.

KEY POINTS: Without a basic comprehension of quality science, CE/CPD professionals are at risk of being ignored and underutilized in their work settings. In contrast, once persons from both fields understand how they can support each other, collaboration between these interdependent professional groups will likely lead to synergistic solutions to the health care problems we all face. Learners attending this two hour intensive will be prepared to face - and overcome - the challenges that are inherent when two distinct fields (i.e., quality science and continuing education) begin to merge. Because the two fields share common goals, it is important to encourage as much alignment as possible. Developing a common understanding will help achieve the important objectives of improved clinical care, patient safety, and health outcomes.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU22, Mini-plenary

**TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/22/12,
Mediterranean 1-8/Lobby**

TITLE: Teaching Quality Improvement in Medical Education (Invited Abstract)

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

PRINCIPAL PRESENTER: Barbara Porter
Mayo Clinic-Rochester, 507/284-0916, bporter@mayo.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Martha McClees
Mayo Clinic College of Medicine-Rochester, 507/284-8219, mmcclees@mayo.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Clinicians, patients, and health care reform all support the benefits of integrating quality improvement and patient safety issues into the clinical and educational enterprises. Incorporating QI/PS topics into educational offerings and health care itself however is no simple process. Instead, it is highly dependent on training clinician educators, changing faculty culture, and combining traditional CME efforts with those in faculty development. This session will provide CMOs, CME providers, GME directors, faculty and staff development leaders, health care administrators, and others with a clear overview - and some practical examples - of faculty development in QI/PS in primary and acute care practice settings. It will also provide interested and committed faculty members with suggestions about role modeling "quality," both in their clinical practices and in their educational roles.

METHODS: Lecture

KEY POINTS: Overview (and some practical examples) of faculty development in QI/PS in primary and acute care practice settings.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU23, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/22/12, Palazzo D/Lobby

TITLE: Institute for Healthcare Improvement (IHI) Open School for Healthcare Professionals: Teaching and Learning Quality Improvement (Invited Abstract)

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

PRINCIPAL PRESENTER: Karen Boudreau, MD

Institute for Healthcare Improvement, 617/301-4845, kboudreau@ihi.org

DISCLOSURE: Does have for sale a technology for CME/CE/CPD professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: As a result of this presentation, participants should be able to:

1. Explain the value of working with students to transform care.
2. Discover common themes that are necessary to incorporate inter-professional teaching and learning in an academic institution.
3. Describe how the Model for Improvement is applied to educational systems.
4. Give examples of ways that the IHI Open School's educational model has resulted in quality improvement and patient centered care.

METHODS: Presentation, demonstration, small group work and case-study discussion will illustrate how to incorporate inter-professional training in an academic institution

KEY POINTS: For organizations seeking to improve care, students are often a valuable resource hiding in plain sight. In this session, learn how students of many professions – medical, nursing, and other health professions students – can be integral to your organization's improvement efforts and help reduce the burden on staff and how the IHI Open School is helping initiate and support such partnerships. Learn how the IHI Open School has used online technologies to deliver content and connect students and health professionals worldwide.

RECOMMENDED READING:

1. www.ihi.org
2. Headrick, L., Ogrinc, O. Fundamentals of Health Care Improvement: A Guide to Improving Your Patient's Care. Joint Commission Resources: 2008.

FINANCIAL OR IN-KIND SUPPORT: The IHI Open School for Health Professions has been generously funded by charter grants from Kaiser Permanente Community Benefit Fund, the Robert Wood Johnson Foundation, the Josiah Macy, Jr. Foundation, the Rx Foundation, the John D. and Catherine T. MacArthur Foundation, and individual supporters.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU24, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/22/12, Segura 1-2/Lower

TITLE: Improving Online Engagement through the Application of Adult Learning Principles

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

PRINCIPAL PRESENTER: Michelle Tyner, MS
RealCME, 317/660-1045, rmtyner@realcme.com

DISCLOSURE: Does have for sale a technology for CME/CE/CPD professionals.

CO-PRESENTER: Steven Haimowitz, MD
RealCME, 646/380-8482, sh@realcme.com

DISCLOSURE: Does have for sale a technology for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Identify methods to measure engagement in online CME activities;
2. Determine the qualities that improve learner engagement within and between CME activities;
3. Incorporate adult learning principles when implementing online CME activities in order to improve learner engagement.

METHODS: This session will include a didactic and interactive presentation, with examples of actual online activities in multiple formats, as well as panel discussion.

KEY POINTS: This presentation will describe the benefits and barriers to online engagement through the lens of adult learning principles. Several variant online CME formats will be presented and examined in order to assess the role adult learning principles serve in creating successful CME programs. The panel will translate current research in adult education into applicable strategies for implementing online activities that maintain learner engagement throughout the activities.

RECOMMENDED READING: Stahl SM, Davis RL. Applying the principles of adult learning to the teaching of psychopharmacology: overview and finding the focus. *CNS Spectr.* Apr 2009;14(4):179-182.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU25, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/22/12, Del Lago 1-2/Lower

TITLE: What Can Managed Care Claims Data Tell Us About CME Effectiveness?

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

PRINCIPAL PRESENTER: Scott Weber

Med-IQ.com, 203/762-0588, sweber@med-iq.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Carolyn Berry, PhD

New York University, 609/528-8373, carolyn.berry@nyu.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Thomas Harkins, MA, MPH

University of Miami-Humana, 305/626-5701, tharkins@humana.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Anthia Mandarakas

sanofi-aventis US, 908/981-5319, anthia.mandarakas@sanofi-aventis.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Develop strategies for complementary outcomes measurement for CME-certified activities. (2) Identify educational activities that are appropriate candidates for alternative outcomes methodologies that measure patient-level data (Moore's Level 6). (3) Understand the potential benefits and limitations inherent in using managed-care claims data to measure educational effectiveness. (4) Align activity learning objectives and goals with appropriate claims-data targets.

METHODS: This interactive presentation will explore methods of using claims data to validate educational program effectiveness and factors to consider when contemplating this approach. Managed care, CME, and industry representatives will discuss strategies for collaborating, aligning claims-data capabilities with CME goals, and using claims data to justify CME support.

KEY POINTS: CME providers continuously pursue innovation in educational platforms and outcomes measurement. Recently, there has been increasing interest in using managed-care claims databases to gauge CME effectiveness, but to what end? Claims data provide a unique opportunity to analyze billing patterns of activity participants and potentially measure changes in clinician performance. As with any measurement strategy, however, this approach has inherent limitations. CME providers must understand these limitations to successfully integrate such strategies into future activities.

RECOMMENDED READING: Marinopoulos SS, et al. Effectiveness of continuing medical education. Rockville, MD: AHRQ; 2007. AHRQ Publication No. 07-E006.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU26, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/22/12, Palazzo B/Lobby

TITLE: The Sophisticated CME Hybrid System Indicators AKA Our CME Dashboard for the Future

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

PRINCIPAL PRESENTER: Laura Hruska, MEd

American Academy of Orthopaedic Surgeons, 847/384-4105, hruska@aaos.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: Medical Specialty Societies

OBJECTIVES: At the conclusion of this session, participants will be able to: (1) identify data available to them within their organization; (2) understand methods to summarize the data and/or prepare it for a dashboard; (3) draft a dashboard for their organization.

METHODS: A mixed model session with didactic and small group break-out to discuss options for your organizations data. Examination data, examinee evaluation results, test item writer evaluations, and examination performance data are analyzed and synthesized into a system of indicators that are used to drive future CME development.

KEY POINTS:

1. The 2010 AMA's new requirement for CME category 1 credit.
2. Critically appraising our products in light of new regulations and consumer satisfaction.
3. Identifying knowledge gaps and posting to a dashboard that the organization can utilize in development of other CME courses or programs
4. Developing your organizations CME Dashboard can start simply and with the resources already in your organization.
5. Learning to use our data to make informed decisions in our CME development.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU27, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/22/12, Del Lago 3-4/Lower

TITLE: Tailored Care for Older Adults With Diabetes: A Facilitated PI Initiative Targeted to Group Primary Care Practices

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

PRINCIPAL PRESENTER: Richard Beaser, MD
Joslin Diabetes Center, 617/309-5910, richard.beaser@joslin.harvard.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Julie Brown, CCMEP
Joslin Diabetes Center, 617/309-5913, julie.brown@joslin.harvard.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: James Neighbours, MEd
Joslin Diabetes Center, 617/309-5917, james.neighbours@joslin.harvard.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Describe the successes and challenges of a targeted performance improvement (PI) initiative in primary care practices focusing on diabetes care in older adults. (2) Explain how PI can be implemented in a group practice, and the benefits this method provides to both the practice and patients. (3) Apply the lessons learned to the development of their own PI activities for the primary care setting. (4) Explain the benefits of this type of targeted initiative, and others like it, in the older adult population with diabetes.

METHODS: Presentation, case-study interactive discussion and panel discussion

KEY POINTS: In 2011 Joslin addressed an assessed gap in the care of older adults with diabetes by developing an innovative PI program for primary care practices. This program included a simple data collection method with an algorithm-based analysis of the data to assess practice performance before and after educational interventions. The initiative leverages the Joslin Professional Education Continuum (JPEC), a longitudinal educational system incorporating multiple topics in diabetes care and multiple educational formats as a basis for continuous practice improvement. The elder care initiative was unique in that it focused on recruiting and facilitating group primary care practices to complete the initiative as a group, with targeted guidance from Joslin in the form of customized recommended interventions from the Joslin CareKit and JPEC educational activities, and a dedicated Community Manager who served as a resource and facilitator during the course of the project.

In this session, Joslin will report on the responses of practices, the challenges encountered, and study results, including analysis of documentation of various individualized clinical goals. There will also be commentary as to the validity of supporting such initiatives from the project supporter, sanofi-aventis.

RECOMMENDED READING:

1. JPEC Web site, www.jpec.joslin.org.
2. Peterson KA, Radosevich DM, O'Connor PJ, et al. Improving diabetes care in practice. *Diabetes Care*. 2008;31(12):2238-2243.
3. Stowell SA, Karcher RB, Carter RD, Cornish J, Berry CA, and Mencia WA. Outcomes measurement design for a performance improvement initiative in diabetes care. *CE Meas*. 2009;3:76-83.
4. Munshi MN et al. Frequent Hypoglycemia Among Elderly Patients With Poor Glycemic Control. *Arch Intern Med*. 2011;171(4):362-364.

FINANCIAL OR IN-KIND SUPPORT: sanofi-aventis

EDUCATIONAL FORMAT: SU28, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/22/12, Palazzo A/Lobby

TITLE: Using Transformative Learning: Promoting Continuous Improvement in a Patient-Centered Medical Home Environment

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

PRINCIPAL PRESENTER: Theresa Barrett, MS, CMP, CAE

New Jersey Academy of Family Physicians, 609/394-1711, theresa@njafp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Cari Miller

New Jersey Academy of Family Physicians, 609/394-1711, cari@njafp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: After attending this session, participants should be able to:

1. Describe the benefit of transformative learning as a model for continuous quality improvement and performance measurement
2. Discuss the four critical components of transformative learning and how they apply to continuous improvement and performance measurement
3. Apply transformative learning principles to enhance continuous quality improvement cycles

METHODS: This session is an interactive presentation with multiple opportunities for participant questions and answers, grounded in a case-study format. Participants will have the opportunity to apply their learning to a case, and presenters will allow time for group discussion, review and feedback

KEY POINTS: Key points highlighted in this session will include:

1. Advanced-level discussion on transformative learning theory
2. Applying critical components of transformative learning theory into a primary care practice-based curriculum
3. Using a case study as a model for discussion this program will focus on the following key points:
 - Review the four critical components of transformative learning (analyze, question, act, reflect)
 - The use of transformative learning as an agent for change
 - The importance of using continuous improvement and performance measurement to activate change in primary care practices
4. Assessment from the case study
5. Group discussion of the results of the program evaluation

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU29, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/22/12, Palazzo C/Lobby

TITLE: Beyond Knowledge Acquisition: Real Models to Enable Improved Patient Care

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

PRINCIPAL PRESENTER: Sanjeev Arora, MD

Project ECHO, 505/272-2808, sarora@salud.unm.edu;

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Dorrie Murray

University of New Mexico School of Medicine (UNMSOM), 505/272-3942, dmurray@salud.unm.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Ellen Cosgrove, MD

University of Washington School of Medicine, 206/543-7213, ellencos@uw.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Becky Carney, MSPT

Consensus Medical Communications, 720/881-3944, bcarney@consensusmedical.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Utilize models for longitudinal learning and guided-practice to enable physicians and teams to apply learning to change their practice with limited fear of failure.
2. Implement learning-by-doing with systems that allow physicians and teams to adopt change incrementally.
3. Design and implement clinical curricula in a paradigm of capacity building (enhancing self-efficacy in practitioners).

METHODS: Presentation, video demonstration, panel discussion, and audience interaction will be employed to illustrate key program elements of the Project ECHO: A National Initiative to Improve HCV Care Initiative. Learners will discuss how they can apply practical strategies in their own settings.

KEY POINTS: Effective education must go beyond improving knowledge and must enable physicians to apply in practice what is learned with limited fear of failure. Project ECHO: A National Initiative to Improve HCV Care was designed to achieve this through (1) longitudinal co-management of patients, (2) shared decision-making and, (3) strategically selected didactic evidence-based content. When successfully implemented, the ECHO model not only increases knowledge, but also improves physician self-efficacy, professional satisfaction, and ability to safely and effectively treat complex diseases during times of changing therapeutic paradigms.

RECOMMENDED READING: Arora S, Kalishman, S, Thornton K et al. "Expanding access to hepatitis C virus treatment – Extension for Community Healthcare Outcomes (ECHO) project: Disruptive innovation in specialty care." *Hepatology* (September 2010); 52 (3): 1124-33.

FINANCIAL OR IN-KIND SUPPORT:

1. Project ECHO: A National Initiative to Improve HCV Care was funded via independent educational grants from multiple supporters (Vertex, Merck, and Genentech).
2. New Mexico Project ECHO is supported by NM Dept of Health, AHRQ, HIT, MRISP, and the New Mexico Legislature, RWJF.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU30, Breakout**TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/22/12, Segura 3-4/Lower****TITLE: Developing an Electronic System to Advance CME Professional Competency and Improve the Quality of CME Activities****COMPETENCY:** 4.6 – Identify and help modify processes that are barriers to change and the implementation of new knowledge.**PRINCIPAL PRESENTER:** Stephanie Akens-Gunn, MBASouthern California Permanente Medical Group, 626/405-6491, stephanie.akens-gunn@kp.org**DISCLOSURE:** Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.**CO-PRESENTER:** Joyce Kersey, MSASouthern California Permanente Medical Group, 626/405-6501, joyce.a.kersey@kp.org**DISCLOSURE:** Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.**CO-PRESENTER:** Luis Salazar, CCMEPKaiser Permanente Medical Center-Los Angeles, 323/783-1429, luis.r.salazar@kp.org**DISCLOSURE:** Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.**CO-PRESENTER:** Patricia Tijero, MAKaiser Permanente Medical Center-Baldwin Park, 626/851-5028, patricia.d.tijero@kp.org**DISCLOSURE:** Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.**TARGET AUDIENCE:** Non-beginners**MEMBER SECTIONS:** All**OBJECTIVES:**

1. Cite the benefits of employing an electronic system for CME activity planning and overall program management toward advancing CME professional competence
2. Identify strategies for measuring and improving CME professional competence in the implementation of an electronic CME system
3. Describe how to leverage resulting data for evaluating CME activities and an overall CME program
4. Address barriers to implementing an electronic CME system.

METHODS: This session will include a demonstration of the system, highlighting elements designed for CME administrative staff and clinician activity planners. A panel and facilitated discussion will address barriers, solutions, and benefits of the system, including the resulting effect on professional competence.**KEY POINTS:** In response to challenges with implementing the 2006 accreditation criteria, the Southern California Permanente Medical Group convened a multidisciplinary team to develop an electronic system to advance overall competence of CME professionals and their CME programs. CME practices of the 14 independently accredited entities within the region were examined to identify variation and best practices. From this assessment, a standardized electronic system was designed to promote CME professional competence and fully address all accreditation criteria while improving the quality of CME activities. Development and implementation strategies addressed barriers to change and employed quality improvement methodologies.**PARTICIPANT NOTE SPACE:**

EDUCATIONAL FORMAT: SU31, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/22/12, Palazzo E/Lobby

TITLE: Analyzing Connections to Assess Integration and Professional Development: Social Network Analysis

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

PRINCIPAL PRESENTER: Jack Kues, PhD, FACME, CCMEP
University of Cincinnati, 513/558-3196, kuesjr@uc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

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

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Jann Balmer, PhD, RN

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

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: (1) Describe the value of different kinds of connections and relationships with colleagues and partners, (2) Understand the basic principles behind social network analysis, and (3) Utilize social network analysis tools to examine collaborations at a point in time or changes in networks over time.

METHODS: This presentation will have a short didactic overview of different kinds of social networks and ways of analyzing them. Using a dataset of CME professionals, a social network analysis tool (NodeXL – a shareware plugin for Microsoft Excel) will be demonstrated and discussed.

KEY POINTS: We often talk about the value of collaboration but we have no real way of analyzing the many connections we use to achieve our goals or to complete projects. We also do not have objective ways to “plan” collaborations to our advantage. Social Network Analysis tools are one way to visualize these connections and to analyze their strengths and weaknesses. Additionally, these tools can help us develop more objective plans for collaborations and strategies to use our existing networks to our best advantage.

RECOMMENDED READING: Hansen DL, Schneiderman B, Smith MA. Analyzing Social Media Networks with NodeXL: Insights from a Connected World. Morgan Kaufman: Boston, 2011.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU32, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/22/12, Palazzo G/Lobby

TITLE: Assessment of Collaborators in Continuing Medical Education/Continuous Professional Development

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

PRINCIPAL PRESENTER: Suzanne Murray
AXDEV Group, 888/282-9338, murrays@axdevgroup.com

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

CO-PRESENTER: Mary Ales
Interstate Postgraduate Medical Association (IPMA), 608/231-9045, males@ipmameded.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: By the end of this session, participants will be able to: (1) Recognize the value of identifying collaboratives' strengths and limitations in order to ensure efficient functioning; (2) Identify instruments that objectively assess collaborative initiatives in Continuing Medical Education (CME)/Continuing Professional Development (CPD)/Performance Improvement (PI), and (3) Discuss the importance of assessing and monitoring collaborative initiatives to enhance success of inter-organizational collaboration initiatives.

METHODS: A review of inter-organizational collaboration literature will precede an open discussion with session participants around the strengths and limitations of collaborations. Results obtained with the AXDEV Collaborative Assessment Instrument (A.C.A.I.) will then be presented to demonstrate how this instrument can help more objectively assess collaborative initiatives and help organizations optimize their collaborative potential.

KEY POINTS: Although a number of instruments assessing interprofessional collaboration are found in the literature, few focus on inter-organizational collaboration. Factors leading to collaborative success can be classified into five key dimensions of collaboration: the collaborative readiness and goals, developmental process, attributes, governance, and operational processes. Those five dimensions are covered by the A.C.A.I., a tool designed to assess the collaborative potential of inter-organizational collaborations, particularly in the field of medical and health education, professional development and performance improvement. Preliminary results obtained from five collaborative that completed the A.C.A.I., demonstrated the value of this new instrument to objectively assess collaborative initiatives.

RECOMMENDED READING:

1. Dowling B et al. (2004) Conceptualising successful partnerships. *Health Soc Care Community*, 12:309-317.
2. Wildridge V et al. (2004) How to create successful partnerships. *Health Info Libr J*, 21S1: 3-19.
3. Lasker RD et al. (2001) Partnership synergy: a practical framework for studying and strengthening the collaborative advantage. *Milbank Q*, 79:179-205.

FINANCIAL OR IN-KIND SUPPORT: Funded by unrestricted educational research grants from Pfizer Medical Education Group (US), sanofi-aventis Canada, Abbott Laboratories Canada, and Pfizer Canada.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU33, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/22/12, Amaranth 2-3/Lower

TITLE: Ethical Hypotheticals: Improving Provider Performance When Dealing With Dilemmas

COMPETENCY: 6.5 – Maintain a high standard of professionalism and ethics for all CME/CE/CPD staff.

PRINCIPAL PRESENTER: Karen Overstreet, EdD

Medscape Education, 347/446-9835, koverstreet@webmd.net

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Jacqueline Parochka, EdD

Excellence in Continuing Education, Ltd, 847/680-6419, jacquelineparochka@comcast.net

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

CO-PRESENTER: Patrick Sweeney, MD, PhD

Rhode Island Medical Society, 401/274-1122, PSweeney@WIHRI.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Scott Hershman, MD

Denver HealthONE Hospital System, 720/895-5353, shershman@pimed.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: After participating in this session, CME professionals should be better able to identify common ethical dilemmas, evaluate them from multiple perspectives, and brainstorm alternative responses to address the varying needs of myriad stakeholders.

METHODS: Provocative real-life cases (names will be changed to protect the guilty) will be discussed by a panel of experts representing various CME stakeholders. Participants will respond to common themes presented in the cases, identify dilemmas, and brainstorm alternative methods for addressing these issues. This session will be highly interactive.

KEY POINTS: CME professionals face various ethical dilemmas in our ever-changing arena, given the continually evolving regulatory requirements and continued scrutiny from government and the media. Balancing quality, compliance, and business realities requires skill and diplomacy. Considering alternative perspectives and thinking “outside the box” can help professionals address tricky situations and “gray areas” with poise and humor.

RECOMMENDED READING: Ethical Hypotheticals column in Medical Meetings magazine.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU34, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/22/12, Palazzo F/Lobby

TITLE: YIKES! I Am A CME Manager Now!

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

PRINCIPAL PRESENTER: Chitra Subramaniam, PhD
Duke University School of Medicine, 919/401-1205, Chitra.Subramaniam@duke.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

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

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. List all skill sets and knowledge that a new CME Manager should possess to be successful.
2. Recognize specific deadlines with the standard CME accreditation cycle.
3. Systematically evaluate the current status of the CME office.
4. Effectively manage time, tasks, communication, conflicts and expectations of the Provider.
5. Describe the qualities of a good manager and a leader functioning within your organization and CME Community.

METHODS: Didactic presentation and role play to illustrate how the new CME Manager can evolve into an effective communicator, efficient manager and leader.

KEY POINTS: While there are many resources and information describing competencies that a CME Manager should possess to be successful, there are not enough opportunities for them to learn from one another by sharing real world experiences. In this session the presenters, by sharing their own experiences, will facilitate interaction amongst the audience and promote open exchange and dialogue.

Not everyone appointed as a CME Manager has had previous experience in CME or management. It is also the goal of this session to discuss strategies and tactics that will assist the newly recruited individuals to evolve into being effective and efficient CME Managers.

RECOMMENDED READING:

1. ACME's Competency Areas for CME Professionals located at www.acme-assn.org
2. ACME CME Professional Competency Survey located at www.acme-assn.org/home/ComptAreas/self_asesmnt.shtml
3. ACME Professional Development, Educational Opportunities at www.acme-assn.org/profesnldevlmnt_ed_opp/index.html

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU35, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/22/12, Palazzo H/Lobby

TITLE: Regional CME Alliances: Establishment and Effective Utilization

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

PRINCIPAL PRESENTER: Vicky Binder, CMP, CCMEP

Center for Biomedical Continuing Education (CBCE), 972/692-2064, vbinder@thebcce.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Richard Vanderpool, CCMEP

UT Southwestern Medical Center, 214/648-3788, Richard.Vanderpool@UTSouthwestern.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Debra Jorden, MS, CCMEP

Cook Children's Medical Center, 682/885-7961, Debra.Jorden@cookchildrens.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Kelly Zarwell

University of North Texas Health Science Center, 817/735-5188, kelly.zarwell@unthsc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. List benefits of collaboration amongst local, regional, state, and national CME organizations for the CME professional.
2. Describe strategies and methods to ensure effective regional meetings, including frequency, venue selection, agenda items and topic selection.
3. Identify ways to generate membership at local/regional Alliance for CME meetings.

METHODS: Brief panel presentations followed by interactive discussion.

KEY POINTS:

1. Network with peers to identify unique opportunities to enhance your CME program and remain in compliance with regulations.
2. Become an active participant in your state or regional CME professional organization, i.e., TACME, NTXCME. Use this networking experience to make contributions to improvement of your profession, and also to gaining from the insights and experiences of other CME professionals.
3. Utilize your local or regional ACME program to share ideas and suggestions with your peers.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU36, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/22/12, Cordova 5-6/Lower

TITLE: Intellectual Property and CME: Fair Use?

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

PRINCIPAL PRESENTER: Elizabeth Campbell

American Academy of Family Physicians, 913/906-6000, ext. 6559, ecampbell@aafp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: 1) Describe the basic concepts of intellectual property; 2) Summarize the current environment and existing regulations for copyright and intellectual property, including Fair Use, the ACCME's position, and contractual requirements; 3) Assess their need to develop or refine a process to address the use of intellectual property; and 4) Formulate their own plans or analyze their current policies regarding intellectual property.

METHODS: This session will use a combination of didactic lecture and group discussion of case examples, with the goal of teaching participants about intellectual property issues affecting those who produce and support CME, and will give them the tools to begin devising strategies to address the use of intellectual property in CME.

KEY POINTS: Many faculty make use of visual elements (e.g., tables, photographs, cartoons, clip art) to enhance their CME, however there are many factors to consider when deciding if permission from the copyright holder is required to display these items—Fair Use doesn't always cover it. Knowledge of intellectual property, and the development of a process to address it, becomes ever more important as CME goes online and is delivered in multiple formats. It is important for CME professionals to develop professional competence in this area. During the first part of the session, the presenter will discuss intellectual property terminology and its application to CME, and discuss emerging trends. She will also, using the AAFP as a case study, discuss an approach to handling intellectual property and walk participants through the process of developing their own approach and policies related to intellectual property. The second part will be an open discussion of provided examples, focusing on identifying pieces that might require permission.

RECOMMENDED READING:

1. www.copyright.gov/fls/fl102.html
2. www.accme.org/index.cfm/fa/Policy.policy/Policy_id/2898213d-632f-447c-a479-8689bfd95288.cfm

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU37, Breakout

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Sunday, 1/22/12, Cordova 2/Lower

TITLE: Implementation of a Competency-based Global Faculty Education Program

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

PRINCIPAL PRESENTER: Miriam Uhlmann, MSc

AO Foundation Education, +41 44 200 24 23, miriam.uhlmann@aofoundation.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Clinton Miner, PhD

AOTrauma Education, +41 44 200 24 37, cminer@aotrauma.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Identify the essential components of a competency based faculty education program (developed through a backward planning process).
2. Recognize the value of different delivery methods to provide educational content (online, booklets, face-to-face).
3. Employ self-assessment and peer evaluation mechanisms as an integral part of the program.

METHODS: This session will include presentation and discussion to demonstrate how members of the global AOTrauma faculty community improve their teaching skills in order to be more effective when lecturing, conducting and facilitating hands-on practical exercises, leading group discussions, and moderating sessions and debates. Presenters will share their experience in developing and implementing a competency based faculty education program.

KEY POINTS: Professional development of our surgical faculty members is essential for improving and maintaining the quality of AOTrauma's worldwide educational events and activities. In order to further teaching competence and offer self-directed learning opportunities to faculty, AOTrauma has developed and implemented this worldwide faculty education program that could be adopted by other organizations.

RECOMMENDED READING: Ullian, JA., Stritter, FT. Faculty development in medical education with implications for continuing medical education. J Cont Educ in Health Professions. 2007; 16 (3): 181-190.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU38, Mini-plenary

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/22/12, Mediterranean 1-8/Lobby

TITLE: The Positive Impact of Inter-professional Education on Outcomes (Invited Abstract)

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

PRINCIPAL PRESENTER: Kate Regnier, MA, MBA

Accreditation Council for Continuing Medical Education, 312/527-9200, kregnier@accme.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Dimitra Travlos, PharmD, BCPS

Accreditation Council for Pharmacy Education, 312/664-3575, dtravlos@acpe-accredit.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Kathy Chappell, MSN, RN

American Nurses Credentialing Center, 301/628-5231, Kathy.Chappell@ana.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

CO-PRESENTER: Sally O'Neill, PhD (Panelist)

Creighton University School of Medicine, 402/280-1830, saoneill@creighton.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Karen Boudreau, MD (Panelist)

Institute for Healthcare Improvement, 617/301-4845, kboudreau@ihi.org

DISCLOSURE: Does have for sale a technology for CME/CE/CPD professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: As a result of this presentation, participants should be able to:

1. Describe the history, purpose and requirements for the joint accreditation process
2. Identify approaches for collaboration among disciplines to support the delivery of interprofessional educational activities
3. Present examples of interprofessional learning activities and the impact on outcomes

METHODS: Interprofessional expert panel will describe the joint accreditation process and present examples of interprofessional learning activities that have been implemented as a result; panel presentation to be followed by discussion with all participants.

KEY POINTS: Participants will learn about the ACCME, ANCC, and ACPE joint accreditation process, an approach designed to unify and streamline the accreditation application process and promote development of team focused education. This session will emphasize the experience of CE providers recently accredited under the joint accreditation criteria. They will describe the methods employed to design and deliver team based learning activities and the impact on outcomes.

RECOMMENDED READING:

- Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, DC: Interprofessional Education Collaborative.
- Institute of Medicine. (2009). Redesigning Continuing Education in the Health Professions.
- Institute of Medicine. (2003). Health Professions Education: A Bridge to Quality. Washington, DC: The National Academies Press.
- Institute of Medicine. (2000) To Err is Human: Building a safer health system. Washington, DC: The National Academies Press.
- Joint Accreditation Guidelines. Website (Information Accessed July 25, 2011):
- www.nursecredentialing.org/Accreditation/Joint-Accreditation-Program.aspx
- www.acpe-accredit.org/ceproviders/JointAccreditation.asp
- www.accme.org/index.cfm/fa/AccreditationProcess.detail/AccreditationProcess/.cfm/process_id/67ea8690-2a6b-4821-8625-eab0c859b375.cfm#Special

EDUCATIONAL FORMAT: SU39, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/22/12, Cordova 2/Lower

TITLE: Incorporating Research into CME: An Imperative for Education that Improves Patient Care

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

PRINCIPAL PRESENTER: Mindi McKenna, PhD

American Academy of Family Physicians, 913/906-6204, mmckenna@aafp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be better able to: Recognize opportunities for conducting educational research as part of the CME/CE intervention; Incorporate research questions, hypotheses, data collection and assessment methods into the planning of a CME/CE intervention; and Analyze and summarize the research findings for communication in a presentation, poster, report or manuscript for publication

METHODS: The presenter will share educational research examples that were conducted in CME/CE interventions. Then participants will discuss barriers to conducting, supporting or applying educational research. Participants will develop an educational research plan with specific action steps to take immediately upon their return to work.

KEY POINTS: Educational research is urgently needed in order to the effectiveness of CME/CE in improving professional competence, practice performance and ultimately, patient outcomes; Educational research can be incorporated into most CME/CE interventions, if addressed at the planning stage of the intervention; Participants will learn tips for planning, conducting and applying educational research.

RECOMMENDED READING: Marinopoulos SS, Dorman T, Ratanawongsa N, Wilson LM, Ashar BH, Magaziner JL, Miller RG, Thomas PA, Prokopowicz GP, Qayyum R, Bass EB. Effectiveness of CME. Evidence Report/Technology Assessment No. 149. AHRQ No. 07-E006. Jan 2007.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU40, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/22/12, Segura 1-2/Lower

TITLE: Building the Evidence Base: How to Publish CME Outcomes in Clinical Forums

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

PRINCIPAL PRESENTER: Heather Haley, MS, CMPP
Haley Writing Solutions, 513/377-5444, haleywriting@gmail.com

DISCLOSURE: Does have for sale a service for CME/CPD professionals

CO-PRESENTER: Jennifer Brown, PhD
Medscape Education, 212/417-9506, jjbrown@medscape.net

DISCLOSURE: Does have for sale a technology, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: William Deluise
John Wiley & Sons, Inc., 781/388-8304, wdeluise@wiley.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Prompt physician learners beyond those in the targeted intervention to reflect upon their performance.
2. Identify clinical forums appropriate for CME outcome studies
3. Translate authorship criteria for medical journals to CME outcomes studies.
4. Describe ethical standards and strategies for working with program faculty as publication authors.
5. Identify professionals' tools, guidelines, and resources for publishing in clinical forums.

METHODS: Reviewing a case study of a CME outcomes study published in a medical journal (*J Child Adolesc Psychopharmacol.* 2011 Feb;21(1):33-41). Best processes will be explored for publishing CME outcomes research in clinical forums. A journal publisher will present their perspective regarding appropriate clinical venues for CME outcomes research.

KEY POINTS:

1. CME outcome studies contain clinician practice gap data that has value for clinical forums i.e. medical meeting abstracts and posters and clinical journals.
2. Best publishing venues for CME outcomes studies are a) medical meetings with matched target audiences and b) journals that publish in the disease area of the activity and demonstrate a recent history of publishing survey or performance gaps data.
3. Understanding journal editors' article selection criteria, the peer review process, and bibliometric analytics can aid prospective authors of CME outcomes studies in initial and secondary journal placement decisions.

RECOMMENDED READING: International Committee of Medical Journal Editors: Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Ethical Considerations in the Conduct and Reporting of Research: Authorship and Contributorship. Accessed at www.icmje.org/ethical_1author.html.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU41, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/22/12, Palazzo C/Lobby

TITLE: Today's Technology: Friend or Foe? The Benefits and Barriers of Digital Technology in Education

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

PRINCIPAL PRESENTER: Jason Singer, PharmD
Lilly USA, LLC, 317/277-8333, jsinger@lilly.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

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

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Peter Hurwitz
Asante Communications, LLC, 917/757-0521, phurwitz@asanteglobal.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Steven Jay Feld, MSW
Albert Einstein College of Medicine-Montefiore Medical Center, 718/920-6674, ext. 232, sfeld@montefiore.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) Explain the importance of technology (e.g. smart phones, internet-enabled digital devices, etc.) in continuing medical education (CME) (2) Describe the potential barriers that digital technology can present across the educational continuum (3) Evaluate the multifaceted roles that technology can play in the planning, development, and execution of CME, ranging from needs assessments to outcomes and reporting.

METHODS: The multi-specialty panel comprising commercial supporter, provider, and medical education company representatives will provide insights into digital technology as an increasingly important learning modality for CME. Case studies will be utilized, and participants will have the opportunity to share best practices.

KEY POINTS: The extraordinary influence of technology in CME (now well beyond the internet) continues to evolve, prompting all stakeholders to examine its roles, challenges, and potential for improving the effectiveness of clinical education. Increased utilization of technology, however, has not always coincided with its effective incorporation into educational design, significantly limiting its impact. This session will provide various perspectives on current technologies (including their versatility, utility, and shortcomings) across the educational process. Additionally, the panel will discuss barriers to implementing technology in select settings, potential strategies to overcome these barriers, and provide specific cases for which technology may not be appropriate.

RECOMMENDED READING: Iskowitz, M. (2010). Apple's tablet tempts mobile CME app makers. Retrieved March 5, 2011, from www.mmm-online.com/apples-tablet-tempts-mobile-cme-app-makers/article/168036/.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU42, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/22/12, Palazzo A/Lobby

TITLE: Innovated Access to Faculty Development Activities and Resources

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

PRINCIPAL PRESENTER: Becky Williams, MEd

Nationwide Children's Hospital, 614/355-0672, Becky.Williams@nationwidechildrens.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Jeanine Hatfield, BA

Nationwide Children's Hospital, 614/355-0675, Jeanine.Hatfield@nationwidechildrens.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: Hospitals and Health Systems

OBJECTIVES: (1) Create faculty development activities to best impact specific practice for all physicians; (2) Establish collaborations between local/regional Faculty Development Programs; and (3) Consider innovative delivery formats for both CME approved activities and available resources (i.e. newsletters, podcasts, etc)

METHODS: Presentation with examples of how Nationwide Children's Hospital collaborated with other faculty development programs to expand participant resources, activity expertise, and available education venues.

KEY POINTS: The goal of faculty development is to promote and develop physician skills that enhance the quality of healthcare. Whether it is teaching, clinical, research, and/or work/life balance skills, the importance of physicians' continuous learning leads to improved quality of care. One major challenge in faculty development is access to the activities, resources and experts. Continuous innovation in delivery formats and resource distribution is key in giving physicians the skills necessary to improve their role as hospital faculty.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU43, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/22/12, Palazzo H/Lobby

TITLE: Interactive E-Learning on a Budget

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

PRINCIPAL PRESENTER: Tao Le, MD, MHS

American College of Asthma, Allergy and Immunology, 270/777-2919, tao.le@indegene.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Steven Folstein, MEd

American Academy of Allergy, Asthma & Immunology, 270/777-2919, SFolstein@aaaai.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Melanie Thorsen, MBAHC, CRA, CCMEP

American College of Allergy, Asthma and Immunology, 847/427-1200, melaniethorsen@acaai.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: (1) Describe methods for implementing webinars, online video, and other rapid e-learning tools for minimal costs; (2) Explain methods of audience interaction including polling by texting; and (3) Discuss methods of using social network tools for education.

METHODS: This interactive presentation will feature overviews and live demonstrations of various communication technologies that can be used in both face to face and online learning situations. There will be an emphasis on no cost and low cost methods that require little or minimal IT support or infrastructure. Examples of how the technologies can be used for needs assessments and learning outcomes will be presented.

KEY POINTS: (1) Many organizations have an interest in implementing various learning technologies but have budgetary or IT constraints. (2) There are many new technologies that facilitate interactions in a variety of learning scenarios. (3) These technologies are often free or very low cost. (4) These tools can be used to collect data for needs assessments and learning outcomes.

RECOMMENDED READING: Ruth Clark and Richard Mayer. *e-Learning and the Science of Instruction*. San Francisco: Pfeiffer, 2007. Jane Bozarth. *E-Learning Solutions on a Shoestring*. San Francisco: Pfeiffer, 2005.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU44, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/22/12, Amarante 2-3/Lower

TITLE: IMPACT - Facing the Challenge Head-on: Designing and Measuring Education That Identifies Model Patient Care and Treatment

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

PRINCIPAL PRESENTER: Christine O'Leary, PharmD, BCPS, CCMEP
Institute for Continuing Healthcare Education, 215/446-8088, coleary@iche.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Shunda Irons-Brown, PhD, MBA, CCMEP
Institute for Continuing Healthcare Education, 216/661-1515, sironsbrown@yahoo.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: (1) Define the challenges of obtaining patient data and measuring patient health when not part of a health system; (2) Design a comprehensive model for developing education that attains Moore's Level 6 Outcomes: Patient Health, and (3) Identify best practices in interpreting and measuring Moore's Expanded Framework for Planning and Assessing CME Activities.

METHODS: Utilizing ARS, presentation, small group discussion, and case simulation will demonstrate the development of an activity to attain Level 6-Patient Health Outcomes. Discussion on how to utilize limited resources to measure the educational, behavioral, and clinical impact of an activity will enable participants to identify best practice options.

KEY POINTS: For many providers, reaching Level 6 Patient Health Outcomes thru obtaining patient data is the ultimate challenge. This session is for those providers who may not be part of a health system where patient data is readily available. Session will provide real examples of how to overcome the challenges of obtaining and evaluating clinical outcomes data in order to reach Level 6 Outcomes.

RECOMMENDED READING: Moore DE, Green JS, Gallis HA. Achieving Desired Results and Improved Outcomes: Integrating Planning and Assessment Throughout Learning Activities. JCEPH.2009; 29(1):1-15.

FINANCIAL OR IN-KIND SUPPORT: Audience response technology provided by The Institute for Continuing Healthcare Education.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU45, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/22/12, Cordova 5-6/Lower

TITLE: Using Self-Regulatory Strategies to Support Continuous Improvement of Healthcare Teams and CPD Professionals

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

PRINCIPAL PRESENTER: Mary Martin Lowe, PhD
Learning Advisors LLC, 312/ 576-6080, marymartinlowe@mac.com

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Describe the value of self-regulatory strategies (to plan, monitor and evaluate)
2. Discuss a model for self-regulation and its link to continuous improvement
3. Develop strategies for integrating self-regulatory strategies into educational offerings for the healthcare team
4. Develop strategies for integrating self-regulatory strategies into everyday work in a CME/CPD office

METHODS: The session is designed to help CME/CPD professionals learn more about the value and use of meta-cognitive skills to enhance learning and job performance. Through an interactive dialogue with learners, the presenter will highlight tips and provide tools that CME/CPD professionals can use in their design and implementation of future educational offerings as well as in their everyday work.

KEY POINTS: Self-regulation is a key component to continuous improvement efforts. Using self-regulation (meta-cognitive skills) in an educational offering not only enhances learning, but helps participants acquire skills that are needed to develop proficiency and expertise. Planning (both for learning and performance) can help identify deficits in knowledge, skills, and resources. Monitoring can help correct efforts that may be diverting away from the original goal. Evaluating helps to ensure that reflection on practice can support and enhance future endeavors.

RECOMMENDED READING: Ertmer, P. A. & Newby, T. J. (1996). The expert learner: Strategic, self-regulated, and reflective. *Instructional Science*, 24(1), 1-24.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU46, Breakout**TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/22/12, Del Lago 1-2/Lower****TITLE: A Primary Care Cardiovascular Risk Factor Continuing Medical Education Program Using Process Improvement****COMPETENCY:** 3.4 – Promote continuous improvement and performance measurement as skills for physicians during educational interventions.**PRINCIPAL PRESENTER:** Michael Moore, MDThe Consortium for Southeastern Hypertension Control (COSEHC), 336/716-9522, jjoyner@wfubmc.edu**DISCLOSURE:** Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.**CO-PRESENTER:** JaNae Joyner, PhDThe Consortium for Southeastern Hypertension Control (COSEHC), 336/716-9522, jjoyner@wfubmc.edu**DISCLOSURE:** Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.**CO-PRESENTER:** Debra Simmons, RN, MSThe Consortium for Southeastern Hypertension Control (COSEHC), 336/716-1130, dworth@wfubmc.edu**DISCLOSURE:** Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.**CO-PRESENTER:** Brian Forrest, MDThe Consortium for Southeastern Hypertension Control (COSEHC), 336/716-9522, brianforrestmd@gmail.com**DISCLOSURE:** Does have for sale a product and/or service to CME/CE/CPD professionals.**TARGET AUDIENCE:** Non-beginners**MEMBER SECTIONS:** All**OBJECTIVES:** At the conclusion of this session, participants will be able to: (1) Describe the design and implementation of a cardiovascular disease model for process improvement CME(PI-CME); (2) Discuss best practices in creating cardiovascular disease targeted PI-CME activities that are eligible for maintenance of certification; (3) Identify what cardiovascular clinical markers can be used to measure physician/provider performance; and (4) Indicate various formats that can be used to measure PI-CME evaluation.**METHODS:** This presentation including a practice-specific case study will review the process of developing and implementing a cardiovascular risk factor PI-CME program for primary care illustrating how the 3 PI-CME stages were met. The discussion will include how data obtained can be applied by physicians for maintenance of certification.**KEY POINTS:** (1) Using cardiovascular disease nationally-recognized performance measures (JNC-7, ATP III); (2) Expanding the process improvement activity to have applicability for the entire health care team using clinical changes; and (3) Sharing the insights that resulted from the robust measurement of this cardiovascular disease process improvement CME program in over 25 clinics across the Southeastern United States.**RECOMMENDED READING:** Houston M, et al., Addressing the global cardiovascular risk of hypertension, dyslipidemia, diabetes mellitus, and the metabolic syndrome in the southeastern United States: Part I: Am J Med Sci:276-291, 2005**FINANCIAL OR IN-KIND SUPPORT:** This Performance Improvement Program is supported by an educational grant from Pfizer, Inc administered by the Consortium for Southeastern Hypertension Control (COSEHC).**PARTICIPANT NOTE SPACE:**

EDUCATIONAL FORMAT: SU47, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/22/12, Del Lago 3-4/Lower

TITLE: Leveraging Internal Resources to Incorporate Systems Thinking into the IME Landscape: A Rapid Case Study Review

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

PRINCIPAL PRESENTER: Barbara Nielsen
Genentech, 650/225-5387, nielsen.barbara@gene.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Kari Loeser, JD, CHC, CCMEP
Genentech, 650/225-1932, loeser.kari@gene.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: John Ruggiero, PhD, CCMEP
Genentech, 650/467-6848, ruggiero.john@gene.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Establish strategies that utilize the ACME's core competencies in order to achieve educational impact and reinforcement. (2) Develop an internal functioning system that advances professional competence among those who support, design, or benefit from IME. (3) Discuss ways that departments of learning can contribute to the further development of educational consequences, intended or unintended.

METHODS: This session will quickly review a 2011 nine-month case study about internal continued education and its impact on IME. All members of Genentech's department of learning were involved in a cyclical, monthly structured course that used the ACME's core competencies to encourage internal discourse focused on (1) important industry updates in education, (2) ways to retain information, and (3) ways to incorporate the discourse into effective decision making. Audience members will not only review the outcomes of this case study, but will be invited to be participants of a hypothetical discourse that focuses on the competencies while providing a framework for results. They will further be encouraged to consider a systems model for their own departments to help make improved decisions that focus on a set of practices that illustrate a defined approach to understanding education in the healthcare system.

KEY POINTS: Theories postulate that truly understanding how effective education occurs can only be achieved by understanding the parts in relation to the whole. Acknowledging that an improvement in an educational system can adversely affect educational impact, Genentech developed a monthly, departmental Lunch and Learn to advance organizational communication about educational theories, research, and adult learning principles. To that end, this systems thinking has encouraged the team to jointly make effective decisions regarding educational support. This case study is an example of a systems model that challenges audience members to consider ways to improve their own systems in order to foster educational design and support to ultimately improve the system of HCP education and reinforce improved patient care.

RECOMMENDED READING: Capra, F. (1996) *The web of life: a new scientific understanding of living systems* (1st Anchor Books ed). New York: Anchor Books. p. 3.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU48, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/22/12, Palazzo F/Lobby

TITLE: How Selecting Metrics and Testing Frequency within Case Simulations Affect Physician Performance

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

PRINCIPAL PRESENTER: Martin Robert, PhD
HIT Global Consulting Services Inc., 514/932-3232, martin.robert@hit-global.com

DISCLOSURE: Does have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: France St-Germain
sanofi-aventis Canada Inc., 514/956-4156, france.st-germain@sanofi-aventis.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

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

1. Differentiate how specific metrics may be used to complement evidence-based case simulations in monitoring ongoing self-assessment and learning
2. Describe the merits of frequent/systematic interactive reporting of metrics throughout a given educational design (e.g. pre-testing, post-testing, and follow-up testing)
3. Communicate how program metrics can pinpoint gaps in medical practice and facilitate change in behavior

METHODS: A didactic presentation will review how the REACH (Reduction of Atherothrombosis for Continued Health) Academy program's choice and communication of metrics was pivotal in sustaining the learner's progression through 4 independent modules, and also how such metrics could provide immediate feedback reinforcing incremental changes in medical practice.

KEY POINTS: We will examine our experience fostering beneficial practice change, as perceived by the learner, through the implementation of a curriculum-based initiative targeted to primary care physicians and other healthcare professionals involved in the management of patients with atherosclerotic conditions leading to atherothrombosis. The REACH Academy focused upon the latest (interactive media) technologies and educational design models to gauge improvements in clinical decisions made by learners. We will also discuss how communication of metrics is pivotal to the identification of practice changes leading to improved performance by learners.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU49, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/22/12, Palazzo D/Lobby

TITLE: Assessment of Barriers to Changing Practice as CME Outcomes

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

PRINCIPAL PRESENTER: Elaine Miller, MS
Kaiser Permanente-Colorado, 303/614-1340, Elaine.k.miller@kp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: David Price, MD
Kaiser Permanente-Colorado, 303/614-1308, david.price@kp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

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

METHODS: In an interactive session, the presenters will describe how qualitative research methods were used to develop an enhanced CME Learning Transfer Barrier framework classifying attendee perceived barriers to implementing CME learnings in practice. Participant examples will be used to illustrate how these methods can be applied.

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

RECOMMENDED READING:

1. Price D, Miller E, Kulchak-Rahm A, Brace N, Larson R. Assessment of Barriers to Changing Practice as CME Outcomes. JCEHP, 30(4):237–245, 2010.
2. Price DW, Felix K. Journal Clubs and Case Conferences: From Academic Tradition to Communities of Practice. JCEHP, 28(3):123–130, 2008.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU50, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/22/12, Segura 3-4/Lower

TITLE: Integrate PI/MOC into Existing Quality Improvement Efforts

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

PRINCIPAL PRESENTER: Teena Nelson, MHA

University of Wisconsin School of Medicine and Public Health, 608/240-6006, tmnelson@ocpd.wisc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: The goal is to present learners with one organizations' model for incorporating PI CME and MOC into current QI initiatives and goals.

Specific objectives are:

1. Identify key CME/MOC points to highlight and on which to collaborate in order to secure organizational buy-in
2. Identify key organizational stakeholders and how to engage them in the planning process
3. Identify QI steps and how they fit into CME/MOC model

METHODS: This will be a didactic presentation that will incorporate the use of slides and handouts to describe the arduous process of building relationships with internal stakeholders, most notably the QI department, such that we can work together to meet the needs of our physicians and improve patient outcomes within our own organization.

KEY POINTS: The UW Office of Continuing Professional Development (OCPD) worked closely with UW Health Quality Improvement (QI) leadership to enrich an internal QI initiative so UW Health physicians can receive CME/MOC (even GME) by way of participation in the QI effort. Through extensive initial meetings explaining the PI-CME process and CME mission, as well as the importance of MOC and how it impacts individual physicians, OCPD, together with UW Health QI, has been able to secure executive administrative support and resources, and align QI/CME/MOC requirements and goals in order to offer a "kill three birds with one stone" activity for UW Health physicians.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU51, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/22/12, Palazzo E/Lobby

TITLE: The Mouse that Roared: Implementing Trans-disciplinary Education (TDE)

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

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

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: JoEllen Wynne, MSN
American Academy of Nurse Practitioners, 512/442-4262, jwynne@aanp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Mike Saxton, MEd, CCMEP
American Academy of Physician Assistants, 703/836-2272, msaxton@aapa.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Articulate an example of TDE that reflects the IOM's report.
2. Identify barriers to TDE collaboration & possible strategies to resolve those barriers.
3. Compare & contrast models of TDE that have varying level of patient-centric (i.e. "true") collaboration using a suggested check list.
4. Demonstrate a possible PI model that is efficient, effective & less resource intensive.

METHODS: Facilitated problem based learning & incorporating small group discussion with the reactor panel insights will be used. ARS will enable nominal group technique for prioritizing the barriers and strategies that emerge from group discussion. Participants will be invited to form a TDE community of practice for the purpose of sharing best practices over the next year.

KEY POINTS: With learnings from a current, multi-funded shared initiative (Diabetes: A Team Approach) to guide the learning process, the experienced reactor panel will demonstrate:

1. TDE is essential to improve health care & patient outcomes.
2. There are emerging strategies to overcome some of the most commonly experienced challenges & barriers to TDE.
3. True collaboration (rather than pseudo collaboration) makes TDE meaningful & effective. True collaboration is based on mutual respect, skillful listening and genuine shared engagement.

RECOMMENDED READING: IOM, Future of FM reports, AANP's White Paper

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU52, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/22/12, Palazzo B/Lobby

TITLE: Didya Hear the One About the Provider, the Non-profit and the Insurance Company?

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

PRINCIPAL PRESENTER: Bonnie Bixler, MEd

Penn State College of Medicine, 717/531-6483, bbixler1@hmc.psu.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Joyce Grissom, MD, Col, USAF (retired)

Health Net Federal Services, LLC, 571/227-6504, joyce.grissom@healthnet.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Margaret Pepe, PhD, JD

American Red Cross, 717/257-1822, pepem@usa.redcross.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Develop strategies to choose appropriate partners for successful CME ventures
2. Explore using insurance company data to establish gaps in practice and outcomes following educational interventions
3. Develop multi-faceted, multidisciplinary educational interventions pooling partner expertise

METHODS: Presenters will use didactic lecture to highlight a recent CME activity that demonstrates successful integration of many of the ACCME's criteria for accreditation with commendation. Guided discussion and audience response will encourage participants to explore ways to incorporate these strategies into their educational activities

KEY POINTS: Penn State was approached by the Red Cross to partner on a CME activity. Preliminary planning conversations made it clear that it would be a stronger educational initiative if a third partner was brought to the table, to provide relevant practice data and assist with reaching the target audience, as well as to potentially provide some funding.

The result? The Red Cross, HealthNet Federal Services, LLC, Penn State College of Medicine, and Department of Defense health affiliates collaborated on CME activities to improve screening and referral skills of primary care and mental health professionals to better meet the needs of returning military service members. Pennsylvania has the highest number of deployed National Guard and Reserves units (and one of the most rural healthcare landscapes) in the nation with identified gaps in care for these types of service members.

Using this example, we'll show that CME providers must take an active and collaborative role in designing educational activities which effectively improve the professional practice of physicians. Effective CME involves collaboration with stakeholders to 1) identify practice gaps, 2) assess factors which affect patient outcomes, 3) design effective interventions, and 4) incorporate non-education strategies to enhance change. Measures which demonstrate change in performance and patient outcomes are an important component to demonstrate effectiveness of the educational intervention

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU53, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Sunday, 1/22/12, Palazzo G/Lobby

TITLE: Listening to the Patient's Voice: What We Can Learn?

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

PRINCIPAL PRESENTER: Scott Weber
Med-IQ, 203/762-0588, sweber@med-iq.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Dawn Fitzpatrick
Sisters Network Inc., 443/801-9323, dcfitz@yahoo.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Amaryllis Soto, CCMEP
sanofi-aventis US, 908/981-5149, amaryllis.soto@sanofi-aventis.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Amparo Gonzalez, RN, CDE, FAADE
Emory University School of Medicine, 404/778-1697, amparo.gonzalez@emory.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

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

1. Understand the importance of integrating the patient's voice into CPD/CME activities.
2. Understand the value of patient advocacy groups and develop mutually beneficial and sustainable relationships.
3. Develop educational interventions that include patient perspectives to inform development of future healthcare provider education.

METHODS: A combination of case studies, panel discussions and actual data will be used to illustrate key points related to the importance of CME providers integrating patient voice into their CME program and the impact this education has on health outcomes.

KEY POINTS: The patient voice is conspicuously absent in the CME enterprise. The need exists for providers of CPD/CME education to integrate patient perspectives into the education they develop for healthcare professionals. Furthermore, providers should utilize expertise in reaching out to patient communities in collaboration with patient advocacy groups to expand the education. This presentation will explore how providers can integrate the patient's voice into future educational initiatives.

RECOMMENDED READING: Talbert PY. The Relationship of Fear and Fatalism with Breast Cancer Screening Among a Selected Target Population of African American Middle Class Women. *Journal of Social, Behavioral, and Health Sciences*. 2008; 2: 96-110.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU54, Mini-plenary

**TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/22/12,
Mediterranean 1-8/Lobby**

TITLE: The Alliance's Strategic Imperatives: What Composers Can Teach About Implementation

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

PRINCIPAL PRESENTER: Robert Kristofco, MSW
Pfizer Medical Education Group, 205/249-7317, robert.kristofco@pfizer.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: This session will explore leadership examples from the ranks of classical composers and what they can teach us about implementing strategy in our association/organization. At the conclusion of this session participants will have heard examples of leadership that will encourage them to reflect on how they can:

1. Model innovative leadership
2. Be visionary
3. Broaden their focus to benefit their association/organization
4. Actively develop strategic relationships
5. Build strategy

METHODS: Multimedia presentation with audience participation

KEY POINTS:

1. The Alliance Strategic Imperatives describe a pathway for progress whose tenets address pursuits critical to a goal of healthcare improvement.
2. To reflect on these imperatives and how one might go about accomplishing them this presentation proposes to employ examples of leadership from the ranks of musical composers.
3. We will reflect on practice using an array of case examples of individuals who embody the qualities that one needs to possess to be visionary, model innovative leadership, develop strategic relationships, and build strategy. We will learn what these individuals have to teach us and see and hear how they advanced their field.

RECOMMENDED READING:

1. Alliance for CME Strategic Imperatives
2. Alliance for CME Competency Areas for Professionals especially Area # 6 Leadership
3. Davidoff, F. Music Lessons: What Musicians Can Teach Doctors (and Other Health Professionals) *Ann Intern Med.* 2011; 154: 426-429

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU55, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/22/12, Palazzo C/Lobby

TITLE: Physician Re-entry into the Workforce: The Current Status and Future Directions (**Invited Abstract**)

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

PRINCIPAL PRESENTER: Holly Mulvey, MA

American Academy of Pediatrics, 847/434-7915, hmulvey@aap.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: As a result of this presentation, participants should be able to:

1. Understand the latest trends related to physician reentry in the United States;
2. Reflect upon the special needs of physician learners who are trying to reenter clinical practice after an extended absence from their professional activities; and
3. Consider how one would design educational activities for physicians and other health professionals who have been clinically inactive for a prolonged time period.

METHODS: Physician reentry into the workforce can be defined as returning to professional activity (e.g., clinical practice) for which one has been trained, certified, or licensed after an extended time period. First, the presenter will share the results of a recent national survey that looked at the characteristics of physicians who have become professionally inactive. Second, the presenter will explore some of the reasons that physicians leave their practice (as well as the circumstances that are associated with attempts at reentry). Third, she will discuss the *Maintenance of Practice Project* that is exploring ways to help keep physicians professionally engaged and up to speed with their specialty.

KEY POINTS: Continuing education (CE) and continuing professional development (CPD) is critical to keeping health professionals competent to provide safe, quality care to their patients. As more and more physicians leave their clinical practice for extended periods of time, persons engaged in CE/CPD will need to understand the unique needs of these learners as well as the challenges that they face as they try to reenter their professional activities.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU56, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/22/12, Segura 5/Lower

TITLE: Developing Interactive Online Education: Engage the Subject Matter Expert via Micro-Collaboration!

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

PRINCIPAL PRESENTER: Jon Aleckson, PhD

Web Courseworks, 608/577-8909, jonaleckson@webcourseworks.com

DISCLOSURE: Does have for sale a technology for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Recognize and reflect on the importance of online interactive learning activities to the support the adult learning experience.
2. Identify ways to develop online learning objects that promote active learning in online CME.
3. Describe the online interactive continuum from drag n drop to simulations and games.
4. Reflect on methods and tools to encourage collaboration between medical experts and the design and development team.

METHODS: This breakout session utilizes a combination of lecture and active learning activities for participants. Lecture portions are kept to ten minute periods interspersed with activities such as learner pairing for reflection and discussion. A handout asks participants six questions for personal reflection about topics that affect collaboration with medical experts. Jon Aleckson has been speaking at eLearning conferences since 2002 and presents with passion and high energy. He teaches with good adult learning principles in mind. This calls for making the information relevant to participants and promoting active learning exercises.

KEY POINTS: Jon D. Aleckson, Ph.D. draws on thirty years of experience in educational technology development to describe how the benefits of learning from an accomplished expert (a doctor or nurse, for instance) can be translated into an online format. Industry professionals know that the online format presents an opportunity for highly interactive pedagogy, a pedagogy by which students synchronize learning with doing, replicating the information-processing habits that come from real-life work in the field. According to Aleckson, the key to creating an ideal eLearning product is to meet the challenge of micro-collaboration. In order to develop sophisticated online learning activities, especially serious games and simulations, we must find a way to convey the tacit knowledge of someone with real-life experience using the tools of software design. This requires us to micro-collaborate: individuals with very different backgrounds and very different skills sets have to work in harmony to achieve a common goal. It may sound simple, but anyone who has labored on an eLearning project knows otherwise. In this session, Aleckson takes participants step by step through the leadership, management, and communication strategies that make effective micro-collaboration possible, using stories of actual projects to illustrate his points. In addition, he provides a collection of documentation tools to assist in keeping an eLearning project on spec, on time, and on budget. This active breakout session helps participants contextualize each aspect of eLearning development and highlights the ways in which different team members interact.

RECOMMENDED READING:

1. MindMeld Micro-Collaboration Between eLearning Designers and Instructor Experts, Jon Aleckson, Ph.D., 2011, Atwood Publishing.
2. Observing the User Experience, Mike Kuniavsky, 2003, Morgan Kaufmann Publishers.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU57, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/22/12, Segura 1-2/Lower

TITLE: Qualitative Research Methods and the Continuum of Certified Medical Education: A Valuable Pairing

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

PRINCIPAL PRESENTER: Wendy Turell, DrPH, CCMEP

Contextive Research LLC, 917/750-0173, wendy@contextiveresearch.com

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: (1) Describe opportunities along the lifecycle of a CE/CME activity that are best suited for qualitative research methods (QRMs); (2) Draft a research plan for the application of a QRM in the investigation of a CE/CME need or activity effectiveness, and (3) Apply a QRM in the formative evaluation of a CE/CME activity.

METHODS: An interactive presentation will focus on QRMs, including focus groups and interviewing, and their application in the life phases of a CE/CME activity: (1) needs assessment; (2) format/content development (piloting); (3) formative evaluation, and (4) outcomes evaluation. Learners will also take part in a small group exercise to discuss case studies that call for QRM application in determining educational need, appropriateness, or effectiveness.

KEY POINTS: Qualitative research is a highly valuable and often overshadowed methodological school of research in the world of CE/CME. Qualitative techniques can help you gain a depth of knowledge that will give voice to the preferences of a target audience, help refine the fit of educational content, and unearth barriers or facilitators of knowledge translation (into behavioral change and improvements in patient outcomes). This session will focus on best practices, and easy to apply methodologies that can be of great use to CME research professionals.

RECOMMENDED READING: Patton Michael Quinn. *Qualitative Research & Evaluation Methods* (ed 3). Sage: 2001.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU58, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/22/12, Palazzo D/Lobby

TITLE: Making the Most of our Knowledge and Practice Assessments: A New Tool for Conducting Gap Analyses

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

PRINCIPAL PRESENTER: Jack Kues, PhD FACME CCMEP
University of Cincinnati, 513/558-3196, kuesjr@uc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Chris Larrison
Healthcare Performance Consulting, Inc, 317/733-9816, larrison@changingperformance.com

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

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

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

CO-PRESENTER: Amy Holthusen, BA
Interstate Postgraduate Medical Association, 608/237-6695, aholthusen@ipmameded.org
DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: (1) describe different aspects of gaps that can be assessed through a knowledge/practice survey; (2) design survey instruments that identify multiple layers of needs of potential learners, and (3) develop needs profiles based on a multi-dimensional survey assessment tool.

METHODS: This session will describe an innovative tool for assessing educational needs and practice gaps. It will include a general overview of the tool and the analysis of resulting data. There is also an interactive activity in which participants will develop sample assessment items and will examine learning profiles from a sample dataset.

KEY POINTS: Knowledge, practice, and performance gaps can be very difficult to measure within a specific learner population. Needs assessment surveys have been a popular tool for this purpose but they can be expensive and their value can be limited relative to their cost. Our assessment tool, which can be easily distributed via a short instrument, generates a comprehensive learning profile. The profile identifies potentially dangerous gaps in knowledge/practice as well as range of "acceptable" practices that do not seriously risk patients but may be less than optimal practice or not cost effective.

FINANCIAL OR IN-KIND SUPPORT: The original project that supported the development of the original instruments was supported by an independent educational grant from Pfizer, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU59, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/22/12, Palazzo H/Lobby

TITLE: Reflection: What it is, How to Learn it, How to Measure it

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

PRINCIPAL PRESENTER: Beverly Wood, MD
American Academy of Pediatrics, 818/952-2876, bwood@usc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Susan Brown Zahn, PhD
American Orthopaedic Society for Sports Medicine, 847/292-4900, susan@aossm.org
DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this Breakout, attendees will be able to:

1. Describe the components of effective reflection
2. Indicate ways that reflection supports learning, self assessment and planning for personal education.
3. Develop reflective abilities in learners
4. Apply a method of assessing reflection

METHODS:

1. Structured discussion on use of reflection to guide learning, improve reasoning and patient care.
2. Mini-lectures on components and skills of reflection in learning, developing competence in reflection, and assessing reflection.
3. Application of content to cases.

KEY POINTS:

1. Reflection is a means of analyzing professional learning experiences and guiding learning to improve patient care.
2. Reflection is an effective skill for self-assessment, problem-solving, developing expertise in analysis and assessing errors.
3. Assessment of reflective competence guides learner development and prompts analysis of effective learning.

RECOMMENDED READING:

1. Patricia O'Sullivan, L. Aronson, E. Chittenden, B. Niehaus: Reflective Ability Rubric and User Guide MedEdPortal.
2. Moon, JA. A Handbook of Reflective and Experiential Learning; Routledge Falmer, London. 2004.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU60, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/22/12, Palazzo A/Lobby

TITLE: Technology Enabled Simulation in Live CME: A Case Study of Highly Immersive Learning and its Impact on Physician Behavior

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

PRINCIPAL PRESENTER: Walter Ejnes, CCMEP
Continuing Education Company, 516/565-1021, walter@CMEmeeting.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Riccardo Saetti, MD
Edumotion - Italy, 011/39-340-7375652, ric.saetti@libero.it

DISCLOSURE: Does have for sale a technology for CME/CE/CPD professionals.

CO-PRESENTER: Jan Basile, MD
Medical University of South Carolina, 843/789-6680, basilejn@musc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Review and discuss the role of technology enhanced reinforcement, remediation, and just-in-time learning that impact physician behavior and practice improvement.
2. Explain the rationale, benefits and methods of incorporating technology enabled simulations during a live moderator led CME activity.
3. Understand how to create a highly immersive learning environment to better engage physician learners as well as train to differing learning styles.

METHODS: A lecture and demonstration will describe how technology enabled simulation was used to deliver a series of live CME events that addressed gaps in the use of oral anticoagulants to reduce stroke risk in patients with Atrial Fibrillation.

KEY POINTS: This session will discuss a recent CME program that used interactive simulations in a live meeting format to address the prevention of stroke in atrial fibrillation patients. Interactive movies representing real world physician/patient situations were paired with moderator enhanced in-class discussion to engage learners, as well as train to differing learning styles that enhance each learner's acquisition and retention of the course content. A focus will be placed on the outcomes methodology which was designed to incorporate three core competencies: patient care, medical knowledge, and practiced-based learning and improvement.

RECOMMENDED READING:

1. Wayne DB, et al. Simulation-based education improves quality of care during advanced cardiac life support events; a case control study. *Chest*. 2008; 133:56-61.
2. Ziv A, et al. Simulation based medical education: an opportunity to learn from errors. *Med Teach*. 2005;27(3):193-9.

FINANCIAL OR IN-KIND SUPPORT: The program discussed in this presentation was supported by an educational grant from Boehringer Ingelheim.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU61, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/22/12, Palazzo F/Lobby

TITLE: Educational Outcome Measurement: What's in Your Toolbox?

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

PRINCIPAL PRESENTER: Jason Olivieri, MPH
Imedex LLC, 404/319- 9782, j.olivieri@imedex.com

DISCLOSURE: Does have for sale a program and/or product for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: (1) identify at least one educational outcome measurement (EOM) tool to evaluate changes associated with participation in a CME activity at each of the following outcome levels: satisfaction, knowledge, competence, behavior and patient health; (2) explain the steps for implementing each of these EOM tools; and (3) state the strengths and limitations of each tool.

METHODS: This session will consist of two parts: (1) 30-minute didactic lecture to describe the aforementioned EOM tools, and (2) 20-minute discussion of the step-by-step implementation of an EOM tool using an actual CME activity volunteered by participants.

KEY POINTS: There are established tools for assessing educational outcomes at each level from learner satisfaction to impact on patient health. These tools include: validated satisfaction instruments, 3-step commitment-to-change evaluations, perceived self-efficacy assessments, case vignettes and patient surveys. Although EOM assessment will always require a degree of creativity, an awareness of established EOM tools ensures that CME providers are working toward advancing, as opposed to simply re-creating, the field of EOM.

RECOMMENDED READING: Moore DE, et al. Achieving desired results and improved outcomes: Integrating planning and assessment throughout learning activities. *J Contin Educ Health Prof* 2009; 29:1-15.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU62, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/22/12, Del Lago 1-2/Lower

TITLE: Real-World Data Collection and Measurement of a QI-CME Activity to Improve Diabetes Care in a MCO

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

PRINCIPAL PRESENTER: Brian Lee, PharmD
Horizon CME, 503/659-5558, brian.lee@horizoncme.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Leong Koh, MD
Kaiser Permanente Northwest, 503/571-3957, Wui-Leong.Koh@kp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Eric Jones, PharmD
sanofi-aventis US, 908/981-7277, eric.jones@sanofi-aventis.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Jay Lin, PhD
Novosys Health, 908/720-2910, jay.lin@novosyshealth.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Design a CME activity integrating real-world data collection and measurement to assess patient outcomes following a learning intervention.
2. Identify the value of using HEDIS measurements, A1C goal attainment, and guideline recommended tests to demonstrate impact of a diabetes CME activity on learner performance and patient outcome measures.
3. Summarize the findings and impact of the diabetes quality improvement CME on learner performance and patient outcomes.

METHODS: Presenters will discuss the design of a diabetes QI-CME activity, outcomes measured and results collected within a managed care organization. Key findings and future learning needs will be identified so subsequent CME programs can target educational gaps. Panel discussion and question and answer session will follow.

KEY POINTS: A two-module series of outpatient-focused CME activities educated physicians and allied healthcare professionals on current diabetes guidelines and strategies for improving glycemic control. Data, including HEDIS measurements, A1C goal attainment, guideline recommended tests, frequency of office visits, and hospitalizations were collected via EMRs from a patient cohort cared for by CME learners and non-learners (controls). Moore's level 6 outcomes collected at 3, 6, and 9 months following the educational intervention will be presented. Additionally, learner quality improvement in diabetes care and impact on healthcare resource utilization will be discussed.

FINANCIAL OR IN-KIND SUPPORT: The two-module series of outpatient-focused CME activities were supported in part by an independent educational grant from sanofi-aventis.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU63, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/22/12, Palazzo G/Lobby

TITLE: Improving Quality and Organizational Performance One Year at a Time: Longitudinal, Multi-Year Educational Initiative

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

PRINCIPAL PRESENTER: Vesna Drenovac, RPh, MS
Vemco MedEd, LLC, 908/704-1588, vdrenovac@vemcomeded.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Debra Goff, PharmD, FCCP
Ohio State University Medical Center, 614/293-8470, Debbie.Goff@osumc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Maja Drenovac, PharmD
Vemco MedEd, 908/704-2400, mdrenovac@vemcomeded.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Describe the multi-level interventions for a longitudinal, three-year educational initiative. (2) Recognize the value of tracking educational need over time. (3) Describe the role of enhanced communication with and among various healthcare professionals to improve performance and patient care. (4) Examine the team approach to identifying challenges and overcoming healthcare system barriers. (5) Discuss the changes in interdisciplinary management of Antimicrobial Stewardship and hospital-acquired infections through acquisition of knowledge, skill, competence and performance.

METHODS: This presentation will describe the processes used to plan, develop, and implement 3-year multifaceted educational interventions that successfully changed practice behavior toward improved patient outcomes. Through a series of educational interventions and sequential learning, the authors will present changes in knowledge, skill, competence and performance among 2000 hospital based learners across the United States. The results suggest change in practice performance and identify follow-up opportunities for continuing learning and improvement. In addition, the authors will discuss the identified barriers and opportunities for enhanced collaborative care in hospital teams for the management and prevention of hospital-acquired infections.

KEY POINTS: (1) Longitudinal educational approach has the ability to change practice patterns over time. With recurrent assessment educators have data to design interventions that meet the up to date demand of rapidly changing healthcare environment. This course will provide an example of how longitudinal assessment and intervention was effectively utilized and the impact it had on practice performance. (2) In collaboration with Society of Infectious Diseases Pharmacists (SIDP) and State Societies of Health-System Pharmacists, a highly-interactive, case-based program was developed that successfully improved knowledge, skill, and behavior regarding the interprofessional management of hospital-acquired infections. Summative evaluations from each year served as input for “building up” objectives for subsequent year and maintaining the positive trends in terms of patient safety and quality improvement. (3) For interprofessional healthcare teams to succeed, collaborative learning should foster an understanding of the value of each profession for improving patient outcomes. Therefore, these program elements included intensive learner/faculty interactions, case studies, audience response and simulations.

RECOMMENDED READING: 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 Winter;29(1):1-15.

FINANCIAL OR IN-KIND SUPPORT: The program used for this presentation was supported by an educational grant from Ortho-McNeil, Inc., administered by Ortho-McNeil Janssen Scientific Affairs, LLC.

EDUCATIONAL FORMAT: SU64, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/22/12, Amarante 2-3/Lower

TITLE: Expanding Instructional Impact and Outcomes Assessment Effectiveness via Expert Collaborations: Three Case Studies

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

PRINCIPAL PRESENTER: Sara Johnson, PhD

Pro-Change Behavior Systems, Inc, 401/874-5612, sjohnson@prochange.com

DISCLOSURE: Does have for sale a program and/or product for CME/CE/CPD professionals.

CO-PRESENTER: Kathleen Geissel, PharmD

Medscape, LLC, 609/371-8101, kgeissel@medscape.net

DISCLOSURE: Does have for sale a program and/or product for CME/CE/CPD professionals.

CO-PRESENTER: Veronica Miller, PhD

Forum for Collaborative HIV Research, 202/974-6290, veronicam@berkeley.edu

DISCLOSURE: Does have for sale a program and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Participants will be able to:

- Recognize 3 or more characteristics of targeted messaging associated with the Transtheoretical Model
- Develop a sample educational intervention or outcome evaluation that incorporates TM messaging
- Define the role of faculty in performance improvement, curriculum design, outcome evaluation, outcome reporting and dissemination
- Discuss the benefits and drawbacks of collaboration when designing for impact and outcomes

METHODS: In an open forum format, presenters from an outcomes research and development company, a national foundation, and a medical education company lead participants through an interactive session consisting of presentations soliciting audience participation, case study discussions, and group exercises.

KEY POINTS: Proficiency in applying learning & behavior change theories to CPD/CME curriculum and evaluation strategies requires more than an understanding of educational design models. Collaborating with partners to leverage the expertise of the evaluation experts, content experts (faculty), and audience experts (medical education provider), ensures high quality activities and outcomes can be achieved. Case studies will present effective approaches for content and evaluation design, implementation, and reporting that can effectively blend adult learning and behavior change expertise of the various collaborative partners, including broadening traditional roles, to achieve maximum impact of activities and outcome evaluation.

RECOMMENDED READING: Prochaska, J.O., Redding, C.A., & Evers, K. (2002). The Transtheoretical Model and Stages of Change. In K. Glanz, B.K. Rimer & F.M. Lewis, (Eds.) Health Behavior and Health Education: Theory, Research, and Practice (3rd Ed.). San Francisco, CA: Jossey-Bass, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU65, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/22/12, Del Lago 3-4/Lower

TITLE: Supporting the National HIV/AIDS Strategy through Performance Improvement CME: A Collaborative Approach to Improving Patient Care

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

PRINCIPAL PRESENTER: Brian Hujdich
Health HIV, 202/232-6749, brian@healthhiv.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Andrew Urban, MD
University of Wisconsin School of Medicine and Public Health, 616/240-2149, awurban@wisc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Describe challenge of providing medical care for people living with HIV/AIDS in the 2nd decade of the 21st century.
2. Explain medical home model as it pertains to HIV/AIDS prevention, care & treatment.
3. Review the professional practice gaps for physicians in the primary care setting that relate to the management of persons living w/ HIV/AIDS (PLWHA).
4. Describe the role of PI CME in closing gaps in knowledge, competence, performance, & patient outcomes in the transition of the HIV medical home to a primary care setting.
5. Assess key aspects of collaboration required to successfully implement this transition.

METHODS: The presenters will discuss the role of CME in supporting the National AIDS Strategy. We will describe and provide results from the HIV Primary Care Plus program, a PI CME activity designed to support 15 primary care clinics treating people living with HIV by integrating mentoring and performance-measure based education into the clinic structure.

KEY POINTS:

1. HIV/AIDS healthcare has changed dramatically in the last decade.
2. The continued growth of the epidemic requires a greater healthcare workforce emphasis.
3. The role of the primary care physician in the healthcare of PLWHA has grown, and with it, the need for CME to meet providers' specific need.

RECOMMENDED READING:

1. National HIV/AIDS Strategy
2. The Physician's Recognition Award and credit system: 2010 Revision; American Medical Association: (www.ama-assn.org/ama1/pub/upload/mm/455/prc-booklet.pdf).

FINANCIAL OR IN-KIND SUPPORT: This activity was supported by an educational grant from GSK and Abbott Laboratories.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU66, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/22/12, Segura 3-4/Lower

TITLE: Outcomes Intentions and Delivery: Is Provider Performance Improving Patient Care?

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

PRINCIPAL PRESENTER: Susan Connelly, PharmD, MBA, CCMEP
Pfizer, 484/865-9885, susan.connelly@pfizer.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Betsy Woodall, PharmD, MBA, BCPS, CCMEP
Pfizer, 484/865-3969, betsy.woodall@pfizer.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this breakout session, learners will be able to 1) compare outcomes data methodologies with proposed budgets submitted by providers; 2) examine the degree to which providers are advancing their performance towards improving patient care; and 3) describe the correlation between proposed educational design and outcomes techniques.

METHODS: Two years of outcomes data will be compared and contrasted to identify trends in methodologies across provider types, and the degree to which actual outcomes correlate with intended measures of educational effectiveness. Learners will be encouraged to identify questions that remain unanswered in the providers' assessments.

KEY POINTS: Commercial supporters see a myriad of approaches to assessing educational effectiveness. They are in a unique position to observe evolution in outcomes data over time across the spectrum of educational providers. A common myth held by several providers is that effective, meaningful outcomes measurement is often cost prohibitive. We will present a number of approaches across provider types, endorsed though data, to dispel this myth. Learners will contribute to this session by describing cost-efficiencies realized in their own organizations, as well as pearls on how to achieve outcomes data as originally described in their proposals.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU67, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/22/12, Cordova 2/Lower

TITLE: Demonstrating the Mechanics of Overall Program Evaluation: Who, What, When, Where, Why, How?

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

PRINCIPAL PRESENTER: Leslie Howell, BA
Pennsylvania Medical Society, 717/909-2624, lhowell@pamedsoc.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Patricia Stern
Guthrie Health, 570/887-5762, stern_trish@guthrie.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: State Medical Societies

OBJECTIVES: At the conclusion of this presentation, participants should be able to walk CME staff through conducting an overall program evaluation, including the data to use, the people to involve, and a process to follow.

METHODS: This presentation will review an educational session conducted by the Pennsylvania Medical Society for state-accredited providers to help CME physician leaders and staff develop or improve strategies and processes to demonstrate compliance with the ACCME's Accreditation Criteria C12-C15.

KEY POINTS: Many providers report they understand the requirements for an overall program evaluation but struggle to actually implement the process and corresponding next steps. At our 2011 provider conference, PAMED facilitated a group exercise and engaged the audience in conducting an overall program evaluation of one of our state-accredited providers. Participants became the CME Committee and reviewed real data related to provider. Provider staff briefly addressed audience to paint a picture of their CME program. In small groups, the audience conducted a review of the overall program related to the CME mission statement and were asked to assess how this provider did in meeting the CME mission. Participants identified potential improvements or changes for the CME program. Participants also looked for practices that could demonstrate compliance with C16-22. Following the feedback from the audience, the provider shared their current practices related to overall program evaluation. Finally, the audience was then asked to reflect on their own practices and share with the group.

RECOMMENDED READING: ACCME Video FAQ Overall Program & Improvement, June 4, 2009
<http://education.accme.org/video/accme-video-faq/overall-program-evaluation-and-improvement>.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU68, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/22/12, Palazzo B/Lobby

TITLE: Making Sense of the Dollars and Cents of CPD

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

PRINCIPAL PRESENTER: Amanda Pauley, BA
American College of Cardiology Foundation, 202/375-6416, apauley@acc.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Elliott Yang, BA
American College of Cardiology Foundation, 202/375-6433, eyang@acc.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Build comprehensive, compliant budgets for stand-alone activities, as well as multi-intervention initiatives.
2. Appropriately scale a budget to maximize educational impact in a multi-supported arrangement.
3. Efficiently track expenses through the life of an activity or initiative to ensure accurate and compliant reconciliation.

METHODS: The presenters will provide real-world examples of budget and reconciliation documents to stimulate an interactive discussion among participants about commonly encountered issues throughout the budget and reconciliation processes. Participants will be given an opportunity to discuss/present best practices and lessons learned from their own experiences.

KEY POINTS: Join us for a lively discussion about the various issues we all face in the budget and reconciliation process for grant-supported CPD activities and initiatives, from the provider side as well as the grantor side. The overall goal for the session will be for participants and presenters to provide potential solutions for streamlining the budget and reconciliation processes within their CPD offices.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU69, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/22/12, Palazzo E/Lobby

TITLE: ACCME's Standards for Commercial SupportSM are Not So Standard: Avoiding Common Pitfalls

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

PRINCIPAL PRESENTER: Jeffrey Mallin, MD

Kaiser Permanente Downey Medical Center, 562/657-2343, jeffrey.s.mallin@kp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Pam Beaton, BS

American College of Cardiology, 202/375-6441, pbeaton@acc.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will: (1) Identify challenges and possible areas of SCS non-compliance within their CME programs, (2) Develop strategies to maintain compliance with the SCS, (3) Discuss best practices for meeting the SCS, and (4) Streamline the process of implementation.

METHODS: Utilizing audience response to evaluate the participants' ability to apply the SCS, presenters will review common and uncommon practices that result in SCS non-compliance. Participants will break into small groups to discuss and solve challenges they face in their CME programs. Participants may submit SCS questions in advance.

KEY POINTS: Although the ACCME's Standards for Commercial SupportSM (aka Standards to Ensure the Independence of CME Activities) have been in place since 2004, CME providers still struggle with compliance and encounter questions and nuances in implementation. There are also many misconceptions within a provider's structure and at the physician level on what is and is not allowed under the SCS. This session will be designed to shine a light on those areas and assist CME providers using the collective expertise of the group.

RECOMMENDED READING:

1. The ACCME's Standards for Commercial SupportSM
2. Ask ACCME: Standards for Commercial Support, 1-6

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: SU70, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Sunday, 1/22/12, Cordova 5-6/Lower

TITLE: Empowering CME Planners through Professional Development

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

PRINCIPAL PRESENTER: Steven Kawczak, MA

Cleveland Clinic Center for Continuing Education, 216/444-2572, kawczas@ccf.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Anne Grothe

Cleveland Clinic Center for Continuing Education, 216/444-8981, grothea@ccf.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Identify common pitfalls and compliance hurdles trainers/coordinators face.
2. Discuss pros and cons of training methods to address the educational needs.
3. Describe how CME planner can be empowered through professional development.

METHODS: In this workshop we will share a large CME provider's experience utilizing various training methods for CME planners. Selection of key content areas to address gaps in performance of implementing CME will be elucidated. Participants will be encouraged to interact and to share their own experiences.

KEY POINTS: Competent CME planners are integral to the success of educational activities. CME planners need to understand not only processes themselves but the compliance rationale behind those processes. Professional development geared toward CME planners is empowering and ultimately improves educational activities by improving adherence to guidelines.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M1, Plenary

TIME/DAY/LOCATION: 8:30 – 9:30 am, Monday, 1/23/12, Mediterranean 1-8/Lobby

TITLE: Teaching Inter-professional Collaboration in Health (Invited Abstract)

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

PRINCIPAL PRESENTER: Lesley Bainbridge, BSR (PT), MEd, PhD
University of British Columbia, 250/479-8768, lesleyb@mail.ubc.ca

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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

1. Describe the collaborative practice goals of inter-professional education using the Canadian and US competency documents.
2. Identify professional development challenges, and discuss examples related to professional development aimed at teaching collaborative practice.
3. Create professional development activities for teaching collaboration in the classroom and the practice setting.

METHODS: Participants will engage in a short ARS quiz on aspects of collaborative practice and teaching which will be followed by a short presentation providing the background and context for inter-professional collaboration. There will also be time for discussion related to challenges and barriers and then, in dyads or triads, attendees will actively engage in creating activities/strategies using a template to frame the ideas. The ideas will be collected following the session. Take home messages will be summarized as part of the wrap up of the session.

KEY POINTS:

- Inter-professional collaboration reduces harm to patients, enhances recruitment and retention of health care professionals, and improves health outcomes.
- Collaboration is complex.
- Collaboration can be taught.
- Explicit strategies for teaching and learning inter-professional collaboration can help to positively change organizational culture.

RECOMMENDED READING:

- US competency document
- CIHC Framework for Inter-professional Collaboration
- WHO Framework for Inter-professional Education.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M2, Intensive

**TIME/DAY/LOCATION: 10:00 am – 12:15 pm, Monday, 1/23/12,
Marbella 1-2/Lower**

TITLE: CME's Role in ABMS Maintenance of Certification

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

PRINCIPAL PRESENTER: Nancy Davis, PhD

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

DISCLOSURE: Does have for sale a program, product and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Mellie Pouwels, MA

American Board of Medical Specialties, 312/436-2677, mpouwels@abms.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Suzanne Ziemnik, MEd

American Society for Clinical Pathology, 312/541-4744, suzanne.ziemnik@ascp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-Beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Define ABMS Maintenance of Certification (MOC) Part II: Lifelong Learning and Self-Assessment and Part IV: Practice Performance Assessment and Improvement.
2. Describe Performance Improvement CME as defined by AMA PRA, AAFP and AOA CME credit systems.
3. Describe four existing measurement models for MOC Part IV: chart review; Peer Review; Registries; and Organizational Recognition.
4. Align MOC Part IV formats appropriately for practice setting and performance goals.
5. Present examples of activities in each model.

METHODS: In the first half of this session, presenters will introduce criteria for ABMS Maintenance of Certification with a focus on Parts II and IV including rationale for MOC, core competencies, current status of board certification in the US and future directions of the ABMS. PI CME as defined by the AMA PRA, AAFP and AOA CME credit systems will be described including the three stages, awarding of CME credit and resources needed to develop and deliver PI CME. The role of CME in MOC Parts II and IV will be described and examples of best practices provided.

In the second half of this session, presenters will introduce four practice-specific models for MOC Part IV including chart review, peer review, organizational recognition of quality improvement, and use of registries for data collection and analysis. Participants will have opportunity to explore appropriate formats for their specific needs based on board certified physicians' practice types, performance goals and resource capabilities.

A template will be provided to assist participants in developing their own PI CME/MOC Part IV activities.

KEY POINTS: MOC Part IV and PI CME have the same basic construct. It's important for CME professionals to move to performance-based CME in support of MOC. There are four models of MOC Part IV and board certified. Physicians should participate in appropriate formats to address their practice gaps.

RECOMMENDED READING: Certification and MOC: What the Research Shows, www.abim.org/pdf/publications/certification-MOC-what-the-research-shows.pdf

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M3, Intensive

TIME/DAY/LOCATION: 10:00 am – 12:15 pm, Monday, 1/23/12, Segura 5/Lower

TITLE: International Standards in Medical Education: Opportunities for CME Providers

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

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

PRINCIPAL PRESENTER: Robert Galbraith, MD (GAME President 2011-2013)

National Board of Medical Examiners, 215/590-9834, rgalbraith@nbme.org

DISCLOSURE: Does not have for sale a technology, product and/or service to CME/CE/CPD professionals.

CO-PRESENTER: George Mejicano, MD (Alliance President 2011-2012)

University of Wisconsin Office of Continuing Professional Development, 608/240-2204, mejicano@wisc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this presentation, participants should be able to

- define international standards of medical education;
- describe different approaches to disseminate CME worldwide;
- discuss global content development with localization for dissemination;
- know where to find resources for GAME and Alliance for CME members on global CME planning and implementation

METHODS: Didactic presentation with group discussion

KEY POINTS: The exponential growth of knowledge and globalization of CME standards, as well as emerging technologies and increasing reliance on performance and quality improvement metrics are some of the factors influencing the CME environment worldwide. What global strategies can be implemented in order to close the gap between what we know and what we do, and to disseminate best practices for improved patient care? The presenters will also examine opportunities and resources for CME stakeholders interested in global CME.

RECOMMENDED READING: CME Systems at www.game-cme.org; World Federation for Medical Education (WFME) at www.wfme.org.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M4, Mini-plenary

**TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/23/12,
Mediterranean 1-8/Lobby**

TITLE: Hot Topics in CME/CE/CPD – Risk Evaluation and Mitigation Strategies (REMS): Developing REMS in Alignment with the Standards for Commercial Support (SCS) **(Invited Abstract)**

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

PRINCIPAL PRESENTER: Murray Kopelow, MD, MS (Comm), FRCPC
Accreditation Council for Continuing Medical Education, 312/527-9200, mkopelow@accme.org

Disclosure: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

CO-PRESENTER: Walter Fox, MS, CCMEP
Ortho-McNeil Janssen Scientific Affairs, LLC, 908/218-7201, wfox@its.jnj.com

Disclosure: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

CO-PRESENTER: Theresa Toigo, RPh, MBA
FDA Center for Drug Evaluation and Research, 301/736-8473, theresa.toigo@fda.hhs.gov

Disclosure: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

TARGET AUDIENCE: Non-beginner

MEMBER SECTIONS: All

OBJECTIVES: As a result of this presentation, participants should be able to

1. Describe the history, purpose and requirements for REMS education including an evaluation of its impact on intended audiences
2. Identify the methods for developing and conducting REMS in alignment with the SCS
3. Consider the opportunities and threats associated with using accredited CME to deliver REMS education

METHODS: Multidisciplinary expert panel will present background information about previous REMS education activities and discuss opportunities/threats for utilizing accredited CME in future efforts; panel presentation to be followed by discussion with all participants.

KEY POINTS: CME providers have an opportunity to play a role in an important patient safety initiative by designing, delivering and evaluating CME learning activities focused on REMS. This session will review the REMS training experience to date, explain the approach that can be followed to design REMS education in compliance with the SCS and explore the opportunities/ threats associated with using accredited CME as a means for offering REMS information.

RECOMMENDED READING:

1. Approved Risk Evaluation and Mitigation Strategies (REMS), www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111350.htm.
2. Opioid Drugs and Risk Evaluation and Mitigation Strategies (REMS), www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm163647.htm.
3. Risk Evaluation and Mitigation Strategies (REMS) and Opioid Analgesics Webinar, www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm163655.htm.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M5, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/23/12, Segura 3-4/Lower

TITLE: Needs Assessment Strategy and Performance Improvement Education: A Commercial Supporter Perspective

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

PRINCIPAL PRESENTER: Robert Kristofco, MSW

Pfizer Medical Education Group, 205/249-7317, robert.kristofco@pfizer.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Laura Bartolomeo, MBA

Pfizer Medical Education Group, 212/733-1232, laura.bartolomeo@pfizer.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

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

1. Describe the characteristics of needs assessment important to planning CME designed to improve practitioner competence
2. Identify the types of individual and organizational data that best inform program planning and
3. Discuss the importance of using these data to inform educational content and format development decisions.

METHODS: Participants will review and discuss the importance of individual and organizational needs assessment in developing competency focused CME. After a brief review of basic needs assessment tenets, participants will be asked to select the most appropriate approaches to identifying learning needs from among a variety of examples from actual (blinded) medical education grant requests. Needs assessment data from several successful requests will be described and discussed in detail.

KEY POINTS: A central factor in employing education to achieve optimal individual and organizational performance improvement is effective and meaningful assessment of practitioner learning needs. This workshop provides a forum for exchange with peers about the importance of good needs assessment in adult learning and the appropriateness, completeness, and overall value that various forms of educational needs data lend to the quality of their educational program proposals.

RECOMMENDED READING:

1. Moore DE Jr, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. *J Contin Educ Health Prof.* 2009 Winter;29(1):1.
2. Miller BM, Moore DE, Stead WW, Balsler JR. Beyond Flexner: a new model for continuous learning in the health professions. *Acad Med.* 2010 Feb;85(2):266-72.
3. Campbell C, Gondocz T. Identifying the needs of the individual learner In *The Continuing Professional Development of Physicians: From Research to Practice* Davis D, Barnes BE, Fox R, Eds 2003 AMA Press pp 81-96
4. Green J, Leist J, Determining needs from the perspective of institutions or organizations providing care in *The Continuing Professional Development of Physicians: From Research to Practice* Davis D, Barnes BE, Fox R, Ed's 2003 AMA Press pp 97-111.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M6, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/23/12, Palazzo D/Lobby

TITLE: The CME Landscape in MOC vs. MOL: What the Scope of Practice Looks Like for Today's Physician

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

PRINCIPAL PRESENTER: Chitra Subramaniam, PhD

Duke University School of Medicine, 919/401-1205, chitra.subramaniam@duke.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Karen Thomas, MEd, CCMEP

Institute for Continuing Healthcare Education, 215/446-8088, kthomas@iche.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Sherry Layton, MA

Duke University School of Medicine, 919/401-1217, sherry.layton@duke.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Describe how the CME landscape is changing from physician attestation of competency to lifelong learning & continuous quality improvement that changes patient care & physician practice; (2) Assess how the changes in competency, licensing & credentialing are impacting how physicians learn; (3) Evaluate how adult learning principles impact physician learning related to the MOC & MOL requirements; and (4) Develop educational activities that consider the horizontal hierarchy of learners in preparation for MOC & MOL requirements and maintenance.

METHODS: Experienced CME professionals will facilitate interactive exercises and group discussions through the use of ARS, educational games and case study formats.

KEY POINTS: CME has changed drastically in terms of its value and use for fulfilling the basic requirements of continuing medical education, MOC, and MOL. The changing scope of practice for physicians and the new standard of care for patients are impacting the population at great rates. It is important for a CME professional to not only understand the MOC and MOL requirements but also be able to apply such knowledge to design appropriate education that meets the needs.

RECOMMENDED READING:

1. Federation of State Medical Boards Special Committee on Maintenance of Licensure Draft Report—REPORT 16 OF THE COUNCIL ON MEDICAL EDUCATION (A-09).
2. Maintenance of Certification/Maintenance of Licensure (Reference Committee C).

FINANCIAL OR IN-KIND SUPPORT: Audience response technology provided by Duke University.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M7, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/23/12, Cordova 2/Lower

TITLE: The Year in JCEHP 2012

COMPETENCY: 1.4 - Remain current on the CME/CE/CPD literature.

PRINCIPAL PRESENTER: Curtis Olson, PhD
University of Wisconsin-Madison, 608/240-6005, caolson2@wisc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Describe three ways the CME research can be used to enhance CME/CPD policy and practice.
2. Name at least one research article published in JCEHP in the previous year that is relevant to their CME/CPD practice.
3. Discuss how the contents of the article identified in #2 can be applied to practice.
4. Describe how Alliance members can obtain free, full text versions of articles from past issues of JCEHP.

METHODS: A group discussion of practical problems and challenges faced by the participants in their work as CME/CPD professionals; a presentation by JCEHP's editor providing an overview of the preceding year in JCEHP (eg, topics covered, emerging issues and trends) and highlighting selected studies addressing questions and problems of interest to CME/CPD practitioners; discussion of how audience members can, on their own, locate and apply relevant research published in JCEHP to their daily work.

KEY POINTS: There are many different ways that CME research can be used to enhance CME/CPD practice. Doing a focused search for articles that address a specific question, and browsing the journal serve different and complementary functions.

RECOMMENDED READING: Any recent issue of JCEHP

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M8, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/23/12, Palazzo B/Lobby

TITLE: Online vs. Mobile Patterns of Engagement in CME Activities and the Impact on Outcomes

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

PRINCIPAL PRESENTER: Steven Haimowitz, MD
RealCME Inc., 646/380-8482, sh@realcme.com

DISCLOSURE: Does have for sale a technology for CME/CE/CPD professionals.

CO-PRESENTER: Sheryl Lowenhar
Epocrates Inc., 480/699-1468, slowenhar@epocrates.com

DISCLOSURE: Does have for sale a technology for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) discuss the advantages and challenges inherent to both online and mobile CME delivery; (2) discuss appropriate measures that demonstrate the effectiveness of different formats and technologies in educating health care providers, and (3) apply outcomes from activities delivered through these channels to ongoing needs assessments and educational planning utilizing both delivery channels.

METHODS: This panel will use a combination of didactics, group discussion, and the presentation of actual data from CME curricula that illustrates the similarities and contrasts between online and mobile patterns of engagement, with associated outcomes.

KEY POINTS: This presentation will describe the similarities and differences between online and mobile delivery channel patterns of engagement in CME activities. Several different CME formats delivered through each channel will be examined, and their impact on Moore's level one-to-five outcomes will be assessed.

RECOMMENDED READING: Mazmanian, P.E., Davis, D.A. Galbraith, R.A.; Continuing Medical Education Effect on Clinical Outcomes; Chest 2009;135; 49S-55S.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M9, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/23/12, Segura 1-2/Lower

TITLE: The Anatomy and Physiology of a CME Article: Teaching an Old Dog New Tricks

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

PRINCIPAL PRESENTER: Karen Overstreet, EdD
Medscape Education, 347/446-9835, koverstreet@webmd.net

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: After participating in this session, CME professionals should be better able to:

- Assess physicians' roles and responsibilities as authors of articles certified for CME credit
- Implement faculty development strategies and coach physicians to design content that facilitates learners' practice improvement

METHODS: This session will include a short didactic presentation and group discussion. Participants will receive a handout including tools that physicians can use to design more educationally effective content. Individuals and groups will practice using these tools.

KEY POINTS: Journal-based CME continues to play an important role in educating physicians and remains a valued source of continuing education for them. Many physicians are skilled at reading and writing journal articles, which typically are data rich but fail to focus on application of the data to practice. CME articles should be designed differently from traditional research-based articles that emphasize statistical significance or simply a "parade of P values." CME articles should be based on principles of problem-based learning and promote application to practice to be educationally effective, as well as to comply with the requirements for credit. Physician-authors and providers can collaborate to improve the "anatomy" (form) of CME articles to enhance their "physiology" (function).

RECOMMENDED READING: Overstreet and Salcido. The Anatomy and Physiology of a CME Article: A Resource Guide for Enhancing Continuing Education. *Advances in Skin and Wound Care*. 2011. Accepted for publication.

FINANCIAL OR IN-KIND SUPPORT: No commercial support. In-kind support (handout) received from Lippincott Williams & Wilkins.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M10, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/23/12, Palazzo E/Lobby

TITLE: Team-Based and Collaborative Learning Techniques and Strategies

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

PRINCIPAL PRESENTER: Debra Gist, MPH

American Academy of Dermatology, 847/240-1697, dgist@aad.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Brooke Taylor, MPH

William Beaumont Hospital, 248 /551-0908, brooke.taylor@beaumont.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be able to: (1) Describe the building blocks of team-based and collaborative learning; (2) Delineate strategies for successful team-based and collaborative learning; (3) Discuss the role of “social foundation” in team-based and collaborative learning, and (4) Identify collaborative learning techniques for discussion, reciprocal teaching, and problem solving.

METHODS: A didactic presentation will address the above delineated learning objectives and present examples of collaborative learning techniques. Participants will apply learning by designing a team-based, collaborative learning activity from one of three case scenarios.

KEY POINTS: (1) The careful introduction of team-based, collaborative learning is important as it is often seen as an “alien” method of learning. (2) There will be resistance to team-based, collaborative learning but appropriate planning and introduction can minimize said resistance. (3) Team-based, collaborative learning can assist learners in developing a sophisticated level of communication which will serve them well when working as part of a health care team.

RECOMMENDED READING:

1. Team-Based Learning: Small-Group Learning’s Next Big Step (Jossey-Bass, 2008) , Editors: LK Michaelson, M Sweet, DX Parmelee.
2. Collaborative Learning Techniques (Jossey-Bass, 2005), EF Barkley, KP Cross, CH Major.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M11, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/23/12, Del Lago 1-2/Lower

TITLE: Simulated Diabetes Training for Providers Improves Patient Care: A Randomized Controlled Trial

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

PRINCIPAL PRESENTER: JoAnn Sperl-Hillen, MD
HealthPartners Research Foundation, 952/967-5009, joann.m.sperlhillen@healthpartners.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Debra Curran, MA, RN
HealthPartners Institute for Medical Education, 952/883-6221, debra.m.curran@healthpartners.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Andrew Rudge, BS
HealthPartners Research Foundation, 952/967-7437, andrew.j.rudge@healthpartners.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: (1) Describe the background and evidence to support simulation as a teaching method (2) Describe how the model for simulated diabetes training for providers is programmed (3) Describe the different methods of learning that are incorporated into the simulated learning prog (4) Explain the results of randomized controlled trials assessing patient outcomes of providers who participated in the simulated diabetes training

METHODS: A didactic presentation will review the background for simulation learning, including previously studied interventions in the medical and nonmedical industries. The benefits and drivers of simulated learning programs will be discussed. The outcomes of a randomized controlled trial using simulated diabetes training will be described. An ongoing NIDDK funded translational study using the program in primary care residency programs across the country will also be described. The model behind the simulation program and the programming specifications will be explained. We will conduct an interactive demonstration of the learning program (allow the audience to run through a simulated learning case) as a means to talk about the learning theory incorporated in the program. Finally, potential applications for the use of simulated learning programs will be discussed (such as for teaching clinical management, profiling providers to identify learning needs, and performance assessments).

KEY POINTS: (1) Simulation learning is desirable for many reasons. (2) A diabetes simulated learning program has been demonstrated to improve outcomes in actual patients. (3) The simulation program could have aspects in both training and assessment of clinical care practices.

RECOMMENDED READING: (1) Sperl-Hillen JM, O'Connor PJ, Rush WA, Johnson PE, Gilmer T, Biltz G, Asche SE, Ekstrom HE. Simulated physician learning program improves glucose control in adults with diabetes. *Diabetes Care*. 2010;33(8):1727-1733. (2) Norman G. The American College of Chest Physicians evidence-based educational guidelines for continuing medical education interventions: a critical review of evidence-based educational guidelines. *Chest*. 2009;135(3):834-837.

FINANCIAL OR IN-KIND SUPPORT: The simulated diabetes training program for providers has been developed through a series of NIH funded research grants, including: (1) Physician Intervention to Improve Diabetes Care (SimCare) (R01 HS 10639). (2) Reducing Clinical Inertia in Diabetes Care (1R01DK068314). (3) Personalized Physician Learning Intervention to Improve Hypertension Control (1R01HL089451-01A1). (4) Simulated Diabetes Training for Resident Physicians (1R18DK079861).

EDUCATIONAL FORMAT: M12, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/23/12, Palazzo H/Lobby

TITLE: A Case Example to Demonstrate the Use of Metric-Based Quality Improvement CME

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

PRINCIPAL PRESENTER: Sharon Peng, MD

Kaiser Permanente-Panorama City, 818/375-3685, sharon.c.peng@kp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Mei ling Schwartz, MPH

Kaiser Permanente-Panorama City, 818/375-3808, mei.ling.schwartz@kp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Select datasets that can be used to guide practice improvement
2. State the various learning modalities that can be used to apply in performance improvement CME
3. Identify an example of QI CME metric that can be used in own setting

METHODS: Case review and discussion

KEY POINTS: In this session, we will be leading participants through a metric-based QI CME case study to illustrate how we helped physicians to assess their own practice, implement and measure a practice change intervention with their own patients, and evaluate the results of that change. We will be discussing effective use of various learning formats that are applicable to implementing performance based CME activities.

RECOMMENDED READING:

1. Davis, Nancy, Transitioning to a Performance-Based Continuing Professional Development.
2. Moore, Donald, Achieving Desired Results and Improved Outcomes: Integrating Planning and Assessment Throughout Learning Activities.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M13, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/23/12, Del Lago 3-4/Lower

TITLE: Successes and Challenges of Developing an Interdisciplinary MOC-recognized Breast Feeding PI-CME

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

PRINCIPAL PRESENTER: Stephanie Bedasse, BSc

HIT Global Consulting Services Inc., 514/932-3232, stephanie.bedasse@hit-global.com

DISCLOSURE: Does have for sale a technology, product and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Sara Boussekri, MSc

HIT Global Consulting Services Inc., 514/932-3232, sara.boussekri@hit-global.com

DISCLOSURE: Does have for sale a technology, product and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Tamara Eberly, PhD

University of Virginia School of Medicine, 434/924-1657, teberly@virginia.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this presentation, participants should be able to

1. Compare Maintenance of Certification (MOC) requirements for various medical specialty boards;
2. Design performance improvement (PI) CME programs that meet needs of multiple disciplines;
3. Select relevant metrics and data sources for interdisciplinary PI-CME.

METHODS: Didactic presentation followed by group discussion on success and challenges of seeking multi-disciplinary MOC recognition.

KEY POINTS: The 4i-Breastfeeding Promotion and Support program was a performance improvement CME designed for family physicians, pediatricians, obstetricians/gynecologists, and other healthcare professionals involved in the advocacy of breast feeding. Through a discussion of our experiences developing this program, we will be able to highlight strategies to consider when developing interdisciplinary PI-CME including harmonizing MOC requirements, finding standardized data sources relevant to multiple audiences, and engaging interdisciplinary interactions within the PI-CME program.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M14, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/23/12, Palazzo G/Lobby

TITLE: Transforming Medical Specialty Society Education to Align with a Competency-based Curriculum: ACC's Journey - Year 1

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

PRINCIPAL PRESENTER: Joseph Green, PhD
Professional Resource Network, Inc., 202/557-4670, prn.jgreen@mindspring.com

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

CO-PRESENTER: Mary Ellen Beliveau
American College of Cardiology, 202/375-6692, mbeliveau@acc.org

DISCLOSURE: Does have for sale a technology, program, and/or product for CME/CE/CPD professionals.

CO-PRESENTER: Laura Lee Hall, PhD
American College of Physicians, 202/261-4559, laurah@acponline.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

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

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Review the vision and the process adopted for moving to a competency-based curriculum, data sources, new team-based efforts and internal structural and cultural changes to create new capacity, new accountability, new skills, and new workflow.
2. Discuss the challenges and successes of the effort so far, and iterative changes to better align the entire process for ultimate success.
3. Outline the next steps in the multi-year effort, including costs and other resources.

METHODS: Presenters will guide participants through the American College of Cardiology's first-year experience transforming its overall educational vision by implementing a competency-based curriculum across all of its educational activities. A combination of presentation, interactive discussion and metrics will be used to demonstrate the initial impact of the multi-year effort.

KEY POINTS: ACC has 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 is to build and maintain a curriculum system that is fluid and adaptive, based on sets of clinical/non-clinical learning pathway competencies that are constantly informed by environmental, registry and regulatory data, quality and science, gap analysis via backwards planning, educational research, and performance outcomes assessments, evaluations, and reports — all towards higher value education leading to improved patient care.

RECOMMENDED READING: 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.

EDUCATIONAL FORMAT: M15, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/23/12, Palazzo A/Lobby

TITLE: Are There any Outcomes in the House? Building New Skills for Providers and the Patient-centered Medical Home

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

PRINCIPAL PRESENTER: Steve Casebeer, MBA

Impact Education, LLC, 215/619-8812, steve.casebeer@impactedu.net

DISCLOSURE: Does have for sale a program for CME/CE/CPD professionals.

CO-PRESENTER: Michael Lemon, MBA, FACME, CCMEP

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

DISCLOSURE: Does have for sale a product for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Assess the value of level 4 and 5 practice and administrative outcomes results related to key strategies within a Patient-Centered Medical Home; (2) Define the key characteristics of health care providers functioning in a Patient-Centered Medical Home setting; (3) Differentiate the learning needs of medical home providers versus traditional health care professionals; and (4) Explain the importance of educating medical home providers to improve overall population health.

METHODS: Experienced CME professionals will utilize didactic presentations, case study examples and facilitate interactive discussion

KEY POINTS: An emerging model for improving health care value is the Patient-Centered Medical Home (PCMH). The PCMH is based on principles developed by four primary care professional societies: AAFP, AAP, ACP, and AOA. Providers within a PCMH setting need new skills to assist with identifying the right patients, coordinating the right care, and monitoring the right follow up, in order to ensure successful short and long term health outcomes for their patients. This session will examine innovative continuing education interventions and share the results from an outcomes study that assessed level 4 and 5 outcomes relating to key strategies within a PCMH and the associated implications related to application of the education within clinical practice and administrative settings.

RECOMMENDED READING: PCMH - Evidence of Quality: Outcomes of Implementing Patient-Centered Medical Home Interventions: A Review of the Evidence from Prospective Evaluation Studies in the United States. Available at: <http://pcpcc.net/resources>.

FINANCIAL OR IN-KIND SUPPORT: Funding for the example intervention and outcomes study was provided by an educational grant from Takeda Pharmaceuticals North America, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M16, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/23/12, Palazzo F/Lobby

TITLE: Joint Sponsorship: From Blank Files to Stand-out Activities

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

PRINCIPAL PRESENTER: Jacob Coverstone

American Academy of Ophthalmology, 415/561-8536, jcoverstone@aao.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this activity, participants will be able to:

- Evaluate their own joint sponsorship activities
- Construct new plans to deal with pressing challenges

METHODS: Joint sponsorship is not an easy, or brief, matter to discuss. Challenges vary greatly amongst organizations. To focus the lecture to the needs of the audience, attendees will be polled on which areas of JS are causing the most conflict. Potential topics include: sourcing gaps, drafting needs assessments, writing objectives, evaluations, budgets, grant submissions, and working with SMEs. Q&A will be highly encouraged.

KEY POINTS: Jointly sponsored activities expose the weaknesses within an organization's CME program. You are essentially creating a separate program, but one step removed from your control. Where do your weaknesses reside?

This is the story of an organization that went from blank files, literally no planning and involvement, to relying upon jointly sponsored activities as examples of 'what can be achieved'.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M17, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/23/12, Amarante 2-3/Lower

TITLE: Collaborating with Advocacy Groups to Improve Physician Performance and Patient Care

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

PRINCIPAL PRESENTER: Bob Meinzer, BS

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

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Theresa Barrett, MS, CMP, CAE

New Jersey Academy of Family Physicians, 610/864-3979, Theresa@njafp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Ray Saputelli, MBA, CAE

New Jersey Academy of Family Physicians, 609/394-1711, ray@njafp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: (1) Identify the role that advocacy groups can play in CME; (2) Describe a model for Performance Improvement CME; (3) Explain the process of obtaining Maintenance of Certification part, and (4) approval from the American Board of Family Medicine.

METHODS: Case presentations will cover the collaboration between a specialty society and advocacy groups that resulted in: (1) Improved patient and care giver resources; (2) A PI/ CME module on colorectal screening accepted for MOC; and (3) Non-Pharma funded CME targeted at improving opioid prescribing for cancer patients. Audience participation will be encouraged.

KEY POINTS: (1) In the patient-centered care model, physicians have identified a lack of resources as a gap in enabling the patient to take a more active role in their own care. Advocacy groups can provide many of these resources. (2) It is difficult to enlist busy physicians in PI/CME unless MOC has been approved. Partnering with organizations, outside of Pharma, can make this happen. (3) Advocacy groups often can provide targeted needs assessment and collaborate on CME interventions.

RECOMMENDED READING: www.ipmameded.org/needs-assessment/just-what-the-doctor-ordered

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M18, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/23/12, Palazzo C/Lobby

TITLE: Creating an Internal CME Audit Process: Practical Tools and Processes to Mitigate Risk

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

PRINCIPAL PRESENTER: Susan Brown Zahn, PhD

American Orthopaedic Society for Sports Medicine (AOSSM), 847/292-4900, susan@aossm.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Jacqueline Parochka, EdD

Excellence in Continuing Education, Ltd, 847/680-6419, jacquelineparochka@comcast.net

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

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

1. Describe the components of an internal CME audit process;
2. Gain the potential to develop an audit process appropriate to their own organization;
3. Evaluate comprehensiveness and questions posed of a sample Quality Assurance Audit Report Form; and
4. Create and review the performance of a CME Audit and Compliance Committee.

METHODS: Learners will review principles related to creating and evaluating the performance of an internal CME audit and compliance committee. A structured lecture on the process of conducting an internal CME auditing process using sample tools. Learners will evaluate sample Quality Assurance Audit Report Forms and recommend changes based on their experiential background. Learners will review cases based on examining post-activity evaluation data and audit report findings.

KEY POINTS: Creating and reviewing the performance of an internal audit and compliance committee can be accomplished by following basic managerial principles. Sample audit forms will be shared and discussed. Learner leaving the session can continue the process of form development based on ACCME policies. Cases will be reviewed to illustrate the cohesiveness or lack thereof between post-activity evaluation data and audit report summary findings.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M19, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Monday, 1/23/12, Cordova 5-6/Lower

TITLE: CPD Professionals' Learning and Change: A Discussion of Assessment Strategies and Outcomes

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

PRINCIPAL PRESENTER: Mary Martin Lowe, PhD
Alliance for CME, 312/576-6080, mlope@acme-assn.org

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Describe the various assessment strategies used to assess CPD Professionals' Learning and Change.
2. Discuss how the Alliance uses assessment data to evaluate the effectiveness of learning opportunities.
3. Develop steps to create a new assessment and evaluation plan for an upcoming activity.

METHODS: The session is designed to help CME/CPD professionals learn more about data collection and analysis strategies through an examination of current practices in the field. The Alliance's assessment strategies and data will be used as examples to illustrate key points and generate ideas for discussion. Examining data and information from the Alliance can help learners to develop new assessment strategies for their own future activities as well as explore how CME/CPD professionals learn and change. An interactive exercise will be used to help participants identify and discuss both formative and summative assessment strategies.

KEY POINTS: CME/CPD professionals have continued to express a need for learning about assessment and evaluation. Assessing the impact of CME/CPD activities is one part of a larger evaluation process that organizations use to examine the effectiveness of learning offerings as well as an entire CME/CPD program. Therefore, it is important for CME/CPD professionals to have the knowledge and skills to develop both assessment and evaluation strategies for their overall programs. In the session, participants can not only identify new or different approaches to assessment and evaluation, but also gain insight into CPD professionals as learners.

RECOMMENDED READING: 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.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M20, Mini-plenary

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/23/12,
Mediterranean 1-8/Lobby**

TITLE: The Role of Theory in Practice: Implications for Continuing Professional Development, Performance Improvement, and Quality Assurance (Invited Abstract)

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

PRINCIPAL PRESENTER: Robert Fox, EdD
University of Oklahoma, 405/329-1291, drdfox@me.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After participating in this session learners will be able to:

- Identify and describe the structure of theory and how it relates to practice.
- Explain how theory is fundamental to the development of better practices.
- Effectively critique and improve the uses of theory as a platform for the improvement of practices and studies in continuing professional development and planned change.

METHODS: The lecture method will be used in this presentation along with questions and answers at the end. This will focus on a formal outline of structure of theory, a review of the ways that theory affects practice, and a critique of the current ways that theory plays a role in the field of study. Finally, the presentation will review better ways of incorporating theory into both research and practice.

KEY POINTS: Key points will be based around the following questions:

1. What is the appropriate structure of theory and what is its place in research?
2. How does research and theory affect both experimentation and creativity in CPD practice?
3. The Institute of Medicine has reported in its recent study, that continuing professional education rests on a broken foundation of science. What does this mean?
4. In what ways can practice and research affects theory?

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M21, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/23/12, Palazzo D/Lobby

TITLE: Process for Improvement after a Progress Report or Probation from ACCME Accreditation Survey (Invited Abstract)

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

PRINCIPAL PRESENTER: Pam McFadden

University of North Texas HSC, 817/735-2581, Pam.McFadden@unthsc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Dion Richetti, DC, CCMEP

Accreditation Council for Continuing Medical Education (ACCME), 312/527-9200, drichetti@accme.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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

1. Describe processes and methods to improve non-compliant accreditation practices.
2. Identify the most effective documentation to demonstrate improvement and compliance.
3. Discuss methods of gaining compliance from stakeholders.
4. Measure the effectiveness of their improvements in demonstrating compliance.

METHODS: Presentation and case-study discussion.

KEY POINTS: Even good CME providers can experience a lapse in some area of compliance and receive a progress report requirement or other non-compliance finding. This session will review cases of real providers who have had such issues. Emphasis will be on the process of improvement and documentation to demonstrate improvement and compliance.

RECOMMENDED READING: ACCME in line FAQ's, ACCME [Guide to the Process for ACCME Reaccreditation: An Overview and Submission Requirements](#) and ACCME Accreditation Toolkit.

PARTICIPANT NOTE SPACE:

MONDAY

EDUCATIONAL FORMAT: M22, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/23/12, Cordova 2/Lower

TITLE: Motivating Clinicians to Complete PI CME: What Does the Literature Say?

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

PRINCIPAL PRESENTER: Lara Zisblatt, MA

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

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: (1) Discuss motivations for participating in professional development and quality improvement; (2) Describe the difference between extrinsic (carrot and stick) and intrinsic motivations, and (3) Apply motivation theory to designing a PI CME activity.

METHODS: Didactic lecture and small group discussion

KEY POINTS: Research on motivation has puzzled over what teachers and employers can do to motivate students and workers to learn and improve practice. PI CME straddles two literatures when considering motivation. The literature that focuses on education discusses why learners are motivated to learn and may touch on their motivation to implement what they learn in practice. On the other hand, literature that focuses on improving practice discusses why employees are motivated to improve and may touch on their motivation to participate in programs designed to help them improve. Since PI CME is both education and practice improvement, a review of both literatures can help inform our practice of designing PI CME initiatives.

RECOMMENDED READING:

1. D'Aunno, TA et al. Motivating People. In Health Care management: Organization Design and Behavior, edited by SM Shortell and AD Kaluzny. Albany NY: Delmar, 2000.
2. Herzberg F. One more time: How do you motivate employees? Harvard Business Review. 1987; 65: 109-120.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M23, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/23/12, Palazzo C/Lobby

TITLE: Handouts Your Learners Will Want to Take Home

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

PRINCIPAL PRESENTER: Beverly Wood, MD
American Academy of Pediatrics, 818/952-2876, bwood@usc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Dixie Fisher, PhD
University of Southern California Keck School of Medicine, 714/960-5869, dfisher@usc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: Learners will be able to:

1. Develop highly informative handouts to accompany a presentation.
2. Design brief handouts
3. Produce useful handouts
4. Accompany a presentation with meaningful handouts.

METHODS:

1. Illustrative mini lectures demonstrating and explaining the rationale behind helpful handouts.
2. Critique a variety of formats of handouts in groups.
3. Develop and discuss a handout format to complement the kinds of learning at their educational activities.

KEY POINTS:

1. The most useful handouts focus on key points of a presentation.
2. Handouts can supplant the need to take notes
3. Well developed handouts are informative and transmit the major content of a presentation.
4. Handouts provide a summary of the learning content presented to learners, contribute to application in practice, and indicate supportive references.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M24, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/23/12, Palazzo E/Lobby

TITLE: The Lynch-Pin between Educational Need and Outcome: Trends in Provider Performance

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

PRINCIPAL PRESENTER: Susan Connelly, PharmD, MBA
Pfizer, 484/865-9885, susan.connelly@pfizer.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

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

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this Breakout session, learners will be able to: (1) compare educational designs with estimated costs submitted by providers, and (2) describe the correlation between described need, educational design, and outcomes techniques.

METHODS: Grant submission data will be used to identify and illustrate trends in methodologies across provider types. Correlations will be drawn between needs assessment, outcomes assessment, and overall cost.

KEY POINTS: Commercial supporters, by virtue of reviewing the ins and outs of many educational initiatives, are exposed to a myriad of learning formats. From this position, they are able to identify those that are strongly and weakly linked to the educational need. A common myth held by several providers is that effective, impactful learning formats are often costly. We will present a number of approaches across provider types, endorsed through data, to dispel this myth. Learners will contribute to this session by describing methods used in their own organizations.

RECOMMENDED READING:

1. Davis D, Barnes BE, Fox R. The Continuing Professional Development of Physicians: From Research to Practice. Chicago, IL: American Medical Association Press; 2003.
2. Davis D, Galbraith R; American College of Chest Physicians Health and Science Policy Committee. Continuing medical education effect on practice performance: effectiveness of continuing medical education: American College of Chest Physicians Evidence-Based Educational Guidelines. Chest. 2009;135(3 Suppl):42S-48S.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M25, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/23/12, Palazzo A/Lobby

TITLE: Incorporating Digital Social Learning into Physician Learning

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

PRINCIPAL PRESENTER: Joseph Kim, MD

Medical Communications Media, Inc., 267/364-0556, ext. 141, jkim@medcommedia.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Steven Jay Feld, MSW

Albert Einstein College of Medicine-Montefiore Medical Center, 718/ 920-6674, ext. 232, sfeld@montefiore.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Ray Saputelli, MBA, CAE

New Jersey Academy of Family Physicians, 609/394-1711, ray@njafp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Describe how digital social learning interactions among physicians may enhance the learning experience and educational outcomes.
2. Discuss physician attitudes regarding the use of social media in the setting of continuing educational.
3. Review some of the common challenges associated with incorporating social media into certified CME activities.
4. Explain how to incorporate social learning strategies into a CME initiative.

METHODS: Using a didactic presentation format, this Breakout will describe our experience using social media to engage primary care physicians in a certified CME initiative focused around medication adherence. We will also use small group discussions to engage the participants in illustrating how social learning may be incorporated into CME activities.

KEY POINTS: Physicians are accustomed to peer-to-peer interactions during their learning experience. The Internet currently offers a variety of ways that physicians may learn in a social environment, but the CME community lacks clarity around the best practices of digital social learning. This workshop will review a CME initiative that was built around a social learning strategy and we will share some insights that resulted from this experience.

FINANCIAL OR IN-KIND SUPPORT: The educational initiative was funded through an educational grant from Pfizer.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M26, Breakout

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/23/12,
Cordova 5-6/Lower**

TITLE: Creating Flexibility and Interactivity in Online CME

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

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

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) list 5 ways a medical special society or other CME provider can create online CME that maximizes flexibility for the self-directed learner; (2) list 5 types of interactivity a medical special society or other CME provider can add to their online CME offerings; and (3) recognize and describe the advantages and disadvantages of implementing any of these strategies.

METHODS: Use didactic lecture and Web-based demonstration to (1) present and show various online CME and e-learning courses and self-assessments, and (2) describe and demonstrate features that make those courses interactive and flexible. Audience participation will be a central part of the presentation.

KEY POINTS: The World Wide Web allows for a wide range of possibilities for CME providers looking to expand, enhance, and further support their CME offerings. The market for online CME is growing rapidly, as are the number of different types of courses and assessments available. But how can we go beyond the "PowerPoint on the Web" paradigm and offer true interactivity and flexibility to our self-directed online learners? CME providers can learn from what has worked and not worked when it comes to the AAP's offerings, and assimilate those ideas and lessons learned into their own products and activities.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M27, Breakout

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/23/12,
Segura 1-2/Lower**

TITLE: Caring for Patients with Limited English Proficiency: Competencies Needed in Working with Medical Interpreters

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

PRINCIPAL PRESENTER: Robert Like, MD, MS
UMDNJ-Robert Wood Johnson Medical School, 732/235-7662, like@umdnj.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants will be able to: (1) identify language access requirements related to the care of patients with limited English proficiency; (2) discuss what clinicians should learn about the “do’s and don’ts” of working collaboratively with medical interpreters; and (3) describe available training resources (print, multimedia, and web-based) for improving language access in health care settings that can be incorporated into CME/CPD programs.

METHODS: Educational strategies will include a mini-lecture, brief video clips, and interactive discussion about the knowledge, skills, and attitudes needed by clinicians to work effectively with on-site and remote medical interpreters. Lessons learned from previously offered CME programs will be shared, and audience participation encouraged.

KEY POINTS: (1) CME/CPD programs need to be developed that help physicians and other health care providers learn about federal, state, and local language access requirements relating to the care of patients with limited English proficiency. (2) Clinicians who collaborate with medical interpreters and make appropriate use of telephonic and video communication technologies will improve the quality and safety of care provided to their patients. (3) Developing cultural and linguistic competence will become increasingly important as hospitals, health care organizations, and managed care plans respond to new Joint Commission, NCCQA, and NQF standards in this area.

RECOMMENDED READING: Coren JS, Filipetto FA, Weiss LB. Eliminating barriers for patients with limited English proficiency. *J Am Osteopath Assoc* 2009; 109(12):634-640.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M28, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/23/12, Palazzo B/Lobby

TITLE: A Content Validation Process for Addressing a National Public Health Care Crisis

COMPETENCY: 2.11 - Assure content validation in any CME/CE/CPD educational intervention.

PRINCIPAL PRESENTER: Cynthia Kear, CCMEP

California Academy of Family Physicians, 415/586-6660, ckear@familydocs.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Penny Mills, MBA

American Society of Addiction Medicine, 301/656-3920, ext. 105, pmills@asam.org

DISCLOSURE: Does have for sale a program for CME/CE/CPD professionals.

CO-PRESENTER: JoEllen Wynne, MSN

American Academy of Nurse Practitioners, 512/442-4262, jwynne@aanp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Steve Biddle, MEd

American Pain Society, 847/375-4715, sbiddle@connect2amc.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Develop an understanding of the role and influence FDA and FDAA play in today's CME/CPD environment and enterprise.
2. Interpret changing paradigms for educational design and content validation processes as related to national health crises & TDE trans-disciplinary educational needs.
3. Assess & incorporate these paradigms into educational programs to improve outcomes for clinician learners & their patients.
Included tool: surveys, literature, facilitated group work, practice competencies, adult & clinician educational experts.

METHODS: Using a reactor panel representing key stakeholders, and a real case example, this interactive session will guide learners through steps taken for content validation for a national initiative directed toward all prescribers and dispensers. Schedules permitting, an Expert Adult Educator and an Expert Clinician Educator will join the panel.

KEY POINTS: REMS are increasingly common in today's education and practice environments and have potentially significant consequences for what clinicians must learn and how they must practice. Accredited providers must know how to best respond contingent upon the needs and capacity of their organizations. This case, based upon an educational solution to the long acting opioids crisis and subsequent REMS, demonstrates a thoughtful, comprehensive approach to ensuring appropriate and effective content by all stakeholders for their representative prescriber learners.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M29, Breakout

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/23/12,
Amarante 2-3/Lower**

TITLE: Addressing Professional Competency Requirements for Diverse Interdisciplinary Team Members in a Single Activity

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

PRINCIPAL PRESENTER: Brian Tyburski

Center of Excellence Media, LLC, 732/992-1023, brian@coexm.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Sean Walsh

Center of Excellence Media, LLC, 732/992-1022, sean@coexm.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Linda Ritter, PhD

Center of Excellence Media, LLC, 732/992-1885, linda@coexm.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Susan Berry

Center of Excellence Media, LLC, 732/992-1024, susan@coexm.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: (1) Develop activities that address professional competency requirements for diverse interdisciplinary team members; (2) Describe how activities that specifically target multiple members within an interprofessional team can empower those team members to initiate change within their organization; and (3) Illustrate the development of successful follow-up and data collection mechanisms.

METHODS: Didactic presentation methodology and group discussion

KEY POINTS: The positive effect of interprofessional collaboration on patient care is well documented. Barriers to optimal patient care can be addressed through recognizing health professional roles and responsibilities and implementing comprehensive multidisciplinary team education. Addressing the educational needs of diverse team members within one activity can ultimately break barriers and open lines of communication. Appropriate follow-up can not only determine changes in knowledge, competency, and/or performance that result from interprofessional activities, but can also provide invaluable data for developing future needs assessments.

RECOMMENDED READING: Walsh J, et al. What are the current barriers to effective cancer care coordination? A qualitative study. *BMC Health Serv Res.* 2010;10:132.

FINANCIAL OR IN-KIND SUPPORT: These activities (joint) sponsored by Center of Excellence Media, LLC are supported by educational grants from Millennium Pharmaceuticals, Inc., Eisai Inc., Cephalon, Seattle Genetics, Abraxis BioScience, Amgen Inc., and Genentech.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M30, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/23/12, Palazzo H/Lobby

TITLE: Time for a Change: Optimizing Outcomes Assessments

COMPETENCY: 3.3 – Use data to assess the performance of the CME/CE/CPD office in meeting its mission and organizational goals.

PRINCIPAL PRESENTER: Sara Fagerlie, PhD

Educational Concepts Group, 425/244-5101, sfagerlie@educationalconcepts.net

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Alison Heintz, MPH

Educational Concepts Group, 770/951-7370, aheintz@educationalconcepts.net

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Jason Everly, PharmD, BCOP

Educational Concepts Group, 513/846-7283, jeverly@educationalconcepts.net

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this presentation, participants should be able to:

- Develop strategies to address assessment deficiencies
- Implement assessment improvement plans
- Discuss the education requirements of staff and faculty to optimize an audience response system
- Build upon outcomes results for future programming

METHODS: Outcomes assessments from a series of 1-hour live educational activities were evaluated prior to and following the implementation of an audience response system. Results of those comparisons, the planning process, program improvements, staff and faculty education, and additional tools for optimization of this evaluation system will be discussed.

KEY POINTS: An interactive presentation using an audience response system (ARS) will focus on strategies employed to optimize educational assessments. Following an internal evaluation of 193 live 1-hour activities which determined that the rate of assessment returns was suboptimal, an ARS was implemented to evaluate and measure practitioners' knowledge, confidence, and competence prior to and following each live activity. A total of 297 live activities with similar formats have been evaluated by the ARS system. Utilization of the ARS system has resulted in a greater than 6-fold increase in the rate of assessment return. This session will focus on implementation of the ARS system, staff education, faculty education, building upon outcomes results, and future directions.

FINANCIAL OR IN-KIND SUPPORT: Audience response technology provided by Educational Concepts Group.

PARTICIPANT NOTE SPACE:

MONDAY

EDUCATIONAL FORMAT: M31, Breakout

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/23/12,
Del Lago 1-2/Lower**

TITLE: PI/QI - Beyond the “Buzz”: Toward Excellence in Independent Education and Higher-level Outcomes

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

PRINCIPAL PRESENTER: Ron Murray, EdD

University of Virginia School of Medicine, 434/982-3687, r7m7a@virginia.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Anthia Mandarakas

sanofi-aventis US, 908/981-5319, anthia.mandarakas@sanofi-aventis.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: John Ruggiero, PhD, MPA, CCMEP

Genentech, 650/467-6848, ruggiero.john@gene.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of the session, participants should be able to: (1) Identify some of the critical success factors and pitfalls in the design and execution of PI/QI educational interventions, (2) Apply instructional design theory and physician learning preferences to develop/evaluate educational interventions that address performance-based needs, (3) Define outcomes goals/targeted outcomes metrics, and (4) Communicate the value of high-impact continuing medical education interventions.

METHODS: (1) Didactic presentation to review PI/QI instructional design models. (2) Interactive case discussion presenting examples of critical success factors and pitfalls observed from various PI/QI initiatives, including innovative ideas that have evolved initiatives over time to increase effectiveness and meaningful outcomes. (3) Interactive panel discussion focused on advancing the paradigm and Q&A. Participants are invited to join the panel.

KEY POINTS: This Breakout session will engage learners with interactive case studies to demonstrate key learnings from a variety of PI/QI efforts. Participants will be challenged to consider how to develop and apply best practices in executing and evaluating educational initiatives that can lead to improvements in performance, quality measures, and in some cases, patient health. Commercial supporters have been supporting PI/QI initiatives for several years and can offer a unique perspective on some of the pitfalls observed through several initiatives, as well as some of the critical success factors that have led to more impactful education and outcomes. Measurement techniques, data quality and analysis, and effective communication of outcomes will also be discussed. Finally, this activity will discuss and provide examples on how CME professionals can communicate the value of independent medical education.

RECOMMENDED READING:

1. Moore DM et al. Achieving desired results and improved outcomes: Integrating planning and assessment throughout learning activities. *J Contin Educ Health Prof.* 2009; 29(1):1-15
2. Knowles, M. (1996). *Adult Learning*. In Robert L. Craig (Ed.), *The ASTD Training and Development Handbook* (pp. 253-264). NY: McGraw-Hill.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M32, Breakout

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/23/12,
Del Lago 3-4/Lower**

TITLE: Designing Performance Improvement Activities that Increase Multidisciplinary Team Effectiveness

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

PRINCIPAL PRESENTER: Andrea Harshman, MHA
National Jewish Health, 303/728-6548, HarshmanA@njhealth.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Esther Langmack, MD
National Jewish Health, 303/398-1761, langmacke@njhealth.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Meg Burke, MHSA
National Jewish Health, 303/728-6535, BurkeM@njhealth.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Describe the process of measuring multiple educational interventions in closed networks for providers to ensure the behavior of each team learner is changing.
2. Understand the challenges and barriers faced by PI CME activity participants and how to deal with those barriers during the execution of a program.
3. Discuss the importance of the leadership team and/or physician champion in implementing new tools and skills in the practice.

METHODS: A didactic presentation with panel discussion will review 3 PI CME activities to illustrate the importance of designing activities to help physicians and their team – in our case, close networks of providers – adopt change in their behavior and practice over time, in order to better serve their patients.

KEY POINTS: Join us as we outline our innovative approach to PI CME. National Jewish Health is partnering with three different closed networks of providers on three different PI CME activities tailored to the needs of each network. Each activity shares three educational interventions which are measured with specific indicators throughout the programs: a live meeting component, in-clinic visits by trainers, and demographically tailored patient education materials. The purpose of this presentation is to share the insights from these separate yet simultaneous PI-CME activities focused on multi-disciplinary teams of providers.

RECOMMENDED READING: Atwater, D.C., Bernard, M.B. Improving Organizational Effectiveness through Transformational Leadership. Thousand Oaks, CA: Sage Publications; 1994.

FINANCIAL OR IN-KIND SUPPORT: The activities were supported through non-restricted educational grants by GlaxoSmithKline and Pfizer.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M33, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/23/12, Palazzo G/Lobby

TITLE: Partnering for a Strategic Patient Health Initiative: Promoting Innovation and Engagement at the Local Level

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

PRINCIPAL PRESENTER: Jack Kues, PhD
University of Cincinnati, 513/558-3196, kuesjr@uc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Susan Tyler, MEd
University of Cincinnati, 513/558-3132, tylersn@uc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Barbara Speer, BS
University of Cincinnati, 513/558-3268, speerba@uc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Mary Ales, BA
Interstate Postgraduate Medical Association, 608/237-7331, males@ipmameded.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this activity, participants will be able to:

1. Identify strategies for greater statewide/local program impact
2. Promote innovation at the local level
3. Engage a wide variety of stakeholders in an educational initiative
4. Describe methods for coordinating broad educational initiatives

METHODS:

1. Demonstration of a logic model for encouraging collaborative educational activities at the grass roots level.
2. Group discussion identifying strategies for engaging a wide array of stakeholders in local and interprofessional initiatives.
3. Review of strategic tools for implementation of educational initiatives.

KEY POINTS: The presenters will discuss an ongoing educational initiative for improving patient adherence in Ohio, the Ohio Partnership for Adherence through Collaborative Education (OhioPACE). By tracking this project from initial planning with Ohio medical schools through involvement of state and local organizations, we will highlight strategies for developing education that leverages community resources within continuing professional development. Strategies discussed will include stakeholder summits, block grants, communication, outcomes, innovation and mentoring. This process has stimulated innovation and interprofessional learning focused on improving patient adherence. Think globally, act locally!

FINANCIAL OR IN-KIND SUPPORT: This educational initiative was funded by a grant from Pfizer.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M34, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/23/12,
Segura 3-4/Lower

TITLE: Renewal and Maintenance of Licensure (MOL): Implications for CME Providers, Supporters, Faculty and Learners

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

PRINCIPAL PRESENTER: Alejandro Aparicio, MD

American Medical Association (AMA), 312/464-5531, alejandro.aparicio@ama-assn.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Humayun Chaudhry, DO, FACP

Federation of State Medical Boards of the United States, Inc. (FSMB), 817/868-4044, hchaudhry@fsmb.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Mindi McKenna, PhD

American Academy of Family Physicians (AAFP), 913/906-6204, mmckenna@aafp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Diane Burkhart, PhD

American Osteopathic Association (AOA), 312/202-8051, dburkhart@osteopathic.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:

- Contrast current CME legislated requirements for licensure with the new framework for MOL, especially as it relates to CME, and how this will be translated by state medical licensing boards
- Anticipate the parameters by which physicians' reporting of AMA, AAFP and AOA CME credits may be used in fulfillment of physician licensure and MOL requirements
- Discuss implications for CME providers and supporters in responding to the needs of physicians for MOL and assessment of continuing professional development, lifelong learning, improvement of practice performance and patient outcomes

METHODS: Panel presentations, panel discussion, and audience interaction.

KEY POINTS:

- Most US licensure jurisdictions have CME credit requirements that recognize the three national CME credit systems
- Some licensing jurisdictions have content specific CME requirements
- MOL concepts include a significant role for certified CME
- CME providers and supporters need to consider the implications of MOL for their organizations and learners

RECOMMENDED READING: There are two options: FSMB's Maintenance of Licensure Implementation Group Report, which has been finalized by the FSMB Board and will be ready for wider dissemination after FSMB's April 2012 House of Delegates meeting; or, an updated MOL article, title TBD, that will be published in FSMB's Journal of Medical Regulation in the Fall of 2011 as a follow-up to the report published last year. The latter would be the most current reading to prepare participants for this session at the 2012 meeting.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M35, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Monday, 1/23/12, Palazzo F/Lobby

TITLE: Simple and Successful Ways to Manage Faculty and On-site Logistics

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

PRINCIPAL PRESENTER: Nina Taylor, MA
Clinical Care Options, LLC, 703/674-3537, ntaylor@clinicaloptions.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this session, participants should be better able to;

- Employ various methods in communication with program faculty to achieve desired outcomes.
- Identify situations where specific faculty management tips can be utilized.
- Discuss the various roles of on-site logistics management.
- Enhance interpersonal relationship skills to successfully manage program faculty through the use of streamlining information.

METHODS: Participants will begin the session working collectively on a case study, didactic presentation on ways to enhance the solutions from their case study for optimal faculty and on-site responsiveness.

KEY POINTS: This presentation will emphasize helpful tips in managing unresponsive, difficult, and large groups (100+) of faculty, as well as tips and tricks for managing on-site logistic. This session will highlight the use of on-site backup plans that are cost effective and easy to implement last minute. Additional guidance and discussion on obtaining content on time from faculty, establishing reasonable time lines and collection of documents.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M36, Intensive

TIME/DAY/LOCATION: 1:30 – 2:30 pm, 3:00 – 4:00 pm, Monday, 1/23/12,
Marbella Pre-function and 1-2/Lower

TITLE: BYOBP (Bring Your Own Best Practice): Share what You Do Well and Ask for Help for What You Don't

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

PRINCIPAL PRESENTER/MODERATOR: Erin Schwarz

Vivacity Consulting, 310/739-9402, vivacityconsulting@gmail.com

DISCLOSURE: Does have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

PRINCIPAL PRESENTER/MODERATOR: Pam Beaton, BS

American College of Cardiology, 202/375-6441, pbeaton@acc.org

CO-PRESENTER: Kevin Heffernan, MA (New AMA regulations as they relate to best practices)

American Medical Association, 312/464-4637, kevin.heffernan@ama-assn.org

CO-PRESENTER: Steven Folstein, MEd (Criterion 3)

American Academy of Allergy, Asthma & Immunology, 414/272-6071, SFolstein@aaaai.org

CO-PRESENTER: Deborah Samuel, MBA (Criteria 12-15)

American Academy of Pediatrics, 847/434-7097, dsamuel@aap.org

CO-PRESENTER: Laura Johnson (Criterion 2)

American Society of Cataract and Refractive Surgery, 703/788-5762, ljohnson@ASCRS.org

CO-PRESENTER: Rachel Shnekendorf, MPH (Criterion 11)

Infectious Diseases Society of America, 703/299-0200, rshnekendorf@idsociety.org

DISCLOSURE: Presenters Beaton, Heffernan, Folstein, Samuel, Johnson, and Shnekendorf do not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: (1) Identify practice gaps within their CME program; (2) Develop strategies to improve their CME processes, and (3) Discuss and formulate best practices, and (4) Streamline the process of implementation.

METHODS: During this in-depth, interactive session, we introduce four topics and ask attendees to evaluate their own current practice in small groups. Panel members will offer examples of their own best practices, and constructively critique current practices with an emphasis on suggestions for improvement. We will focus on how organizations have struggled and overcome challenges. Participants will also discuss how to implement strategies that connect educational planning with activity and program evaluation.

KEY POINTS: ACCME data and focus groups interviews demonstrate that providers are continually challenged by the following four areas: C2, C3, C11, and C12-15. Often providers are not aware that their current practice is not the best practice until they go through the reaccreditation process. There are few opportunities to ask for help or share innovations. This session is designed to encourage learners to draw attention to that which they are doing well, as well as identify any areas that need improvement, and discuss with others how to make processes better. This will be an opportunity for providers to exchange information, hopefully leading to "That's a great idea! Why didn't I think of that?" Both providers with a large and small staff will be encouraged to participate.

RECOMMENDED READING: (1) The ACCME's 2006 Updated Decision-Making Criteria Relevant to the Essential Areas and Their Elements; (2) The ACCME's Accreditation Findings Based on the 2006 Accreditation Criteria: A Compendium of Case Example; and (3) The AMA's The Physician's Recognition Award and Credit System 2010 Revision.

EDUCATIONAL FORMAT: M37, Mini-plenary

**TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/23/12,
Mediterranean 1-8/Lobby**

TITLE: Cases and Successful Projects in Interprofessional Learning and Team Based Education (Invited Abstract)

COMPETENCY AREA: 3 – Performance Measurement

PRINCIPAL PRESENTER: David Davis, MD

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

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Katherine Grichnik, MD

Duke CME Center for Educational Excellence, 919/401-1203, GRICH002@mc.duke.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Susan Pingleton, MD

University of Kansas Medical Center, 913/588-4484, spingleton@kumc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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

1. Explore cases of Interprofessional and/or Team Based Learning that have been successful collaborations
2. Describe elements of successful interprofessional and team based learning.
3. Plan and execute similar interprofessional and team-based continuing education activities in their own settings

METHODS: Didactic presentation of successful projects and interactive discussion with attendees.

KEY POINTS: Interprofessional learning and Team Based Education are being examined and developed as one of the newest innovations on continuing education in the health professions. As discussed in the *AAMC/ANCC Report on Lifelong Learning*, it has been defined as “any type of education, training, teaching or learning session, in which two or more health and social care professions are learning interactively.” The definition includes both instruction in formal training programs and continuing education efforts, including workplace learning. However it is defined, the panel suggested that it remains relatively underdeveloped and undervalued in health professions education and formal continuing education.

“There are a number of challenges to the planning, implementation, and evaluation of IPE models in practice and education. Challenges include differences in: history and culture, in language and jargon, in schedules and professional routines, and in accountability, payment, and rewards; professional and interprofessional professional identity, and clinical responsibility; levels of preparation, qualifications, and status; and in requirements, regulations, and norms of professional education.”

This session will examine successful collaboration in interprofessional learning, highlighting elements that made them successful and how they overcame barriers.

RECOMMENDED READING: AAMC/AACN Macy Report on Lifelong Learning; Joint Report on Interprofessional Competencies, AAMC and other colleague health professional organizations.

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

EDUCATIONAL FORMAT: M38, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/23/12, Palazzo C/Lobby

TITLE: Lifelong Learning in Surgeons: Do Surgeons have Definable Stages in their Careers and How do their Learning Needs and Preferences Change during these Stages?

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

PRINCIPAL PRESENTER: Peter de Boer, FRCS
A.O. Education, +41 432 55 97 21, meczurich@aol.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Robert Fox, EdD
University of Oklahoma, 239/970-2721, drdfox@me.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

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

1. Describe the stages of a surgeon's career
2. Explain how the educational needs of surgeons changes with their career pathways.
3. Understand how learning preferences change with stage of career.
4. Discuss how learning channels have changed with time and how they may develop in the future.
5. Discuss the implications of the study in planning educational events for surgeons

METHODS: A didactic presentation of a study of 138 surgeons from all 5 continents who were interviewed about their career development and learning needs and preferences. An interactive discussion on the results, and what the practical implications are for CME professionals in planning education for surgeons.

KEY POINTS: 138 surgeons from 25 countries were interviewed about their career pathway to investigate whether distinct stages in a surgeon's career could reliably be described. A model based on the work of Levinson, Super and Fox was created. Surgeons were also asked on their learning needs and preferences. Different career stages are associated with different learning needs which in turn influence preferred educational channels. Because the study looked at current learners and also asked surgeons to describe their past experiences data was obtained of the changes and similarities in learning needs and preferences with time. Planning for educational events needs to take into account the career stage of the audience which is an important element in creating educational events that will result in better patient care.

RECOMMENDED READING:

1. The Continuing Professional Development of Physicians. Davis D, Barnes B., Fox R. AMA Press 2003.
2. Levinson DJ, Darrow CN, Klein EB. Levinson M (1978) Seasons of a man's life New York; Random House ISBN 039440694X.
3. Rennekamp RA and Nall (1993) Professional growth: A guide for professional development. Lexington: U of Kentucky Cooperative Extension Service.

FINANCIAL OR IN-KIND SUPPORT: A.O. Education, Stettbachstrasse 6, 8600 Dubendorf, Switzerland

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M39, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/23/12, Amarante 2-3/Lower

TITLE: Working Outside the Box: Non-traditional Strategies for Changing Healthcare Professionals' Approaches to Smoking Cessation

COMPETENCY:

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

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

PRINCIPAL PRESENTER: Jann Balmer PhD

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

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Mary Conklin

Interstate Postgraduate Medical Association (IPMA), 608/237-1356, msconklin@ipmameded.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Jason Smith

Bon Secours Health System - Richmond, 804/764-7652, jason_smith2@bshsi.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Describe approaches to designing educational strategies that address desired changes in healthcare professional performance.
2. Discuss the process for building a non-traditional educational initiative that is clinically relevant and evidence-based.
3. Discuss approaches to blending non-traditional methods into educational initiatives.

METHODS: Through a case presentation, we will outline a community-based approach to CE that links healthcare professional performance to desired patient outcomes for smoking cessation. The case presentation will be followed by a discussion/question and answer session that highlights ideas and approaches for integrating non-traditional educational methods into CE/CME.

KEY POINTS:

1. Non-traditional educational methods for CME/CE can be effective in changing healthcare professional performance with respect to smoking cessation.
2. Non-traditional educational methods can integrate evidence-based approaches to care effectively.
3. Immersion and integration with a community is an important aspect of effective approaches to fostering change in healthcare professional practice.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M40, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/23/12, Segura 1-2/Lower

TITLE: The Importance of Physician Empathy: Improving Patient Outcomes with Innovative Sensory Experiences

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

PRINCIPAL PRESENTER: Cathy Pagano, CCMEP

Institute for Continuing Healthcare Education, 215/446-8088, ext. 1451, cpagano@iche.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Christine O'Leary, PharmD, BCPS, CCMEP

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

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Peter Raymond

Human Condition, 646/867-0644, peter@hcxdesign.com

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be better able to: (1) Discuss the importance of physician empathy as it applies to better patient outcomes; (2) Identify innovative ways to incorporate empathy components into traditional CME activities, and (3) Provide a forum of exchanging ideas amongst the various stakeholders.

METHODS: Hands-on demonstration with moderated presenter/audience discussion: This session will discuss (and demonstrate) examples of how CME activities can show healthcare providers what is going on with their patients by letting them truly feel what it's like to be in constant pain, experience cloudy cognition, hear voices, or live with diminished vision.

KEY POINTS: Recent research on quality care has focused on the role of physician empathy in effective disease management. Physician empathy is a critical clinical skill that is directly linked to improved patient outcomes in the management of chronic disease. Physicians need opportunities to enhance their empathetic skills, with a particular focus on understanding their patients' true-to-life experiences.

RECOMMENDED READING:

1. Mercer SW, Reynolds WJ. Empathy and quality of care. Br J Gen Pract. 2002;52 Suppl:S9-1.
2. Hojat M, Louis DZ, Markham FW, Wender R, Rabinowitz C, Gonnella JS. Physicians' empathy and clinical outcomes for diabetic patients. Acad Med. 2011. Epub ahead of print.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M41, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/23/12, Cordova 2/Lower

TITLE: Motivational Interviewing and CME: Facilitating Clinician and Patient Change

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

PRINCIPAL PRESENTER: Robert Addleton, EdD
Physicians' Institute, 404/964-7734, bob@mag.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Bruce Berger, PhD
Berger Consulting, 334/444-3160, bbergerconsulting@gmail.com

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Distinguish Motivational Interviewing from other clinical communication approaches
2. Define the clinical gap that motivational interviewing addresses
3. Discuss the evidence base for motivational interviewing effectiveness
4. Develop an action plan for integrating motivational interviewing skills training into the CME program

METHODS: This workshop will utilize lecture, case vignettes, audience participation with trigger videos, and group work to develop an action plan.

KEY POINTS: Motivational interviewing (MI) is a set of communication skills and principles that when used appropriately, can greatly improve patient resistance to treatment plans. This workshop will discuss what MI is, how to use it, the evidence for its effectiveness, and why MI should be a part of every Provider's CME program.

RECOMMENDED READING: Rollnick, SR, Miller, WR, Butler, CC, Motivational Interviewing in Health Care: Helping Patients Change Behavior. Guildford Press, 2007.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M42, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/23/12, Palazzo A/Lobby

TITLE: Implementing A3 Problem Solving to Improve the Process of Seeking Pharma Funding in a Small Professional Society

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

PRINCIPAL PRESENTER: Floyd Pennington, PhD
American Society of Transplantation, 770/506-8150, ctlassoc@mindspring.com

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: By the end of this session participants should be able to:

1. Describe the A3 Problem Solving process.
2. Determine how the A3 Problem Solving process can be integrated into their management system.
3. Select quality tools they can use to improve their CME operation.

METHODS: This session describes the work of staff in a small professional society attempting to improve the process used in seeking pharmaceutical support for its CME activities. Participants will be asked to reflect on the process described and relate this experience to their own CME operation.

KEY POINTS:

1. There are viable approaches to problem solving developed in industry that can be adapted and applied to improvement in a CME operation.
2. A3 Problem Solving is a robust approach to solving operational problems in a CME operation.
3. Utilizing A3 Problem Solving can lead to efficiencies in a CME operation by eliminating non added value work that contributes nothing to the process or the quality of the end product.

RECOMMENDED READING:

1. Sobek, D. and Smalley, A. Understanding A3 Thinking. CRC Press. 2008.
2. Conversations in CME. <http://convcme.wordpress.com>.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M43, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/23/12, Palazzo F/Lobby

TITLE: Educational Outcome Measurement: Calculating Effect Size for Your CME Activities

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

PRINCIPAL PRESENTER: Jason Olivieri, MPH
Imedex LLC, 404/319- 9782, j.olivieri@imedex.com

DISCLOSURE: Does have for sale a program and/or product for CME/CE/CPD professionals.

CO-PRESENTER: Derek Dietze, MA, FACME, CCMEP
Improve CME LLC, 480/888-9195, derek.dietze@improvecme.com

DISCLOSURE: Does have for sale a product for CME/CE/CPD professionals.

Christopher Viereck, PhD, CCMEP
Improve CME LLC, 908/229-6713, christopher.viereck@improvecme.com
DISCLOSURE: Does have for sale a product for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this activity, participants will be able to: (1) describe two common education outcome measurement (EOM) methods (i.e., intention to change assessment and case-based survey); (2) calculate effect size using data from these two EOM methods; and (3) pool activity-level effect size data for overall program-level analysis.

METHODS: This activity will consist of the three parts: (1) 15-minute overview of data derived from intention to change assessment and case-based surveys; (2) 15-minute didactic lecture regarding effect size measures; and (3) 20-minute workshop in which participants will work step-by-step through two effect size calculations (using data from part 1).

KEY POINTS: CME providers are required to assess changes in learners associated with participation in individual CME activities, as well as gather data regarding how each activity reflects achievement of its CME mission. Effect size is a useful statistic for summarizing the effectiveness of an individual CME activity into a single standardized metric and it permits pooling of outcomes data for overall program-level analysis.

RECOMMENDED READING: Colliver JA. Call for Greater Emphasis on Effect-Size Measures in Published Articles in Teaching and Learning in Medicine. *Teaching and Learning in Medicine* 2002;14:206-210.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M44, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/23/12, Del Lago 1-2/Lower

TITLE: Collaborative Education: Lessons from a Public Private Partnership

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

PRINCIPAL PRESENTER: Tom McKeithen, MBA

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

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

CO-PRESENTER: Abbigail Tumpey

Centers for Disease Control and Prevention, 800/232-4636, aws8@cdc.gov

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Amy Nadel

Medscape LLC, 201/675-0064, anadel@medscape.net

DISCLOSURE: Does have for sale a program for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Identify a public health issue and healthcare provider educational needs.
2. Provide an educational intervention and partnership to meet those needs.
3. Measure outcomes/results of the intervention, practice gaps, and barriers in order to plan further education targeting gaps in care.

METHODS: the Centers for Disease Control and Prevention (CDC), and Medscape LLC developed a public-private partnership aimed at providing clinicians with actionable guidance from CDC that impacts public health or clinical practice. Healthcare Performance Consulting conducted an evaluation of one of these continuing education courses. During this session, we will review lessons learned from several continuing education courses developed collaboratively and discuss the value of measurement in identifying future needs and program improvements. Learning methods will include:

- Large group interactive discussion
- Didactic presentation

KEY POINTS: Lessons learned from this partnership confirm the importance of providing timely information, education and training for clinicians. This public-private partnership is a good example of how collaborative efforts and leveraging of resources and strengths can expand message reach. These lessons can be applied to other comprehensive outreach efforts targeting clinicians and will be invaluable for future public health and clinical education courses. Medical education interventions should be planned and implemented using the “Backwards Planning” model (1) and assessed periodically for continuous improvement. Final outcomes measures can inform future planned educational activities.

RECOMMENDED READING: Moore D, Green J, Gallis H 2009, Achieving Desired Results and Improved Outcomes: Integrating Planning and Assessment Throughout Learning Activities. JCEHP 29(1).

FINANCIAL OR IN-KIND SUPPORT: The educational activities used as examples in this presentation were funded by WebMD Health and the Centers for Disease Control and Prevention (CDC). The performance outcomes study was funded through an independent educational grant from CDC.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M45, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/23/12, Del Lago 3-4/Lower

TITLE: Quality Improvement Instrument for Live CME

COMPETENCY: 3.3 – Use data to assess the performance of the CME/CE/CPD office in meeting its mission and organizational goals.

PRINCIPAL PRESENTER: Steven Kawczak, MA

Cleveland Clinic Center for Continuing Education, 216/444-2572, kawczas@ccf.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Sarah Janesz, MAFM

Cleveland Clinic Center for Continuing Education, 216/445-6026, janeszs@ccf.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Phil Lammers

Cleveland Clinic Center for Continuing Education, 216/448-0785, lammerp@ccf.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: (1) Review the quality improvement process in a healthcare setting and relate it to the CME program. (2) Apply quality improvement tools to live CME courses. (3) Create provider-specific metrics for live CME courses. (4) Measure CME course success according to organizational goals. (5) Conduct analyses of quality measure metrics for CME provider program improvement.

METHODS: A didactic presentation and demonstration will illustrate how to use a quality improvement tool. The session will review the experience of an academic medical center in creating metrics to measure the quality of live CME and improve the program. Discussion will be encouraged so participants can apply this to their own organizations.

KEY POINTS: Participants will be able to create and apply tools for quality improvement for live courses that can be customized for organizations/CME programs. A focus group with institutional leaders established organizational priorities for quality metrics to measure. These include learner evaluation of objectives and variation in speaker quality, course director compliance, geographic reach, innovation of content (scored by focus group in course specialty), budget adherence, and success at reaching the target audience. This session will describe practical metrics for measuring organizational goals implementation, obtaining quality data for benchmarking, charting quality improvement, and assessing performance of the CME program.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M46, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/23/12, Palazzo B/Lobby

TITLE: Implementation of MEMS Standards for Outcomes Assessment of Continuing Education: Lessons & Recommendations for Educational Providers

COMPETENCY: 3.3 – Use data to assess the performance of the CME/CE/CPD office in meeting its mission and organizational goals.

PRINCIPAL PRESENTER: Sean Hayes, PsyD

AXDEV Group Inc, 450/465-2011, hayess@axdevgroup.com

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

CO-PRESENTER: Jack Kues, PhD

University of Cincinnati, 513/558-3196, kuesjr@uc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Andrew Rabin

CECity, 412/586-3347, arabin@cecity.com

DISCLOSURE: Does have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: The MedBiquitous Metrics Working Group developed the Medical Education Metrics Standard (MEMS) to enable aggregate analyses of Continuing Education (CE) evaluation and outcomes data. ACCME has launched a new online reporting system called the Program and Activity Reporting System (PARS). This Breakout session will offer participants an opportunity to (a) review the MEMS and PARS implementation (b) discuss potential value to their organization, and (c) explore issues and challenges based upon 'early adopters' experiences regarding MEMS implementation.

METHODS: The presenters will share experiences and formative data related to the implementation and use of MEMS as part of PARS reporting. Participants will be engaged in a semi-structured dialogue about the issues and challenges they may face with respect to implementation of systematic and rigorous outcomes standards.

KEY POINTS: Educational providers must demonstrate a rigorous approach to outcomes data collection to enable aggregate analyses of Continuing Education and to foster understanding of how CE impacts clinician knowledge and competence. MEMS and PARS are systems that can foster reliable and rigorous CE research. Standardized data can be pooled across institutions and programs to achieve a more comprehensive understanding of educational impact.

RECOMMENDED READING: Medical Education Metrics Overview, www.medbiq.org/working_groups/metrics/Medical_Education_Metrics_Overview.html.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M47, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/23/12, Cordova 5-6/Lower

TITLE: Shifting Paradigms for CPD Offices: From Profit Units to Value Creation Units

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

PRINCIPAL PRESENTER: Céline Monette, BSc

Médecins francophones du Canada, 514/388-2228, ext. 222, cmonette@medecinsfrancophones.ca

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Réjean Laprise, PhD

Fédération des médecins spécialistes du Québec, 514/350-5176, rlaprise@fmsq.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Robert Thivierge, MD, FRCPC

Université de Montréal, 514/343-6367, Robert.thivierge@umontreal.ca

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

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

1. Explain the Return on Value concept;
2. Describe healthcare systems value creation streams and chains;
3. Identify the specific contributions of their CPD office to healthcare value creation;
4. Visualize how CPD office capacities and management could be improved in order to increase their contribution to healthcare; and
5. Explain the benefits of moving from profit to value creation centers.

METHODS: The value creation concept in CPD will be presented in a plenary session, followed by an interactive workshop where the participants will discuss their CPD office organizational capacities and value streams. Workshop results will be presented in a plenary session.

KEY POINTS: CPD offices should be an integral part of the value creation within any healthcare system, by helping professionals maintain their competencies and actively contributing to reducing care gaps and improving knowledge translation. So far, accreditation standards have mainly focused on the educational process, which has resulted in a standardization of the breath of activities. However, to meet the needs of society, more attention must be put on outcomes that make a difference. Identifying specific contributions of a CPD office to healthcare value creation and realigning resources according to strengths will increase its value both for its own institution and society.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M48, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/23/12, Palazzo H/Lobby

TITLE: Multi-disciplinary vs. Inter-professional Education: Design, Development and Evaluation

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

PRINCIPAL PRESENTER: John Juchniewicz, MCIS

American Academy of CME, 609/921-6622, jjuchniewicz@academycme.org

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

CO-PRESENTER: Karen Thomas, MEd, CCMEP

Institute for Continuing Healthcare Education, 215/446-8088, kthomas@iche.edu

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

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

Upon completion of this breakout, learners should be better able to:

- Assess the difference between multi-disciplinary education and interprofessional education/team-based learning.
- Predict barriers to both educational concepts encountered when developing and implementing a continuing education activity.
- Implement strategies which move multi-disciplinary CE activities toward an interprofessional model.
- Prepare faculty for the unique challenges of simultaneously educating multiple types of healthcare professionals using either concept design.

METHODS: Through a combination of presentations and small groups, learners will explore barriers to interprofessional education. Utilizing case studies, learners will have the opportunity to discuss barriers to IPE and share potential solutions with the larger collective.

KEY POINTS: As defined by the Center for the Advancement of Interprofessional Education (CAIPE) "Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care."TM CME is evolving, and has been for quite some time, to educate not just the physician but more so now than ever before the total patient healthcare team. Education certified for multiple types of healthcare professionals is growing in terms of the number of offerings. But is it designed the way it is supposed to be? Does Interprofessional continuing education differ from multi-disciplinary education? What does that mean for today's CME professional? How does this impact provider performance? How will this consideration impact activity design, planning, and evaluation? A full examination of the terminology and discussion around design considerations will promote the development of more effective activities with sustainable impact.

RECOMMENDED READING:

1. An overview of continuing interprofessional education, Journal of Continuing Education in the Health Professions, Volume 29, Issue 3, Summer 2009, Pages: 142–146, Scott Reeves, Article first published online: 2 SEP 2009, DOI: 10.1002/chp.20026.
2. An anatomy of continuing interprofessional education, Journal of Continuing Education in the Health Professions, Volume 29, Issue 3, Summer 2009, Pages: 147–150, Hugh Barr, Article first published online: 2 SEP 2009, DOI: 10.1002/chp.20026.
3. Theories to aid understanding and implementation of interprofessional education, Journal of Continuing Education in the Health Professions, Volume 29, Issue 3, Summer 2009, Pages: 178–184, Joan Sargeant, Article first published online: 2 SEP 2009, DOI: 10.1002/chp.20033.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M49, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/23/12, Palazzo E/Lobby

TITLE: The Healthcare Provider and Patient Perspectives on REMS and Other Safety Aspects Related to Chronic Pain

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

PRINCIPAL PRESENTER: Kim Evanyo

Ortho-McNeil Janssen Scientific Affairs, LLC, 908/218-7426, KEvanyo@its.inj.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Jill Foster, MD MPH

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

DISCLOSURE: Does have for sale a product and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Debi Susalka

CE Outcomes, LLC, 205/259-1500, debi.susalka@ceoutcomes.com

DISCLOSURE: Does have for sale a product and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: (1) Identify key strategies for assessing need in a chronic pain patient population; (2) Learn the current physician attitudes towards REMS, specifically around chronic pain; and (3) Discuss some practices for designing and analyzing multi-component assessments to understand all stakeholders' perspectives on an emerging issue.

METHODS: Through a didactic presentation, we will review not only the results of our findings on key issues related to chronic pain, but the design of the assessment and the techniques utilized to gather the data.

KEY POINTS: REMS have recently received a great deal of attention within the CME community, but little attempt has been taken to observe this and other issues from the provider and patient perspectives. This study combined national surveys of pain specialists, primary care physicians, and pharmacists, with chart audit and direct survey information from their patients to achieve an overarching view on key issues in chronic pain. Specifically, we will center this session on physicians' perceptions of REMS for chronic pain agents, attitudes regarding discussion of these issues with patients, and how patients receive and utilize this information.

FINANCIAL OR IN-KIND SUPPORT: This project was supported by Ortho-McNeil-Janssen Scientific Affairs, LLC (OMJSA). OMJSA had an active role in the design and implementation of the needs assessment study, including input into audience type, survey tool development, data analysis, and interpretation.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M50, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/23/12, Palazzo G/Lobby

TITLE: Inclusion of Novel Partners in Complex Multi-level Performance Based Collaborations: Ensuring Engagement of the Learners

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

PRINCIPAL PRESENTER: Lois Colburn

University of Nebraska Medical Center, 402/559-2824, lcolburn@unmc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Theodore Bruno, MD

The France Foundation, 860/598-2274, tbruno@francefoundation.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Elizabeth Mullikin, MS

University of WI School of Medicine and Public Health, 608/240-6003, eamullikin@wisc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Victoria Street, CCMEP

National Committee for Quality Assurance (NCQA), 202/955-1708, street@ncqa.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Discuss the need to collaborate and align educational goals with appropriate partners to enhance the effectiveness of performance based initiatives.
2. Identify examples of novel and unique collaborations that can enable improvements in learner engagement and participation within performance based initiatives.
3. Describe how unique collaborations can support the alignment of performance based initiatives and part IV MOC requirements.

METHODS: Utilizing two case examples, the presenters will outline and describe the effectiveness of multi-level collaborations where key stakeholders created curricula focused toward performance improvement and designed to support physicians' ability to meet MOC part IV requirements.

KEY POINTS: Collaborations have become increasingly important to improve the success of CE initiatives. CE centers within academic medical institutions can foster solutions and facilitate collaborations to address ongoing quality initiatives and help improve clinician performance. In addition to providing CE credits, alignment with other requirements such as MOC and established quality measures, such as HEDIS, will create incentives to participate in these programs. The engagement process with various stakeholders will be profiled, including quality divisions of medical specialty societies, Area Health Education Centers (AHECs), state medical societies, medical student clinical preceptorship programs, and other non-profit organizations dedicated to QI, such as NCQA.

RECOMMENDED READING:

1. Paulman, P. Integrating Quality Improvement Into a Family Medicine Clerkship. *Fam Med* 2010;42:164-165.
2. ACCME. "CME as a Bridge to Quality" Updated Accreditation Criteria, September 2006.

FINANCIAL OR IN-KIND SUPPORT: GlaxoSmith Kline, Pfizer, and AstraZeneca supported education that will be used as examples in this session.

EDUCATIONAL FORMAT: M51, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/23/12, Segura 5/Lower

TITLE: Identifying Our Heirs: Developing the Next Generation of CME Leaders

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

PRINCIPAL PRESENTER: Carol Havens, MD
Permanente Medical Group, Northern California, 510/625-3317, carol.havens@kp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Shelly Rodrigues, CAE, CCMEP
California Academy of Family Physicians, 415/345-8667, srodrigues@familydocs.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: William Woo, MD
Kaiser Permanente, 714/813-6706, William.o.woo@kp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Determine the key steps required for your organization to develop and launch a CME faculty/leaders development program, including faculty and candidate recruitment.
2. Build the curriculum, using new and readily available resources, to advance candidates through a faculty/leaders development program.
3. Identify potential funding sources for support of a CME faculty/leaders development program.

METHODS: Using the CAFP's CME Leaders Institute as an interactive case, the speakers will guide the participants through a series of questions/answers to assist them in developing and launching a CME faculty leaders program for their own organizations.

KEY POINTS: When one thinks of "Leadership Development," one generally thinks of programs that include Myers-Briggs assessments, advocacy and media training and issues management. Each of these elements of leadership development is vital – but in our mind, the need for a CME Leader Institute is also clear. The need is driven by the multitude of changes in ACCME Standards, industry guidelines, evidence based medicine, and the need to develop faculty leaders who are able to address these topics from the lectern, in the classroom, or in the State Capitol hallways.

Ethics, conflict of interest, gifts to physicians, point-of-care learning, performance and quality improvement education, team care, data collection and management, clinical research vs. public health emergencies are among the many topics that must be addressed by CME leaders in education. The need is also driven by the desire to "grow our own" – increasing the number of expert faculty members by providing professional development and both teaching and leadership experiences for the next generation.

RECOMMENDED READING: The Clinician Educator's Handbook, Baylor Medical College, May 2008; Novice Leadership. Jennifer Frank, MD, Medical Economics, June 18, 2010; Leadership Challenge, Kouzes and Posner, 4th edition, Jossey-Bass

FINANCIAL OR IN-KIND SUPPORT: CAFP will provide resource materials to the participants.

EDUCATIONAL FORMAT: M52, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/23/12, Palazzo D/Lobby

TITLE: Integrating the CME Provider Unit into Professional Development as a Means to Drive Provider Performance

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

PRINCIPAL PRESENTER: Caryn Brown, BSN, MSN, MHA, RN
Centra Health, 434/200-6718, caryn.brown@centrahealth.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: Hospitals and Health Systems

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

1. Describe the rationale behind the transition of CME program oversight from the Medical Staff Office to the Professional Development Department.
2. Recognize the value of the collaborative effort in promoting a culture of CME sustainability and performance.
3. Identify three outcome measures that define Centra's CME provider performance as a result of the change.

METHODS: This didactic presentation will detail the transition of the administration of a regional hospital system's CME provider unit from the Medical Staff Office to the Professional Development Department. Discussion will include the state of CME prior to the transition, CME leadership transition, the transition process, and the transition outcomes.

KEY POINTS: Under the direction of the Medical Staff Office, Centra's CME program was on probation, facing accreditation loss. As a result, Centra's Vice President of Medical Affairs asked Professional Development (PD) to assume responsibility for CME. Using the resources and expertise available through the Professional Development Department, the CME program underwent a major overhaul; included restructuring, the creation and adoption of CME policies and procedures, enhanced recordkeeping practices, and improvement to the activity planning, implementation, and evaluation processes. The integration of CME into Professional Development served to break down silos, facilitate a more expanded approach to CME, and magnified the focus on measurable program outcomes.

FINANCIAL OR IN-KIND SUPPORT: This presentation has received no financial or in-kind support.

PARTICIPANT NOTE SPACE:

MONDAY

EDUCATIONAL FORMAT: M53, Breakout

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Monday, 1/23/12, Segura 3-4/Lower

TITLE: Teaching the Teacher: Transform Presentations that Produce Results

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

PRINCIPAL PRESENTER: Jeffrey Mallin, MD

Kaiser Permanente Downey Medical Center, 562/657-2343, jeffrey.s.mallin@kp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Joyce Kersey, MSA

Southern California Permanente Medical Group, 626/405-6501, joyce.a.kersey@kp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, the participants will:

1. Identify characteristics and techniques of faculty who impact their audience and create results;
2. Develop an action plan to enhance faculty effectiveness and presentation skills, and
3. Improve the influence over and impact of educational content and delivery.

METHODS: The presenters will facilitate a reflective, collective, experiential process around faculty presentation skills and techniques and how they impact on CME outcomes. Through challenge cycles and simulation, participants will apply practical strategies and create a plan they can implement to influence faculty and improve their own effectiveness.

KEY POINTS: With even the best planning process, the success of any educational activity relies on the faculty. Faculty are entrusted to execute educational formats, to engage with and motivate learners, and ultimately to translate gaps into measurable action. However, content experts do not necessarily make effective faculty, and likable personalities do not necessarily make learners change. For educational activities to create the desired outcomes and have a positive impact, CME professionals should more proactively select and engage with faculty and prepare them for practice-based learning.

RECOMMENDED READING:

1. Timothy J. Koegel, *The Exceptional Presenter*, Greenleaf Book Group Press, 2007.
2. Chip Heath & Dan Heath, *Made to Stick*, Random House, 2007.
3. *Continuing Education in the Health Professions*, Josiah Macy Jr. Foundation, 2008.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M54, Mini-plenary

**TIME/DAY/LOCATION: 3:00 – 4:00 pm, Monday, 1/23/12,
Mediterranean 1-8/Lobby**

TITLE: The AMA and AAFP Credit Systems

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

PRINCIPAL PRESENTER: Carly Harrington, MEd
American Academy of Family Physicians, 913/906-6000, charrington@aafp.org

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

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

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Discuss the fundamental principles of the AAFP and AMA credit systems;
2. Understand the AAFP and AMA's relationships to the ACCME;
3. Compare and contrast the AAFP and AMA CME credit systems;
4. Apply the knowledge gained regarding AMA PRA core and format-specific requirements to the process of appropriately certifying activities and awarding AMA PRA Category 1 Credit™ to physicians;
5. Apply the knowledge gained regarding AAFP Prescribed and Elective credit requirements to the process of appropriately applying for AAFP credit, and
6. Access resources for further information related to the AAFP credit system and the AMA PRA credit system.

METHODS: The session will be presented as didactic lecture addressing the key components of the AAFP accreditation system, followed by a focused discussion and question and answer session in which participants' questions will be addressed.

KEY POINTS: This presentation is designed to give an overview of the AAFP and AMA PRA CME credit systems, to describe their relationship, including similarities and differences, to each other and to the ACCME, and to discuss how CME credit can enhance and validate CME programs. The session will highlight and clarify policies, requirements, and issues for which CME providers frequently seek information.

RECOMMENDED READING:

1. AAFP CME Accreditation Eligibility Requirements:
www.aafp.org/online/en/home/cme/cmea/cmeapplying/requirements.html.
2. The Physician's Recognition Award and Credit System: Information for Accredited Providers and Physicians. 2010 Revision
www.ama-assn.org/go/prabooklet.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M55, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Monday, 1/23/12, Segura 5/Lower

TITLE: How to Write a Successful Abstract for the Alliance Annual Conference (Invited Abstract)

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

PRINCIPAL PRESENTER: Shelly Rodrigues, CAE, CCMEP

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

DISCLOSURE: Does not have for sale a technology, program, product, and/or service to CME/CE/CPD professionals.

CO-PRESENTER: Maureen Doyle-Scharff, MBA, PACME

Pfizer, 740/815-9870, maureen.doyle-scharff@pfizer.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service to CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) describe the abstract selection process used by the Alliance for CME Annual Conference Committee; 2) given a sample concept, construct an abstract that meets the selection criteria, and 3) score an abstract using the selection criteria.

METHODS: The presenters will guide participants through the selection process using case examples. Participants will have the opportunity to develop a sample abstract and give and receive constructive feedback.

KEY POINTS: The Annual Conference Committee uses multiple factors to weigh submitted abstracts during the abstract selection process. As time slots become more competitive, the need to balance the program with a wide variety of topics emanating from the eight competency areas is critical. This session will focus on the abstract selection process, the criteria for selection, tips that members can use to get their submission recognized for approval and the opportunity for guided practice.

RECOMMENDED READING:

1. 2013 Call for Educational Abstracts document.
2. Writing and Speaking for Excellence by Deborah St. James with Howard Spiro.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M56, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Monday, 1/23/12, Cordova 2/Lower

TITLE: How to Shout It From the Rooftops: A Primer on Publication Planning and Ethics for the CME Professional

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

PRINCIPAL PRESENTER: Scott Hershman, MD, CCMEP

Postgraduate Institute for Medicine, 720/895-5353, Shershman@pimed.com

DISCLOSURE: Does have for sale a product and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Mina Patel, PhD

Cephalon, Inc., 610/738-6746, mpatel@cephalon.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Alicia Reese, PharmD, CCMEP

sanofi-aventis US, 585/355-1558, aliciamreese@gmail.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this interactive workshop and discussion, participants will be able to describe at least three key considerations in publication planning, list major qualifications for authorship. Following the workshop, participants will reflect on current or future educational activities or projects and begin to envision an appropriate publication submission strategy. Participants will be able to identify publication planning resources and/or peer experts to consult for future initiatives.

METHODS: An interactive case-based discussion will follow a brief didactic overview of publication planning and authorship criteria. Participants will be asked to envision opportunities for publication of existing needs assessments (NA) and/or educational outcomes and brainstorm how to design NA to withstand peer-review thereby overcoming potential barriers to publication.

KEY POINTS: Successful publication of educational NA and/or data by CME professionals requires good publication practice for ethical interactions among authors, assessment of journal interest and raising awareness of educational gaps to help inform future research and education interventions. Publication planning can and should be incorporated strategically into the conceptualization and operationalization of curricular-based educational activities. Publication of educational NA and/or data to increase physician education which should result in better patient care is aligned with the Alliance for CME's 2011-2014 strategic commitments and will bolster the profession of CME.

RECOMMENDED READING: Good publication practice for communicating company sponsored medical research: the GPP2 guidelines. Graf, C., et al., BMJ 2009;339:b4430.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M57, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Monday, 1/23/12, Palazzo C/Lobby

TITLE: Translating Theory into Practice: What Are We Doing and Learning about Learning Theory?

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

PRINCIPAL PRESENTER: Marcia Jackson, PhD

CME by Design, 803/854-9034, marcia.jackson@cmebydesign.com

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

CO-PRESENTER: Kathleen Geissel, PharmD

Medscape, LLC, 609/371-8101, kgeissel@medscape.net

DISCLOSURE: Does have for sale a program and/or product for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: Participants will learn to: Describe 2-3 learning theories that can guide the development of CME programs; Compare 2007 and 2011 survey data regarding the use of learning theories to guide CME program development in various settings; Critique the translation of learning theories in the instructional design of 3 different online formats; Design educational activities for 2 different formats, translating learning theories into instructional design strategies

METHODS: Case study discussions and presentations lead participants through an interactive session illustrating ways in which learning theories can be translated into CME activities. Survey results from 2007 that assess how learning theory is applied in various settings (supporter, provider, MECC) will be compared to similar 2011 survey data.

KEY POINTS: Improvement in competence and performance can be achieved via CPD/CME activities that are planned in accord with learning theories. Successful application of these theories can increase the likelihood that education will achieve desired outcomes. In this session we explore the application of 2-3 learning theories and principles to create valuable CPD/CME programs in multiple formats, e.g., live and online formats (text-, audio-, and video-based). Benchmark data from two large surveys shows the progression of the CME industry's approach to infusing learning theory and principles into educational programs.

RECOMMENDED READING: 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: M58, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Monday, 1/23/12, Amarante 2-3/Lower

TITLE: Using In-Practice Research as a Framework for Quality Improvement Education

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

PRINCIPAL PRESENTER: Kim Mahoney

University of Utah School of Medicine, 801/213-2397, kim.mahoney@hsc.utah.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Scott Weber

Med-IQ, 203/762-0588, sweber@med-iq.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Kim Evanyo

Ortho-McNeil Janssen Scientific Affairs, LLC, 908/281-7426, kevanyo@its.inj.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Carolyn Berry, PhD

New York University, 609/528-8373, carolyn.berry@nyu.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants will be able to: (1) understand the importance of using clinical practice data to build a foundation for quality improvement CME, (2) design and implement in-practice research strategies for data gathering, (3) interpret clinical practice data, and (4) develop quality improvement educational interventions based on in-practice research.

METHODS: A combination of presentation, interactive discussions, and actual data will be used to present key points that illustrate the importance of in-practice research as a foundation for quality improvement interventions.

KEY POINTS: As CME providers continue to innovate and modify their educational designs to meet the needs of quality and performance improvement within clinical practice, it is increasingly important to share best practices in this area, as doing so will help drive the overall success of our industry. This interactive session will focus on the importance of in-practice research, proven strategies for effectively executing this type of research, and methods for interpreting and applying the data to develop meaningful quality improvement education.

RECOMMENDED READING: Med-IQ. Key Research and Findings in Triple-Negative Breast Cancer: A Report of Current Evidence, National Survey Findings, and In-Practice Research. 2010. www.med-iq.com/index.cfm?fuseaction=courses.overview&cID=519.

PARTICIPANT NOTE SPACE:

MONDAY

EDUCATIONAL FORMAT: M59, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Monday, 1/23/12, Palazzo A/Lobby

TITLE: Multiple Activity Curricula: Impact on Outcomes and Effect of the Activity Release Schedule on CME Retention and Performance

COMPETENCY: 2.8 - Provide longitudinal interventions when appropriate.

PRINCIPAL PRESENTER: Karyn Ruiz-Cordell, MA, PhD (ABD)

RealCME Inc., 646/380-8490, kruizcordell@realcme.com

DISCLOSURE: Does have for sale a technology for CME/CE/CPD professionals.

CO-PRESENTER: Michelle Tyner, MS

RealCME, 317/660-1045, rmtyner@realcme.com

DISCLOSURE: Does have for sale a technology for CME/CE/CPD professionals

CO-PRESENTER: Ellen Cohen, CertEd, DipEd, CCMEP

Association of Reproductive Health Professionals, 202/621-1425, ecohen@ARHP.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Discuss the advantages and challenges to multi-activity online CME curricula delivered on a defined schedule. (2) Review appropriate outcomes measures to demonstrate the impact of single-sitting engagement versus multi-sitting in which activities are released at time intervals. (3) Employ appropriate measurement to interpret knowledge, competence and performance for each activity and the curriculum. (4) Assess the impact of activity release schedule on learner retention and performance. (5) Apply findings to future educational designs.

METHODS: This panel will use a combination of didactics, group discussion, and the presentation of actual data from CME curricula that illustrates the impact of multiple activities and the activity release schedule on learner knowledge, competence, retention and performance.

KEY POINTS: Multi-activity education can have a positive impact on many levels of outcomes. A variety of curricula will be presented showing how multiple activities can be optimally utilized within a curriculum and how multiple activities can best be measured. Further the panel will describe the impact of single-sitting curriculum engagement versus engagement in curriculum delivered incrementally, on a defined schedule, on learner retention and performance. Panelists will present educational designs and outcomes that utilize each approach to compare and contrast the impact of these different scheduling approaches, and provide insights and analysis on educational design considerations.

RECOMMENDED READING: Bordage G, Carlin B, Mazmanian PE, Continuing Medical Education Effect on Physician Knowledge. CHEST 2009; 135 (3 Suppl) S: 29-36.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M60, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Monday, 1/23/12, Del Lago 1-2/Lower

TITLE: Bridging the Gap: Step-by-Step Strategies for Developing CME Content that Links Documented Needs to Improved Outcomes

COMPETENCY: 2.11 - Assure content validation in any CME/CE/CPD educational intervention.

PRINCIPAL PRESENTER: Lori Alexander, MTPW, ELS

Editorial Rx, Inc, 904/276-4826, lori@editorialrx.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Sarah Campbell

CME Resource, 916/783-4238, ext. 124, sarah.campbell@netce.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: (1) find resources that best support their gap analysis; (2) document needs assessment/gap in activity files; (3) recognize underlying needs after practice gaps are identified; (4) use a needs assessment to develop content linked to learning objectives and outcomes, and (5) discuss how a strong needs assessment can contribute to a better outcomes assessment.

METHODS: A didactic presentation will provide an overview of how to think creatively when seeking resources to document knowledge and practice gaps. A step-by-step approach to developing a needs assessment and content will include examples of how to achieve a product that addresses a variety of factors in improving patient outcomes.

KEY POINTS: (1) Many resources that support knowledge and practice gaps are underused; (2) Learning objectives must be linked to identified gaps; (3) The value of content is enhanced when it addresses a broad array of requirements and/or regulations; and (4) Identification of underlying needs can allow for a more focused and successful educational intervention.

RECOMMENDED READING:

1. Melnick DE. Physician performance and assessment and their effect on continuing medical education and continuing professional development. JCEHP. 2004;24:S38-S49.
2. Massy K. CME Basics. Criterion 2: Identifying and Analyzing Professional Practice Gaps. Alliance for CME Almanac. 2010;32(9):6-9.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M61, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Monday, 1/23/12, Palazzo D/Lobby

TITLE: Design and Outcome: How a PI CME Module Approved for MOC Part IV Credit went from Trials to Triumph (We Hope)

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

PRINCIPAL PRESENTER: Rachel Makleff, PhD
American Thoracic Society, 212/316-0673, rachelmakleff@msn.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Anne Marie Smith, MBA
Lifelong Learning Services, 301/989-9216, ams4life@gmail.com

DISCLOSURE: Does have for sale a program, product and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Allison Eades, MA
AXDEV Group, Inc., 450/465-2011, eadesa@axdevgroup.com

DISCLOSURE: Does have for sale a product and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Nancy Davis, PhD
National Institute for Quality Improvement and Education, 412/205-5368, ndavis@nigie.org

DISCLOSURE: Does have for sale a program, product and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Recognize when poor outcomes from “one and done” platform training suggest moving to longitudinal interventions.
2. Use web-based technology to support the assessments and interventions needed to improve learner performance.
3. Accurately project the cost of such an effort in terms of personnel, resources and time.
4. Utilize IRB-approved formative evaluation to incrementally improve teaching and mentoring, bringing about more significant and lasting increases in learner competence.

METHODS: Evidence-based measures were developed to track improvement in the use of spirometry for COPD and asthma management. Experts in pulmonary function testing assessed learner interpretation of spirometry then mentored learners one on one outside of the software. Learners were directed to interventions to improve communication, patient education, office and referral systems.

KEY POINTS: Many factors suggested dramatic improvement over past approaches of half day or one day teaching was possible: Use of spirometry in primary care is dramatically low. PQRI and HEDIS measures focus on this problem. ATS/ERS Standards for testing are evidence-based and widely recognized but poorly implemented. Medical schools devote longitudinal training to other tests (e.g. EKG) but not to spirometry. A cadre of leading pulmonary function test experts wqw willing to work with the collaborators to provide this missing training to primary care physicians through mentoring. Faculty/planners arranged for mentor cross coverage, provided additional supervision of the students, identified and shared within the group emerging best teaching practices for a mentoring format.

RECOMMENDED READING: Session hand outs will reference literature on the format’s value and impact, describe measure development where no national measures exist, provide links to evolving requirements for PI CME of main accrediting organizations. On the handout reverse a few key questions will stimulate class discussion.

FINANCIAL OR IN-KIND SUPPORT: We gratefully acknowledge an educational grant from Pfizer, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M62, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Monday, 1/23/12, Cordova 5-6/Lower

TITLE: Qualitative Methodology in CME: Enhancing the Practitioner's Toolbox

COMPETENCY: 4.3 – Consider healthcare organizational needs and goals when offering CME/CE/CPD interventions.

PRINCIPAL PRESENTER: Alexandra Howson, MA, PhD
Thistle Editorial, LLC, 415/374-9757, alexhowson@thistleeditorial.com

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: As a result of this session, participants will be able to:

1. Summarize the rationale for using qualitative methods in CME
2. Identify 3 qualitative methods
3. Describe the core features of at least 1 method

METHODS: The session format will include a mix of didactic and interactive methods, including the opportunity to practice at least 1 qualitative method.

KEY POINTS: Qualitative methodologies (QM) have a long history in social science research and are increasingly used to evaluate complex healthcare and education interventions. They are however, currently underused within CME. Yet QM has enormous potential as part of the CME practitioner's tool-box for developing needs assessments, creating PI-CME programs, and evaluating the process and outcomes of learning.

Used appropriately, QM can enable the CME practitioner to:

1. Gain insight into barriers to learning and practice
2. Develop or fine-tune outcomes measures
3. Identify learning or practice change enablers.

Accordingly, this session will:

1. Provide an overview of QM
2. Discuss the rationale for, as well as the rigor and relevance of QM
3. Describe several methods of value to the CME practitioner
4. Offer practice in using at least 1 method

RECOMMENDED READING: Barbara DiCicco-Bloom & Benjamin F Crabtree. The qualitative research interview Medical Education 2006; 40: 314–321.

PARTICIPANT NOTE SPACE:

MONDAY

EDUCATIONAL FORMAT: M63, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Monday, 1/23/12, Del Lago 3-4/Lower

TITLE: Engineering Successful Systems-based Quality Improvement (QI) Activities

COMPETENCY: 4.3 – Consider healthcare organizational needs and goals when offering CME/CE/CPD interventions.

PRINCIPAL PRESENTER: Sara Miller, MS
Med-IQ, 410/838-3459, smiller@med-iq.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Hershel Caywood, Jr., MHA, NHA
Freedom Square Rehabilitation and Nursing Services, 727/398-0478, hcaywood@brookdaleliving.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Kevin O'Neil, MD, FACP, CMD
Brookdale Senior Living Inc., 727/398-0478, koneil@brookdaleliving.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Debra Bottinick, MPH
Sanofi US, 908/981-4974, debra.bottinick@sanofi.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants will be able to: (1) describe the unique design and planning requirements for closed-system QI initiatives and how they differ from traditional CME activities, (2) plan and implement institution-specific gap analyses focused on patient-level clinician performance, (3) identify meaningful performance measures based on treatment guidelines and institution protocols, and (4) describe systems-based barriers that hinder patient care and the need for education that address these barriers.

METHODS: Presentation, interactivity, and metrics will illustrate key points related to QI planning, delivery and measurement. Presenters will guide participants through the design and delivery of an institution-specific QI initiative. They will also share examples of practice-related institutional barriers and strategies that were used to overcome those barriers.

KEY POINTS: The identification of institutions (both acute and sub-acute) that demonstrate suboptimal clinical guideline adherence is a quantitative and qualitative process. Strategic assessments including baseline performance data obtained through retrospective chart reviews of patients from the institution, a review of current protocols and order sets, and interviews with relevant clinicians and administrators form the basis for effective QI interventions. Strategies to address the environmental/cultural considerations of the institution, as well as clinician beliefs and attitudes regarding the value of change and their ability to implement it, are critical to the success of these programs.

RECOMMENDED READING: Reed D, et al. Challenges in systematic reviews of educational intervention studies. *Ann Intern Med* 2005;142(12 Pt 2):1080-9.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M64, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Monday, 1/23/12, Segura 3-4/Lower

TITLE: Tackling the Patient Centered Medical Home: Dollars, Doctors and Teams, and Decisions (Invited Abstract)

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

PRINCIPAL PRESENTER: Carolyn Gaughan, CAE

Kansas Academy of Family Physicians, 316/721-9005, kafp@kafponline.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Michael Speight

Iowa Foundation for Medical Care, 515/223-2900, mspeight@ifmc.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Matthew Katz

Connecticut State Medical Society, 203/865-0587, m Katz@csms.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All, but medical specialty societies and state medical societies in particular

OBJECTIVES: At the completion of this session, participants should be able to: 1) determine the components of a PCMH and interprofessional education project that may be transferrable to their organizations; 2) investigate funding sources from industry to foundation to government to support PCMH and interprofessional education; and 3) evaluate the resources necessary in their organizations to engage in initiatives of this nature.

METHODS: The presenters will describe their respective PCMH initiatives, including their work with physicians and interprofessional teams, integration of technology, funding sources and CME/CE opportunities. The three panelists have very similar goals, but very different experiences. Participants will be able to answer questions and engage in dialogue that will be useful as they develop PCHM or interprofessional education initiatives seeking funding outside the pharmaceutical industry world.

KEY POINTS: Health care reform, CMS and meaningful use are all moving physicians and their practice teams toward a patient-family center medical home model. Medical societies, specialty societies, QIOs, community-based organizations and others are working to assist these teams with integration and implementation of the PCMH. Of the many questions asked, most frequently we hear: how do we pay for this? A question we believe should be asked is whether or not QI/practice improvement staffs are working with continuing education staffs are working together to design, and implement the best possible projects, combining the expertise and resources available.

PARTICIPANT NOTE SPACE:

MONDAY

EDUCATIONAL FORMAT: M65, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Monday, 1/23/12, Segura 1-2/Lower

TITLE: It Does Take a Village: An Integrated Behavior Health Model and Primary Care

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

PRINCIPAL PRESENTER: Cynthia Kear, CCMEP

California Academy of Family Physicians, 415/586-6660, ckear@familydocs.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Chris Larrison

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

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Interpret changing paradigms for health care practice. Incorporate these paradigms into educational activities, improving outcomes for clinicians whose patients deal with chronic conditions & difficult life style changes.

Apply outcomes from an integrated behavioral health pilot into educational activities. Develop and launch an action plan with your organizational team that will engage them in creative and appropriate behavioral health models and new alliances.

METHODS: Faculty will discuss & demonstrate the benefits, collective and individual, of cooperating & collaborating to improve patient care in behavioral health. Examples from an innovative pilot project that identified and implemented solutions to barriers for primary care clinicians faced with patients having chronic conditions, such as smoking will be provided.

KEY POINTS: Touching on all competencies in section 4, we will focus on 4.4 to show how an established educational collaboration working with a payor group and a behavioral health organization partnered in 5 diverse primary care practice settings to demonstrate that: Working creatively within new health care paradigms, it is possible to diminish clinician's fear of failure. With access to an integrated behavioral health model, clinicians will more readily engage in clinical topics (such as smoking) where cynicism and apathy previously prevailed. It takes a village continues to be true, only more so.

PARTICIPANT NOTE SPACE:

MONDAY

EDUCATIONAL FORMAT: M66, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Monday, 1/23/12, Palazzo B/Lobby

TITLE: ROUTINE CHANGE - Enabling Practices to Improve Day-To-Day Patient Assessment in Rheumatoid Arthritis through Hands-On, Small Group Seminars

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

PRINCIPAL PRESENTER: Steven Jay Feld, MSW

Albert Einstein College of Medicine-Montefiore Medical Center, 718/ 920-6674, sfeld@montefiore.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Stephen Chavez

National Center for Continuing Medical Education, LLC, 215/317-5864, schavez@naccme.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Bonny McClain

Assessmint, LLC, 336/274-7996, bonny@assessmint.net

DISCLOSURE: Does have for sale a product for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: (1) Describe a comprehensive model for an experiential education-based CME program; (2) Explain the processes for integrating “hands-on” instructional design into program planning, needs assessment and outcomes design, and (3) Discuss best practices in activities that assist learner teams in adopting systems change.

METHODS: A didactic presentation will review a small group seminar activity that utilizes an experiential education model to achieve changes in routine assessment utilizing a nationally recognized patient self-report tool, Health Assessment Questionnaire (HAQ). Panel discussion will cover the effectiveness and value of the educational model from the perspectives of the planners, outcomes experts, and commercial supporter. Participants will apply learning by teaming to design a mock activity using the experiential education model in a therapeutic area of their choice.

KEY POINTS: (1) Overcoming private-practice barriers to systems change. (2) Using a nationally-recognized HAQ. (3) Using a multi-disciplinary, team-based educational approach to collecting quantitative patient data. (4) Effectiveness of hands-on, small group seminar format on translating knowledge to practice.

RECOMMENDED READING:

1. www.rheumatology.org/practice/clinical/bibliography/index.asp Bibliography of Criteria, Guidelines, and Health Status Assessments Used in Rheumatology.
2. Beard, Colin; Wilson, John P. The Power of Experiential Learning: A Handbook for Trainers and Educators. ISBN-0-7494-3467-8.

FINANCIAL OR IN-KIND SUPPORT: The Routine Assessment in Practice Seminar Series is supported by an educational grant from Genentech Inc., Abbott Laboratories, and Centocor Ortho-Biotech, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M67, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Monday, 1/23/12, Palazzo G/Lobby

TITLE: Electronic Health Records Use: Overcoming Barriers to Change by Applying Systems Thinking to Improve Patient Care

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

PRINCIPAL PRESENTER: Frank Funderburk

Centers for Medicare and Medicaid Services, 410/786-1820, frank.funderburk@cms.hhs.gov

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Mazi Abdolrasulnia, PhD

CE Outcomes, 205/259-1504, mazi@ceoutcomes.com

DISCLOSURE: Does have for sale a product for CME/CE/CPD professionals.

CO-PRESENTER: Jennifer Brown, PhD

Medscape, LLC, 212/417-9506, jjbrown@medscape.net

DISCLOSURE: Does have for sale a program for CME/CE/CPD professionals.

CO-PRESENTER: Ronald Viggiani, MD

Medscape, LLC, 212/301-6691, rviggiani@medscape.net

DISCLOSURE: Does have for sale a program for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: participants should be able to:

1. Identify areas where healthcare providers experience systems barriers to change and implementation of new knowledge.
2. Provide an educational intervention and partnership to assess and modify processes within and between systems that are barriers to change.
3. Measure outcomes of the assessment, to identify how attitudes, knowledge, and skills relate to barriers in systems of care.

METHODS: We will review the educational intervention and partnership and discuss the value of modifying systems barriers to change. To optimize engagement and learning, the session will incorporate: (1) Individual self-assessment exercises; (2) Didactic presentation; (3) Large group interactive discussion, and (4) Small-group cooperative exercises and interactive large group assessment.

KEY POINTS: Medical education interventions may succeed in teaching new knowledge, yet fail to change practices because providers experience barriers to change, including systems barriers. This activity will use examples related to use of electronic health records (EHRs) in typical practice settings to illustrate how systems thinking can be used to diagnose problems and identify high-leverage interventions that can facilitate adoption and meaningful use of EHRs. Ways of adapting the approach to other potential barriers to improving patient care will be discussed.

RECOMMENDED READING: Centers for Medicare and Medicaid Services. EHR Incentive Program. Connecting America for Better Health. Overview. Available at: www.cms.gov/EHRIncentivePrograms

FINANCIAL OR IN-KIND SUPPORT: The educational activity and analysis study was funded through a contract from the CMS.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M68, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Monday, 1/23/12, Palazzo H/Lobby

TITLE: A Collaborative, Systems-based Approach for Improving Patient Outcomes in Long-term Care Settings

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

PRINCIPAL PRESENTER: Ted Singer
PeerView Institute for Medical Education, 914/864-1794,
ted.singer@peerviewnetwork.com

DISCLOSURE: Does have for sale a program for CME/CE/CPD professionals.

CO-PRESENTER: Alan Bronnenberg, RPh
Performance Healthcare Initiative, 812/322-0711, dalanb@bluemarble.net

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Identify effective strategies for implementing performance-based medical education initiatives in LTC facilities
2. Apply strategies for facilitating effective collaboration between diverse partners working together on a multi-faceted medical education initiative

METHODS: This interactive workshop will consist of a panel of collaborative partners who will engage in a blend of formal presentations using a case example of a medical education activity titled Optimizing Insulin Dependent Diabetes Management in Long-Term Care. This multifaceted performance improvement platform was implemented in 2009-2010 in multiple LTC facilities in the Midwest Region of the US.

KEY POINTS: The focus of this Breakout is to illustrate how, through effective collaboration, continuing medical education was utilized to create system changes within LTC facilities, which increased clinician performance and improved patient outcomes. This session will provide insight into how this diverse group of partners worked together to translate the platform strategy into actionable, measureable system changes within multiple LTC facilities. At the conclusion of this workshop participants will better understand the challenges and barriers to implementing performance-based medical education activities in LTC settings; strategies for overcoming these barriers; and key elements for identifying and engaging appropriate collaborative partners.

FINANCIAL OR IN-KIND SUPPORT: This program was funded through an educational grant from sanofi-aventis US.

PARTICIPANT NOTE SPACE:

MONDAY

EDUCATIONAL FORMAT: M69, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Monday, 1/23/12, Palazzo E/Lobby

TITLE: Public Policy and Education for Safe Use: Translating Regulatory Science to Bedside Education

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

PRINCIPAL PRESENTER: Carl Kraus, MD
Medscape, LLC, 212/417-9813, ckraus@medscape.net

DISCLOSURE: Does have for sale a program for CME/CE/CPD professionals.

CO-PRESENTER: Dale Slavin, PhD
Food and Drug Administration, 301/796-3757, dale.slavin@fda.hhs.gov

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Participants will identify critical regulatory target areas for physician education with relevant metrics that impact policy considerations. Including: 1) Understand the FDA's rationale for Safe Use Initiative activities. 2) Characterize responses to Safe Use concerns that incorporate physician education. 3) Develop strategies to measure the educational interventions that are part of Safe Use efforts. 4) Bridge Safe Use efforts to clinically relevant educational gaps at the bedside

METHODS: In an open forum format, presenters from the US Food and Drug Administration and Medscape will lead participants through an interactive session consisting of presentations soliciting audience participation with case study discussions.

KEY POINTS: Preventable harm from medications is a regrettable patient outcome fueled by poor awareness, education or integration of currently available knowledge into healthcare delivery. Multiple opportunities exist to remedy these gaps in knowledge or performance including enhanced awareness, choice architecture planning, education, training, and policy modifications. One of the key goals of the FDA's Safe Use Initiative is to foster collaborations across the healthcare value chain to identify and plan appropriate interventions that will help limit preventable harm from medication. Case studies will underscore recent activities to help curb these outcomes by public/private educational partnerships.

RECOMMENDED READING:

1. The FDA's Safe Use Initiative: Collaborating to Reduce Preventable Harm from Medications – Online Resource www.fda.gov/Drugs/DrugSafety/ucm187806.htm.
2. The FDA's Safe Use Initiative: Collaborating to Reduce Preventable Harm from Medications – Executive Summary www.fda.gov/downloads/Drugs/DrugSafety/UCM188961.pdf.
3. Managing the Risks From Medical Product Use: Creating a Risk Management Framework. www.fda.gov/Safety/SafetyofSpecificProducts/ucm180325.htm.
4. Institute of Medicine of the National Academies, The Preventing Medication Errors, National Academies Press, 2007.
5. Institute of Medicine of the National Academies, The Future of Drug Safety, Promoting the Health of the Public, National Academy of Sciences, 2007.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M70, Breakout

TIME/DAY/LOCATION: 3:00 – 4:00 pm, Monday, 1/23/12, Palazzo F/Lobby

TITLE: The Value of Maintenance of Certification as a Key Component of Performance Improvement CME

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

PRINCIPAL PRESENTER: William Mencia, MD, CCMEP
Med-IQ, 443/636-1213, wmencia@med-iq.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Mike Pursel, RPh, MBA
Teva Pharmaceuticals, 816/508-5094, mike.pursel@tevapharm.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Beth Page
Eli Lilly & Company, 317/276-6162, bpage@lilly.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Understand the role of MOC in lifelong learning. (2) Describe the criteria for MOC application across the various specialty boards for a PI-CME activity. (3) Identify sources of performance measures that align with the identified needs of learners. (4) Incorporate specialty board certification into PI-CME activities. (5) Establish realistic expectations regarding which activities should be considered for level 4 MOC.

METHODS: Presentations, demonstrations, audience participation, panel-based discussion, and interactive discussion with participants will review the various board certifications available to providers and the value of level 4 MOC for a PI-CME activity.

KEY POINTS: This session is designed to explore the nuances and complexities of the MOC application process in CME across the various specialty boards, with a particular focus on discussing strategies for determining the appropriateness of level 4 MOC for certain activities. Through the presentation of real-life examples of activities that have achieved level 4 certification, the presenters will explore the challenges and opportunities of MOC in PI-CME and its role in physician lifelong learning. Presenters will also illustrate the multiple benefits available to both the learners and the provider.

RECOMMENDED READING: Miller SH, Thompson JN, Mazmanian PE, et al. Continuing medical education, professional development, and requirements for medical licensure: a white paper of the Conjoint Committee on Continuing Medical Education. *J Cont Ed Health Prof.* 2008;28:95-98.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M71, Member Section Follow-up Meeting (Federal Health Care Educators – All Conference Participants Welcome)

**TIME/DAY/LOCATION: 4:15 – 5:15 pm, Monday, 1/23/12,
Palazzo Pre-function and H/Lobby**

TITLE: National Health Education Priorities: Recommendations and Resources from Federal and National Public Agencies

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

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

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

CO-PRESENTER: Diana Durham, PhD
VHA Employee Education System, 562/826-5505, ext. 4188, Diana.Durham2@va.gov

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

TARGET AUDIENCE: All

MEMBER SECTIONS: Federal Health Care Educators

OBJECTIVES:

1. Examine health education priorities established by leading public health and care delivery federal agencies.
2. Identify methods and resources to enable you to link national priorities to your own population of health care professional learners and their work.
3. Identify educational resources and reference material for adoption to your own educational program.
4. Develop foundation for a white paper of recommendations to other CE providers regarding educational gaps and needs across our nation.

METHODS: Panel presentation from agencies such as ACCME, VHA, CDC, FDA, AHRQ, DoD, CMMS, NIH to include scenarios and case discussions as well as recommendations and suggestions for obtaining more information. There will be time for Q&A and additional resources will be distributed to attendees.

KEY POINTS: CE providers are in a position to steer and promote gap analysis and development of new education based upon existing research and data mining performed and provided open source by our federal agencies
Federal CE providers are in a unique position to provide unbiased guides on national problems that can be addressed by educational interventions.

RECOMMENDED READING: VA Undersecretary for Health performance gaps Nat'l Leadership Board Strategic Planning Summit 2011.

PARTICIPANT NOTE SPACE:

MONDAY

EDUCATIONAL FORMAT: M72, Member Section Follow-up Meeting (Health Care Education Organizations – All Conference Participants Welcome)

TIME/DAY/LOCATION: 4:15 – 5:15 pm, Monday, 1/23/12, Palazzo Pre-function and C/Lobby

TITLE: Use of Public Health Data in Gap Analysis

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

PRINCIPAL PRESENTER: Lori Marks, PhD

American Gastroenterological Association, 301/941-2624, lmarks@gastro.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Dierdre McKee, MPH

National Comprehensive Cancer Network, 215/690-0247, mckee@nccn.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: Health Care Education Organizations

OBJECTIVES:

1. Identify public health data sources useful in the development of CME activities.
2. Use common public health data sets to complete a model gap analysis.
3. Describe how public health data can be used in support of Moore's Level 6 outcomes—Population Health.

METHODS: Presentation, demonstration, group transfer-of-learning exercises with actual data sources, and discussion will illustrate how the public health world and the continuing medical education world intersect with data.

KEY POINTS: Public health is the science of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention. Public health offices and practitioners collect and track many types of data which can be of use to medical education providers both in planning and evaluating educational activities which aim to demonstrate outcomes at Level 6—population health.

PARTICIPANT NOTE SPACE:

MONDAY

EDUCATIONAL FORMAT: M73, Member Section Follow-up Meeting (Medical Education and Communication Company Alliance [MECCA] - All Conference Participants Welcome)

TIME/DAY/LOCATION: 4:15 – 5:15 pm, Monday, 1/23/12, Palazzo Pre-function and B/Lobby

TITLE: MECCA Member Section Meeting Recap Session

COMPETENCY:

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

PRINCIPAL PRESENTER: Alicia Sutton, CCMEP

Omnia Education/Prova Education, 215/237-5892, asutton@omniaeducation.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

CO-PRESENTER: Johanna Lackner Marx, MPH, MSW, CCMEP

InQuill Medical Communications, LLC, 831/440-8700, johannalackner@inquill.com

DISCLOSURE: Does have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Education and Communication Companies

OBJECTIVES:

1. Participate in an open dialog about the “pearls” gained from the numerous Alliance sessions.
2. Provide examples of key take-aways from educational sessions.
3. Discuss ways to improve the 2013 Alliance meeting (to provide input to the Alliance Board).
4. Develop a network of peers from the MECCA section of the 2012 ACME annual meeting.

METHODS: Group dialog, open forum, Q&A

KEY POINTS: The Alliance Annual Conference provides a multitude of educational and professional networking opportunities. MECCA Chairs will lead a lively discussion with participants to seek “pearls” from the many sessions that can be shared by fellow MECC members through this open forum where participants will provide their own take-aways from sessions they have already attended — sharing their experiences and plans for future enhancements to their educational designs, collaborations, outcomes measurements, and other program features.

PARTICIPANT NOTE SPACE:

MONDAY

EDUCATIONAL FORMAT: M74, Member Section Follow-up Meeting (Medical Schools – All Conference Participants Welcome)

**TIME/DAY/LOCATION: 4:15 – 5:15 p.m., Monday, 1/23/12,
Palazzo Pre-function and A/Lobby**

TITLE: Medical Schools Member Section Follow-Up Session

COMPETENCY AREA: 6 – Leadership

PRINCIPAL PRESENTER: Andrew Crim

UNT Health Science Center, 817/735-2644, Andrew.crim@unthsc.edu,

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

CO-PRESENTER: Ginny Jacobs

University of Minnesota, 612/625-4660, gjacobs@umn.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

TARGET AUDIENCE: Non-Beginners

MEMBER SECTIONS: Medical Schools

OBJECTIVES:

1. Identify opportunities for Academic CME providers to operate in an international setting
2. Compare and contrast the international CME with CME provided in the US

METHODS: This session will utilize an interactive presentation method.

KEY POINTS: Agenda items include:

1. International CME
2. Opportunities to expand existing activities
3. New collaboration opportunities

PARTICIPANT NOTE SPACE:

MONDAY

EDUCATIONAL FORMAT: M75, Member Section Joint Follow-up Meeting (Medical Specialty Societies and Pharmaceutical Alliance for Continuing Medical Education [PACME] – All Conference Participants Welcome)

**TIME/DAY/LOCATION: 4:15 – 5:15 pm, Monday, 1/23/12,
Palazzo Pre-function and E/Lobby**

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

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

PRINCIPAL PRESENTER: Pamela Mason, BS, CCMEP, FACME
AstraZeneca PLP, 302/885-1325, pamela.mason@astrazeneca.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Deborah Samuel, MBA
American Academy of Pediatrics, 847/434-7097, dsamuel@aap.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Walt Wolyniec, MSc
Confluent Healthcare Solutions, Inc, 203/417-3990, wwolynie@hotmail.com

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical Specialty Societies and PACME

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

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

KEY POINTS: The agenda will include an update of key topics important to both member sections. Utilizing examples, session leaders will challenge participants to explore their current practices and processes such as satellite symposia, newer educational session formats, and separation of promotional opportunities from CME/IME. Results from this discussion will assist the representatives from Medical Specialty Societies and Industry to understand the perspective of each other as they seek solutions that are appropriate for and meet the needs of their organizations. An interactive discussion will be held on options and strategies that ensure ACCME compliance when managing interactions between industry and medical specialty societies.

RECOMMENDED READING:

1. ACCME (Accreditation Council for Continuing Medical Education), 2004. ACCME Standards for Commercial Support 2004. www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf (accessed April 26, 2011).
2. ACCME (Accreditation Council for Continuing Medical Education), 2009. Ask ACCME: Standards for Commercial Support: Independence 2009. www.accme.org/index.cfm/fa/faq.detail/category_id/667b72cf-6277-4317-99f9-1e476b621e76.cfm (accessed April 26, 2011).
3. CMSS (Council of Medical Specialty Societies) 2010. Code for Interaction with Companies 2010. www.cmss.org/codeforinteractions.aspx (accessed April 26, 2011).
4. PhRMA (The Pharmaceutical Research and Manufacturers of America) 2008. Code on Interactions with Healthcare Professionals 2008. www.phrma.org/about/principles-guidelines/code-interactions-healthcare-professionals (accessed April 26, 2011).

EDUCATIONAL FORMAT: M76, Member Section Joint Follow-up Meeting (State Medical Societies & Hospitals and Health Systems – All Conference Participants Welcome)

TIME/DAY/LOCATION: 4:15 - 5:15 pm, Monday, 1/23/12,
Palazzo Pre-function and D/Lobby

TITLE: Cultivating the Relationship between the Accreditor and the Accredited Provider

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

PRINCIPAL PRESENTER: Leslie Howell, BA (Section Leader)
Pennsylvania Medical Society, 717/909-2624, lhowell@pamedsoc.org

DISCLOSURE: Does not have for sale a technology program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Debra Jorden, MS, CHES, CCMEP (Section Leader)
Cook Children's Medical Center, 682/885-7961, debra.jorden@cookchildrens.org

DISCLOSURE: Does not have for sale a technology program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Frank Berry, CCMEP (Panelist)
Maryland State Medical Society, 410/539-0872, ext. 3307, fberry@medchi.org

DISCLOSURE: Does not have for sale a technology program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Gayla Bruner, RN, BSN, CCMEP (Panelist)
Memorial Hermann Hospital System, 713/448-5101, Gayla.Bruner@memorialhermann.org

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

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

DISCLOSURE: Does not have for sale a technology program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Casey Harrison, BA (Panelist)
Seton Family of Hospitals, 512/324-8202, charrison@seton.org

DISCLOSURE: Does not have for sale a technology program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Steve Singer, PhD (Panelist)
Accreditation Council for Continuing Medical Education (ACCME), 312/527-9200, ssinger@accme.org

DISCLOSURE: Does not have for sale a technology program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: State Medical Societies and Hospitals and Health Systems

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

1. Explain the respective roles/responsibilities of the accreditor and the accredited provider
2. Discuss what each party needs/wants from the other in order to strengthen the relationship
3. Identify ways to make our respective jobs easier and more collaborative with each other

METHODS: Panelists representing the SMS section, the HHS section, and the ACCME will facilitate discussions with the audience.

KEY POINTS: Collaboration between the accreditor and the accredited provider will strengthen the CME process and facilitate compliance with ACCME guidelines.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: M77, Member Section Follow-up Meeting (Other – All Conference Participants Welcome)

**TIME/DAY/LOCATION: 4:15 – 5:15 pm, Monday, 1/23/12,
Mediterranean 1-8/Lobby**

TITLE: Redesigning the ‘Other Member Section’: Making Sure it Can Best Support our Needs (Part 2)

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

PRINCIPAL PRESENTER: Harold Magazine, PhD
Science Care, 602/288-0046, harold.magazine@sciencecare.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Moss Blachman, PhD
University of South Carolina School of Medicine, 803/434-4211, blachman@sc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of the breakouts, participants should be able to engage in a process to address their unmet needs.

METHODS: Presentation and interactive small group discussions to:

1. Review range of needs and initial ideas of strategy to address them.
2. Agree on a strategy to ensure “Other Member Section” needs are met or appropriately addressed by the Alliance.

KEY POINTS:

1. Address the concern that some members feel that:
 - They do not fit cleanly into any specific member section and
 - Their specific needs and concerns may not be fully recognized and supported.
2. Identify the range of needs (met and unmet) of the members of the “Other Member Section.”
3. Formulate a plan to address these needs and communicate it to the Alliance.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T1, Plenary

**TIME/DAY/LOCATION: 8:30 – 9:30 am, Tuesday, 1/24/12,
Mediterranean 1-8/Lobby**

TITLE: The Future of Care: Physician Education, Research and New Models of Care (Invited Abstract)

PRINCIPAL PRESENTER: Carolyn Clancy, MD
Agency for Healthcare Research and Quality, 301/427-1203, carolyn.clancy@ahrq.hhs.gov

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

OBJECTIVES:

- Provide an overview of current trends and pressures that are generating momentum for current efforts to transform the U.S. health care system;
- Describe how more focused attention on strategies involving quality improvement, patient-centered outcomes research and patient safety will factor into those efforts; and
- Identify how the relationships between these efforts and strategies – built on local/regional/national collaboration – will transform 21st century health care into an information-rich, patient-focused enterprise.

While the momentum that has been created around health care over the last few years has already generated an abundance of solutions to prevent, treat and manage clinical and behavioral conditions, an enormous gap remains between what can improve health outcomes and what is currently being delivered to the greatest number of Americans. Dr. Clancy will focus on key issues being addressed in the delivery of care today, including the ways in which more focused attention on issues such as implementation, dissemination and patient engagement factor into goals ranging from improving the quality of care for all Americans to system transformation. Dr. Clancy will also talk about the importance of physician education in the transformation.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T2, Intensive

**TIME/DAY/LOCATION: 10:00 am – 12:15 pm, Tuesday, 1/24/12,
Marbella Pre-function and 1-2/Lower**

TITLE: Virtual Worlds (VWs): Harnessing Emerging New Learning Environments for Health Care Clinicians

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

(REAL WORLD)

PRINCIPAL PRESENTER: Cynthia Kear, CCMEP

California Academy of Family Physicians, 415/586-6660, ckear@familydocs.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Robin Heyden

Education Consultant, 781/772-1308, robinheyden@gmail.com

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

(IN WORLD)

John Wiecha, MD

Boston University Family Medicine, 617/414-4465, John.Wiecha@bmc.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

Marianna Shershneva, MD, PhD

University of Wisconsin Office of Continuing Professional Development, 608/240-6007, mbshershneva@ocpd.wisc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

1. Provide attendees an entrance to the Virtual World of education, via Second Life, focusing on the benefits and challenges of in-world learning, and how VWs being used in a variety of clinical educational programs, spanning time and location differences.
2. Present emerging evidence of efficacy, exploring how immersive learning and the Proteus Effect could enhance CME/CPD/CE activities and programs and providing early research data on VW educational outcomes using the CS2day motivational interviewing/smoking cessation research project as a basis.
3. Apply a suggested checklist and assess an organization's readiness for this new learning modality/environment.

METHODS: This intensive will be taught in the real world and in world – faculty will be both live and avatar, demonstrating the innovative use of technology for education. In addition to demonstrating unique learning opportunities in a VW, based upon CME activities conducted in Second Life (the largest free VW), the intensive will include discussion of research done on in-world learning. Cases include: MI and Smoking Cessation, MI and Colorectal Screening and Diabetes Care Mgt. An Organizational Readiness Check will be reviewed.

KEY POINTS:

1. VW are increasingly seen as viable venues for rich information exchange, immersive learning experiences, and opportunities for skill practice leading to performance change and improvement.
2. VWs offer a unique and compelling learning environment (Proteus Effect, opportunity for anonymous role-playing) but not all organizations are ready for VW nor are all programs appropriate for VWs.
3. It is important to efficiently leverage what is unique about VWs in instructional design and consider the nascent but available Best Practices for CME/CE/CPD and VWs.

RECOMMENDED READING:

1. Learning in a Virtual World: Experience with Using Second Life for Medical Education, www.jmir.org/2010/1/e1/.
2. Extending the Reach of Health Care for Obesity and Diabetes Using Virtual Worlds, www.journalofdst.org/March2011/PDF/VOL-5-2-SYM10-MORIE.pdf.

EDUCATIONAL FORMAT: T3, Mini-plenary

**TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/24/12,
Mediterranean 1-8/Lobby**

TITLE: Update on ABMS Maintenance of Certification® (ABMS MOC®) and Maintenance of Licensure (MOL) (Invited Abstract)

COMPETENCY:

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

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

PRINCIPAL PRESENTER: Richard Hawkins, MD

American Board of Medical Specialties, 312/436-2603, rhawkins@ABMS.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Jon Thomas, MD

Federation of State Medical Boards, 817/868-4067, jthomas@FSMB.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginner

MEMBER SECTIONS: All

OBJECTIVES: As a result of this presentation, participants should be able to:

1. Understand the current standards for ABMS Maintenance of Certification and their relationship to continuing education (CE) and continuing professional development (CPD); and
2. Understand the current plan to implement Maintenance of Licensure across the United States.

METHODS: ABMS Maintenance of Certification is over ten years old while Maintenance of Licensure (MOL) is just beginning to take shape following eight years of diligent and deliberate study and deliberation with stakeholders. These two hallmark programs are closely aligned in that they affirm the need for reflective self-assessment, external validation of expertise, and practice based assessment and improvement. Further, both programs rely on continuing professional development in order to ensure the public that the nation's physicians are competent to provide high quality and safe care to patients.

In an effort to provide clarity, dispel myths, and engage the continuing professional development (CPD) community, the speakers will describe the current status of the two programs, including plans for MOL implementation and the current and potential future role of CME/CPD in both ABMS MOC and MOL. Didactic presentations will be followed by an interactive component that will allow participants to self assess their understanding of the two programs.

KEY POINTS: Although many physicians are now enrolled in ABMS MOC or the osteopathic equivalent known as OCC (osteopathic continuous certification), the pilots for MOL are just getting started. In addition, many physicians still do not understand these programs, why they were created, and where they are heading. Indeed, the standards set forth by the American Board of Medical Specialties (ABMS) and the Federation of State Medical Boards (FSMB) continue to evolve and many questions remain.

RECOMMENDED READING:

1. McGreal, S., Pouwels, V. M. (2010). The American Board of Medical Specialties: Higher Standards, Better Care®. *Almanac*, 32(11), 2-3.
2. McGreal, S., Pouwels V. M. (2011). Evolution of the Competency Movement: American Board of Medical Specialties Certification and Maintenance of Certification Programs. *Almanac*, 33(2), 3-7.
3. McGreal, S., Pouwels V. M. (2011). The American Board of Medical Specialties MOC® Program: Reflecting a Commitment to Lifelong Learning and Periodic Self-assessment. *Almanac*, 33(5), 3-6.

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

EDUCATIONAL FORMAT: T4, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/24/12, Palazzo D/Lobby

TITLE: How to Approach Moving Towards Accreditation with Commendation for CME Providers (**Invited Abstract**)

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

PRINCIPAL PRESENTER: Moss Blachman, PhD

University of South Carolina, 803/434-4211, Morris.Blachman@uscmed.sc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Dion Richetti, DC, CCMEP

Accreditation Council for Continuing Medical Education (ACCME), 312/527-9200, drichetti@accme.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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

1. Describe processes and methods to move a CME program toward accreditation with commendation.
2. Identify the most effective documentation to demonstrate improvement and compliance with Criteria 16 - 22.
3. Discuss methods of gaining participation and buy in from stakeholders.
4. Measure the effectiveness of their improvements in demonstrating compliance.

METHODS: Presentation and case-study discussion.

KEY POINTS: Continuous improvement is now an important process for all CME accredited providers. As providers improve, moving the CME program toward Accreditation with Commendation is often a goal. This session will examine strategies and processes for taking an accredited CME program to the next level of accreditation with commendation. Emphasis will be on strategies to take the steps necessary, stakeholder buy in and participation and documenting compliance with Criteria 16 - 22.

RECOMMENDED READING: ACCME in line FAQ's, ACCME [Guide to the Process for ACCME Reaccreditation: An Overview and Submission Requirements](#) and ACCME Accreditation Toolkit.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T5, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/24/12, Palazzo E/Lobby

TITLE: Integrating Evidence-based Resources from AHRQ's Effective Health Care Program into CME Activities: Lessons Learned for CME Providers and Faculty

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

PRINCIPAL PRESENTER: Michael Fordis, MD
Baylor College of Medicine, 713/798-8246, fordis@bcm.edu

CO-PRESENTER: Robert Baron, MD, MS
University of California-San Francisco, 415/476-3414, baron@medicine.ucsf.edu

CO-PRESENTER: Jack Kues, PhD, FACME, CCMEP
University of Cincinnati, 513/558-3196, kuesjr@uc.edu

CO-PRESENTER: Robert Morrow, MD
Albert Einstein College of Medicine, 718/884-9803, rmorrow@montefiore.org

CO-PRESENTER: James Norton, PhD
University of Kentucky College of Medicine, 859/323-8018, jnorton@email.uky.edu

DISCLOSURE: Presenters do not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: Attendees should be able to: (1) identify components of AHRQ's effective health care (EHC) program; (2) discuss resources and tools produced through the EHC Program and how these might be integrated into CME activities; (3) suggest strategies for integrating EHC resources into CME activities (e.g., live and Web-based interactive activities, grand rounds, enduring materials, and academic detailing); and (4) articulate problems, lessons learned, barriers, and solutions associated with use of strategies discussed.

METHODS: The activity presents results of a feasibility study involving strategies identified above and tested in a variety of CME venues reflective of settings across the CME enterprise. Lessons learned from testing done by member organizations of the Society for Academic CME (SACME) will be presented. Implications for future efforts to integrate EHC resources and tools into CME will also be explored.

KEY POINTS: (1) AHRQ Effective Health Care Program and components, including 15 evidence-based research centers, are addressing field-generated questions and knowledge gaps related to clinical practice; (2) physician- and patient-centered information products and support tools have been and are currently being developed with input from the stakeholders (e.g., physicians in practice, faculty); (3) AHRQ has engaged academic partners through SACME and the AAMC to explore ways of using EHC products to support evidence-based learning by physicians in practice; (4) these partnership efforts are bringing into focus strategies that work in adapting EHC products for integration in CME, as well as areas where further work is required; and (5) more input from the CME community is needed for ongoing development and to leverage results of the feasibility projects in mounting new efforts to capitalize on EHC evidence and resources.

RECOMMENDED READING: Bonham AC, Solomon MZ. Moving comparative effectiveness research into practice: implementation science and the role of academic medicine. *Health Aff (Millwood)*. Oct 2010;29(10):1901-1905.

FINANCIAL OR IN-KIND SUPPORT: Financial support for this project and this activity was provided by the Agency for Healthcare Research and Quality (AHRQ) under contract HHSA290200810015C.

EDUCATIONAL FORMAT: T6, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/24/12, Palazzo B/Lobby

TITLE: Beyond the Classroom: Enhancing Educational Outcomes through Peer Mentoring

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

PRINCIPAL PRESENTER: Vesna Drenovac, RPh, MS
Vemco MedEd, 908/704-2400, vdrenovac@vemcomeded.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Debra Goff, PharmD, FCCP
Ohio State University Medical Center, 614/293-8470, Debbie.Goff@osumc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Paul Delisle
Center for Independent Healthcare Education, 908/797-1240, info@jointsponsor.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Maja Drenovac, PharmD
Vemco MedEd, 908/704-2400, mdrenovac@vemcomeded.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Assess the impact of peer mentoring as part of an educational intervention on the learners competence and practice performance.
2. Discuss tips and tools for establishing a successful peer mentoring

METHODS: This session is designed to be interactive, with a blend of presentation and group discussion on effective learning methods. All presenters have experience in engaging the learners in an ongoing dialogue regarding the subject matter. The presenters will provide examples of how the peer mentoring enhanced learning, increased interaction and performance and how it resonated with learners. The discussion will also explore potential logistical and financial challenges with these approaches and provide strategies to overcome them.

KEY POINTS: CME is very often presented as a didactic presentation or a lecture. These presentations, though cost-effective, are often ineffective in changing learners' attitudes and behaviors. Different educational interventions are necessary for ensuring change in the practice setting and thus improving patient care. This course discusses a follow-up peer mentoring strategy that allowed learners to practice and implement newly acquired competencies using personal coaching and peer mentoring throughout a 1-year period. Through this learners can demonstrate learning and evaluate their success through their own activity and pace. This strategy allows for limited fear of failure and increased confidence.

RECOMMENDED READING:

1. Aldrich, C. Learning by Doing. Pfeiffer 2005.
2. Weimer, M. Learner-centered teaching. Jossey-Bass 2002.

FINANCIAL OR IN-KIND SUPPORT: The CME/CPE activities described in this presentation were supported by an educational grant from Astellas Pharma Global Development, Inc. and jointly sponsored by Vemco MedEd and Center for Independent Healthcare Education.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T7, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/24/12, Segura 1-2/Lower

TITLE: Innovations in Learning Tools: Can You Tweet the QR Code to Your App?

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

PRINCIPAL PRESENTER: Derek Warnick, MSPT
Curatio CME Institute, 610/363-1619, derek.warnick@curatiocme.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

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

1. Summarize the role innovative learning tools such as QR codes, Twitter, and custom-designed mobile apps can play in facilitating delivery of education
2. Outline the steps for creating and using custom-designed QR codes and mobile apps
3. Demonstrate multiple methods for using Twitter in educational design
4. List additional innovative learning tools available for consideration

METHODS: The learning tools to be discussed will be used throughout the presentation so that participants can experience their application. Participants are encouraged to bring smart phones (with QR code reader) and tablets compatible with the iOS platform to fully engage in the session.

KEY POINTS: The pool of resources for delivering education has been dramatically expanded by an explosion in the use of innovative learning tools. QR codes, Twitter, and mobile apps are the focus of this session, as they each represent a unique aspect of learning methodology. During the presentation, participants will have a chance to use each of these tools and see demonstrations of their practical application in a CME activity.

RECOMMENDED READING: "QR What? Leveraging 2D Codes for Public Health" <http://bit.ly/id9b5i>.



PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T8, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/24/12, Palazzo C/Lobby

TITLE: Creating Standards in Educational Outcomes: A Worthwhile Mission or Mission Impossible?

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

PRINCIPAL PRESENTER: Mindi McKenna, PhD

American Academy of Family Physicians, 913/906-6204, mmckenna@aafp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Jason Singer, PharmD

Lilly USA LLC, 317/277-8333, jsinger@lilly.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be better able to: (1) understand complications created by inconsistencies in educational outcomes, especially definitions, data collection tools, assessment systems and reporting formats, and (2) develop and utilize potential approaches to standardize outcomes with organizations and across the industry.

METHODS: The co-presenters will share examples of inconsistencies in educational outcomes, and discuss why greater standardization is needed. It should be understood this will be an active session and participants will work in teams to develop potential approaches to outcomes measurement that could potentially become standardized across the CME/CE community.

KEY POINTS: While much work has been done over the past several years including Moore's widely-recognized outcomes model, the CME industry continues to struggle with the topic. This presents a barrier to the advancement in the research base for CME and the general goal of improving patient care through CME. This session will investigate the widely different interpretations of outcome definitions, tools and scales utilized today. Recognizing the most typical inconsistencies can improve understanding and progress the industry towards a standardized method of measurement. This working session will allow all participants to actively engage in reviewing inconsistent outcome definitions, tools, and scales, and proposing approaches that have potential to become future standards.

RECOMMENDED READING: Casebeer L, Kristofco RE, Strasser S et al. Standardizing Evaluation of On-line Continuing Medical Education: Physician Knowledge, Attitudes, and Reflection on Practice. JCEHP 24(2):68-74, 2004.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T9, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/24/12, Segura 3-4/Lower

TITLE: Learning from a Live Series of Collaborative CME/CE Workshops: Examining the Outcomes

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

PRINCIPAL PRESENTER: JoEllen Wynne, RN, MSN, FNP-BC
American Academy of Nurse Practitioners, 512/442-4262, jwynne@aanp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Jennifer Pitts, MA
American College of Chest Physicians, 847/498-8373, jpitts@chestnet.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

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

1. Differentiate between true vs. pseudo collaboration
2. Describe the process of designing a multi-disciplinary educational program using an instructional design model
3. Review the data used to determine if there is a change in learner knowledge, competence, and performance
4. Identify the strengths and weakness of the outcome data analysis in order to determine future learning needs

METHODS: This session will summarize a collaborative, multidisciplinary initiative previously presented at the Alliance meeting in 2010. Data from the final program analysis will be reported. This session will also provide an opportunity for learners to break into small groups and explore how the outcome data from this program can be utilized to help identify gaps to impact future educational activity development.

KEY POINTS: Developing collaborative relationships to create and deliver continuing education in the health professions is no longer unique. Establishing group trust is critical to any program's success. This presentation will illustrate how organizations came together to create an interactive CME/CE program by applying a systematic approach to instructional design based on sound educational principles. A formative assessment process was used throughout the design process. Analysis from the data indicated significant self-reported changes in clinical practice, as well as, significant improvements in self-confidence, knowledge, and comprehension. Utilizing outcome data from a CME/CE collaborative program can assist in identifying gaps and guide future educational activity development.

RECOMMENDED READING:

1. Mazmanian PE, Davis DA, Galbraith R, American College of Chest Physicians Health and Science Policy Committee. Continuing medical education effect on clinical outcomes: effectiveness of continuing medical education: American College of Chest Physicians Evidence-Based Educational Guidelines. *Chest* 2009; 135:49S-55S.
2. Miller BM, Moore DE Jr, Stead WW, Balser JR. Beyond Flexner: a new model for continuous learning in the health professions. *Acad Med* 2010; 85:266-72.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T10, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/24/12, Palazzo G/Lobby

TITLE: Online PI CME: Taking Learners beyond Simple Data Collection

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

PRINCIPAL PRESENTER: Lori Morawski, MPH, CHES
American Academy of Pediatrics, 847/434-3786, lmorawski@aap.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: Participants will be able to: (1) Describe key elements in creating effective online PICME activities, (2) Discuss content & tools providers can include in PICME that will help learners better understand QI & implement change in their practice of medicine, (3) Identify how content, tools, & techniques like barrier grids, I Basics modules, case studies, & teamwork modules can add educational value & content to online PI activities, (4) Identify learning intervention opportunities within the PI CME process, and (5) Describe the framework used to develop AAP EQIPP courses.

METHODS: Use didactic lecture, web-based demonstration, and interactive group discussion to: (1) Discuss elements needed to develop stand alone online PI CME activities; (2) Describe various improvement tools and resources for online PI CME, and (3) Illustrate barriers in the development and implementation of online PI CME and how to overcome them.

KEY POINTS: Developing PI CME activities can be overwhelming and challenging. Adapting this process to an online environment for learners to self-direct their improvement requires the development of a comprehensive set of resources and learning materials in addition to data collection. EQIPP is the American Academy of Pediatrics online PI CME program. Servicing over 4500 subscribers, EQIPP provides not only a system for data collection and analysis, but also a framework for learning the performance improvement process with resources and tools to make change in practice. Using the Model for Improvement as a guide, EQIPP provides guidance on creating aim statements, improvement plans, and identifying ideas for change in practice.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T11, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/24/12, Amarante 2-3/Lower

TITLE: Educating for Quality Improvement and Patient Safety (EQUIPS): Interprofessional Teamwork for Clinical Safety and Effectiveness

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

PRINCIPAL PRESENTER: Jan Patterson, MD, MS

UT Health Science Center San Antonio School of Medicine, 210/567-4445, pattersonj@uthscsa.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Amruta Parekh, MD, MPH

UT Health Science Center San Antonio School of Medicine, 210/567-1871, parekha@uthscsa.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Brenda Johnson, MEd, CCMEP

University of Texas Medical Branch-Galveston, 409/772-9305, br2johns@utmb.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Marissa Howard

UT Health Science Center San Antonio School of Medicine, 210/567-4435, howardm@uthscsa.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Relate the integration of quality improvement techniques to PI CME
2. Improve patient health outcomes by assimilating interprofessional education among healthcare professionals.
3. Describe how optimal healthcare for patients can be achieved by healthcare professionals learning and working together.

METHODS: Presentation and case-study discussion will illustrate how UT Health Science Center San Antonio Center for Patient Safety & Health Policy's Clinical Safety and Effectiveness Course facilitated practice improvements among interprofessional healthcare teams resulting in improved patient outcomes and significant return on investments within University of Texas System Health Science Centers.

KEY POINTS: Learners will discover a proven model which integrates quality improvement tools and techniques, interprofessional educational and PI CME, resulting in improved patient outcomes.

RECOMMENDED READING:

1. Institute of Medicine. Health Professions Education: A Bridge to Quality. Washington DC: National Academy Press;2003. Washington DC: National Academy Press; 2001.
2. Shine KI. Health care quality and how to achieve it. Acad Med 2002;77(1):91-9.
3. Leonhardt D. Making Health Care Better. New York Times Magazine, November 8, 2009.
4. Regnier K, Kopelow M, Lane D, Alden E. Accreditation for Learning and Change: Quality and Improvement as the Outcome. Jour Cont Educ Health Prof 2005;174-182.

FINANCIAL OR IN-KIND SUPPORT: The UT Health Science Center San Antonio Clinical Safety & Effectiveness Project, EQUIPS, is supported in part by an educational grant from Pfizer, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T12, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/24/12, Segura 5/Lower

TITLE: Interdisciplinary Education and the Purpose of Moore's Level of Outcomes vs. Bloom's Taxonomy

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

PRINCIPAL PRESENTER: April Reynolds, MS, ELS

Institute for Continuing Healthcare Education, 215/446-8088, ext.1392, areynolds@iche.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Christine O'Leary, PharmD, BCPS, CCMEP

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

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: John Ruggiero, PhD, CCMEP

Genentech, 650/467-6848, ruggiero.john@gene.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Compare the similarities and differences of Moore's Level of Outcomes and Bloom's Taxonomy
2. Evaluate how the differences and similarities of these 2 theories relates to CME/CPE content development
3. Apply the 2 theories to an educational activity to determine if it is appropriate for an interdisciplinary audience and cross-certification

METHODS: A comparison of the two theories will be provided, and attendees will discuss how these theories apply to CME/CPE. Examples of educational activities intended for cross-certification will be presented, and attendees will vote on whether or not the activity is appropriate for a CME audience, a CPE audience, or both.

KEY POINTS: By comparing Moore's and Bloom's theories, the similarities and differences are illuminated. Both theories advocate the use of assessable verbs in learning objectives so that the impact of the education can be measurable; however, the overarching differences are that Moore's Level of Outcomes is intended to measure the impact of CME whereas Bloom's Taxonomy is used to develop measurable learning objectives in CPE. Four of Moore's levels have no equivalent in Bloom's Taxonomy; the rest of Moore's levels can be aligned with an approximate equivalent in Bloom's Taxonomy. An understanding of these two theories helps guide the CME/CPE provider in the development of educational activities, especially those intended for cross-certification.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T13, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/24/12, Palazzo H/Lobby

TITLE: Developing High-Impact Longitudinal Education: Benefits, Challenges and Pitfalls

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

PRINCIPAL PRESENTER: Kathleen Marian, MEd
American Academy of Family Physicians, 913/906-6000, kmarian@aafp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Ann Karty, MD
American Academy of Family Physicians, 913/906-6000, akarty@aafp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Amanda Hanova, MSM
American Academy of Family Physicians, 913/906-6000, ahanova@aafp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Align educational design, clinical content, team-based outcomes and business strategies to support the delivery of high-impact longitudinal continuing professional development to improve patient care.
2. Evaluate the barriers that impact the successful alignment and delivery of education that addresses multiple interventions including PI CME.
3. Analyze the technology, business model, planning and budgeting requirements that support the delivery of longitudinal education.
4. Apply best practices to support your CME Program.

METHODS: The presenters will provide an overview of the lessons learned as they implement longitudinal educational planning into their CME portfolio. This includes evaluation of appropriate educational interventions, the selection of clinical topics, development of curriculum plans and needs assessments, coordinating with faculty, delivery of content, evaluation of outcomes and business and budgetary requirements.

KEY POINTS: This session will support CME providers as they work to move from individual CME activities to longitudinal models of CME delivery. This session will allow attendees to actively engage in designing longitudinal CME that supports a “layered learning” approach that is designed to enhance knowledge, competence, performance, and ultimately improve patient outcomes to ensure the provision of high-quality, innovative educational experiences that include self-directed assessment and practice-based learning and improvement of care. The presenters will discuss the organizational transformation needed in the operations, budgeting and strategic planning that is required to support the delivery of education. From lessons the presenters learned, attendees will develop action steps that will support their integration of best practices into their CME enterprise.

RECOMMENDED READING:

1. Moore, Donald E. Jr. PhD; Green, Joseph S. PhD; Gallis, Harry A. MD. Achieving Desired Results and Improved Outcomes: Integrating Planning and Assessment Throughout Learning Activities. *Journal of Continuing Education in the Health Professions*. 2009, 29(1):1-15.
2. Knowles, Malcom S.; Holton, Elwood F. III; Swanson, Richard A. *The Adult Learner: The Definitive Classic in Adult Education and Human Resource Development* (6th Ed.) Elsevier Inc.; 2005.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T14, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/24/12, Del Lago 1-2/Lower

TITLE: Designing and Implementing Interdisciplinary Diabetes Educational Activities in a Multi-hospital Health System

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

PRINCIPAL PRESENTER: Athena Philis-Tsimikas, MD

Scripps Whittier Diabetes Institute, 858/626-5628, tsimikas.athena@scrippshealth.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Stephanie Decker, RN/CDE

Scripps Whittier Diabetes Institute, 858/626-5628, decker.stephanie@scrippshealth.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Eric Jones, PharmD

Sanofi-Aventis US, 908/981-7277, Eric.Jones@sanofi-aventis.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Collaborate with key stakeholders to design, develop and deliver a CME and CEU initiative for multidisciplinary hospital teams that leads to an efficient integration of a standardized care process for glucose management in a multi-hospital health system in Southern California.
2. Design and implement an outcomes measurement plan that demonstrates a short-term effect on learner performance and evaluates longer-term effects on patient-outcome data for both clinical and financial improvements.

METHODS: A three-pronged approach of 8-hour, 4-hour and 2-hour programs were designed to deliver disease-state concepts and provide methods for optimal management of the disease state (diabetes and hyperglycemia) to a multidisciplinary audience of hospital personnel-MDs, RNs, Pharmacists and Dietitians. Pre-post test results and long-term clinical/financial outcomes were collected.

KEY POINTS: Health systems are driving towards integrated approaches to care to improve quality and financial goals. Training personnel to participate in standardized approaches to care becomes critical as reimbursement methods are bundled. Educational activities are key techniques to disseminate information and unify the effort to implement system wide changes. The educational activities of the Scripps Glucose Management program were an integral component of system wide implementation. Design, delivery and execution of the education process will be discussed. Preliminary clinical and financial outcomes of the broader program that demonstrate effect on quality of care and financial performance will be presented.

FINANCIAL OR IN-KIND SUPPORT: The educational CME and CEU programs were supported in part by educational and research grants from Sanofi-Aventis and Novo Nordisk.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T15, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/24/12, Del Lago 3-4/Lower

TITLE: Integrating CME into a Performance-Based Culture

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

PRINCIPAL PRESENTER: Robert Beck, MD
Fox Chase Cancer Center, 215/214-1490, robert.beck@fccc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Kathy Ann Smith, CMP, CCMEP
Fox Chase Cancer Center, 215/728-5358, kathy.smith@fccc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Delinda Pendleton, RN, MSN, CPHQ
Fox Chase Cancer Center, 215/728-2660, delinda.pendleton@fccc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: Hospitals and Health Systems

OBJECTIVES: Following this presentation, CME/CPD professionals should be able to: (1) Describe the benefits of an integrated culture in which Quality, CME and Academic Affairs actively facilitate transition to a performance-based culture. (2) Identify opportunities for collaboration within individual organizational structures. (3) Implement a collaborative process that integrates CME and quality management within the overall organizational structure to improve professional performance.

METHODS: Didactic presentation on our experience integrating CME and institutional quality, patient safety and performance initiatives and developing an organizational structure that facilitates transition to a performance-based culture. Specific examples will provide details about improvements. We will encourage participants to share best practices and barriers specific to their settings.

KEY POINTS: (1) Roles of each member of the team in building relationships and making sure the right people are at the table; importance of leadership in building a solid organizational structure that maximizes effectiveness and supports performance improvement initiatives. (2) Explore our integrated approach to institutional initiatives, including 'Just Culture', 'Patient and Family-Centered Care', Joint Commission requirements and the Baldrige journey. (3) Discuss how a 'best practice' implemented to enhance documentation in Morbidity and Mortality RSS activities translated directly to the Performance Monitoring Committee developing standardized practices for documenting M & M conferences.

RECOMMENDED READING:

1. ACCME. CME As A Bridge to Quality. Chicago, IL: Accreditation Council for Continuing Medical Education; 2008. Available at: www.ACCME.org.
2. ACCME Essential Areas & Elements (2006 Accreditation Criteria) Available at: www.ACCME.org.
3. Institute of Medicine. To Err is Human: Building a Safer Health System. Washington, DC: National Academy Press, 2000.
4. Institute of Medicine. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academy Press; 2001.
5. 2011-2012 Health Care Criteria for Performance Excellence. Available at: www.nist.gov/baldrige.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T16, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/24/12, Cordova 2/Lower

TITLE: Utilizing Global Connections: A Commercial Supporter's Quest to Improve Competence through Collaboration

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

PRINCIPAL PRESENTER: Rolando Brual, RPh
Eli Lilly and Company, 317/277-8297, ro_brual@lilly.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Debra Israel, MBA
Eli Lilly Canada, 514/684-7129, israel_debra@lilly.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Jean-Jacques Murama
Eli Lilly and Company, +41- 22-306-0551, murama_jean-jacques@lilly.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Ann Rogers, PhD
Eli Lilly and Company, 317/276-1952, rogersan@lilly.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) Understand the need to identify key internal stakeholders for US and international medical education including senior leadership; (2) Discuss opportunities for medical education collaboration around the globe including educational needs, priorities, and strategies, and (3) Share best practices that can lead to US and Global medical education collaboration opportunities.

METHODS: The panel will guide participants through a commercial supporter's methodology of collaborating US and Global medical education teams. Additionally, this will be an interactive session as participants will be encouraged to share experiences/issues from their organizations regarding finding synergies between US and global medical education.

KEY POINTS: It is recognized that significant differences exist between medical education in the US and outside the US. Historically, these differences have limited the ability to share and collaborate between groups. This interactive session will explore best practices to enhance internal synergies, identify common educational needs and strategies, and how best to collaborate on key opportunities. Additionally, participants will have the opportunity to share key learnings or pitfalls from their own organizations.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T17, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/24/12, Palazzo A/Lobby

TITLE: Designing and Implementing “Community-Based” Education: CS2day as a Case Example

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

PRINCIPAL PRESENTER: Robyn Snyder, BA

CME Enterprise, 317/846-2761, robyn_snyder@cmeenterprise.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Mary Ales, BA

Interstate Postgraduate Medical Association, 608/237-7331, males@ipmameded.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Beth Mullikin, MS

University of Wisconsin School of Medicine and Public Health, 608/240-6003, eamullikin@wisc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Sheila Robertson, MPH

CME Enterprise, 785/883-4417, sheila_robertson@cmeenterprise.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

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

1. Describe factors to consider when using a community-based approach to education and identify communities relevant to your organization's initiatives.
2. Develop a methodology for approaching communities regarding your educational initiative and partnership opportunities.
3. Discuss development and implementation of content and outcomes consistencies and customization across communities.

METHODS: Panelists will share novel methods for choosing, engaging, and working with community partners to reach target learners in a smoking cessation educational initiative. Tips and tools will be provided to help attendees apply ideas to their own initiatives. Ample time will be set aside for group interaction.

KEY POINTS: Increasingly, medical education is focusing on the learner within their practice environment. This session will demonstrate how a community-based model was developed and implemented, providing examples from the CS2day collaboration. Discussion will include methods for identifying potential communities, evaluating whether a community is the right fit for your educational initiative, and balancing consistency with customization in content and measurement techniques. Preliminary outcomes data will be provided to underscore the impact that may be achieved through this model, and lessons learned along the way will be shared.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T18, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/24/12, Palazzo F/Lobby

TITLE: Using Social Media to Assess Clinical Practice Gaps and Educational Needs in the Oncology Community

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

PRINCIPAL PRESENTER: Joseph Kim, MD

Medical Communications Media, Inc., 267/364-0556, ext. 141, jkim@medcommedia.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Christopher Bolwell, BSc

Imedex, 678/242-0801, c.bolwell@imedex.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Describe at least one method of using social media to collect data for a continuing education needs assessment.
2. Discuss 3 ways in which a virtual focus group differs from a live focus group.
3. Recall at least one method of engaging participants using social media in a needs assessment project.
4. Incorporate one or more social media strategies into a future CME needs assessment.

METHODS: This didactic Breakout will describe our experience using Twitter, Facebook, LinkedIn, Sermo, and other social media to assess clinical practice gaps and educational needs among oncology physicians and nurses. We will also explore innovations in social media that may impact the future practices of the needs assessment process.

KEY POINTS: Social media are rapidly becoming important channels of communication in our 21st century society. As computer networks proliferate, these media are being used increasingly by patients and health care professionals. Several medical education providers have already begun using one or more of these media to assess educational needs for individual projects. Harnessing the power of these resources to help assess clinical practice gaps and educational needs holds great promise for the CME enterprise.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T19, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Tuesday, 1/24/12, Cordova 5-6/Lower

TITLE: Hey Dude! Training the Millennial Mind for Professionalism

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

PRINCIPAL PRESENTER: Beverly Wood, MD
American Academy of Pediatrics, 818/209-7748, bwood@usc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Susan Brown Zahn, PhD
American Orthopaedic Society for Sports Medicine, 847/292-4900, susan@aossm.org
DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: *At the completion of this Breakout, learners will be able to:*

1. Identify ways to harness and build the talent of the emerging generation.
2. Meet the needs and expectations of the younger generation in the professional workforce.
3. Manage a cross-generational workplace with practical solutions.

METHODS:

1. Through discussion and debate related to challenging case scenarios, learners will develop ways to assist the Millennial generation attain professionalism and fit into a cross-generational workplace.
2. Brief didactic presentations will introduce for discussion issues related to meeting the expectations of the Millennial generation and practical strategies for assisting their professional growth.

KEY POINTS:

1. The Millennial generation (born after 1984) is a potentially productive generation 85 million strong, who can be assisted with feedback and mentoring to develop excellent professional skills.
2. Managing a cross-generational workplace requires strategies and tactics to bring out the best in all generations and foster collaborative work.
3. Overcome your concerns about the younger generation and learn to support them with feedback, mentoring, and application of deliberative thinking.

RECOMMENDED READING: Robert Wendover: Center for the Study of Generations, Generational Diversity.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T20, Mini-plenary

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/24/12,
Mediterranean 1-8/Lobby**

TITLE: Take Home Points from the 2012 Alliance Conference (Invited Abstract)

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

PRINCIPAL PRESENTER: Maureen Doyle-Scharff, MBA, FACME, CCMEP (Moderator)

Pfizer, Inc 740/815-9870, maureen.doyle-scharff@pfizer.com

DISCLOSURE: Does have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Nancy Davis, PhD

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

DISCLOSURE: Does have for sale a program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Moss Blachman, PhD

University of South Carolina School of Medicine, 803/434-4211, blachman@sc.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Charles Willis, MBA

American Gastroenterological Association, 301/941-2604, cwillis@gastro.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Stephen Lewis, MA, CCMEP

Global Education Group, 303/395-1782, ext. 71, slewis@globaleducationgroup.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: David Price, MD

Kaiser Permanente-Colorado, 303/614-1308, david.price@kp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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

1. Identify key take home points from the 2012 Alliance Conference.
2. Apply concepts from the conference to their own professional environment.
3. Assess gaps in their own professional development for further education.
4. Develop strategies to implement new concepts, technologies and ideas in their own work environment.

METHODS: Interactive presentation from key panelist from multiple member sections and experts.

KEY POINTS: Panelists will present the key points from sessions at the 2012 Alliance Conference with application points from their own area of expertise and work environments. Discussion will be led with the attendees to bring the concepts to a personal application.

RECOMMENDED READING: 2012 Alliance Conference abstracts

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T21, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/24/12, Palazzo D/Lobby

TITLE: Multi-Specialty MOC® Portfolio Approval Program Pilot: Looking Back and Lessons Learned (**Invited Abstract**)

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

PRINCIPAL PRESENTER: Kevin Graves, PMP

American Board of Family Medicine, American Board of Internal Medicine, American Board of Pediatrics,
888/995-5700, ext.1100, kgraves@theabfm.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

CO-PRESENTER: Elizabeth Blaylock

American Board of Internal Medicine, 800/441-2246, eblaylock@abim.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

1. Describe the background that led to the development of the Multi-Specialty MOC® Portfolio Approval Program Pilot
2. Discuss features of the Multi-Specialty MOC® Portfolio Approval Program and plans for expansion
3. Identify the organizations approved as Portfolio Sponsors in the Pilot and the kinds of activities that were included in their programs
4. Discuss lessons learned from the implementation of the Pilot Program.

METHODS: In today's environment, all CME/CPD professionals should stay apprised of new programs, innovative developments, and activities that impact their learners. One such program is the Multi-Specialty MOC® Portfolio Approval Program. , During this session, presenters will share with learners the background of the program, including why it was formed, who is involved, and what the future plans for the program are. In addition, they will discuss specific components of the program, including the standards Portfolio Sponsors must meet, and give some examples of the successes of the Pilot.

KEY POINTS: The Portfolio Program is a project that allows diplomats of the American Boards of Allergy and Immunology, Emergency Medicine, Obstetrics and Gynecology, Physical Medicine and Rehabilitation, Internal Medicine, Pediatrics, Family Medicine, and potentially other certified physicians to get ABMS MOC® Part IV Credit for quality improvement activities that are offered by approved organizations. The "Portfolio Sponsor" – the approved organization - supervises the QI activities to ensure that they meet standards established by the certifying boards and that they engage physicians in meaningful participation in the QI project. Organizations involved in CME/CPD should be aware of the program as part of the evolving environment in which their physician learners are practicing.

RECOMMENDED READING: www.abms.org/Maintenance_of_Certification/ABMS_MOC.aspx

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T22, Breakout

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/24/12,
Cordova 5-6/Lower**

TITLE: Time to Think Orange

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

PRINCIPAL PRESENTER: Suzanne Ziemnik, MEd

American Society for Clinical Pathology, 800/267-2727, ext 4744, Suzanne.Ziemnik@ascp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Rhonda Metzler, SCT (ASCP)

American Society for Clinical Pathology, 800/267-2727, ext 3905, Rhonda.Metzler@ascp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Demonstrate how effective teamwork engages employees, accelerates performance and can transform an entire organization.
2. Discuss the characteristics of a successful team (The Rule of 3).
3. Facilitate an understanding of the Orange Revolution Model.
4. Provide tools to conquer barriers, exceed expectations, and overcome mediocrity.

METHODS: Presentation, demonstration and small group work that will illustrate how to apply The Rule of 3 to your organization; resulting in building high-performance teams.

KEY POINTS: Gostick and Elton, authors of *The Orange Revolution: How One Great Team Can Transform an Entire Organization* noted that only 20% of the teams are working anywhere near optimal capacity. This breakout session will take you through the high points of this enlightening text and provide tools to transition your group into an engaged group of colleagues who are focused on working together towards a common goal.

RECOMMENDED READING: Gostick, A and Elton, C. *The Orange Revolution: How One Great Team Can Transform an Entire Organization*. New York: O.C. Tanner Company. 2010.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T23, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/24/12, Cordova 2/Lower

TITLE: What if....Challenging Mental Models

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

PRINCIPAL PRESENTER: Theresa Barrett, MS, CMP, CAE
New Jersey Academy of Family Physicians, 609/394-1711, tjb@njafp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Ray Saputelli, MBA, CAE
New Jersey Academy of Family Physicians, 609/394-1711, ray@njafp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Define the term mental models.
2. Discuss how mental models act as barriers to change and impede learning.
3. Identify three ways to challenge mental models.
4. Discuss how challenging mental models can lead to more effective continuing medical education and assessment.

METHODS: This session is designed to be interactive, with a blend of presentation and group discussion on mental models and their impact on learning and CME. Table exercises will be used to engage the learners and keep the session moving forward. Both presenters have experience in engaging the learners in an ongoing dialogue regarding the subject matter.

KEY POINTS: Mental models are the shorthand we use to function in the world. They are comprised of content knowledge (information), structural knowledge (meaningful connections to information), and procedural knowledge (using the connections). We may not be aware of our mental models because they are so inherent to the way we think. Because of this mental models may inhibit our ability to learn or see things in a different way. As educators, it is important to challenge mental models and create cognitive dissonance, which opens the door to changing the way learners think and therefore behave. This session will explore the impact of mental models on learning and assessment and how to challenge mental models to create new learning opportunities in CME.

RECOMMENDED READING: Senge, P. M. (2006). *The fifth discipline: The art and practice of the learning organization*. New York: Doubleday.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T24, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/24/12, Palazzo C/Lobby

TITLE: Directly Improving Outcomes for Orphan Disease Patients through Simultaneous Interdisciplinary and Family Education

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

PRINCIPAL PRESENTER: Nick Lombardi

NACCME LLC, 609/630-6216, nlombardi@naccme.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Riaz Baxamusa

Abbott Laboratories, 847/936-3175, riaz.baxamusa@abbott.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Understand the necessity to include caregivers/family members in successful educational initiatives, given their critical role in patient outcomes (2) Recognize the relative lack of family-focused education for individuals with an orphan disease, such as cystic fibrosis (CF) (3) Describe the methodology of developing complementary curriculum tracks to address all members of a healthcare team, including patients/caregivers; and (4) Analyze the value of multidisciplinary education inclusive of the entire healthcare team—from doctors and nurses to parents—on treatment regimens and patient-level outcomes in orphan diseases.

METHODS: Didactic presentation will discuss the strategies used to identify and address gaps in education for healthcare professionals and care givers in the same setting.

KEY POINTS: CF parents/caregivers have been identified as an integral part of the healthcare team, often spending 3+ hours per day assisting with therapy. With the guidance of a multidisciplinary Advisory Panel attuned to healthcare needs across the CF continuum of care, NACCME implemented an inclusive conference model of concurrent educational tracks for healthcare providers and family members. Healthcare professionals receive optimal care recommendations from CF experts and colleagues; CF caregivers gain perspective into provider decision-making through collaborative sessions with clinical faculty; providers and families exchange information in an educational forum allowing for broader depth of coverage and better reciprocal absorption of information than regular clinic visits.

FINANCIAL OR IN-KIND SUPPORT: This activity was supported, in part, by educational grants from Gilead Sciences, Inc. and Abbott.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T25, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/24/12, Palazzo B/Lobby

TITLE: Evaluating Changes in Competency and/or Performance Resulting From Participation in Case-Based Activities

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

PRINCIPAL PRESENTER: Linda Ritter, PhD

Center of Excellence Media, LLC, 732/992-1885, linda@coexm.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Kristin Gusack, RD

Medical Learning Institute, Inc, 609/333-1693, ext. 101, kgusack@mlicme.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Sean Walsh

Center of Excellence Media, LLC, 732/992-1022, sean@coexm.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Brian Tyburski

Center of Excellence Media, LLC, 732/992-1023, brian@coexm.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: (1) Explain why a case-based activity is an appropriate adult-learning methodology for health-care professionals; (2) Describe the value of case-based learning for associating primary knowledge with specific problems and solutions, and (3) Develop suitable evaluation methods for case-based activities that measure changes in participant knowledge, competence, and/or performance.

METHODS: Presentation of a case-study will illustrate the development, implementation, and evaluation of a CME/CE program that consisted of 3 case-based activities: a live symposium, a print monograph, and a series of live webinars. This will form the basis of a lively discussion regarding the application of basic adult learning principles for successful education.

KEY POINTS: Case based learning emphasizes problem solving and clinical reasoning that coincide with improved performance. Evidence-based evaluation of actual cases (submitted by target audience) allow expert faculty to address real problems encountered by community physicians and provide applicable solutions. Appropriate evaluation methodology and follow-up afford assessment of changes in participant knowledge, competence, and performance.

RECOMMENDED READING:

1. Eshach H, Bitterman H. From case-based reasoning to problem-based learning. *Acad Med.* 2003;78(5):491-496.
2. Williams SM. Putting case-based instruction into context: Examples from legal and medical education. *The Journal of the Learning Sciences.* 1992;2(4):367-427.

FINANCIAL OR IN-KIND SUPPORT: Challenging Cases in Multiple Myeloma: A Dialogue Between Community and Academic Clinicians to Improve Patient Care and Outcomes is supported by an educational grant from Millennium Pharmaceuticals, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T26, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/24/12, Palazzo A/Lobby

TITLE: Designing Collaborative Outcomes: A Community Process

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

PRINCIPAL PRESENTER: Mary Conklin

Interstate Postgraduate Medical Association, 608/237-1356, msconklin@ipmameded.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Chris Larrison

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

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

CO-PRESENTER: Mike Speight

Iowa Foundation for Medical Care, 515/440-8251, mspeight@ifmc.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Beginners

MEMBER SECTIONS: All

OBJECTIVES:

- Identify elements of an initiative wide outcomes report.
- Develop a strategy for recording key elements needed for an outcomes report
- Meet diverse stakeholder needs within an initiative wide outcomes report

METHODS: Participants will identify key elements of an initiative wide outcomes report based on the needs of diverse stakeholders. We will identify strategies for recording and reporting data and share several approaches from large initiatives including the CS2day Building on Success collaboration.

KEY POINTS: Completion of a comprehensive and well balanced outcomes report within a CME collaboration requires vision, planning, communication, buy-in, and execution. To facilitate comparison of outcomes across a broad variety of certified and non-certified education, a robust data collection strategy must be utilized that reflects the needs of multiple stakeholders. Tools for data collection and reporting can aid in consistent reporting across diverse activities.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T27, Breakout (Cancelled)

TUESDAY

EDUCATIONAL FORMAT: T28, Breakout

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/24/12,
Segura 3-4/Lower**

TITLE: RAPID - A Case Study in Applying Medical Claims Data to CME

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

PRINCIPAL PRESENTER: Steve Bender

Curatio CME Institute, 610/363-1619, steve.bender@curatiocme.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Jeanne Cole, EdD

Jefferson Medical College of Thomas Jefferson University, 215/955-8411, jgc001@jefferson.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Susan Connelly, PharmD

Pfizer Inc, 484/619-5289, susan.connolly@pfizer.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Mary Faulkner

Abbott, 847/936-1046, mary.faulkner@abbott.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this activity, participants will be able to describe how medical claims data can be utilized to:

1. Identify appropriate learners
2. Verify educational gaps
3. Measure performance change
4. Validate learning methods

METHODS: This didactic presentation will use “RAPID—Rheumatoid Arthritis: A Primary Care Initiative for Improved Diagnosis and Outcomes” as a case study for the application of a medical claims database across a series of CME activities associated with one multi-supported national CME initiative.

KEY POINTS: The analysis of claims data represents a novel approach to identifying performance gaps and potential learners. As a multi-tactic initiative spanning multiple years, RAPID is an excellent case study for this approach. PCPs identified through analysis of claims data were invited to a variety of CME events designed to enhance knowledge, competence, and performance in the provisional diagnosis and treatment of RA. 500+ of these PCPs participated in one or more RAPID activities. Analysis of claims data for these participants to identify performance change has been completed and will be shared.

FINANCIAL OR IN-KIND SUPPORT: Support for the certified educational activities and outcomes research was provided through independent educational grants from Abbott, Amgen Inc. / Wyeth Pharmaceuticals, Bristol-Myers Squibb, Centocor Ortho Biotech Inc., Pfizer, Genentech, Inc. and Biogen Idec.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T29, Breakout

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/24/12,
Del Lago 3-4/Lower**

TITLE: Use of Surrogate Markers in Educational Outcomes and Measuring Performance Change in CME

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

PRINCIPAL PRESENTER: Steven Haimowitz, MD
RealCME, 646/380-8482, sh@realcme.com

DISCLOSURE: Does have for sale a technology for CME/CE/CPD professionals.

CO-PRESENTER: Karyn Ruiz-Cordell, MA, PhD (ABD)
RealCME, 646/380-8490, kruizcordell@realcme.com

DISCLOSURE: Does have for sale a technology for CME/CE/CPD professionals.

CO-PRESENTER: James Neighbours, BS, MEd
Joslin Diabetes Center, 617/309-5917, James.Neighbours@joslin.harvard.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

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

1. Identify and judge the validity of surrogate markers to assess the impact of CME on learner performance;
2. Describe the characteristics of measures that accurately assess changes in learner knowledge, competency, confidence, performance, and practice;
3. Generate surrogate marker data from CME activities;
4. Translate surrogate marker data collected from activities and integrate into a complete analysis of the CME curriculum to assist in future needs assessments and activity development.

METHODS: An interactive presentation will introduce specific examples of surrogate markers used to measure outcomes within a CME curriculum and how to incorporate these markers into outcomes measurement. Participants will then break up into small groups and challenged to select optimal surrogate markers for particular CME curricula.

KEY POINTS: The goal of this Breakout session is to increase awareness in the CME community of the use of surrogate markers and their importance in measuring educational outcomes and creating educational assessments. The psychometric properties and measurement capabilities of surrogate markers provide the opportunity to measure outcomes of educational curricula more accurately and efficiently. Identifying the appropriate surrogate markers is key to providing relevant educational outcomes and enhances future educational curricula.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T30, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/24/12, Palazzo F/Lobby

TITLE: Using a Registry to Assess Clinical Gaps and Educational Need in Stroke Prevention for Patients With Atrial Fibrillation

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

PRINCIPAL PRESENTER: Jill Foster, MD, MPH
CE Outcomes, LLC, 205/259-1500, jill.foster@ceoutcomes.com

DISCLOSURE: Does have for sale a product and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Kristan Cline, PhD, CCMEP
Ortho-McNeil Janssen Scientific Affairs, LLC, 908/927-6670, KCline1@its.jnj.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Fran Fiocchi, MPH
American College of Cardiology, 800/253-4636, ffiocchi@acc.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Nancy Roepke, MBA
CE Outcomes, LLC, 205/259-1500, nancy.roepke@ceoutcomes.com

DISCLOSURE: Does have for sale a product and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: (1) Describe the role of registries in defining clinical practice gaps, identifying educational needs, or planning quality improvement initiatives; (2) Discuss how registries respond to major changes in therapeutics and guideline recommendations and monitor trends over time; and (3) Develop techniques for designing a registry query.

METHODS: Through a didactic presentation coupled with a hands-on activity, we will describe the use of the PINNACLE Registry to determine clinical practice needs in atrial fibrillation (AF). Participants will identify potential questions that could be explored and plan next steps to translate these questions into successful registry queries.

KEY POINTS: A needs assessment was conducted to evaluate knowledge and clinical decision making in stroke and bleeding risk assessment as well as anticoagulation therapy management for patients with atrial fibrillation. As part of this multifaceted assessment, data from the American College of Cardiology's (ACC) PINNACLE Registry[®] were analyzed to describe the AF patient population in this outpatient clinical registry and assess treatment patterns and management of AF. Using the AF needs assessment as an example, this presentation will provide an overview of clinical registries and describe benefits and challenges to their use in the education setting.

RECOMMENDED READING:

1. Chan PS, Oetgen WJ, Buchanan, et al. Cardiac performance measure compliance in outpatients. *JACC*. 2010;56(1): 8-14.
2. Chan P, Oetgen W, Spertus J. The Improving Continuous Cardiac Care (IC3) Program and Outpatient Quality Improvement. *The American Journal of Medicine*. 2010;123(3): 217-219.

FINANCIAL OR IN-KIND SUPPORT: This project was supported by Ortho-McNeil-Janssen Scientific Affairs, LLC (OMJSA). OMJSA had an active role in the design and implementation of the needs assessment study, including input into audience type, survey tool development, data analysis, and interpretation.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T31, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/24/12,
Segura 1-2/Lower

TITLE: Thinking at the Systems Level: Managing the Ever Changing Landscape of Medicine and its Practice

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

PRINCIPAL PRESENTER: Chitra Subramaniam, PhD
Duke University School of Medicine, 919/401-1205, chitra.subramaniam@duke.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Karen Thomas, CCMEP
Institute for Continuing Healthcare Education, 215/446-8088, kthomas@iche.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Sherry Layton, MA
Duke University School of Medicine, 919/401-1217, sherry.layton@duke.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: (1) Describe environmental, social, regulatory, health policy & reform, and technological influences on the practice of medicine; (2) Evaluate the impact of such influences on the scope of practice; (3) Discuss the importance of healthcare organizational needs & goals, and aligning CME interventions with such goals in today's healthcare setting; and (4) Present strategies and educational design approaches that a CME professional can adopt to allow for physicians to learn as teams, and adopt to change incrementally.

METHODS: Experienced CME professionals will facilitate engaging group discussions, interactive Breakout sessions and games using the ARS, and innovative design and delivery of the presentation.

KEY POINTS: The ever-changing healthcare landscape is moving away from individual physician performance to focus on the healthcare team, systems enhancements, & their capability to deliver coordinated care. Health policy & reform, technology advances, incentive programs, regulatory changes & an emphasis on continuous QI present challenges not only for physicians but for CME providers. Designing educational interventions require more thoughtful & data-driven approaches. Systems level thinking is new to physicians & providers. This session discusses factors that influence & impact the changing needs of physicians & their scope of practice; and will present best practices in using case studies & educational tactics well as considerations for multidisciplinary educational.

RECOMMENDED READING:

1. Berwick, D and Nolan T. Physicians as leaders in improving healthcare: Annals of Internal Medicine.
2. The Blue Ridge Report: The Emerging Transformational Role of Informatics Berwick D, Brent J, Coye J. Connections between Quality Improvement and Measurement. Med Care.41, 1,pgs 30–38.

FINANCIAL OR IN-KIND SUPPORT: Audience response technology provided by Duke University.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T32, Breakout (Cancelled)

EDUCATIONAL FORMAT: T33, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/24/12, Palazzo H/Lobby

TITLE: Addressing the Need for Patient Education through Collaboration

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

PRINCIPAL PRESENTER: Sarah Janesz

Cleveland Clinic Center for Continuing Education, 216/445-6026, janesz@ccf.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Anne Grothe

Cleveland Clinic Center for Continuing Education, 216/444-8981, grothea@ccf.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES:

1. Discuss the benefits of collaboration with patient education departments.
2. Emphasize the importance of incorporating patient education into the CME curriculum and include the whole healthcare team in the target audience.
3. Illustrate specific methods of incorporating patient education into CME activities.
4. Identify strategies to assess outcomes, such as increased awareness and intent to change delivery of patient education.

METHODS: The process of collaboration between the Cleveland Clinic Center for Continuing Education and the Cleveland Clinic Center for Consumer Health Information Department to incorporate patient education into CME activities will be discussed. Diverse methods of implementing patient education will be described, including non-educational strategies, take-home tools for providers, and offering patient education materials at the point of care to increase utilization/document communication.

KEY POINTS: Cleveland Clinic Center for Continuing Education and the Cleveland Clinic Center for Consumer Health Information created an effective collaboration to achieve our common mission of improved patient care by incorporation of patient education into selected live and enduring CME activities. A variety of methods have been implemented and responses and results will be discussed.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T34, Breakout

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/24/12,
Amarante 2-3/Lower**

TITLE: It takes a Village: Training and Integrating Community Health Workers as Part of the Healthcare System

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

PRINCIPAL PRESENTER: Donna Rice, MBA, BSN, RN, CDE, FADE
Diabetes Health and Wellness Institute, 214/349-4325, donna.rice@baylorhealth.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Neil Fleming, PhD, CQE
Center for Health Care Research, 214/265-3601, NeilF@BaylorHealth.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Amaryllis Soto, CCMEP
Sanofi-aventis US, 908/981-5149, amaryllis.soto@sanofi-aventis.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: At the completion of the session, participants should be able to: (1) outline the evidence for utilizing community health care workers (CHWs) in Diabetes Self-Management Education (DSME), (2) apply a systematic approach to training and integrating CHWs into your community practice, (3) discuss how population/community health outcomes as well as cost savings can be achieved through effectively designed and implemented community-based interventions, and (4) demonstrate the value of this activity/intervention to stakeholders.

METHODS: (1) Lecture to present examples of effective activity designs and sample components (tools) utilized in community-based DSME, (2) video, and (3) question-and-answer with audience.

KEY POINTS: Community health workers (aka, promotores de salud) are lay members of the community, either paid or volunteer, who work with the local health care system in rural and urban communities. They usually share the same cultural and ethnic background of the community members they serve. An emerging body of literature appears to support the unique role of these advocates in strengthening existing community networks for care, providing community members with social support, education, and facilitating access to care. This session will outline how CHWs are being trained and utilized within a healthcare system in the implementation of community-based education resulting in patient/population level outcomes for diabetes care.

RECOMMENDED READING:

1. US Department of Health and Human Services Health Resources and Services Administration. Community Health National Workforce Study 2007. Accessed on March 15, 2011 at <http://bhpr.hrsa.gov/healthworkforce/chw/communityhealthworkers.pdf>.
2. CDC's Division of Diabetes Translation Community Health Workers/Promotores de Salud: Critical Connections in the Communities. Accessed on March 15, 2011 at www.cdc.gov/diabetes/projects/pdfs/comm.pdf.

FINANCIAL OR IN-KIND SUPPORT: This program is supported by an educational grant from sanofi-aventis US.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T35, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Tuesday, 1/24/12, Palazzo E/Lobby

TITLE: Maintenance of Certification: Staying Ahead of the Wave

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

PRINCIPAL PRESENTER: Debra Gist, MPH

American Academy of Dermatology, 847/240-1697, dgist@aad.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Christine Presta

American Academy of Dermatology, 847/240-1698, cpresta@aad.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Jennifer Thompson, MS

American Academy of Dermatology, 847/240-1696, jthompson@aad.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: Medical Specialty Societies

OBJECTIVES: At the conclusion of this session, participants should be able to: 1) Discuss strategies for establishing and maintaining collaborative relationships between the medical specialty society, the certifying board, and subspecialty associations; 2) Delineate a systematic plan for assisting diplomats in meeting the requirements of maintenance of certification and discuss lessons learned; and 3) Outline an effective awareness campaign for diplomats on maintenance of certification requirements.

METHODS: An interactive didactic presentation using real-life examples. Participants will apply learning to a case-based scenario.

KEY POINTS: 1) The changing landscape of maintenance of certification requires that medical specialty societies be both flexible and strategic. 2) Success factors also include collaboration with stakeholders, effective communication, and high quality project management. 3) Overcoming barriers to diplomat acceptance of maintenance of certification requires staff expertise in a number of disciplines.

RECOMMENDED READING: Building the Evidence Base in Support of the American Board of Medical Specialties Maintenance of Certification Program, Richard E. Hawkins, MD, and Kevin B. Weiss, MD, *Acad Med.* 2011;86:6–7.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T36, Lunch and Intensive

**TIME/DAY/LOCATION: 12:30 – 4:00 pm, Tuesday, 1/24/12,
Marbella Pre-function and 1-2/Lower**

TITLE: Transferring PI and QI Principles to PI-CME Programming and Processes (Invited Abstract) (\$)

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

PRINCIPAL PRESENTER: Mary Martin Lowe, PhD

Alliance for Continuing Medical Education, 312/576-6080, mlowe@acme-assn.org

DISCLOSURE: Does have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Melinda Steele, MEd, CCMEP, FACME

Alliance for CME Annual Conference Chair, 806/789-6918, melindas@suddenlink.net

DISCLOSURE: Does have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Joseph Green, PhD

Professional Resource Network, Inc., 202/557-4670, prn.jgreen@mindspring.com

DISCLOSURE: Does have for sale a service for CME/CE/CPD professionals.

CO-PRESENTER: Ron Murray, EdD

University of Virginia School of Medicine, 434/982-3687, rtm7a@virginia.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Walter Fox, CCMEP

Ortho-McNeil Janssen Scientific Affairs, LLC, 908/218-7201, wfox@its.jnj.com

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Chitra Subramaniam, PhD

Duke University School of Medicine, 919/401-1205, chitra.subramaniam@duke.edu

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Suzanne Ziemnik, MEd

American Society for Clinical Pathology, 312/541-4744, suzanne.ziemnik@ascp.org

DISCLOSURE: Does not have for sale a technology, program, product, and/or service for CME/CE/CPD professionals.

CO-PRESENTER: Nancy Davis, PhD

National Institute for Quality Improvement and Education, 412/205-5368, ndavis@nigie.org

DISCLOSURE: Does have for sale a program, product, and/or service for CME/CE/CPD professionals.

TARGET AUDIENCE: Non-beginners

MEMBER SECTIONS: All

OBJECTIVES: After participating in this session, you should be able to:

1. Link PI and QI principles to effective CE design
2. Identify practical strategies for implementing PI-CME
3. Apply lessons learned about PI-CME from colleagues to your own PI-CME plans
4. Develop steps for linking PI-CME efforts to MOC processes

METHODS: This application-oriented post-conference intensive session is designed to help annual conference participants transfer PI and QI-related concepts learned during the conference to their CME/CPD practice. Session leaders will facilitate discussions among learners and faculty who presented sessions at the Annual Conference on topics related to QI, PI, and PI-CME and MOC. Learners will engage in small group discussions, work on their own PI-CME plans, and engage in case discussions to identify best practices in PI-CME programming.

KEY POINTS: As more CME/CPD programs are expanding into the PI-CME arena, CME/CPD professionals are looking to identify practical and efficient strategies for planning PI-CME. It is critical to for CME/CPD professionals to have knowledge of existing PI and QI related tools and strategies as well as the ability to use the tools to design effective PI-CME that can quality for MOC Part IV credit. Join us for a highly hands-on and interactive experience that is designed to support learning and facilitate the implementation of effective PI-CME.

RECOMMENDED READING:

1. Duffy, et al. (2008). Self-Assessment of Practice Performance: Development of the ABIM Practice Improvement Module (PIMSM).
2. Sargeant, J., Mann, K., Van Der Vleuten, C., & Metsemakers, J. (2008). "Directed" Self-Assessment: Practice and Feedback Within a Social Context, *Journal of Continuing Education in the Health Professions*; 28(1):47-54.
3. AMA Physician's Recognition Award Booklet 2010 Revision.

PARTICIPANT NOTE SPACE: