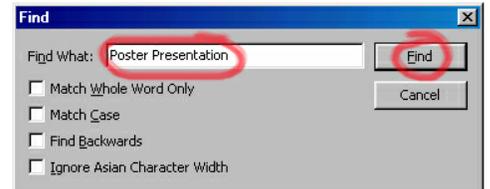
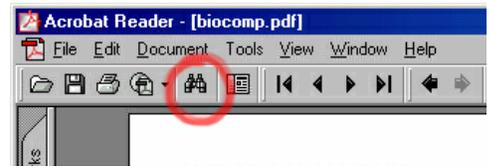


Helpful Information For Using Acrobat Reader®

SEARCHING PDF FILES

In order to search a pdf file:

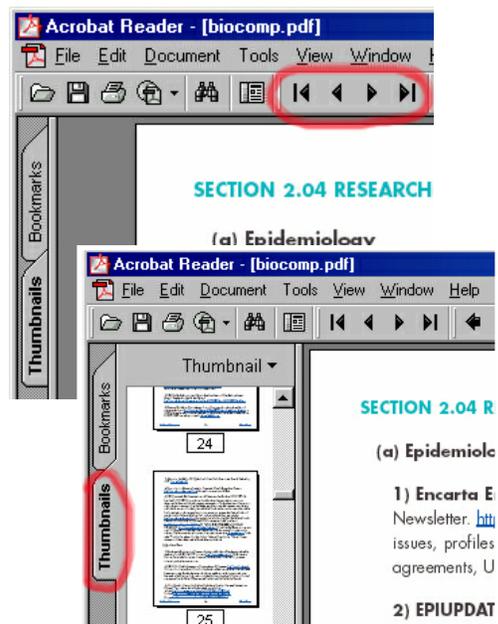
1. Locate the “Find” icon  at the top of the Acrobat Reader Window (as shown to the right).
2. Single left click the icon.
3. When the “Find” box appears, you may enter up to 26 characters and left click the “Find” button (as shown to the right).



NAVIGATING PDF FILES

In order to navigate a pdf file:

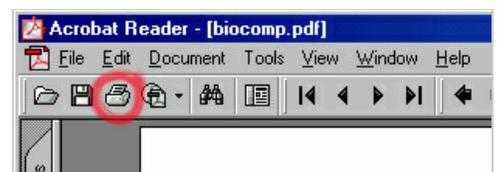
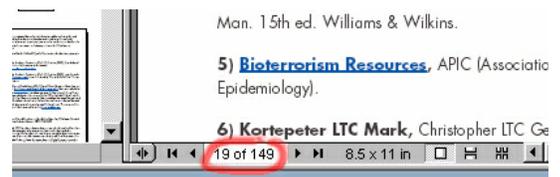
1. Locate the “Navigation” icons at the top of the Acrobat Reader Window (as shown to the right).
2. The  button moves forward one page.
3. The  button moves back one page.
4. The  button moves to the end of the document.
5. The  button moves to the beginning of the document.
6. Note: You may also view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



PRINTING A SINGLE PAGE FROM A PDF FILE

In order to navigate a pdf file:

1. Locate the “Page Indicator” section at the bottom left of the Acrobat Reader Window (as shown to the right). Make a note of the page number you are viewing.
2. Locate the “Print” icon  at the top of the Acrobat Reader Window (as shown to the right).
3. Left click this icon one time.
4. When the “Print” box appears (for your particular printer), follow the instructions for printing a single page.



EDUCATIONAL FORMAT: W1, Intensive

**TIME/DAY/LOCATION: 7:00 am – 12:00 pm, Wednesday, 1/28/09,
Yerba Buena 7/Lower B2**

TITLE: Basics Seminar (\$)

COMPETENCY AREA 7: Administrative/Management

PRINCIPAL PRESENTER: Billie Dalrymple, BA (Chair)
Texas Medical Association, 484/865-5879, billie.dalrymple@texmed.org

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

CO-PRESENTER: James Leist, EdD
Alliance for Continuing Medical Education, 704/394-6294, jleist@carolina.rr.com

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

CO-PRESENTER: Steve Singer, PhD
Accreditation Council for CME, 312/527-9200, ssinger@accme.org

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

CO-PRESENTER: Jeanette Harmon, MBA
American Medical Association, 312/464-4667, jeanette.harmon@ama-assn.org

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

CO-PRESENTER: Jack Kues, PhD
University of Cincinnati Academic Health Center, 513/558-1425, kuesjr@uc.edu

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

CO-PRESENTER: Ron Murray, EdD
University of Virginia School of Medicine, 434/982-3687, rtm7a@virginia.edu

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

TARGET AUDIENCE: Beginner

MEMBER SECTIONS: All

OBJECTIVES: After this intensive, you should be able to: 1) use an effective CME Vocabulary; 2) describe the current environment in which CME operates; 3) identify the ACCME's accreditation system: Essential Areas, Elements, and Standards for Commercial Support; 4) describe the AMA PRA™ credit system; 5) utilize the Alliance for CME's CME competencies to improve your practice as a CME professional, and 6) plan a CME activity that incorporates the Updated ACCME Accreditation Criteria.

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

KEY POINTS: You will identify key strategies to take back and apply in your own CME setting; gain an overview of accreditation essentials, credit systems, and competencies; and select sessions that best fit your own learning needs.

RECOMMENDED READING: AMA, Physician's Recognition Award and credit system 2006; ACCME Updated Accreditation Criteria; Alliance for CME Competencies.

**EDUCATIONAL FORMAT: W2, Member Section Meeting
(Federal Health Care Educators - All Conference Participants Welcome)**

**TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/28/09,
Yerba Buena 1/Lower B2**

TITLE: Current Issues in CME for Federal Providers

COMPETENCY AREA 4: Systems Thinking

PRINCIPAL PRESENTER: William Robinson, BS
Navy Medicine MPT&E, 301/319-8027, william.robinson@med.navy.mil

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

TARGET AUDIENCE: All

MEMBER SECTIONS: Federal Health Care Educators

OBJECTIVES: At the end of this session, participants should have a broader understanding of: the role of Federal CME Providers; addressing CME compliance issues from a Federal perspective; persons to network with at other Federal agencies that might provide opportunities for sharing content or technologies.

METHODS: This will be primarily an interactive, 'round table' discussion.

KEY POINTS: Federal laws and implementing regulations can appear to be at odds with some accreditation compliance requirements. Federal agencies have unique aspects to their education missions, with potential benefits of collaboration to the agencies and the public.

PARTICIPANT NOTE SPACE:

**EDUCATIONAL FORMAT: W3, Member Section Meeting
(Health Care Education Associations - All Conference Participants Welcome)**

**TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/28/09,
Yerba Buena 2/Lower B2**

TITLE: Keeping Up with the Constant Changes:
CME Grant Processes Revisited, Provider Experiences with
ACCME Updated Accreditation Criteria

COMPETENCY AREA 7: Administrative/Management

PRINCIPAL PRESENTER: Susan Cantrell, RPh

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

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

CO-PRESENTER: Mark Evans, PhD

American Medical Association, 312/464-5990, Mark.Evans@ama-assn.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: Health Care Education Associations

OBJECTIVES: Upon completion of this session, participants should be better able to 1) outline the essential elements of an educational grant request, 2) explain the benefits and challenges of submitting grant requests for multi-supported education activities, and 3) improve their CME programs by applying lessons learned from providers surveyed against the ACCME Updated Accreditation Criteria.

METHODS: The meeting will include brief informational presentations followed by interactive panel discussions. The first portion of the meeting will focus on commercial supporters' educational grant processes. The second portion of the meeting will provide insight into providers' experiences in accreditation and reaccreditation under the ACCME Updated Accreditation Criteria. This session will be highly interactive and will feature audience polling using an automated audience response system.

KEY POINTS: Commercial supporters' processes for awarding educational grants have changed significantly over the last five years. Most commercial supporters have implemented on-line grant request systems and trends, such as multiple sources of support for a single activity, continue to emerge. Providers are challenged to keep up with the changes in grant processes and understand the many forces contributing to the changing landscape. A panel of representatives involved in reviewing and awarding educational grants will discuss key points and dialogue with the audience.

Providers scheduled for initial or reaccreditation decisions in November 2008 were the first to undergo accreditation under the ACCME Updated Accreditation Criteria. While providers have been diligently transitioning to the updated criteria since their release in 2007, lessons learned from the initial accreditation decision cycle will help them further improve their CME programs and ensure compliance with the updated criteria.

PARTICIPANT NOTE SPACE:

**EDUCATIONAL FORMAT: W4, Member Section Meeting
(Hospitals and Health Systems - All Conference Participants Welcome)**

**TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/28/09,
Yerba Buena 8/Lower B2**

TITLE: Hospitals and Health Systems Member Section Meeting

COMPETENCY AREA 5: Partnering

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

PRINCIPAL PRESENTER: Linda Dupont

Aurora Health Care, 414/448-1112, linda.sue.dupont@aurora.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: Hospitals and health systems

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

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

METHODS: Presentations will focus on ongoing issues and challenges as well as program changes necessary for accreditation using the Updated Criteria. A panel discussion will be followed by a question and answer session. Topics identified by attendees at 2008 Annual Conference will be addressed.

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 using the Updated Criteria.

PARTICIPANT NOTE SPACE:

**EDUCATIONAL FORMAT: W5, Member Section Meeting
(Medical Education and Communication Company Alliance [MECCA] - All
Conference Participants Welcome)**

**TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/28/09,
Yerba Buena 7/Lower B2**

TITLE: Navigating the Turbulent Seas of CME:
Tools and Competencies for Organizational Success

COMPETENCY AREA 5: Partnering

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

PRINCIPAL PRESENTER: Marissa Seligman, PharmD

Pri-Med Institute, 617/406-4288, mseligman@mc-comm.com

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

CO-PRESENTER: Jan Perez

CME Outfitters, LLC, 240/243-1301, jperez@cmeoutfitters.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical education and communication companies

OBJECTIVES: Upon conclusion of the session, participants should be better able to: 1) identify three elements of an effective collaborative relationship; 2) describe two areas of need in your organizational competencies that may be best met through collaboration, and 3) implement a process for identifying and vetting strategic collaborative partners with shared values and goals to enhance the effectiveness of CME activities.

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

KEY POINTS: Implementing the updated criteria, fulfillment on expected competencies, credentialing of CME practitioners, issues of influence, diminished commercial support and other significant changes in the CME landscape have made navigating the turbulent seas of CME for accredited and non-accredited MECCs challenging. Converting challenges into opportunities through vision and action are the hallmarks of great organizations. The benefits of translating needs into practice are highly dependent upon early adoption, risk taking, risk assessment, listening to stakeholders, re-evaluating and revamping. This session is designed to create a forum to openly discuss the issues surrounding vision, processes and collaborations among and between stakeholders in CME activities to identify areas of opportunity to enhance your organization's success. Participants will be encouraged to join the discussion and identify, highlight and evaluate key issues by providing and detailing their own experiences in designing new and different approaches to meeting CME needs. Participants will be encouraged to network and meet new colleagues/potential collaborators.

RECOMMENDED READING: Collins, James C. Good to Great: Why Some Companies Make the Leap...and Others Don't. New York: HarperBusiness, 2001.

PARTICIPANT NOTE SPACE:

**EDUCATIONAL FORMAT: W6, Member Section Meeting
(Medical Schools – All Conference Participants Welcome)**

**TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/28/09,
Yerba Buena 3-6/Lower B2**

TITLE: Medical Schools Member Section Meeting

COMPETENCY AREA 7: Administrative/Management

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical schools

OBJECTIVES: At the conclusion of the medical school provider section meetings, participants should be able to:
1) identify current critical issues in academic CME; 2) describe various strategies for meeting the challenges and demands faced by medical school CME, and 3) gain insight through shared experiences.

METHODS: Expert mini presentations, small group interactive sessions and informal question and answer sessions will be used to identify and focus on current critical issues; to facilitate discussion and the sharing of practical experiences; and to provide participants with an ample opportunity to network and meet new colleagues.

KEY POINTS: Participants will be asked to provide the Principal Presenter with their critical questions, issues and concerns prior to the meetings. Participants will have the opportunity to learn about the current critical issues and concerns facing medical school CME professionals and to develop strategies to address them.

RECOMMENDED READING: ACCME Essentials and Standards, New Criteria for Accreditation and list serv discussions throughout the previous year.

PARTICIPANT NOTE SPACE:

**EDUCATIONAL FORMAT: W7, Member Section Meeting
(Medical Specialty Societies - All Conference Participants Welcome)**

**TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/28/09,
Yerba Buena 10-13/Lower B2**

TITLE: Medical Specialty Societies Member Section Meeting

COMPETENCY AREA 6: Leadership

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

PRINCIPAL PRESENTER: Alice Henderson, MEd (Leader, Medical Specialty Societies Member Section)

Flying Physicians Association, 936/588-6505, ahenderson@fpadrs.org

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

CO-PRESENTER: Deborah Samuel, MBA, (Leader-Elect)

American Academy of Pediatrics, 847/434-7097, dsamuel@aap.org

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

CO-PRESENTER: Lisa Johnson, MHS, (Education Programming Work Group Chair)

American Society of Clinical Oncology, 703/519-2903, lisa.johnson@asco.org

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

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

College of American Pathologists, 847/832-7419, dszczes@cap.org

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

TARGET AUDIENCE: All

MEMBER GROUPS: Medical Specialty Societies

OBJECTIVES: The overall objective of the Specialty Societies Member Section meeting is to stimulate thought and promote action through the sharing of valuable information on CME topics, enabling the CME Specialty Society professional to return to their work and office with immediate changes to implement and improve their role within their medical society. Emphasis is on the exchange of new and innovative ideas and “best practices”.

METHODS: Short lecture presentations, panel presentations on current hot topics with question and answer sessions, as well as informal roundtable sessions on new and pressing issues in CME.

KEY POINTS: Participants develop content focus through surveys and member input. Volunteer specialty society staff on the Education and the Communications Work Groups plan and implement based on Section member input. This is an excellent opportunity for specialty society attendees to explore potential new ways of tackling difficult CME issues through discussion and networking with their peers from other specialty societies.

PARTICIPANT NOTE SPACE:

**EDUCATIONAL FORMAT: W8, Member Section Meeting
(Pharmaceutical Alliance for Continuing Medical Education [PACME] – All
Conference Participants Welcome)**

**TIME/DAY/LOCATION: 1:30 – 5:00 pm, Wednesday, 1/28/09,
Nob Hill A-D/Lower B2**

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

COMPETENCY AREA 6: Leadership

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

PRINCIPAL PRESENTER: Jennifer Spear Smith, PhD

Wyeth Pharmaceuticals, 484/865-5062, smithjs1@wyeth.com

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

CO-PRESENTER: Pamela Mason

AstraZeneca LP, 302/885-1325, Pamela.Mason@astrazeneca.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: Pharmaceutical companies

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

- 1) Discuss why commercial support of CME is valuable to supporters, CME providers, health care providers, and patients.
- 2) Educate upper management on the current political environment surrounding grant support.

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

KEY POINTS: This PACME session will include lively discussion of current hot topics, including compliance, education assessment, and communicating value and risk of commercial support to stakeholders.

PARTICIPANT NOTE SPACE:

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

**TIME/DAY/LOCATION: 1:30 – 3:30 pm, Wednesday, 1/28/09,
Yerba Buena 14-15/Lower B2**

TITLE: State Medical Societies

COMPETENCY AREA 7: Administrative/Management

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: State medical societies

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

- 1) develop contacts with peers at other state medical societies that can be used as resources;
- 2) identify best practices as accreditors in implementing ACCME's accreditation system and AMA's credit system at the local level;
- 3) describe approaches to apply ACME Competencies for CME Professionals to staff of local CME organizations who have multiple job duties;
- 4) discuss common challenges of state medical societies as providers of CME, and
- 5) benefit from the exchange of ideas and solutions for common problems faced at the SMS level.

METHODS: Presenters will moderate a group discussion based on current trends in CME practice, questions submitted prior to the presentation, recommendations of a workgroup to address surveyor training and other aspects of implementing the ACCME Updated Criteria, and questions from the audience.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W10, Breakout

**TIME/DAY/LOCATION: 5:15 – 7:00 pm, Wednesday, 1/28/09,
Yerba Buena 7/Lower B2**

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

COMPETENCY AREA 8: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Lawrence Sherman
Physicians Academy, 212/984-0711, ls@physiciansacademy.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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

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

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

RECOMMENDED READING: Mentor Mentee Program Materials, Alliance web site at <http://www.acme-assn.org>.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: W11, Breakout

**TIME/DAY/LOCATION: 5:15 – 7:00 pm, Wednesday, 1/28/09,
Yerba Buena 7/Lower B2**

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

COMPETENCY AREA 8: Self-Assessment and Life-Long Learning

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

PRINCIPAL PRESENTER: Suzanne Ziemnik, MEd

American Society for Clinical Pathology, 312/541-4744, Suzanne.Ziemnik@ascp.org

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

TARGET AUDIENCE: All

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: P1, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/29/09;

7:30 am – 4:00 pm, Friday, 1/30/09;

7:30 – 10:30 am, Saturday, 1/31/09; Mission Tunnel/B2

TITLE: A Bridge to Learning: Development and Implementation of an On-line Self-Assessment Tool

COMPETENCY AREA 1: Adult/Organizational Learning Principles

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

PRINCIPAL PRESENTER: Kristi Hofer, PharmD

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

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

CO-PRESENTER: Stuart Haines, PharmD

University of Maryland School of Pharmacy, 410/706-1865, shaines@rx.umaryland.edu

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

CO-PRESENTER: Susan Cantrell, RPh

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

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

CO-PRESENTER: Juliette Muszka, PharmD

sanofi aventis, 908/981-5189, Juliette.Muszka@sanofi-aventis.com

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

CO-PRESENTER: Edward Wang, PhD

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After viewing this poster, participants will be able to: 1) explain the importance of self-assessment within the framework of continuous professional development; 2) outline the key elements of an effective on-line tool designed to assist health care professionals in identifying gaps in their knowledge in specific therapeutic areas, and 3) evaluate learners' perceived benefits of a self-assessment tool in developing their individualized education plans.

METHODS: This poster presentation will summarize the development, implementation, and evaluation of an on-line self-assessment tool (SAT) designed to assist pharmacists in identifying their knowledge gaps and developing an educational plan to eliminate those gaps.

KEY POINTS: An on-line self-assessment tool (SAT) was developed as part of a stepwise educational initiative on the topic of thromboembolic disorders. Designed to assist pharmacists in identifying their knowledge gaps in this area, the SAT matches the learner's identified needs to available educational activities offered as part of the initiative.

Completion of the SAT is the first step learners must complete in order to enter the educational initiative. Based on their individual results after completion of the self-assessment, learners are directed to the appropriate educational level. The initiative consists of three levels of learning and comprises a variety of educational formats, including live activities, workshops, web-based activities, live webcasts, and networking assemblies.

The learner-perceived benefits of the SAT on will be assessed.

RECOMMENDED READING:

- 1) Rouse MJ. Continuing professional development in pharmacy. *Am J Health-Syst Pharm.* 2004; 61:2069-76.
- 2) Parboosingh J. Role of self-assessment in identification of learning needs. *J Contin Educ Health Prof.* 1998; 18:213-9.
- 3) Mazmanian PE, Davis DA. Continuing medical education and the physician as a learner: guide to the evidence. *JAMA.* 2002; 288:1057-60.

EDUCATIONAL FORMAT: P2, Poster

**TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/29/09;
7:30 am – 4:00 pm, Friday, 1/30/09;
7:30 – 10:30 am, Saturday, 1/31/09; Mission Tunnel/B2**

TITLE: Teaching with Simulation: Improving Faculty Teaching Skills

COMPETENCY AREA 1: Adult/Organizational Learning Principles

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

PRINCIPAL PRESENTER: Tracy Allgier-Baker

Penn State College of Medicine, 717/531-6483, tallgierbaker@hmc.psu.edu

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

CO-PRESENTER: Bonnie Bixler, MEd

Penn State College of Medicine, 717/531-6483, bbixler1@hmc.psu.edu

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

CO-PRESENTER: Margaret Clanagan

Penn State College of Medicine, 717/531-6483, mclanagan@hmc.psu.edu

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After reviewing and discussing this poster, participants should be able to: 1) recognize the importance of helping faculty to effectively incorporate new technology into their teaching; 2) describe components of an effective instructor training course, and 3) explore ways to support the CME mission by developing faculty teaching skills

METHODS: This poster highlights a course which allows an interdisciplinary group of faculty to learn about simulation, practice teaching skills, and participate as instructors in a simulation session. This lays the groundwork for the evolutionary process by which educators use simulation appropriately and effectively in their teaching.

KEY POINTS: Because of simulation's expanding role in medical, nursing, and continuing education, Penn State College of Medicine designed an instructor course to develop professional staff in the art, science, and technology of teaching with simulation. Participants completed four days of instruction comprising lecture, video, demonstrations, individual and group study assignments, and simulation activities. Participants and course directors completed a reflective evaluation each day to provide feedback about the learning process. The instructor course continues to evolve as recommendations are incorporated into the curriculum. Course graduates continue to learn as they develop educational activities incorporating simulation.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P3, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/29/09;

7:30 am – 4:00 pm, Friday, 1/30/09;

7:30 – 10:30 am, Saturday, 1/31/09; Mission Tunnel/B2

TITLE: How to Develop a Self-Assessment for Your Physician Members

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Michelle Adams

American Academy of Dermatology, 847/240-1693, madams@aad.org

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

TARGET AUDIENCE: Intermediate

MEMBER SECTIONS: Medical specialty societies

OBJECTIVES: After viewing this poster, participants should be able to: 1) set up a plan to develop a self-assessment; 2) identify which type of self-assessment works best for their particular physician learners, and 3) create a content development and production schedule.

METHODS: Participants will be provided with guidelines and production schedules.

KEY POINTS: Medical Specialty Providers are often called upon to assist their physician members in meeting Maintenance of Certification (MOC) Requirements. This session will share practical information on how to develop a self-assessment activity to meet Part II: Lifelong Learning and Periodic Self-Assessment of MOC. This session is based on one professional's 11 years of experience developing self-assessments for three different specialty societies. Specific areas covered will include utilizing volunteers for content development, deciding what type of format to offer your members, and the nuts and bolts of producing a self-assessment in an enduring material format.

RECOMMENDED READING:

<http://www.nbme.org/publications/item-writing-manual-download.html>

<http://jama.ama-assn.org/cgi/content/full/296/9/1137>

<http://content.nejm.org/cgi/content/full/356/4/387>

Journal of Continuing Education in the Health Professions, Volume 25, Issue 3 (p 151-156) PEDIATRICS Vol. 110 No. 1 July 2002, pp. 152-156

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P4, Poster

**TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/29/09;
7:30 am – 4:00 pm, Friday, 1/30/09;
7:30 – 10:30 am, Saturday, 1/31/09; Mission Tunnel/B2**

TITLE: Use of Internet Searches for Physician Learning

COMPETENCY AREA 2: Educational Interventions

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: Jack Dolcourt, MD

University of Utah School of Medicine, 801/587-7510, jack.dolcourt@hsc.utah.edu

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

CO-PRESENTER: Joseph Hales, PhD

Primary Children's Medical Center, 801/662-6166, joe.hales@imail.org

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

CO-PRESENTER: Jonell Murray, MA

Primary Children's Medical Center, 801/662-3511, jonell.murray@imail.org

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

CO-PRESENTER: Kevin Stambaugh, BA

Intermountain Healthcare, 801/442-3214, kevin.stambaugh@imail.org

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

TARGET AUDIENCE: Intermediate

MEMBER SECTIONS: All

OBJECTIVES: 1) Be aware of the data concerning search engines, types of informational sources and quality of evidence used for Internet Point of Care searches performed by physicians at a children's hospital that is part of an academic medical center; 2) be aware of some of the barriers encountered in launching an Internet Point of Care educational activity, and 3) identify opportunities for increasing the effectiveness of physicians accessing authoritative knowledge that can be applied to patient care.

METHODS: Use a poster presentation to describe the process of establishing Internet Point of Care searches as a CME activity then report the data from more than 1 1/2 years of data gathered from these searches, and demonstrate how these searches can function as a tool for identifying physician's knowledge and informational needs.

KEY POINTS: 1) Despite the availability of CME credit, a small fraction of eligible physicians have participated in Internet Point of Care searches; 2) a limited number of Internet searching tools were used; and 3) searches were nearly always directly applied.

RECOMMENDED READING:

- 1) Bennett NL, Casebeer LI, Kristofco RE, Strasser SM. Physicians' Internet information seeking behaviors. J Contin Educ Health Prof 2004; 24(1):31-38.
- 2) Hwon IW, Xie HW. Internet use by physicians and its impact on medical practice-an exploratory study. Health Mark Q 2003;21(1-2):5-27.

EDUCATIONAL FORMAT: P5, Poster

**TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/29/09;
7:30 am – 4:00 pm, Friday, 1/30/09;
7:30 – 10:30 am, Saturday, 1/31/09; Mission Tunnel/B2**

TITLE: 21-PREP: 21st Century Professionalism Remediation & Ethics Program of Wisconsin

COMPETENCY AREA 2: Educational Interventions

PRINCIPAL PRESENTER: Hugh Johnston, MD

University of Wisconsin School of Medicine and Public Health, 608/262-5903, hjohnst@wisc.edu

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

CO-PRESENTER: Cathy Means, MS

University of Wisconsin School of Medicine and Public Health, 608/263-6637, cjmeans@wisc.edu

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

CO-PRESENTER: Jay Fruehling, MA

University of Wisconsin Mental Health & Education Resource Center, 608/890-1535, jfruehl@wisc.edu

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: This poster is intended to provide a brief introduction to 21-PREP-WI, the 21st Century Professionalism Remediation & Individualized Ethics Program of Wisconsin, a new initiative developed by the Office of Continuing Professional Development at the University of Wisconsin School of Medicine and Public Health.

METHODS: Use poster-presentation format to: 1) provide an up-to-date overview of the evidence-based literature regarding the efficacy of professionalism and ethics remediation; 2) provide a description of our program's didactic content; 3) describe our program's experiential content, and 4) detail our strategy to measure outcomes.

KEY POINTS: In recent years many leadership organizations have called for an increased emphasis on education in professionalism and ethics. This is driven by a complex constellation of factors, including consumer complaints, malpractice insurance costs, high rates of medical errors, etc. The assumption is that increased education will result in a decrease in the frequency of unprofessional behaviors. However, there is a striking lack of evidence that such programming has any impact on behavior. We present a model program that 1) specifically targets participant behavior, 2) uses an individualized approach, 3) combines the pedagogical techniques of self-study, lecture, and social learning, and 4) includes longitudinal outcome tracking.

RECOMMENDED READING: Gross ML. Medical ethics education: to what ends? J Eval Clin Pract 2001; 7(4):387-397.

ACKNOWLEDGEMENTS: This initiative was supported by the Office of Continuing Professional Development at the University of Wisconsin School of Medicine and Public Health.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P6, Poster

**TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/29/09;
7:30 am – 4:00 pm, Friday, 1/30/09;
7:30 – 10:30 am, Saturday, 1/31/09; Mission Tunnel/B2**

TITLE: CME for Pathologists: Linking Motivation for Participation, Commitment to Change and Practice Change

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Jean Taylor, MEd
University at Albany, 518/258-1666, taylorj6294@yahoo.com

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

CO-PRESENTER: Kristina Mycek, MS
University at Albany, 585/313-8855, km1042@albany.edu

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After viewing this poster, participants should: 1) have a better appreciation of the unique nature of pathology CME events and apply this to other specialties; 2) identify the relationship between attendance motivators and participation in commitment to change; 3) be more aware of the quality issues related to Commitment to Change (CTC) statements; 4) develop simple self reporting systems to follow up on practice change linked to CME participation, and 5) link attendance motivators to practice change.

METHODS: Use poster format to report results from a study focused on pathologists attending a weekend of pathology updates CME event in July 2007. The data collection tools included: 1) demographic questionnaire on the individual participant and their practice; 2) The Participation Reasons Scale (PRS) developed by Grotelueschen in 1979, and modified slightly for these participants; 3) Commitment To Change (CTC) forms developed by Purkis (1982), and 4) follow-up e-mail questionnaires and/or telephone interviews.

KEY POINTS: The challenges facing CME providers are many; the current research on connecting the participation in CME with positive changes in patient care or health outcomes is limited. Practitioners of pathology and laboratory medicine have several unique features of their daily work environment that they share with few other specialty groups. Perhaps only radiology has a similar work environment. Pathologists and radiologists rarely see the whole patient; they are not the initial contact for patients, but offer a service which is based on other clinicians referring the patient for specific testing procedures. Often times the pathologist's only contact with a patient is to examine minute cellular samples from the patient under the microscope to render a diagnosis. This working environment will create both challenges and opportunities that are unique for CME educators.

RECOMMENDED READING:

- 1) Cervero, R. M. (2003). Place matters in physician practice and learning; *The Journal of Continuing Education in the Health Professions* 23: S10-S18.
- 2) Cividin, T. M., Ottoson, J.M. (1997). Linking reasons for continuing professional education participation with post-program application; *The Journal of Continuing Education in the Health Professions* 17: 46-55.

EDUCATIONAL FORMAT: P7, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/29/09;

7:30 am – 4:00 pm, Friday, 1/30/09;

7:30 – 10:30 am, Saturday, 1/31/09; Mission Tunnel/B2

TITLE: Interactive Spaced Education to Assess and Improve Knowledge of Clinical Practice Guidelines: A Randomized Controlled Trial

COMPETENCY AREA 2: Educational Interventions

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: Donna Connelly, BS

American Urological Association (AUA), 925/964-9419, connelly@auanet.org

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

CO-PRESENTER: Price Kerfoot, MD

Harvard Medical School, 774/286-9230, price.kerfoot@gmail.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Upon reading this poster, participants should be able to: 1) define interactive spaced education [ISE]; 2) understand the psychological research findings upon which ISE is based; 3) understand the results of our 2007 randomized trial of 480 urologists and urology residents; 4) appreciate that ISE is a highly-effective and well-accepted new form of online education, and 5) appreciate that ISE has wide applications to multiple content-domains within CME.

METHODS: Use this poster to: 1) define the 'spacing effect' and 'testing effect'; 2) explain how ISE is structured to harness the pedagogical merits of these effects; 3) describe the methodology and results of our 2007 randomized ISE trial, and 4) summarize the implications of ISE on other CME content-domains.

KEY POINTS: In our randomized trial of 480 urologists and urology residents, ISE generated significant gains in knowledge of the AUA clinical practice guidelines among both urologists and urology residents, corresponding to an average Cohen effect size of 1.15 (>0.8 is considered a large effect; $p < 0.001$ in intention-to-treat analysis). When asked whether they would like to participate in further ISE courses, 98% of 412 respondents (84% of all participants) answered 'Yes'. The acceptability of ISE was rated as a median 5 (IQR 4-5) on a 5-point Likert-type scale (1 - not at all acceptable, 5 - extremely acceptable).

RECOMMENDED READING: Journal of Urology, Apr 2007;177(4):1481-1487.

ACKNOWLEDGEMENTS: Support from the American Urological Association, the Research Career Development Award Program of the Veterans Affairs Health Services Research & Development Service, the American Urological Association Foundation, Astellas Pharma US, Inc., and Harvard Medical School's Center for Educational Technology.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P8, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/29/09;

7:30 am – 4:00 pm, Friday, 1/30/09;

7:30 – 10:30 am, Saturday, 1/31/09; Mission Tunnel/B2

TITLE: The Scientific Rally: An Innovative Learning Game

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Réjean Laprise, PhD

Fédération des médecins spécialistes du Québec, 514/350-5176, rlaprise@fmsq.org

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

CO-PRESENTER: Mario Ducharme, FRCPC

Association des neurologues du Québec, 514/350-5122, anq@fmsq.org

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

CO-PRESENTER: Ginette Guilbeault

Association des neurologues du Québec, 514/350-5122, anq@fmsq.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After viewing this poster, CPD professionals should be able to describe a learning game that can be used in educational meetings to: 1) facilitate participants' self-assessment; 2) encourage self-directed learning; 3) provide participants with an opportunity to interact with each other and with experts, and 4) collect demonstrated learning needs data.

METHODS: Complete step-by-step description of the learning game. Presentation of the results from a survey of 37 participants. Illustration of the method used to collect participants' learning needs.

KEY POINTS: The scientific rally has many educational components. Immediate feedback is provided to participants, enabling self-assessment, which in turn fosters self-directed learning. It is highly interactive and facilitates knowledge exchange between participants in a fun and friendly environment. In addition, providers may use the method to collect data on target audience's demonstrated needs. The method can easily be adapted to various meeting situations.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P9, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/29/09;

7:30 am – 4:00 pm, Friday, 1/30/09;

7:30 – 10:30 am, Saturday, 1/31/09; Mission Tunnel/B2

TITLE: Assessing Indiana's Evolving Continuing Medical Education Needs

COMPETENCY AREA 2: Educational Interventions

PRINCIPAL PRESENTER: Charles Clark Jr., MD

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

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

CO-PRESENTER: Hassan Danesh, PhD

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

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

CO-PRESENTER: Aleta Hodge, MS

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Upon reviewing data presented on this poster, participants will have a better understanding of physician's preferences for CME formats, modalities, and their involvement in quality improvement programs. These results can be incorporated into their CME planning.

METHODS:

- 1) Identify the practice base of physicians attending IUSM's CME events.
- 2) Identify physician preferences for format and modality.
- 3) Identify CME learning effectiveness and transfer of knowledge to practice.
- 4) Identify involvement in current quality improvement programs.
- 5) Recommend changes in CME formats, modalities, and quality improvements.

KEY POINTS: In the evolving world of information technology, it is important to keep abreast of physicians' preferred learning formats and modalities. The Division of CME at Indiana University (IU-CME) routinely conducts needs assessments to identify new educational needs. Results are used to plan programs that are learner-driven and more responsive to participants' needs. As the only school of medicine in Indiana, the mission of the IU-CME is to provide a variety of learning opportunities for physicians to enhance performance in practice and improve healthcare outcomes.

RECOMMENDED READING: Davis, NL. Integrating performance improvement and CME. ACME Almanac. 2007;29(6):1-3.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P10, Poster

**TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/29/09;
7:30 am – 4:00 pm, Friday, 1/30/09;
7:30 – 10:30 am, Saturday, 1/31/09; Mission Tunnel/B2**

TITLE: Effectiveness of an Educational Intervention on Frequent Attendance in Primary Care

COMPETENCY AREA 2: Educational Interventions

PRINCIPAL PRESENTER: Alex Ramos, MD

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

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

CO-PRESENTER: Raquel Dolado, Bsc

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

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

CO-PRESENTER: Albert Cobos, MD

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

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

CO-PRESENTER: Xavier Joaniquet, MD

Dreta Eixample Primary Care Centre, +34 935 678 858, cec@comb.es

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

CO-PRESENTER: Leonor Ancochea, MD

Dreta Eixample Primary Care Centre, +34 935 678 858, cec@comb.es

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: To evaluate the effectiveness of a course on how to manage and prevent frequent attendance in primary care.

METHODS: A course on the management of frequent attendance was designed and delivered to 22 doctors in 3 primary care centers (duration: 16 hours over two days). Changes in indicators of attendance frequency before and after the educational intervention were used in a preliminary evaluation of effectiveness (AVPP: average visits per patient; PPV10: percentage of patients attending more than 10 times per year). Pre and Post Data were analyzed using analysis of co-variance.

KEY POINTS: Two doctors were excluded from the analysis due to lack of data. Adjusted mean values of indicators are shown below. The AVPP for doctors who attended the course (95% CI: 0.26 to 1.83) was 1.04 points lower than for doctors who had not attended ($p=0.0121$). PPV10 was also 3.2% lower for attending doctors but this did not reach statistical significance.

Indicator Non-attendance Attendance p Adjusted Difference (IC95%)

AVPP 4.68 3.64 0.0121 1.04 (0.26-1.83)

PPV10 11.6 % 8.3 % 0.1168 3.2 (-0.8 -7.4)

RECOMMENDED READING: Baez, K, Airzaguen, JM, Grandes, G, Pedrero, E, Aranguren, J, and Retolaza, A. Understanding patient-initiated frequent attendance in primary care: a case-control study. British Journal of General Practice. 1998

EDUCATIONAL FORMAT: P11, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/29/09;

7:30 am – 4:00 pm, Friday, 1/30/09;

7:30 – 10:30 am, Saturday, 1/31/09; Mission Tunnel/B2

TITLE: Innovative Methods in Measuring Education Outcomes

COMPETENCY AREA 3: Performance Measurement

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

PRINCIPAL PRESENTER: Sam Bishop

Pri-Med, 617/488-4527, sbishop@pri-med.com

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

CO-PRESENTER: Marissa Seligman, PharmD

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After viewing this poster, participants should be able to: 1) pinpoint innovative research methods that can be utilized to measure educational outcomes, both physician and patient level; 2) understand the key variables to consider when designing a patient level outcomes assessment (level 5), and 3) learn how to translate patient level data to gauge the education's effectiveness in its ability to facilitate positive changes in practice performance and patient outcomes.

METHODS: Poster will outline and summarize in detail the latest qualitative, quantitative and patient care impact measurement strategies being utilized today in CME outcomes. Outcomes data methodologies, results, and trends will also be presented.

KEY POINTS: In the new CME environment the importance of conducting meaningful educational outcomes assessments has never been greater. Measuring Level 4 outcomes and testing ways to measure beyond is fast becoming a standard practice by leading CME providers. For many grant reviewers, heavy interest lies with supporting CME that will deliver robust data on patient care impact. The question remains: what innovative outcomes designs are being tested today and what are those studies uncovering about changes in patient health status resulting from changes in practice behaviors?

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P12, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/29/09;

7:30 am – 4:00 pm, Friday, 1/30/09;

7:30 – 10:30 am, Saturday, 1/31/09; Mission Tunnel/B2

TITLE: Launch Performance Improvement in Heart Failure . . . Are You Ready for Blast Off?

COMPETENCY AREA 3: Performance Measurement

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: Nancy DeRita

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

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

CO-PRESENTER: Steven Minnick, MD

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

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

CO-PRESENTER: Kandace Fitzpatrick, RHIT

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

- 1) Understand physician practice guidelines specific to Heart Failure.
- 2) Identify methods that will assess current physician practice.
- 3) Determine physician practice changes that will ensure compliance with established Heart Failure measures.

METHODS:

- 1) Educate physicians about Heart Failure specific performance measures.
- 2) Assess individual physician practice and implement intervention based on actual performance measures.
- 3) Award AMA PRA Category 1 credit for Performance Improvement.

KEY POINTS:

- 1) Heart Failure affects nearly 5 million patients in the United States. There are 550,000 new cases diagnosed each year.
- 2) The national hospital quality initiative, Center's for Medicare and Medicaid Services (CMS) and the Joint Commission identify heart failure as a focus area for process improvement.
- 3) Compliance with heart failure measures will ensure the highest quality of life for the person living with heart failure.

RECOMMENDED READING: AMA/PRA Booklet <http://www.ama-assn.org/go/pr>

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P13, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/29/09;

7:30 am – 4:00 pm, Friday, 1/30/09;

7:30 – 10:30 am, Saturday, 1/31/09; Mission Tunnel/B2

TITLE: Controlling Asthma: Educational Interventions and Performance Measurement

COMPETENCY AREA 3: Performance Measurement

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

PRINCIPAL PRESENTER: Jane Darrish, MSN

Children's Healthcare of Atlanta, 404/785-7842, jane.darrish@choa.org

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

TARGET AUDIENCE: Intermediate

MEMBER SECTIONS: All

OBJECTIVES: After reviewing this poster, the participant will:

- 1) identify gap in physician knowledge and performance;
- 2) construct a multi faceted educational intervention designed to improve physician performance, and
- 3) review methods for measuring outcomes of the intervention including change in knowledge base, self-reported change in behavior, and documentation by chart audit.

METHODS: The project presented was designed specifically to measure outcomes of educational interventions to improve care of asthma patients. The educational interventions included a lecture with case scenarios, pre and post test, and audience interaction through use of an ARS. A PI project was also offered to participants.

KEY POINTS: Our results, while reflecting a small sample size, demonstrate that our educational intervention was successful in changing physician knowledge and behavior. This was measured by a pre-test, post-test, and 6 month follow up survey which showed a sequential increase in basic knowledge scores, self reported change in management of patients, and documentation by chart review of change in performance.

A key feature of the project was the successful collaboration of Children's Healthcare of Atlanta and DeKalb Medical Center and also the inter-departmental collaboration with QI and PHO departments. This collaboration proved to be a significant enhancement to the project.

RECOMMENDED READING: Janson, S. Weiss, K. A National Survey of Asthma Knowledge and Practices Among Specialists and Primary Care Physicians. Journal of Asthma 2004; 41 (3) 343-348

ACKNOWLEDGEMENTS: Educational grant from the MAG Institute for Excellence in Medicine and the Physician's Foundation for Health Systems Excellence.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P14, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/29/09;

7:30 am – 4:00 pm, Friday, 1/30/09;

7:30 – 10:30 am, Saturday, 1/31/09; Mission Tunnel/B2

TITLE: Rating Live CME: Evaluation through a Quality Measurement Instrument

COMPETENCY AREA 3: Performance Measurement

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

PRINCIPAL PRESENTER: Steven Kawczak, MA

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

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

CO-PRESENTER: William Carey, MD

Cleveland Clinic Center for Continuing Education, 216/444-9990, careyw@ccf.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following review of this poster, participants should be able to: 1) recognize the relativity and variability of defining and assessing quality in live CME courses; 2) identify an instrument for measuring quality contextualized in an institutional definition, and 3) describe the benefits of monitoring quality on a program and activity based level.

METHODS: This poster will detail the development of a live CME quality measurement instrument that normalizes various quality measures. The steps were consensus panel defining quality measures, normalizing scores for each measure, benchmarks of quality are correlated on a uniform scale, comparisons were conducted, and use of results for future educational planning.

KEY POINTS: CME providers share a general mission to ensure that quality CME activities are developed and produced. Since value and quality are relative terms, an organization should measure a broader array of quality indicators that match their definition of value of CME. This poster demonstrates how a quality assessment program can be organized. It shows that: 1) a simple process for measuring quality in live CME courses is available, which 2) can be individualized by provider; 3) benchmarking of quality measures is a straightforward, reproducible process, and 4) allows for measurement and trending at a program and activity level, which is useful for accountability and monitoring improvement.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P15, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/29/09;

7:30 am – 4:00 pm, Friday, 1/30/09;

7:30 – 10:30 am, Saturday, 1/31/09; Mission Tunnel/B2

TITLE: Point-of-Care Clinical Decision Support

COMPETENCY AREA 4: Systems Thinking

PRINCIPAL PRESENTER: Jason Olivieri, MPH

Nemours Children's Clinic, 904/858-3877, jolivier@nemours.org

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

CO-PRESENTER: Devendra Mehta, MD

Nemours Clinical Management Program, 407/650-7041, dmehta@nemours.org

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

CO-PRESENTER: Pamela Arn, MD

Nemours Children's Clinic, 904/390-3586, parn@nemours.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: To describe the partnership between Nemours, one of the nation's largest pediatric health systems, and the Center for Health Evidence (University of Alberta) to enhance the quality of patient care through 1) a point-of-care clinical decision support (CDS) tool (InfoLink) offering simultaneous access to Electronic Medical Records and knowledge-based resources (e.g. journals, algorithms, syntheses, practitioner forums), and 2) teaching an approach to clinical decision-making that utilizes best evidence.

METHODS: Present 1) objective knowledge- and practice-based data used to develop CME curriculum in evidence-based medicine, and 2) InfoLink utilization patterns among Nemours' approximately 400 specialty and subspecialty physicians.

KEY POINTS: Evidence supports the use of CDS tools for practice improvement; however, the practical issues associated with educating physicians to effectively utilize such tools are not understood. Education outcomes of a 12-month pilot program to develop a CME curriculum for a point-of-care CDS tool for pediatricians and pediatric sub-specialists will be presented.

RECOMMENDED READING: Hayward RS, El-Hajj M, Voth TK, Deis K. Patterns of use of decision support tools by clinicians. AMIA Annu Symp Proc 2006; 329-33.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P16, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/29/09;

7:30 am – 4:00 pm, Friday, 1/30/09;

7:30 – 10:30 am, Saturday, 1/31/09; Mission Tunnel/B2

TITLE: Using Expert Consensus to Create a Multi-Level Competence-Based Educational Program

COMPETENCY AREA 5: Partnering

PRINCIPAL PRESENTER: Frank Urbano, MD

PRIME, Inc., 954/718-6055, F.urbano@primeinc.org

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

CO-PRESENTER: Kathleen Moreo, RN

PRIME, Inc., 954/718-6055, k.moreo@primeinc.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After reviewing this poster, participants should be able to: 1) describe how an expert consensus panel can be identified and utilized to create a competence-based educational program; 2) assess methods to design multi-level activities that are competence-centered using a panel of experts, and 3) identify how to implement and evaluate a multi-level program using a panel of experts

METHODS: This poster will describe how the presenting organization designed, developed, implemented, and evaluated a competence-based multifaceted CME program using a consensus of experts.

KEY POINTS: Highly effective CME programs must be developed independent from commercial support and must use innovative and varying methods to achieve measurable educational outcomes. The use of key opinion leader consensus is one way to create an effective, competence-based educational program which can result in the development of high-level multifaceted programs. Such a format can also be conducive to the development of an educational program which has the potential to result in a positive impact on practitioner performance and patient outcomes.

RECOMMENDED READING: Urbano FL. Review of the NAEPP 2007 Expert Panel Report (EPR-3) on Asthma Diagnosis and Treatment Guidelines. *J Manag Care Pharm* 2008;14(1):41-49.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P17, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/29/09;

7:30 am – 4:00 pm, Friday, 1/30/09;

7:30 – 10:30 am, Saturday, 1/31/09; Mission Tunnel/B2

TITLE: Partnering to Educate a Community of Learners: A Case Study

COMPETENCY AREA 5: Partnering

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

PRINCIPAL PRESENTER: Sherry Layton

Duke University School of Medicine, 919/401-1217, Sherry.Layton@duke.edu

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

CO-PRESENTER: Brooke Taylor, MPH

Duke University School of Medicine, 919/401-1205, Brooke.Taylor@duke.edu

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

CO-PRESENTER: Tanya Jisa, MSW

Duke University School of Medicine, 919/401-1208, Tanya.Jisa@duke.edu

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1) Integrate a planning structure that emphasizes use of local, regional and state-wide education agencies to greater impact learning. 2) Construct an educational design framework in which physician/allied health professionals learn alongside their patient population. 3) Evaluate the efficacy and impact of multiple and varied partnerships on learners. 4) Promote greater resource sharing among educational partners. 5) Promote a multi-pronged educational, community-centered approach among CME providers when planning and certifying activities.

METHODS: The poster describes a case study where multiple local, regional and state-wide academic institutions and community health education agencies partnered to serve a community-wide need: the interprofessional medical education of community-based healthcare providers, along with the targeted patient population of African-American women infected with HIV/AIDS.

KEY POINTS: Using the model illustrated in this case study, CME providers can exercise a greater impact on physician learners and their patient populations. Multiple partnerships encourage greater interprofessional participation within and outside their institutions and brings them closer to the community patient population(s) they serve. It also serves to lessen the CME provider's expenditures of staff time, budgeting and other resources because multiple partners learn to share and pool these resources.

RECOMMENDED READING: Zwarenstein M, Reeves S. Knowledge translation and interprofessional collaboration: Where the rubber of evidence-based care hits the road of teamwork. *J Contin Educ Health Prof* 2006; 26(1):46.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P18, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/29/09;

7:30 am – 4:00 pm, Friday, 1/30/09;

7:30 – 10:30 am, Saturday, 1/31/09; Mission Tunnel/B2

TITLE: Ten Years' Experience of CME/CPD Accreditation in Catalonia, Spain

COMPETENCY AREA 7: Administrative/Management

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

PRINCIPAL PRESENTER: Helios Pardell, MD

Catalan Council for CME, +34-93-2183665, hpardell@comb.es

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

CO-PRESENTER: Helena Segura, MEd

Catalan Council for CME, +34-93-2183665, hsegurabadia@comb.es

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

CO-PRESENTER: Arcadi Gual, MD

Catalan Council for CME, +34-93-2183665, ccfmc@comb.es

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: To describe the main traits of the Catalan Council for CME (CCCME), in terms of providing institutions accreditation and CME/CPD activities accreditation

METHODS: Quantitative analysis of trends in:

- Profile of providing institutions accreditation
- Amount of CME/CPD activities accreditation
- Typology of CME/CPD events
- Kind of professional target audiences

KEY POINTS: After the 10 years' experience, these are the hallmarks of the CCCME:

- It is definitely consolidated and fairly accepted by the CME/CPD providers.
- It has decisively contributed to the improvement of CME/CPD quality.
- It has served as model for the implementation of the Spanish accreditation system as a whole.

RECOMMENDED READING:

- 1) Pardell H, Sierra G. Continuing medical education and continuing medical education accreditation in Spain. JCEHP. 2003; 23: 244-6.
- 2) Pardell H, Segura H, Motllo M. Seven years' experience of the CME accreditation system of the Catalan Council of CME. 29th Annual Conference of the ACME. Atlanta, GA. January 21-24, 2004.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: P19, Poster

TIME/DAY/LOCATION: 7:30 am – 4:00 pm, Thursday, 1/29/09;

7:30 am – 4:00 pm, Friday, 1/30/09;

7:30 – 10:30 am, Saturday, 1/31/09; Mission Tunnel/B2

TITLE: Increasing Mentoring Opportunities: A Group Mentoring Pilot Program Experience

COMPETENCY AREA 8: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Elizabeth Stueck, BA

Medical Education Trust, 973/509-6701, Liz.Stueck@MedEdTrust.org

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

CO-PRESENTER: Laurie Myers, PhD

Regan Campbell Ward-McCann, 646/742-2245, Laurie.Myers@rcw.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After reviewing this poster, participants should be able to: 1) recognize the value of mentoring in the growth and development of CME professionals; 2) describe the structure and elements of this group mentoring pilot program; 3) identify the methods by which data were obtained for both CQI (continuous quality improvement) efforts and to inform the launch of future mentoring initiatives, and 4) discuss application of an outcomes-oriented approach to a group mentoring program.

METHODS: This poster describes the design, development, implementation, and results of a group mentoring pilot program fielded by the Metro Chapter of the Healthcare Businesswomen's Association.

KEY POINTS: One of CME's most honored women, Frances Maitland, was also its best known Mentor. A mentoring relationship "is the crucial key to success in the business world"; yet, according to Catalyst, it is "the single advantage that women usually do not have". Skills that CME professionals routinely employ (needs assessment; resource identification, acquisition, and management; instructional design; and outcomes measurement) can be applied to professional development programming. Mentoring can be structured to take place in small groups. In addition to Mentors mentoring Mentees, peer mentoring (ie, Mentees mentoring other Mentees) enriches the process and expands the circle of mentoring relationships.

RECOMMENDED READING: Johnson WB, Ridley CR. The Elements of Mentoring. New York, NY: Palgrave Macmillan, 2004.

ACKNOWLEDGEMENTS: Grants provided by Advanced Clinical Concepts and SARGA Associates.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T1, Opening Plenary

**TIME/DAY/LOCATION: 8:30 – 10:00 am, Thursday, 1/29/09,
Yerba Buena 7-9/Lower B2**

TITLE: Professional Development of Physicians and the Future of Medical Education: What Would Flexner Think? (Invited Abstract)

COMPETENCY AREA 6: Leadership

PRINCIPAL PRESENTER: David Irby, PhD

University of California San Francisco, 415/502-1633, irbyd@ucsf.edu

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this plenary session, participants will be able to: 1) explain how the current medical education paradigm emerged over 100 years ago; 2) describe the conceptual framework for a new model of medical education that is rooted in the learning sciences, and 3) explore the potential implications of this model for the continuum of medical education, with special emphasis on continuing medical education.

METHODS: Doctor Irby will present some of the work that he and his colleagues are doing at The Carnegie Foundation for the Advancement of Teaching related to medical education. After discussing the professional challenges and future directions of medical education, he will consider the impact that these challenges and directions will have on continuing medical education. The session will conclude with an opportunity to field questions from the audience.

KEY POINTS: To a large degree, the medical education paradigm that currently exists was created at the beginning of the 20th century. The Carnegie Foundation for the Advancement of Teaching commissioned Abraham Flexner to examine the state of medical education across the United States. The impetus for Flexner's study included persistent and strong criticism of the state of medical practice, including the process by which an individual became a practicing doctor. After the report was released, tremendous reforms occurred in medical education and the current system that exists today is largely due to the forces set in motion by Flexner. One hundred years later, powerful stakeholders are again clamoring for reform. Academic medical centers, teaching hospitals, medical specialty societies, and the pharmaceutical industry are being criticized for a variety of reasons, including medical errors, soaring healthcare costs, and the erosion of professional standards. The profession itself is seemingly at a crossroads and medical educators are being challenged to adapt to rapid changes in modern society. Thus, it is fitting that a research team, headed by Drs. David Irby and Molly Cooke, from The Carnegie Foundation for the Advancement of Teaching, are once again examining medical education. The report from these scholars will be released by Jossey Bass Publishers in 2009 and may trigger significant changes in undergraduate, graduate, and continuing medical education. Will the CME Community be ready for these reforms? How will changes in undergraduate and graduate medical education impact continuing medical education? How will the practicing community react to physicians with a moral commitment to continuous learning, inquiry and innovation? These and other questions will be explored during the plenary session.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T2, Intensive

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/29/09, Club/Atrium

TITLE: Continuous Assessment in CME (Part 1)

COMPETENCY AREA 1: Adult/Organizational Learning Principles

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

PRINCIPAL PRESENTER: Donald Moore, Jr, PhD

Vanderbilt University School of Medicine, 615/322-4801, Don.Moore@vanderbilt.edu

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

CO-PRESENTER: Joseph Green, PhD

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

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

CO-PRESENTER: Harry Gallis, MD

Carolinas HealthCare System, 704/512-6516, harry.gallis@carolinashealthcare.org

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

TARGET AUDIENCE: Intermediate

MEMBER SECTIONS: All

OBJECTIVES: Presenters will discuss a conceptual model combining planning and continuous assessment to obtain desired results and improved outcomes from CME activities. Participants will be introduced to a logic model to demonstrate how this approach works.

METHODS: Participants will discuss new approaches to CME planning in small groups to understand and use Miller's framework to take advantage of physicians' readiness to learn and instructional design that provides opportunities for practice and feedback, and develop a plan to re-order selected activities to improve physician competence and performance using case scenarios.

KEY POINTS:

- 1) Obtaining desired results requires more than measuring outcomes before and after a CME intervention.
- 2) Obtaining desired results requires learning activities that provide opportunities for practice of the desired results and feedback.
- 3) Viewing planning and assessment as a dynamic, interactive process will improve both planning and assessment.

RECOMMENDED READING: Miller GE, Acad. Med. 1990;65(9 Suppl):S63-S67 Bickman L, ed. Jossey-Bass, 1987. New Directions for Program Evaluation Mazmanian PE, Davis DA JAMA 2002;99, 1057-1060 Moore DE, Jr, Cervero RM, Fox RD JCEHP 2007;27(Suppl1): S40-S54.

ACKNOWLEDGEMENTS: Educational grant from Takeda Pharmaceuticals NA

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T3, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/29/09, Pacific A/4th

TITLE: Considering Physicians' Age and Generation in CME Design and Deployment

COMPETENCY AREA 1: Adult/Organizational Learning Principles

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

PRINCIPAL PRESENTER: Sean Hayes, PsyD

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

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

CO-PRESENTER: Ron Murray, EdD

University of Virginia School of Medicine, 434/982-3687, r7m7a@virginia.edu

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

CO-PRESENTER: Jann Balmer, PhD

University of Virginia School of Medicine, 434/982-3687, jtb9s@virginia.edu@virginia.edu

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

CO-PRESENTER: Geneviève Myhal, PhD

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

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

CO-PRESENTER: Suzanne Murray

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) describe the impact of physician age/generation on learning styles and preferences, and 2) consider the implications of these learning styles and preferences on the design and deployment of CME.

METHODS: Following the introduction of a needs assessment that was designed to investigate the impact of generational variables, the participants will explore the impact of the impact of physician age/generation on learning styles and preferences, and the impact upon CME design through a guided group reflection exercise.

KEY POINTS: Research in education has long established different styles for different groups of learners, and age constitutes a recognized variable affecting learning style. Awareness of the impact of physician age / generation on learning styles and preferences will enable providers, planners, educators and learners to enhance the efficacy of learning interventions and adapt it to the needs of learners.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T4, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/29/09, Pacific B/4th

TITLE: Examining Physicians' Perspective on CME: Results from a Survey

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Maurizio Mazzi

The Center for Medical Knowledge, LLC, 866/482-4263, ext. 316, mmazzi@chesteredgroup.com

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

CO-PRESENTER: Jennifer Green

The Center for Health Care Education, LLC, 866/482-4263, ext. 186, jgreen@chesteredgroup.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: 1) better understand physicians' perspective on CME with regard to their professional development; 2) create activities that impact physician behavior based on survey insights, and 3) identify systems and areas of improvement within CME organizations to better meet physician's educational and professional needs.

METHODS: The presenters will review results from a longitudinal survey on the way physicians perceive CME. A survey was sent out to primary care providers nationwide and was designed to retrieve specific information on how physicians perceive bias in CME, how they prefer receiving their CME, and improvements they would like to see made in how CME activities are created and implemented.

KEY POINTS: The healthcare industry's role in funding CME is under increasing scrutiny. However, debate still exists on whether physicians' truly perceive bias in CME activities. This survey was meant to shed additional light on a small subsection of primary care providers on the importance of CME in their daily practice and their perceptions on commercial bias.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T5, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/29/09, Sierra A/5th

TITLE: Building Educational Programs from Comprehensive Needs Assessments

COMPETENCY AREA 2: Educational Interventions

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: Jack Kues, PhD

University of Cincinnati Academic Health Center, 513/558-1425, kuesjr@uc.edu

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

CO-PRESENTER: Chris Larrison, BA

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

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

CO-PRESENTER: Mary Ales, BA

Interstate Postgraduate Medical Association, 608/231-9045, males@ipmameded.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

- 1) Evaluate the components in a multifaceted needs assessment.
- 2) Develop educational interventions for OAB to address known gaps.
- 3) Link needs to outcomes through appropriate educational interventions.

METHODS: During this session learners will evaluate a needs assessment summary on OAB and will be challenged to develop appropriate interventions that address the stated gap using ACGME competencies.

KEY POINTS: Criteria C2 through C6 require providers to address professional practice gaps through educational interventions that change competence, performance or patient outcomes. A multifaceted needs assessment provides the foundation necessary to address specific gaps in knowledge and behavior as defined by ACGME competencies. Linking the needs and educational interventions requires creativity, use of adult learning principles, and application to practice. Through a validated needs assessment, learners will concentrate on developing appropriate educational interventions through collaboration with peers.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T6, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/29/09, Pacific 1/4th

TITLE: Case-based CME

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Kate Hodgson, DVM

University of Toronto, 416/978-4957, kd.hodgson@utoronto.ca

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) assess the distinctions, advantages, and challenges of Case-based CME; 2) develop an approach to work with faculty to create Case-based CME, and 3) write, in collaboration with colleagues, an example of a patient Case-based CME.

METHODS: Use of interactive discussion to explore the definition and application of Case-based CME. Reflective exercises individually, with a partner, and in small groups to assess the advantages and challenges in Case-based CME. The group will then develop a learning module in Case-based CME to experience this approach to content development.

KEY POINTS: In Case-based CME, a patient case history is the stimulus for learning. Case-based CME allows for more interactions and peer discussion, development of clinical reasoning and not just knowledge transfer, and creates an opportunity for the faculty/content expert to share relevant insights and expertise. Compared to traditional CME, there is greater learner satisfaction and increased perceived educational value. Case-based CME moves beyond undergraduate medical education problem-based learning. Development of Case-based CME content with faculty follows a systematic approach.

RECOMMENDED READING: JCEPH 2004 (24): 112-118.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T7, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/29/09, Sierra B/5th

TITLE: Expand Existing CME Activities into Performance Improvement Initiatives

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Julie White, MS

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

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

CO-PRESENTER: Lara Zisblatt, MA

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: 1) describe a variety of methods of incorporating performance improvement (P.I.) initiatives into existing CME activities; 2) expand at least one existing CME activity into a performance improvement initiative over the next year, and 3) list at least three quality improvement strategies that may be implemented in the practice setting.

METHODS: Presentation of case studies and tools for practice.

KEY POINTS: Maintenance of Certification, Pay for Performance, and national healthcare initiatives such as the Institute for Healthcare Improvement's 5 Million Lives Campaign require the integration of quality and performance improvement processes into the practice. CME providers can assist physicians with the tools and support to conduct performance improvement in their workplace. This presentation 1) offers methods for integrating performance improvement components into activities such as conferences, and 2) outlines the outcome levels that performance improvement activities can achieve. Lessons learned from conducting a number of local, regional, and national PI activities will be shared.

RECOMMENDED READING: Agency for Healthcare Research and Quality Fact Sheet - Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies. <http://www.ahrq.gov/clinic/epc/qgapfact.pdf>.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T8, Breakout

**TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/29/09,
Yerba Buena 1-3/Lower B2**

TITLE: Elements of a Quality Grant Application: An Industry Perspective

COMPETENCY AREA 2: Educational Interventions

PRINCIPAL PRESENTER: Jacqueline Mayhew
Pfizer, Inc., 212/733-7254, jacqueline.mayhew@pfizer.com

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

CO-PRESENTER: Christine Beebe
Takeda Pharmaceuticals, 224/554-6035, cbeebe@tpna.com

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

CO-PRESENTER: Kristin Rand, JD
Genentech, Tel: 650/225-8333, rand.kristin@gene.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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

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

KEY POINTS: Grant applications to commercial supporters are being evaluated against increasing standards of quality. The traditional elements of educational planning and design are the benchmarks as well as other factors such as potential impact of the educational intervention on closing a gap in healthcare quality, and potential influence of the results of the activity on future educational needs in the therapeutic area.

Attendees at this session will learn how pharmaceutical support for CME is evolving from traditional support of CME that:

- 1) Relies on didactic, large or small audience lectures.
- 2) Emphasizes knowledge transfer with little focus on implementation.
- 3) Utilizes gratuitous case studies.
- 4) Measures effectiveness by attendance and satisfaction to Continuing Professional Development/Performance Improvement CME that:
 - * Emphasizes knowledge transfer incorporating Evidence Based Medicine to guide competency development on emerging science, and to narrow existing knowledge gaps.
 - * Includes Performance Improvement (PI) components to facilitate the translation of knowledge in the practice setting to improve patient outcomes.
 - * Focuses on the learner and innovative learning designs at the learner level (e.g., small group activities, practice and systems barriers etc.).
 - * Considers pilot programs grounded in education research for both learner needs and designs.

EDUCATIONAL FORMAT: T9, Breakout (CANCELLED)

EDUCATIONAL FORMAT: T10, Breakout

**TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/29/09,
Yerba Buena 10-12/Lower B2**

TITLE: First Steps: Integrating Quality Improvement, Performance Improvement, and CME

COMPETENCY AREA 3: Performance Measurement

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

PRINCIPAL PRESENTER: Brian McGowan, PhD

FCG Institute for Continuing Education, 215/353-3750, bmcgowan@fcgint.com

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

CO-PRESENTER: Jonathan Sackier, MB

University of Virginia, 434/566-3061, sackier@aol.com

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

CO-PRESENTER: Timothy Palmer, CRNA

William Beaumont Hospital, 248/898-1892, tpalmer@beaumont-hospitals.com

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

TARGET AUDIENCE: Beginner

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) define quality improvement (QI) and performance improvement (PI); 2) identify the public, private, and academic organizations that are leading the national QI and PI movements, 3) describe how QI and PI affect the context of clinical practice (our learners), and 4) establish a goal-oriented, strategic learning plan that will ensure CME professionals may effectively integrate QI and PI into their programs.

METHODS: Presenters will provide an overview of QI and PI (2 x15 mins). Case-studies will enable CME professionals to begin to integrate QI and PI into their programs (10 minutes). Presenters and attendees will create a list of QI and PI resources available to CME professionals (15 minutes).

KEY POINTS: The updated ACCME criteria (C3, C16, C17, C21, etc.) direct CME professionals to understand QI and PI, and to integrate components of QI and PI into their programs. The ACCME states, "Level 3 criteria reward the provider for engaging in the system... as a strategic asset to quality and safety initiative."1 The practice of the clinicians that we intend to support is increasingly affected by QI and PI projects. As such, CME professionals must develop a goal-oriented, strategic learning plan to enable their own development and the development of their staff and programs.

RECOMMENDED READING: 1 Letter from the Chairs.

http://www.accme.org/dir_docs/doc_upload/7ac66e27-3ed0-4b83-854d-ce5a8ed82099_uploaddocument.pdf; accessed March 18, 2008.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T11, Breakout

**TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/29/09,
Yerba Buena 13-15/Lower B2**

TITLE: Using Healthcare Performance Measures and Multiple Interventions to Develop PI CME

COMPETENCY AREA 3: Performance Measurement

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

PRINCIPAL PRESENTER: Nancy Davis, PhD

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1) Define healthcare performance measures including sources and how they're developed. 2) Describe the three stages of CME credit for Performance Improvement (PI) CME activities. 3) Utilize non-educational interventions in PI CME. 4) Design a PI CME activity.

METHODS: Didactic lecture will be used to introduce concepts of healthcare performance measures and integrating performance improvement principles into CME development. Participants will have the opportunity to contribute to the real-time development of a PI CME activity using concepts they've just learned or experienced in their own practice.

KEY POINTS: CME providers are being encouraged to develop PI CME activities to ensure practice improvement. Healthcare performance measures are the foundation for designing such educational activities. In addition to education, PI CME should include non-educational interventions for improvement. Measures should be used to identify educational needs, develop learning objectives and assess outcomes. Identifying and accessing measures and interventions are essential skill sets for CME providers which will be developed during this session.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T12, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/29/09, Pacific H/4th

TITLE: Practical Outcomes Strategies: A How-to Guide to Effective Outcomes Assessment

COMPETENCY AREA 3: Performance Measurement

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: William Mencia, MD
Med-IQ, LLC, 443/543-5135, wmencia@med-iq.com

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

CO-PRESENTER: Zelda Gilliam
Med-IQ, LLC, 443/543-5231, zgilliam@med-iq.com

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

TARGET AUDIENCE: Beginner

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this breakout session, participants should be able to: 1) define the importance of outcomes measurements within the scope of the evolution of CME; 2) establish practical measurement tools that can capture relevant outcomes data in a cost-effective manner; 3) implement processes to collect, process, sort, analyze, and report outcomes data, and 4) identify ways to incorporate outcomes data as a component of a comprehensive needs assessment when planning new CME activities.

METHODS: Interactive, lecture-based presentations in conjunction with small-group discussions to present practical outcomes data management strategies.

KEY POINTS: Development and implementation of outcomes measurement tools will be discussed, focusing on strategies that are practical and cost-effective. Participants will examine various ways to measure the impact of CME activities on physician behavior and healthcare practice, and will be able to design a plan that is appropriate to their CME environment. In addition, the session will explore effective analysis, interpretation, and reporting of outcomes data to show the results of a CME activity, and linking these results to improved practice performance. Incorporating outcomes data into a needs assessment strategy, as well as the impact of outcomes measures on commercial support will also be discussed.

RECOMMENDED READING:

- 1) The Continuing Professional Development of Physicians: From Research to Practice. Davis D, Barnes B, Fox R, Eds. American Medical Association (AMA) Press, 2003.
- 2) Evaluation for Continuing Education: A Comprehensive Guide to Success. Knox AB, Editor. Jossey-Bass Publishing; John Wiley & Sons, Inc. 2002.

ACKNOWLEDGEMENTS: Audience response technology provided by VisionTree Software.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T13, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/29/09, Sierra I/5th

TITLE: Coping with Global Change in CPD: Experiences in Europe and Elsewhere

COMPETENCY AREA 4: Systems Thinking

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

PRINCIPAL PRESENTER: Lewis Miller, MS

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

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

CO-PRESENTER: Hervé Maisonneuve, MD

Pfizer, Inc., +33 1 58 07 35 80, herve.maisonneuve@pfizer.com

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

CO-PRESENTER: Barbara Pritchard, MA

InterAlliance, 203/869-2717, bpitch887@aol.com

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

TARGET AUDIENCE: Advanced

MEMBER SECTIONS: All

OBJECTIVES: Regulatory forces and mandated changes to CME are affecting the continuing professional development of physicians globally. Many of these echo the US experience but may go beyond. Often, governments & health ministries have taken the lead rather than the profession. Industry funding practices are being closely examined everywhere. Specialty Societies, who provide the majority of CME globally, have conducted analyses of the situation and formulated various coping strategies to keep CME available for their members and other physicians.

METHODS: Use didactic presentations to define the forces for change in CME at work across the globe but especially in Europe. List suggestions and practical ideas for coping with these changes. Use small & heterogeneous groups to discuss and compare the situations in their individual countries, and ask these groups to report their experiences and methods that have worked.

KEY POINTS: Physicians are members of a global profession, and are united in their desire to stay current, competent, and to provide the very best patient care possible. Regulatory forces and other changes may change the way they obtain CME for their personal continuing professional development. The challenges for doctors globally to obtain CME of the highest quality are considerable, and these changing forces, pro and con, will be analyzed.

RECOMMENDED READING: The Global CME Newsletter, <http://www.wentzmilller.org>, 2007-2008.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T14, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/29/09, Pacific J/4th

TITLE: CME Must Become a Stakeholder in the Government's Quest to Improve Healthcare

COMPETENCY AREA 4: Systems Thinking

PRINCIPAL PRESENTER: Bob Meinzer, BS

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Develop educational interventions that compliment the government's healthcare improvement programs. List the government's top healthcare priorities targeted for improvement. Identify states with the greatest need for improving targeted priorities. Design CME that meets the unique needs of the learners and patients in targeted areas.

METHODS: Lecture and handout material. Much of this material will be new information that will require the attendees to follow up after the meeting. The handout will provide the resources necessary to meet the objectives

KEY POINTS: The US government is covering an increasing share of healthcare costs and is focusing on improving the quality of care. Currently the CME community and the government are in an adversarial relationship. The CME community must become a stakeholder in the government's quest to improve the quality of care and reduce costs. CME has the potential to be a strong partner in improving the quality of care, but we need to raise our awareness of what the government has targeted for improvement and where the interventions are most needed. One size fits all education will no longer work. Designing interventions that meet a well defined need, taking into consideration ethnic, race and cultural issues will be the future. Placing these interventions in the areas of greatest need will be equally important.

RECOMMENDED READING: CDC National Center for Health Statistics (NCHS); Health, United States 2007 with Chartbook on Trends in the Health of Americans; U.S. Dept of HHS; The State of Health Care Quality 2007; NCQA; Knowing What Works in Health Care: A Road Map for the Nation; Institute of Medicine.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T15, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/29/09, Sierra H/5th

TITLE: Leading Transformational Change in CME: A Model for Success

COMPETENCY AREA 6: Leadership

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

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

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

CO-PRESENTER: James Leist, EdD

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Participants should be able to: 1) explain the need and process for leading transformational change in CME; 2) identify a "BIG IDEA" that describes a need to change in their unit, or organization; 3) outline a plan of action for implementation of the "BIG IDEA" using the "Key Steps for Leading Transformational Change Worksheet", and 4) participate in an ongoing electronic discussion with faculty and colleagues for a year to monitor progress in making the change

METHODS: Use an interactive lecture/discussion about the transformational change process and implementation of a "BIG IDEA". Discuss a process for maintaining contact about progress for one year.

KEY POINTS: The culture of CME must change in order for CME to continue as a valued service in healthcare. To change the culture, effective leadership is necessary. Leading change requires key leadership skills including a vision for change that is made visible and adds value to the organization and CME Profession. Change may require some risks, but that is a responsibility of an effective leader. Key steps in the process (BIG IDEA, urgency, teamwork, vision, resources, barriers, short term wins and anchoring change) based upon John Kotter's Leading Change text are critical for Leading Transformational Change and shaping the future for CME.

RECOMMENDED READING: Harvard Business Review 2007; 85:1:96-103.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T16, Breakout

**TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/29/09,
Yerba Buena 4-6/Lower B2**

TITLE: The Odd Couple: Finding the Ideal Educational
(Collaborative) Roommate

COMPETENCY AREA 5: Partnering

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

PRINCIPAL PRESENTER: Lawrence Sherman, FACME

Physicians Academy, 212/897-4911, LS@physacad.com

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

CO-PRESENTER: Melinda Steele, MEd

Texas Tech University Health Sciences Center, 806/743-2226, melinda.steele@ttuhsc.edu

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of the session, participants will be able to: 1) describe specific criteria necessary for identifying a compatible educational partner; 2) define strategies for optimizing educational partnerships, and 3) outline best practices in partnering.

METHODS: A moderated SWOT session aimed at identifying best practices in CME collaboration.

KEY POINTS: CME continues to evolve as a profession, and the need for collaboration by accredited and non-accredited providers continues to be a critical component in the overall success of CME. Simply forming joint sponsorship relationships is not enough to outline best practices in collaboration. Selection of educational “roommates” based on strengths, skill sets, compatibility, and specialization is necessary, and the ideal number and types of partners is an evolving art. Mitigation of the current challenges in CME, including potential conflicts of interest and bias may be a benefit of appropriate collaboration.

RECOMMENDED READING: JAMA 2008; 299:1060-1061, JAMA 2008; 299:1003-1004.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T17, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/29/09, Sierra K/5th

TITLE: Bringing the Library to the Bedside: A Study in Point of Care Learning

COMPETENCY AREA 5: Partnering

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

PRINCIPAL PRESENTER: Heather Holmes, MLIS

Summa Health System, 330/375-6770, holmesh@summa-health.org

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

CO-PRESENTER: Mary Starbuck, BA

Summa Health System, 330/375-3234, starbucm@summa-health.org

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

CO-PRESENTER: Sally Missimi, PhD

Summa Health System, 330/375-3220, missimis@summa-health.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) understand what Point of Care Learning is; 2) appreciate why it is important for CME professionals, physicians and patients; 3) learn ways to incorporate a Librarian into the clinical setting, and 4) encourage others in the health care realm to take part in CME with improved patient outcomes as a final measure.

METHODS: Use a combination of lecture and discussion to: 1) review the study done by the presenters as well as discuss projects done elsewhere that are referenced in the literature; 2) demonstrate the benefits of Point of Care Learning to CME, and 3) summarize suggested ways to incorporate Point of Care Learning into organizations.

KEY POINTS: Point of Care Learning is a developing trend in CME. Having the benefit of a Librarian at the bedside would be a fantastic way to maximize the educational experience. It would likely enhance the physician's knowledge by having the librarian introducing or suggesting new resources, as well as save the physician time of searching the literature.

RECOMMENDED READING: Med Ref Serv Q 2005; 24(1):29-39.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T18, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/29/09, Nob Hill A-D/Lower B2

TITLE: AMA Update 2009

COMPETENCY AREA 6: Leadership

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

PRINCIPAL PRESENTER: Kevin Heffernan

American Medical Association, 312/464-4637, kevin.heffernan@ama-assn.org

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

CO-PRESENTER: Alejandro Aparicio, MD

American Medical Association, 312/464-5531, alejandrosaparicio@ama-assn.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be able to: 1) review changes and updates to the AMA PRA credit system; 2) discuss various AMA educational initiatives related to CME/CPD; 3) discuss and provide specific examples of educational formats that may be designated for AMA PRA Category 1 Credit™, and 4) identify resources for further information related to the AMA PRA credit system.

METHODS: The session will consist of didactic presentations, after which the panel will discuss participants' questions.

KEY POINTS: The AMA will share updates on current initiatives related to continuing physician professional development.

RECOMMENDED READING: The Physician's Recognition Award and Credit System: Information for Accredited Providers and Physicians. 2006 Revision (<http://www.ama-assn.org/go/prabooklet>).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T19, Breakout

**TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/29/09,
Yerba Buena 7-9/Lower B2**

TITLE: ACCME's Accreditation Process – Tools and Tips

COMPETENCY AREA 7: Administrative/Management

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

PRINCIPAL PRESENTER: David Baldwin, MPA
ACCME, 312/527-9200, dbaldwin@accme.org

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

CO-PRESENTER: Heidi Richgruber
ACCME, 312/527-9200, hrichgruber@accme.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After this session, participants should be able to: 1) discuss the various components of the ACCME accreditation process; 2) outline strategies for the ACCME self study process for accreditation, and 3) identify available ACCME accreditation tools and resources to aid in the ACCME accreditation process.

METHODS: Instructors will present a brief informational presentation outlining the ACCME accreditation process and provide an opportunity for questions and answers related to the process.

KEY POINTS: The ACCME's self study process for accreditation can be an opportunity for collaboration by multiple stakeholders of a CME program. Understanding ACCME accreditation process requirements and identifying strategies for completing the process will assist CME professionals in facilitating their organization's self study process. Please note that this breakout session will not explore the content of the Updated Accreditation Criteria, self study application or the accreditation interview.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T20, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/29/09, Pacific C/4th

TITLE: Practicing Physicians' Points of View on Modern CME

COMPETENCY AREA 7: Administrative/Management

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

PRINCIPAL PRESENTER: Marvin Dewar, MD

University of Florida College of Medicine, 352/338-2195, dewarm@shands.ufl.edu

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

CO-PRESENTER: Laura Gruber

University of Florida College of Medicine, 352/733-0064, grubel@shands.ufl.edu

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

CO-PRESENTER: Corrie Wells

PVI, PeerView Institute for Medical Education, 212/683-0636, corrie.wells@peerviewnetwork.com

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

CO-PRESENTER: Christopher Kriz, MHSA

PVI, PeerView Institute for Medical Education, 203/344-1012, chris.kriz@peerviewnetwork.com

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

CO-PRESENTER: Ted Singer

PVI, PeerView Institute for Medical Education, 914/864-1794, ted.singer@peerviewnetwork.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: articulate the perspectives of practicing US physicians related to CME, including the value of CME toward improving their knowledge, skills, and confidence; the impact of CME on patient care; bias in CME; the role of CME as it relates to quality improvement and performance improvement, and specific characteristics of CME programs that lead to the best chance of improving actual clinical outcomes.

METHODS: This session will feature an independent research study that uses quantitative and qualitative survey methods to identify opinions of practicing US physicians regarding the effectiveness of CME in improving clinical care outcomes and promoting evidence based medicine practice. Results will analyzed by physician practice specialty and practice type.

KEY POINTS: The practicing physician, as the primary customer of CME, has played a less prominent role in the recent debate around CME, which has instead largely been driven by lawmakers, attorneys, major medical centers, and commercial entities. Independent qualitative and quantitative research will be conducted to reveal the practicing physician perspective on CME in the context of current debates including the roles of academic providers, commercial supporters, and MECCs, and the identification of effective strategies to effectively integrate CME with quality and performance improvement initiatives, including P4P and MOC.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T21, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/29/09, Sierra E/5th

TITLE: What You Always Wanted to Know About Professional Development Models

COMPETENCY AREA 8: Self-Assessment and Life-Long Learning

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

PRINCIPAL PRESENTER: Barbara Fuchs, CCMEP

EPIQ Services, 610/392-7155, bfuchs.EPIQSvc@comcast.net

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

CO-PRESENTER: Debra Gist, MPH

Consultant, 760/331-7775, dgist@debragist.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: 1) describe the common models of professional development; 2) delineate the key components of planning professional development; 3) critically evaluate a professional development plan; 4) access professional development resources, and 5) outline a personal professional development plan.

METHODS: Didactic presentation followed by small group process with time allotted for Q&A

KEY POINTS: Professional development is an essential part of maintaining a quality program and quality professionals. In order to maintain competence, the CME professional should design and implement a personal cost effective development plan. This session will explore practical methods of plan design; strategies to assist others in plan development; and demonstrate the parallel between a professional development plan for a CME professional and the tenets of CME activity planning.

RECOMMENDED READING: Kelleher J. Professional Development that Works: A Model for Assessment-Driven Professional Development. An article from: Phi Delta Kappan [HTML] (Digital).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T22, Breakout

TIME/DAY/LOCATION: 10:30 – 11:30 am, Thursday, 1/29/09, Sierra C/5th

TITLE: A Lifelong Learning Initiative

COMPETENCY AREA 8: Self-Assessment and Life-Long Learning

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

PRINCIPAL PRESENTER: Charles Willis, MBA

American Gastroenterological Association (AGA) Institute, 301/941-2604, cwillis@gastro.org

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

CO-PRESENTER: Ashley Mees, BS

AGA Institute, 301/941-9786, amees@gastro.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this session, the successful learner should: 1) identify planning elements associated with the development and delivery of an online portfolio, 2) recognize the value of delivering a member-driver learning platform, and 3) identify common challenges.

METHODS: This session will include presentation and discussion of one specialty society's journey through the discovery, development and implementation processes to launch a Lifelong Learning Initiative. Lessons learned and suggested approaches for interested parties, depending on specific attributes of a given organization, will be shared.

KEY POINTS: The AGA Institute, faced with the dual obligations of defining subspecialty core content and disseminating this information among the membership, has launched a digital overhaul of its educational platforms. The Lifelong Learning Initiative provides AGA members with an online home for achieving their educational goals through the use of a robust searching capability, targeted, needs-based education and self-assessment, and personalized record-keeping of educational accomplishments and acquired learning.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T23, Plenary

**TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/29/09,
Yerba Buena 7-9/Lower B2**

TITLE: Overview of Competency Areas 1 and 2 (Invited Abstract)

COMPETENCY AREA 1: Adult/Organizational Learning Principles

PRINCIPAL PRESENTER: Curtis Olson, PhD

University of Wisconsin School of Medicine, 608/265-8025, caolson2@wisc.edu

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

COMPETENCY AREA 2: Educational Interventions

PRINCIPAL PRESENTER: Carol Havens, MD

Kaiser Permanente, 510/625-3317, carol.havens@kp.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

In 2003, the Alliance for Continuing Medical Education developed a set of forty-eight individual competencies for persons working in the field of continuing medical education (CME). These competencies all fall under one of eight general competency areas, as follows:

- 1) Adult/Organizational Learning Principles
- 2) Educational Interventions
- 3) Performance Measurement
- 4) Systems Thinking
- 5) Partnering
- 6) Leadership
- 7) Administrative/Management
- 8) Self-assessment and Life-long Learning

Despite the importance of these competency areas and competencies, many CME professionals are unaware of their existence and/or their relevance in day-to-day practice. As such, the Annual Conference Committee has invited eight distinguished faculty to provide a short overview of one of the competency areas. For this plenary, Curtis Olson, PhD will provide an overview of the competency area on Adult/Organizational Learning Principles, and Carol Havens, MD will provide an overview of the competency area on Educational Interventions.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T24, Intensive

TIME/DAY/LOCATION: 1:15 – 2:15 pm, Thursday, 1/29/09, Club/Atrium

TITLE: Continuous Assessment in CME (Part 2)

COMPETENCY AREA 1: Adult/Organizational Learning Principles

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

PRINCIPAL PRESENTER: Donald Moore, Jr, PhD

Vanderbilt University School of Medicine, 615/322-4801, Don.Moore@vanderbilt.edu

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

CO-PRESENTER: Joseph Green, PhD

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

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

CO-PRESENTER: Harry Gallis, MD

Carolinas HealthCare System, 704/512-6516, harry.gallis@carolinashealthcare.org

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

TARGET AUDIENCE: Intermediate

MEMBER SECTIONS: All

OBJECTIVES: Presenters will discuss a conceptual model combining planning and continuous assessment to obtain desired results and improved outcomes from CME activities. Participants will be introduced to a logic model to demonstrate how this approach works.

METHODS: Participants will discuss new approaches to CME planning in small groups to understand and use Miller's framework to take advantage of physicians' readiness to learn and instructional design that provides opportunities for practice and feedback, and develop a plan to re-order selected activities to improve physician competence and performance using case scenarios.

KEY POINTS:

- 1) Obtaining desired results requires more than measuring outcomes before and after a CME intervention.
- 2) Obtaining desired results requires learning activities that provide opportunities for practice of the desired results and feedback.
- 3) Viewing planning and assessment as a dynamic, interactive process will improve both planning and assessment.

RECOMMENDED READING: Miller GE, Acad. Med. 1990;65(9 Suppl):S63-S67 Bickman L, ed. Jossey-Bass, 1987. New Directions for Program Evaluation Mazmanian PE, Davis DA JAMA 2002;99, 1057-1060 Moore DE, Jr, Cervero RM, Fox RD JCEHP 2007;27(Suppl1): S40-S54.

ACKNOWLEDGEMENTS: Educational grant from Takeda Pharmaceuticals NA.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T25, Mini-Plenary

**TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/29/09,
Yerba Buena 7-9/Lower B2**

**TITLE: Hot Topics in CME: An Update on Maintenance of Certification
(ABMS-MOC) (Invited Abstract)**

COMPETENCY AREA 8: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Kevin Weiss, MD

American Board of Medical Specialties, 847/563-4539, kweiss@abms.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) understand the basic elements of MOC; 2) understand the changes at ABMS related to the Public Trust Initiative; 3) know the recent changes that are planned for MOC in 2009 and beyond, and 4) consider the impact of the MOC changes on CME environment.

METHODS: Use of an interactive lecture format to define the elements of MOC. Describe recent changes in the MOC program. Focus on issues that create alignment between the MOC and CME environments.

KEY POINTS: MOC currently has four components to measure 6 competencies. There are new changes in MOC that will lead to new opportunities for CME.

RECOMMENDED READING: SPECIAL ARTICLE: PROFESSIONALISM: Sheldon D. Horowitz Invited Article: Maintenance of certification: The next phase in assessing and improving physician performance. *Neurology*, Aug 2008; 71: 605 - 609.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T26, Intensive

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/29/09, Club/Atrium

TITLE: Continuous Assessment in CME (Part 3)

COMPETENCY AREA 1: Adult/Organizational Learning Principles

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

PRINCIPAL PRESENTER: Donald Moore, Jr, PhD

Vanderbilt University School of Medicine, 615/322-4801, Don.Moore@vanderbilt.edu

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

CO-PRESENTER: Joseph Green, PhD

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

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

CO-PRESENTER: Harry Gallis, MD

Carolinas HealthCare System, 704/512-6516, harry.gallis@carolinashealthcare.org

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

TARGET AUDIENCE: Intermediate

MEMBER SECTIONS: All

OBJECTIVES: Presenters will discuss a conceptual model combining planning and continuous assessment to obtain desired results and improved outcomes from CME activities. Participants will be introduced to a logic model to demonstrate how this approach works.

METHODS: Participants will discuss new approaches to CME planning in small groups to understand and use Miller's framework to take advantage of physicians' readiness to learn and instructional design that provides opportunities for practice and feedback, and develop a plan to re-order selected activities to improve physician competence and performance using case scenarios.

KEY POINTS:

- 1) Obtaining desired results requires more than measuring outcomes before and after a CME intervention.
- 2) Obtaining desired results requires learning activities that provide opportunities for practice of the desired results and feedback.
- 3) Viewing planning and assessment as a dynamic, interactive process will improve both planning and assessment.

RECOMMENDED READING: Miller GE, Acad. Med. 1990;65(9 Suppl):S63-S67 Bickman L, ed. Jossey-Bass, 1987. New Directions for Program Evaluation Mazmanian PE, Davis DA JAMA 2002;99, 1057-1060 Moore DE, Jr, Cervero RM, Fox RD JCEHP 2007;27(Suppl1): S40-S54.

ACKNOWLEDGEMENTS: Educational grant from Takeda Pharmaceuticals NA.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T27, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/29/09, Pacific A/4th

TITLE: Improving Holistic Patient Care through Integrated Physician-Patient Education

COMPETENCY AREA 1: Adult/Organizational Learning Principles

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

PRINCIPAL PRESENTER: Sherlyn Celone-Arnold, BA

Boehringer Ingelheim Pharmaceuticals Inc., 203/788-4339, sherlyn.celone@boehringer-ingelheim.com

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

CO-PRESENTER: Sanjay Virmani, MBA

Medcases, LLC, 609/273-4174, sanjay.virmani@medcases.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session individuals should be able to:

- 1) Define integrated learning and the importance of strategically educating both clinicians and their patients.
- 2) Describe the impact integrated learning can have on holistic patient care.
- 3) Develop integrated learning models that measure learners' knowledge, skills and behaviors.
- 4) Discuss how to design and execute educational interventions based on integrated learning models.

METHODS: Through dialoguing participants will 1) gain a better understanding of integrated learning and how it impacts clinicians' and patients' knowledge, attitudes, and behaviors, and 2) discuss how to design integrated learning educational interventions, outcomes measurements, and faculty training. Use discussion to address learners' questions.

KEY POINTS: This educational session will review integrated learning models and explore opportunities to improve the quality of educational intervention and outcomes. Educators will discuss integrated learning models and methodologies. Participants will construct high-level integrated learning models.

RECOMMENDED READING: Learning to Listen, Learning to Teach, J.Vella, 1995 Teaching & Learning in Medicine; Summer 2002, Vol. 14 Issue 3, p189-193, 5p Medical Education; Apr 2002, Vol. 36 Issue 4, p345-352, 8p Nurse Educ Today. 1998 Aug;18(6):455-61.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T28, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/29/09, Pacific H/4th

TITLE: Making a U-Turn: Redirecting CME Planners

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Jennifer French, MAE

Kaiser Permanente, 510/625-6163, Jennifer.French@kp.org

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

CO-PRESENTER: Linda Patch, MPH

Kaiser Permanente, 510/625-6537, Linda.A.Patch@kp.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: This session will provide tools to engage and redirect CME planners who have historically designed educational events without first determining participant, departmental or organizational needs. At the completion of the session, participants will be able to: 1) identify “red flags” in planning and redirect planners to successfully meet the new criteria; 2) engage planners in identifying needs and creating successful multi-interventional educational activities, and 3) design, implement, and evaluate educational programs.

METHODS: This session will provide a variety of techniques, tools and strategies to redirect planners towards a process of identifying needs and implementing multi-interventional programs. The presentation will be based on case studies, and the format will be interactive and incorporate both group work and large group discussion.

KEY POINTS: CME planners must first conduct a gap analysis to determine provider, departmental and organizational needs. This practice will result in: 1) correct identification and engagement of the learner target audience; 2) development of applicable content; 3) utilization of the best instructional design to achieve desired outcomes for a particular activity; 4) focusing resources and demonstration of ROI, and 5) meeting the new CME criteria. Together, a thorough needs assessment and designing and implementing multi-interventional educational strategies, moves your organization toward improved patient outcomes.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T29, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/29/09, Pacific B/4th

TITLE: The Use of Qualitative and Quantitative Methods in Needs Assessment

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Christopher Larrison, BA

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

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

CO-PRESENTER: Thomas McKeithen, MBA

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) identify various methods to gather information for a needs assessment; 2) contrast qualitative and quantitative methods for identifying needs and barriers to change, and 3) develop a strategy for data collection identifying various stakeholders to include knowledge gaps as well as, system and personal barriers to change.

METHODS: A brief didactic lecture will focus on the benefits and disadvantages of qualitative and quantitative data collection followed by a group discussion on the need for triangulation in gathering data from various stakeholders. An exercise will allow teaming participants to develop a strategy for data collection. A practical example will be provided.

KEY POINTS: Simply combing literature for a needs assessment is ineffective for developing strategies to change physician behavior. It is important to realize not only where practice strays from best evidence but also why these variances exist. Only by taking into account the system in which healthcare providers practice is effective educational programming developed.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T30, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/29/09, Sierra A/5th

TITLE: Integrating Evidence-based Medicine Principles into CME Content Design

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Mindi McKenna, PhD

American Academy of Family Physicians, 913/906-6000, ext. 6510, mmckenna@aafp.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be able to: define evidence-based medicine; describe grading and strength of evidence; use EBM databases for CME development; describe a process for using evidence to guide CME activity development; identify clinical topics that are appropriate for evidence-based CME; discuss the pros and cons of evidence-based CME; measure the impact of EB CME; describe how EB CME can ensure content validity and non-biased content, and review the EB CME documentation requirements for AAFP credit.

METHODS: This presentation will provide an overview of EBM principles and how to compile documentation for applying for AAFP EB CME credit. Participants will discuss how to design EB CME presentations and how to present clinical practice recommendations to learners. Example documents will be provided, and time will be allowed to question and discuss.

KEY POINTS: Evidence-based medical content is a key component of medical education, continuing medical education, and clinical practice. Recommendations based on systematically reviewed and graded scientific evidence will ensure validity and non-bias of content. Learning objectives that are linked to evidence-based practice recommendations are an excellent method for ensuring outcomes based on the best available evidence.

RECOMMENDED READING: Go to the AAFP Website, <http://www.aafp.org>, and search "Evidence-Based Medicine" for helpful articles. See "Evidence-Based Medicine: How to Practice and Teach EBM", David Sackett, MD, et al, Churchill Livingstone, 1997, for more information about how to critically review the medical and scientific literature.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T31, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/29/09, Sierra B/5th

TITLE: The Role of Interactivity and Format in Learning and Retention

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Gordon West, PhD

Annenberg Center for Health Sciences at Eisenhower, 760/773-4294, gwest@annenberg.net

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

CO-PRESENTER: Philip Dombrowski, MBA

Annenberg Center for Health Sciences at Eisenhower, 760/773-4533, pdombrowski@annenberg.net

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this activity, participants should be better able to:

- 1) Describe the impact of interactivity and format on learning and retention.
- 2) Incorporate these findings and their own experiences into the design of educational offerings.
- 3) Create educational offerings designed to maximize participant learning.

METHODS: Didactic discussion will present research findings on learning and retention by format and level of interactivity. Interactive discussion will explore the implications of these findings for CME professionals.

KEY POINTS: CME providers are challenged to optimize the learning and retention of educational material by learners who will then implement the educational message they received. This requires a basic understanding of the role of educational format and level of interactivity in both initial learning and in retention. The final statistical analysis of a three year research project in this field will be discussed.

RECOMMENDED READING: Roy MJ, Sticha DL, Kraus PL, Olsen DE. Simulation and virtual reality in medical education and therapy: a protocol. *Cyberpsychol Behav.* 2006 Apr;9(2):245-7.

ACKNOWLEDGEMENTS: Research grant from Department of Defense.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T32, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/29/09, Sierra C/5th

TITLE: Using Technology and the Web to Enhance, Support, and Deliver CME

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Scott Bradbury, MS

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) list many of the ways a medical specialty society or CME provider can use the Web to support and deliver learning; 2) define the features and design of how the American Academy of Pediatrics has implemented various technologies; 3) describe the advantages and disadvantages of various implementations and technologies, and 4) recognize different methods and strategies that might be a good fit for doing e-learning at their organization.

METHODS: Use didactic lecture and Web-based demonstrations to: 1) present and describe various e-learning technologies and methodologies that support CME and are in-use at the American Academy of Pediatrics (AAP); 2) discuss what has worked well and not worked well at AAP, and 3) share our experience in this area with other providers so they can make informed decisions on the use of e-learning at their own organizations.

KEY POINTS: The World Wide Web offers up a wide range of possibilities for medical specialty societies looking to expand, enhance, and further support their CME offerings. The list is seemingly endless: from things that support learning like Web-based CME search tools, discussion boards, online registration, CME transcript services, and interactive learning plan portfolios; to online CME and e-learning itself via Web-based educational courses, Internet Point-of Care activities, Web-based quality-improvement courses, webinars, podcasts, and wiki's. CME providers can learn from what has worked and what has not for AAP, and use that knowledge to make smart decisions about what methods and modalities might fit the best into their own efforts to use the Web to enhance and support their CME offerings.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T33, Breakout

**TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/29/09,
Yerba Buena 13-15/Lower B2**

TITLE: Opportunities for Improving the Effectiveness of Grand Rounds: A Case Study

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Dan Henry, MD

University of Connecticut School of Medicine, 860/679-3821, henry@nso.uhc.edu

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

CO-PRESENTER: Thomas Van Hoof, MD

University of Connecticut School of Nursing, 860/679-4576, tom.vanhoof@uconn.edu

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

TARGET AUDIENCE: Intermediate

MEMBER SECTIONS: Medical schools

OBJECTIVES: 1) Describe five evidence-based principles and practices of CME those are associated with changes in provider behavior and improvements in patient outcomes. 2) Consider the findings from a case study of a medical grand rounds program with respect to five evidence-based principles and practices of effective CME. 3) Discuss recommendations to improve the effectiveness of grand rounds as a strategy to change provider behavior and improve patient outcomes.

METHODS: Use didactic lecture to 1) describe principles and practices of effective CME, and 2) highlight major findings of a case study of one grand rounds program. Facilitate a discussion of the recommendations emerging from this study to improve the effectiveness of grand rounds as a strategy to change provider behavior and improve patient outcomes.

KEY POINTS: Grand rounds is a common, traditional CME activity in teaching hospitals and academic medical centers. By considering the evidence of CME effectiveness, individuals planning, presenting, and participating in grand rounds all have a role in improving grand rounds as a vehicle for improving the quality of patient care.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T34, Breakout

**TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/29/09,
Yerba Buena 4-6/Lower B2**

TITLE: Performance Improvement (Level 3) Challenges for the CME Office

COMPETENCY AREA 3: Performance Measurement

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

PRINCIPAL PRESENTER: Sheldon Putterman, MD

CME LLC, 201/984-6218, sheldon.putterman@cmpmedica.com

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

CO-PRESENTER: Marsha Peru, MFA

CME LLC, 201/984-6216, marsha.peru@cmpmedica.com

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

TARGET AUDIENCE: Intermediate

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) appreciate what the AMA's three-stage Performance Improvement (PI) CME opportunity offers physicians and CME professionals; 2) adapt tools and methods to the production of their own PI activities, and 3) implement solutions for overcoming barriers to PI activities in their own workplace.

METHODS: We will discuss our experience as a MECC CME provider who educates physicians by integrating enduring materials, live events and Internet activities. We will use slide presentations and group discussions to meet the objectives of this session.

KEY POINTS: 1) In order for physicians to recognize a gap in performance and institute a change in practice for better patient care, other health care providers, CME professionals, administrators and IT experts need to be part of the CME activity. 2) Initial participation in conventional CME activities can lead to the PI activity. 3) The PI activity can be automated using an online database and an e-mail communication system to monitor progress and provide participants with a personal, permanent record, which can then be used to meet the requirements for recertification, recertifying, relicensure or pay for performance. 4) Discussion will be focused on ways of increasing participation in the PI activity.

RECOMMENDED READING: (1) AMA CPPD Report: Fall 2004 No. 15, Summer 2006 No. 20, and Winter 2008 No. 24. Found at <http://www.ama-assn.org/ama/pub/category/2572.html> (2) ACCME Essential Areas & Elements (with 2006 Updated Decision-Making Criteria). Found at <http://www.accme.org>.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T35, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/29/09, Pacific 1/4th

TITLE: Mission Metrics: Utilizing Pooled Outcomes Data from Multiple CME Activities to Measure Success

COMPETENCY AREA 3: Performance Measurement

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

PRINCIPAL PRESENTER: Monique Johnson, MD

Scientia Healthcare Education, 919/544-0052, moniquej@scientia-edu.com

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

CO-PRESENTER: Derek Dietze, MA

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

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

TARGET AUDIENCE: Intermediate

MEMBER SECTIONS: All

OBJECTIVES: Participants will be able to 1) implement a strategy that facilitates effective pooling of outcomes data from numerous CME activities, and 2) use pooled outcomes data as part of a continuous quality improvement process to enhance future CME activities and an overall CME program.

METHODS: Session will begin with an interactive discussion of participants' challenges to comply with ACCME criteria 11 and 12. A real case study will be presented in didactic format, with opportunities for questioning throughout. Participants will then document and share their plans for action based on session learnings.

KEY POINTS: A simple—but well-designed—outcomes analysis strategy can be inexpensively implemented to meet requirements of the updated ACCME criteria C11 and C12 regarding activity and program evaluation, respectively. Use of such a strategy allows CME providers to look at the impact of learner change for an individual activity, for a group of activities in a specific therapeutic area, or for all activities occurring in a given time frame. As a result, areas for activity-based and program-based improvements can be more explicitly identified, and success in meeting CME mission goals pertaining to changes in learner competence and performance can be measured.

RECOMMENDED READING: Updated ACCME Criteria. Available at

http://www.accme.org/dir_docs/doc_upload/b03aa5cc-b017-4395-a41f-8d5d89ac31ca_uploaddocument.pdf.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T36, Breakout

**TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/29/09,
Yerba Buena 1-3/Lower B2**

TITLE: Achieving Patient Outcome Measurement: Get With the Guidelines (GWTG) Stroke

COMPETENCY AREA 3: Performance Measurement

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

PRINCIPAL PRESENTER: Louise Morgan, MS

American Heart Association, 302/286-5701, Louise.Morgan@heart.org

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

CO-PRESENTER: Lee Schwamm, MD

Harvard Medical School, 617/724-1597, ccohen3@partners.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1) Differentiate between a Quality Measure and a Performance Measure. 2) Describe Stroke Performance Measures. 3) Explain how GWTG enables an institution to track adherence to guidelines individually and against national benchmarks. 4) Describe functionality to benchmark and track data by patient, physician or department. 5) Describe how achievement of GWTG measures improves patient outcomes related to stroke.

METHODS: Get With The Guideline team members guide learners through this national quality system. A combination of presentation, discussion and case studies is used to demonstrate program effectiveness.

KEY POINTS: More than 1450 U.S. hospitals have implemented GWTG and in 2007, the millionth patient was enrolled. GWTG– Stroke was created to help hospitals improve the quality of care they provide by aligning treatment with current scientific guidelines. The program provides hospitals with a robust database and real-time benchmarking capabilities toward the goal of enhancing patient outcomes and saving lives. The science behind GWTG-recommended treatments and therapies is scrutinized to determine the impact on patient outcomes, including recurring events, complications and morbidity. Join us to learn more about data capture that demonstrates true change in patient outcomes.

RECOMMENDED READING: Sacco, R., Adams, R., Albers, G., Alberts, M.J., Benavente, O., Furie, K., Goldstein, L., Gorelick, P.I., Halperin, J., Harbaugh, R., Johnsston, S.C., Katzan, I., Kelly-Hayes, M., Kenton, E.J., Marks, M., Schwamm, L., & Tomsick, T., Guidelines for Prevention of Stroke in Patients With Ischemic Stroke or Transient Ischemic Attack. A Statement for Healthcare Professionals from the American Heart Association/American Stroke Association Council on Stroke: Co-Sponsored by the Council on Cardiovascular Radiology and Intervention: The American Academy of Neurology affirms the value of this guideline, 2006.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T37, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/29/09, Pacific C/4th

TITLE: Translating Learning into Care: Implementation of a Practical Level 4 Outcomes Activity

COMPETENCY AREA 3: Performance Measurement

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: Michael Reilly, BS

QuestMedEd, LLC, 215/896-8451, michaelreilly1@verizon.net

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

CO-PRESENTER: Janet Cline, RPh

Creative Educational Concepts, Inc., 859/260-1717, jcline@ceconcepts.net

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

CO-PRESENTER: Nancy Davis, PhD

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) identify and resolve the real-world challenges of implementing an advanced outcomes educational activity; 2) understand the importance of developing practical practice-performance improvement mechanisms and measures, and 3) formulate strategies to address the need for advanced outcomes educational activities.

METHODS: A combination of didactic lecture and interactive discussion will be used to review the educational design and preliminary results of level 4 outcomes eCME activities. Participants will discuss the applicability of inter-related sequential teaching events that act to instruct, apply, and reinforce key concepts identified as educational gaps.

KEY POINTS: Despite an increasing call for performance improvement activities, very few have been developed that address implementation of new knowledge across the interdisciplinary care team (physician, nursing, and pharmacy) level with measurable outcomes. This session will provide insights into the design, implementation, and preliminary results of a multi-organization collaborative project to address identified gaps in knowledge and practice within oncology care as an example. Participants will explore the process of the carefully designed educational initiative which will assist them in the development of their own performance-based education that is based on "best evidence" and translates data and advances into practical, measurable performance goals.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T38, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/29/09, Pacific E/4th

TITLE: Do We Really Know and Understand the Needs of International CME Professionals?

COMPETENCY AREA 4: Systems Thinking

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

PRINCIPAL PRESENTER: Suzanne Murray

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

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

CO-PRESENTER: Sylvie Moisan, MA

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

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

CO-PRESENTER: Abi Sriharan, MSc

University of Toronto, 416/586-5964, asriharan@mtsinai.on.ca

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

CO-PRESENTER: Linda Raichle, PhD

Spectrum Medical Education, 610/727-3940, linda_raichle@spectrummeded.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: The objective of the session is to better understand the needs of members and non-members of the Alliance for CME, at the international level, and to provide evidence that will guide the Alliance for CME in decision making and planning to optimize the CME solutions for an international membership.

METHODS: Key findings of the exploratory qualitative needs assessment of international members and non-members of the Alliance for CME will be presented, followed by an interactive group discussion to explore the implications of this study and potential interventions.

KEY POINTS: The session will focus on: 1) presenting contextual issues and current trends relating to international CME groups; 2) presenting key findings from the needs assessment, such as rationale for being or not being a member, challenges in applying knowledge and skills in CME, and challenges for Alliance for CME in responding to international needs, and 3) suggesting directions for consideration to the Alliance for CME on the international level.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T39, Breakout (CANCELLED)

EDUCATIONAL FORMAT: T40, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/29/09, Sierra H/5th

TITLE: The Road Less Traveled: Inspiring Partnerships

COMPETENCY AREA 5: Partnering

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

PRINCIPAL PRESENTER: Olivia Purchase

Saint Vincent Health Center, 814/452-5717, olivia.purchase@svhs.org

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

CO-PRESENTER: Linda Carpenter

Hamot Medical Center, 814/877-5690, linda.carpenter@hamot.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: Hospitals and health systems

OBJECTIVES: At the completion of this educational activity, participants should be able to: 1) list possible partners, both internal and external, based on the institution's CME Mission Statement; 2) define criteria for determining when it's appropriate to partner with community organizations, and 3) assess the potential impact of partnering with entities or organizations from the local/regional community.

METHODS: Didactic presentation with case examples will demonstrate the importance of partnerships. Actual partnership experiences will be shared to illustrate several success stories. Questions and discussion from the audience will be encouraged.

KEY POINTS: Quality data lines the road to improving patient care, and is reflective of the educational needs of the Hospitals/Health Systems physician community. In a CME-provider world seemingly dominated by Medical Schools, Universities and Medical Education Communication Companies, Hospitals/Health Systems providers must rise above the mediocrity to excel. Using the quality data that is readily available to them, they can plan and implement CME activities that will have a direct impact on patient care in their region. Community partnering will lead Hospital/Health System CME providers to the "road less traveled" where they will have the greatest impact.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T41, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/29/09, Sierra E/5th

TITLE: Building Staff Competence & Confidence: From Planning Meetings to Planning Learning

COMPETENCY AREA 6: Leadership

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

PRINCIPAL PRESENTER: Dan Johnson, MA

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

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

CO-PRESENTER: Debra Curran, MA

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

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

TARGET AUDIENCE: Advanced

MEMBER SECTIONS: All

OBJECTIVES: At the close of this presentation, participants will:

- 1) Outline elements of a staff development strategy to support implementing the new ACCME guidelines.
- 2) Recognize the need for building standardized processes of instructional design and measurement with staff as a strategy for their professional development.
- 3) Identify one or more basic principles of mentoring/coaching for use in helping staff meet current and emerging professional expectations.

METHODS: Presentation with small group discussion.

KEY POINTS: The revised ACCME guidelines finds many providers needing to implement new levels of instructional design and outcomes measurement with staff who have been primarily focused on planning meetings. They are often not fully prepared to meet this challenge. Needed is a model of concurrent staff development to accompany the renovation of the CME delivery platform. This presents one provider's approach. Key elements include adoption of a conceptual framework, use of standardized tools for instructional design and outcomes assessment, approaches to coaching and mentoring and use of improvement processes.

RECOMMENDED READING: Coaching and Mentoring: how to develop top talent and achieve stronger performance. Harvard Business School Publishing, 2004.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T42, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/29/09, Nob Hill A-D/Lower B2

TITLE: AMA PRA Credit System Basics

COMPETENCY AREA 7: Administrative/Management

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

PRINCIPAL PRESENTER: Jeanette Harmon, MBA

American Medical Association, 312/464-4667, jeanette.harmon@ama-assn.org

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

CO-PRESENTER: Mary Kelly

American Medical Association, 312/464-4668, mary.kelly@ama-assn.org

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

CO-PRESENTER: Mindi Daiga

American Medical Association, 312/464-5196, mindi.daiga@ama-assn.org

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

TARGET AUDIENCE: Beginner

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be able to: 1) discuss the AMA PRA credit system; 2) identify and compare the requirements for designating and awarding AMA PRA Category 1 Credit™ for each approved educational format, and 3) cite resources for further information related to the AMA PRA credit system.

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

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

RECOMMENDED READING: The Physician's Recognition Award and Credit System: Information for Accredited Providers and Physicians. 2006 Revision (<http://www.ama-assn.org/go/prabooklet>).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T43, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/29/09, Sierra K/5th

TITLE: Improving CME Professionals and Practices through a CME Performance Improvement Workgroup

COMPETENCY AREA 7: Administrative/Management

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

PRINCIPAL PRESENTER: Marilyn Peterson, MA

The Research and Education Institute for Texas Health Resources, 817/462-6744, MarilynPeterson@texashealth.org

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

CO-PRESENTER: Carrie Cantrell, MS

The Research and Education Institute for Texas Health Resources, 214/345-5383, CarrieCantrell@texashealth.org

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

CO-PRESENTER: Ellen Hobbs, BA

The Research and Education Institute for Texas Health Resources, 817/462-6674, EllenHobbs@texashealth.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following the session, participants should be able to: 1) list the benefits of structuring a CME Performance Workgroup for a CME office; 2) describe how a CME Performance Workgroup can assist in meeting criteria for compliance for ACCME Essential 2.5; 3) identify potential agenda items for a CME Performance Workgroup meeting, and 4) describe lessons learned from an organization that has utilized a CME Performance Workgroup for over six years.

METHODS: Use didactic lecture to focus on the characteristics, benefits, potential structure and implementation strategies for a CME Performance Workgroup. Use discussion to address questions and generate additional suggestions from breakout participants.

KEY POINTS: Utilizing the premise that there is always opportunity for performance improvement (reference below), every CME staff member in our large and geographically dispersed health care system makes performance improvement recommendations. A monthly CME Performance Improvement Workgroup meeting provides a setting to: emphasize continuous improvement, create consistency in operations/documentation, share best practices, interact/work together to solve problems, build staff competencies, keep staff up to date on accreditation/CME issues, and allow mentoring opportunities.

RECOMMENDED READING: Fishman, C. No Satisfaction at Toyota, Fast Company, Dec 2006, 111:82 Article location: http://www.fastcompany.com/magazine/111/open_no-satisfaction.html.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: T44, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/29/09, Sierra 1/5th

TITLE: Got Staff Training? Strategies to Increase CME Staff Competency and Performance for Improved CME Unit Outcomes

COMPETENCY AREA 8: Self-Assessment and Life-Long Learning

COMPETENCY 8.3: Promote professional development for self and staff.

PRINCIPAL PRESENTER: Pesh Rubinstein, BA

education | outcomes | science, 212/849-7822, prubinstein@health-ny.com

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

CO-PRESENTER: Brooke Taylor, MPH

Duke University School of Medicine, 919/401-1205, brooke.taylor@duke.edu

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

CO-PRESENTER: Wanda Johnson, BS

Endocrinology Society, 301/941-0222, wjohnson@endo-society.org

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

CO-PRESENTER: Jeff Forster, BA

Haymarket Medical Education, 201/799-4850, Jeff.Forster@HaymarketMedical.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

- 1) Reflect on internal CME training programs used by the presenters in their organizations, which represent four different provider types.
- 2) Identify various components that are critical to a CME training program.
- 3) List criteria that contribute to a successful internal CME training program.

METHODS: Each presenter will share with the group strategies used to train internal staff, identifying critical components to the training program, strategies used, and the evaluation process. During an interactive session, all will discuss criteria for an internal CME training initiative, and the resulting document listing these criteria, which will be sent to any ACME member upon request.

KEY POINTS: The CME environment is more dynamic today than it has ever been. CME professionals in all provider types must keep up with interpretations of the updated accreditation criteria and SCS, ACCME FAQs, and innovations that promote effective education. With the OIG guidance and the Senate Finance Committee's interest in commercially supported CME, the CME environment has entered a greater regulatory realm. In addition, CME departments change their own internal policies, often against a backdrop of staff who come and go. To reduce risk of noncompliance with ACCME policies as well with regulatory bodies, staff with organizations that provide CME must stay current with this environment.

RECOMMENDED READING:

- 1) ACME. Competency Areas for CME Professionals.
- 2) ACME. CME Professional Competencies Self Assessment.
- 3) Dannefer EF, and Lindsey C. Henson LC. The portfolio approach to competency-based assessment at the Cleveland Clinic Lerner College of Medicine. Acad Med. 2007; 82:493-502.

ACKNOWLEDGEMENTS: Audience response technology provided by VisionTree Software.

EDUCATIONAL FORMAT: T45, Breakout

**TIME/DAY/LOCATION: 2:45 – 3:45 pm, Thursday, 1/29/09,
Yerba Buena 10-12/Lower B2**

TITLE: The Process of Developing a Core Curriculum in a
Medical Specialty Society

COMPETENCY AREA 8: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Michelle Adams

American Academy of Dermatology, 847/240-1693, madams@aad.org

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

TARGET AUDIENCE: Intermediate

MEMBER SECTIONS: Medical specialty societies

OBJECTIVES: Following this session, participants should be able to: 1) develop a plan to create a curriculum; 2) utilize a core curriculum to develop educational content, and 3) use the core curriculum as a needs assessment tool for content development.

METHODS: Case presentation with opportunities for interactive discussion.

KEY POINTS: In 2005, the American Academy of Dermatology's Core Curriculum Task Force formed a work group to create an online core curriculum to use for content development and needs assessment. This breakout will discuss the process used to develop that core curriculum and explain how it is used in planning educational activities.

RECOMMENDED READING: <http://www.im.org/AAIM/PublicPolicy/FINALCoreCompetenciesandCoreContent.pdf>,
Journal of Continuing Education in the Health Professions, Volume 27, Issue 2 (p 124-128).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F1, Plenary

TIME/DAY/LOCATION: 8:30 – 9:30 am, Friday, 1/30/09, Yerba Buena 7-9/Lower B2

TITLE: Overview of Competency Areas 3 and 4 (Invited Abstract)

COMPETENCY AREA 3: Performance Measurement

PRINCIPAL PRESENTER: Nancy Davis, PhD

National Institute for Quality Improvement & Education, 412/205-5368, ndavis@niqie.org

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

COMPETENCY AREA 4: Systems Thinking

PRINCIPAL PRESENTER: Jann Balmer, PhD

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

In 2003, the Alliance for Continuing Medical Education developed a set of forty-eight individual competencies for persons working in the field of continuing medical education (CME). These competencies all fall under one of eight general competency areas, as follows:

- 1) Adult/Organizational Learning Principles
- 2) Educational Interventions
- 3) Performance Measurement
- 4) Systems Thinking
- 5) Partnering
- 6) Leadership
- 7) Administrative/Management
- 8) Self-assessment and Life-long Learning

Despite the importance of these competency areas and competencies, many CME professionals are unaware of their existence and/or their relevance in day-to-day practice. As such, the Annual Conference Committee has invited eight distinguished faculty to provide a short overview of one of the competency areas. For this plenary, Nancy Davis, PhD will provide an overview of the competency area on Performance Measurement, and Jann Balmer, PhD will provide an overview of the competency area on Systems Thinking.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F2, Intensive

TIME/DAY/LOCATION: 8:30 – 9:30 am, Friday, 1/30/09, Club/Atrium

TITLE: Advanced Seminar: CME 2.0 - An Expert Panel Analyzes Critical Issues and a New Paradigm (Part 1)

COMPETENCY AREA 6: Leadership

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

PRINCIPAL PRESENTER: Stephen Lewis, MA (Moderator)

Global Education Group, 303/395-1782, ext. 71, slewis@globaleducationgroup.com

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

CO-PRESENTER: Melinda Steele, MEd

Texas Tech University Health Sciences Center, 806/743-2226, melinda.steele@ttuhsc.edu

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

CO-PRESENTER: Gisela Paulsen, MPharm

Genentech, 650/467-2300, paulsen.gisela@gene.com

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

CO-PRESENTER: Jason Singer, PharmD

Eli Lilly & Company, 317/277-8333, singer_jason@lilly.com

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

CO-PRESENTER: Pippa Stewart, MSN

Amgen, 805/313-2538, pippas@amgen.com

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

TARGET AUDIENCE: Advanced

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) articulate and evaluate the needed enhancements to CME planning, management, funding, certification, and regulatory oversight; 2) identify specific ways in which CME professionals can analyze and adjust their own operations, programs, and processes to elevate professionalism and CME effectiveness, and 3) develop a plan of action to address the professional challenges facing the future of CME.

METHODS: Use didactic lecture to analyze critical CME developments, evidence and perceptions that affect CME and its stakeholders. Use panel reports and facilitated Q&A to stimulate debate and reach consensus on key points (below). Use audience Q&A to increase participation and reduce learning erosion over time.

KEY POINTS: Panelists will discuss, analyze, and debate critical issues affecting CME, including: 1) transparency regarding CME providers; 2) institutional conflicts of interest that affect content validity and/or “face validity”; 3) CME organizational/business structure – beyond grant review systems, firewalls, and guidelines; 4) defining and addressing/eliminating bias, and 5) the CME funding conundrum, and 6) role of the accreditation system.

Draft Agenda: 1) moderator presentation (30 minutes); 2) panelist presentations (12 minutes x 5 = 60 minutes); 3) facilitated panel discussion – Q&A, analysis and suggestions for improvement (60 minutes), and 4) audience Q&A and suggestions for next steps (30 minutes).

RECOMMENDED READING: Bennett, Nigel. *Effective Educational Leadership*. Paul Chapman Publishing/Sage Publications, 2003.

EDUCATIONAL FORMAT: F3, Intensive

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09, Club/Atrium

TITLE: Advanced Seminar: CME 2.0 - An Expert Panel Analyzes Critical Issues and a New Paradigm (Part 2)

COMPETENCY AREA 6: Leadership

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

PRINCIPAL PRESENTER: Stephen Lewis, MA (Moderator)

Global Education Group, 303/395-1782, ext. 71, slewis@globaleducationgroup.com

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

CO-PRESENTER: Melinda Steele, MEd

Texas Tech University Health Sciences Center, 806/743-2226, melinda.steele@ttuhsc.edu

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

CO-PRESENTER: Gisela Paulsen, MPharm

Genentech, 650/467-2300, paulsen.gisela@gene.com

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

CO-PRESENTER: Jason Singer, PharmD

Eli Lilly & Company, 317/277-8333, singer_jason@lilly.com

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

CO-PRESENTER: Pippa Stewart, MSN

Amgen, 805/313-2538, pippas@amgen.com

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

TARGET AUDIENCE: Advanced

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) articulate and evaluate the needed enhancements to CME planning, management, funding, certification, and regulatory oversight; 2) identify specific ways in which CME professionals can analyze and adjust their own operations, programs, and processes to elevate professionalism and CME effectiveness, and 3) develop a plan of action to address the professional challenges facing the future of CME.

METHODS: Use didactic lecture to analyze critical CME developments, evidence and perceptions that affect CME and its stakeholders. Use panel reports and facilitated Q&A to stimulate debate and reach consensus on key points (below). Use audience Q&A to increase participation and reduce learning erosion over time.

KEY POINTS: Panelists will discuss, analyze, and debate critical issues affecting CME, including: 1) transparency regarding CME providers; 2) institutional conflicts of interest that affect content validity and/or "face validity"; 3) CME organizational/business structure – beyond grant review systems, firewalls, and guidelines; 4) defining and addressing/eliminating bias, and 5) the CME funding conundrum, and 6) role of the accreditation system.

Draft Agenda: 1) moderator presentation (30 minutes); 2) panelist presentations (12 minutes x 5 = 60 minutes); 3) facilitated panel discussion – Q&A, analysis and suggestions for improvement (60 minutes), and 4) audience Q&A and suggestions for next steps (30 minutes).

RECOMMENDED READING: Bennett, Nigel. Effective Educational Leadership. Paul Chapman Publishing/Sage Publications, 2003.

EDUCATIONAL FORMAT: F4, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09, Nob Hill A-D/Lower B2

TITLE: Physician Learning Preferences: Trends & Implications

COMPETENCY AREA 1: Adult/Organizational Learning Principles

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

PRINCIPAL PRESENTER: Carol Havens, MD

Kaiser Permanente, 510/625-3317, carol.havens@kp.org

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

CO-PRESENTER: Philip Bellman, MPH

Kaiser Permanente, 510/625-2425, philip.bellman@kp.org

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

CO-PRESENTER: Jennifer French, MAE

Kaiser Permanente, 510/625-6163, jennifer.french@kp.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Participants in this session will be able to: 1) describe current trends in physician demographics and learning preferences; 2) employ more effective instructional strategies and methods; 3) leverage appropriate new learning technologies, and 4) tailor CME activities to match the diverse needs of learners.

METHODS: This interactive session examines the implications of changes in physician demographics, career expectations, lifestyle, and learning preferences. Participants will explore ways they can create CME interventions and instructional design that align better with the profiles and specific needs of their physician learners.

KEY POINTS: It is critical that CME demonstrates an impact on physician effectiveness, patient care, and patient outcomes. The context of physician learning has shifted dramatically in recent years as a more diverse workforce enters medicine, one with different lifestyle expectations, different learning experiences, and more accustomed to using new technologies. The need for increased rigor in CME and the change in preferences of younger physicians demand that CME break out of traditional didactic teaching modes. CME must provide a broader range of sharply-focused, interactive educational activities in convenient venues using evidence-based methods.

RECOMMENDED READING: Mazmanian PE, Davis DA. Continuing medical education and the physician as a learner: guide to the evidence. JAMA. 2002 Sep 4;288(9):1057-60.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F5, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09, Sierra H/5th

TITLE: Impact Learners' Performance Through the Use of Systematic Instructional Design

COMPETENCY AREA 1: Adult/Organizational Learning Principles

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

PRINCIPAL PRESENTER: Eileen Raher, MS

American Heart Association, 214/706-1595, eileen.raher@heart.org

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

CO-PRESENTER: Christine Morales, MEd

American Heart Association, 214/706-1681, christine.morales@heart.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) explain a systematic approach to designing instruction – the ADDIE Model; 2) list the seven key issues a needs assessment plan should address; 3) discuss assessment of learner and work setting characteristics; 4) evaluate performance based objectives; 5) describe events of instruction used to enrich educational activities, and 6) differentiate between formative and summative evaluations.

METHODS: Presenters use didactic lecture to take learners through the ADDIE model. The presentation also includes case studies and examples that encourage learner participation in the use of an instructional design model.

KEY POINTS: CME professionals are tasked with ensuring the educational activities they develop are based on sound principles of instructional design. This aligns with our need to create education that fills educational gaps and provides results that show a change in competence, performance or patient outcomes. This activity explores the ADDIE model of Instructional design. ADDIE consists of Analysis, Design, Development, Implementation, and Evaluation. Emphasis will be placed on events of instruction that should be considered for inclusion in all educational activities to close the gap identified in your needs assessment.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F6, Breakout

**TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09,
Yerba Buena 7-9/Lower B2**

TITLE: Closing Quality Gaps using the ACCME Updated Accreditation Criteria (Part 1)

COMPETENCY AREA 2: Educational Interventions

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: Steve Singer, PhD

ACCME, 312/527-9200, ssinger@accme.org

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

CO-PRESENTER: Marcia Martin

ACCME, 312/527-9200, mmartin@accme.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After this session, participants should be able to 1) discuss recent issues and developments within ACCME's system of accreditation that support CME as a bridge to quality, and 2) apply principles from the ACCME's Updated Accreditation Criteria to the development of educational interventions intended to improve patient care.

METHODS: This session will include presentations by ACCME staff, interactive small group work, and large group discussion.

KEY POINTS: In this session, participants will examine how steps in the planning process of educational interventions are supported by the ACCME's Updated Accreditation Criteria, as well as tools/resources that will help providers implement ACCME requirements in their day-to-day practice of CME. Discussion in this session will focus on the improvement needs of ACCME-accredited providers, as identified from ACCME accreditation compliance data.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F7, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09, Sierra C/5th

TITLE: The National Physicians Survey: Lessons Learned for CHE Providers

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Bernard Marlow, MD

College of Family Physicians of Canada, 905/629-0900, ext. 304, bmarlow@cfpc.ca

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

CO-PRESENTER: Sarah Scott, MHSc

College of Family Physicians of Canada, 905/629-0900, ext. 289, sscott@cfpc.ca

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the end of this session, attendees will be able to apply key findings from a large Canadian physician survey (nearly 20,000 responses) to their CME planning. The data include perceived availability and effectiveness of various CME formats, such as courses (accredited and unaccredited), rounds, simulators, enduring materials and online CME, and is broken down by gender, age and specialty.

METHODS: The data will be presented by themes using PowerPoint, with suggested interpretations and group discussion of implications to their CME planning.

KEY POINTS: Large national surveys can inform planners about preferred formats for learning by physicians and trends for future use and can be used for targeted interventions to key demographic groups. For example a key question we are asking is "What is the predicted growth for online CME - has it reached saturation point, and what groups are most likely to participate?" We will attempt to answer this question using the data from the NPS.

RECOMMENDED READING: http://www.nationalphysiciansurvey.ca/nps/2007_Survey/Results/physician1-e.asp.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F8, Breakout

**TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09,
Yerba Buena 1-3/Lower B2**

TITLE: Key Strategies for Effective Educational Grant Writing

COMPETENCY AREA 2: Educational Interventions

PRINCIPAL PRESENTER: Neil Goldfarb

Thomas Jefferson University, 215/955-0427, Neil.Goldfarb@jefferson.edu

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

CO-PRESENTER: Jeanne Cole, MS

Thomas Jefferson University, 215/955-8411, Jeanne.Cole@jefferson.edu

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

CO-PRESENTER: Erin Whitesell, MPH

Thomas Jefferson University, 215/955-3888, Erin.Whitesell@jefferson.edu

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Participants will gain new knowledge regarding: 1) demonstrating the value of the proposed educational activity; 2) specifying appropriate educational goals and objectives; 3) selecting the best methods for achieving these goals; 4) developing a feasible evaluation plan; 5) presenting realistic administrative plans and budget, and 6) packaging the grant proposal into what reviewers are looking for.

METHODS: Informational presentation using examples followed by an interactive question and answer period.

KEY POINTS: While preparing grant applications is one of the most exasperating tasks CME providers are faced with, it is essential to the delivery of educational content. CME providers must be adequately informed of the educational needs of individual physician and healthcare groups, the expectations of funding sources, and procedures to measure the effectiveness of an educational activity. The most efficient way for providers to approach the application process is to address each element individually, while remembering that each piece will need to merge into a unified document for submission.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F9, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09, Pacific H/4th

TITLE: Beyond Knowledge Education – Focusing on Competency Based Education

COMPETENCY AREA 2: Educational Interventions

PRINCIPAL PRESENTER: Jann Balmer, PhD

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

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

CO-PRESENTER: Jack Kues, PhD

University of Cincinnati Academic Health Center, 513/558-1425, kuesjr@uc.edu

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

CO-PRESENTER: Tom McKeithen, MBA

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

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

CO-PRESENTER: Mary Ales, BA

Interstate Postgraduate Medical Association, 608/231-9045, males@ipmameded.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

- 1) Incorporate adherence into knowledge based education.
- 2) Address ACGME competencies of patient care, interpersonal and communication skills, professionalism, and systems based practice through the design of educational interventions.
- 3) Develop chronic care clinician education that addresses system barriers.

METHODS: After reviewing the ACGME competencies and their application to educational design, learners will develop cases to address patient adherence within the educational programs for chronic care diseases.

KEY POINTS: CME has traditionally focused on physician knowledge, excluding patient care, interpersonal and communication skills, professionalism, and systems based practice. Activities must address these competencies, as well as appropriate gaps in knowledge. Learners will develop cases that combine gaps in knowledge with other ACGME competencies to address patient adherence in chronic care disease management.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F10, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09, Sierra A/5th

TITLE: A Social Psychological Model for Measuring Outcomes

COMPETENCY AREA 3: Performance Measurement

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

PRINCIPAL PRESENTER: Kathleen Geissel, PharmD

Medscape LLC, 609/371-8101, kgeissel@medscape.net

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

CO-PRESENTER: Destry Sulkes, MD

Medscape LLC, 917/747-7516, dsulkes@medscape.net

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

- 1) Describe the commonly accepted theories and models utilized to assess learners' baseline knowledge levels and behaviors to effective clinical care.
- 2) Recognize the benefit health communication theories have in determining learner competencies and for the targeting of CME programs.
- 3) Develop CME strategies that address knowledge gaps at an individual learner level to maximize educational impact.

METHODS: The Transtheoretical Model of Change (i.e. Stages of Change) was applied as the framework for detailed outcomes research that measured the effectiveness and impact an online curriculum of CME activities had in the area of rheumatoid arthritis.

KEY POINTS: CME professionals must develop interventions focused on learner competencies/performance and patient outcomes, which requires a basic proficiency of applying learning and health communications theories to CME strategies. The future success of CME interventions requires that the outcome standards in place today be challenged by new, more strategic/broader reaching methods. This session reviews a large CME initiative encompassing multiple CME interventions where a new approach, utilizing a social psychological model as the framework for identifying educational needs and the targeting and recruitment efforts for those needs, brought about positive changes in the competence and performance of physicians.

RECOMMENDED READING:

- 1) Prochaska JO. The transtheoretical model of health behavior change. *Am J Health Promot.* 1997; 12(1): 38-48.
- 2) Prochaska JO. The transtheoretical model of change and HIV prevention: a review. *Health Educ Q.* 1994; 21(4): 471-86.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F11, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09, Sierra B/5th

TITLE: Developing a Clear Line of Sight: Instructional Design for Learner Centered Outcomes Based CME

COMPETENCY AREA 2: Educational Interventions

PRINCIPAL PRESENTER: Chitra Subramaniam

American Society for Clinical Pathology, 312/541-4757, chitra.subramaniam@ascp.org

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

TARGET AUDIENCE: Intermediate

MEMBER SECTIONS: All

OBJECTIVES: At the completion of the session participants should be able to: 1) describe a learner centered approach to CME; 2) identify distinct educational goals based on ACCME criteria; 3) apply appropriate instructional design approaches; 4) recognize instructional strategies that map to the goals and the learner needs, and 5) evaluate the education being provided appropriately.

METHODS: The updated ACCME criteria require CME providers to focus on outcomes and provide education that is applicable to practice and can effectively measure changes in competence, performance or patient outcomes. The session will describe ways to design learner centered, outcomes-based instructional systems where there is a clear line of sight of the outcomes transcending into all elements, such as goals, instructional design, teaching methods and assessments within such systems. The session will discuss tools that can be used to achieve this. Evaluation and assessment methods that allow for an iterative approach to instructional systems design will be described.

KEY POINTS: Outcomes-based education is learner-centered and facilitates effective transfer of learning. This requires an understanding of how instructional design systems and models can be developed to map goals and outcomes with the content and hence the evaluation. In order to provide quality continuing medical education and differentiate products that offer the best value to the physician learner, application of evidence-based, androgogical principles and understanding the value and role of instructional design/strategies and evaluation are key.

RECOMMENDED READING:

- 1) Dolcourt, L.J., Commitment to change: A strategy for promoting educational effectiveness, *Journal of Continuing Education in the Health Professions*, V20, 3:156-163.
- 2) Harden M.R., A new vision for distance learning and continuing medical education, *Journal of Continuing Education in the Health Professions*, V25, 1:43-51.
- 3) Steven M. P, Sweetnam, J.M., The Critical Role of Evaluation and Improvement in the Updated ACCME Criteria for Accreditation, *CE Measure*. 2008; 2:29-34.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F12, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09, Pacific 1/4th

TITLE: Practical Collaboration Strategies to Enable CME as an Intervention for Quality and Performance Improvement

COMPETENCY AREA 3: Performance Measurement

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

PRINCIPAL PRESENTER: Simone Karp, RPh
CECity, 412/338-0366, ext. 311, skarp@cecity.com

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

CO-PRESENTER: Claire Scott
Genentech, 650/225-8722, scott.claire@gene.com

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

CO-PRESENTER: Nancy Davis, PhD
National Institute for Quality Improvement and Education, 412/205-5368, ndavis@niqie.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After participating in this breakout, attendees will be able to: 1) list and define appropriate methods for enabling CME to be accessed as an intervention for Quality and Performance Improvement; 2) identify and discuss strengths and limitations of various tools for increasing access to CME as an intervention for QI/PI, and 3) describe how technology can support the new criteria and enable collaboration bridges between all types of CME providers

METHODS: This session will include brief presentations, panel discussion and demonstrations. Participants will be encouraged throughout the session to ask questions and share comments and experiences.

KEY POINTS: Using CME as an intervention for quality and performance improvement has increased significantly since the release of the ACCME's new criteria requiring CME to link to external QI frameworks and encourage collaboration amongst multiple stakeholders. Many grantors are committed to supporting such outcomes-based CME. Providers often have difficulty cataloguing and indexing their content for easy access when needed to be "plugged into" QI/PI initiatives as interventions for improvement. This session will offer experiences from the development and grantor perspectives for using technology to enable CME to be accessed as interventions for QI/PI and knowledge improvement initiatives.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F13, Breakout

**TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09,
Yerba Buena 4-6/Lower B2**

TITLE: No Staff, No Money, No Time - CME Activity Evaluations

COMPETENCY AREA 3: Performance Measurement

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

PRINCIPAL PRESENTER: Alice Henderson, MEd

Flying Physicians Association, Inc., 936/588-6505, ahenderson@fpadrs.org

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

TARGET AUDIENCE: Beginner

MEMBER SECTIONS: All

OBJECTIVES: After participating in this breakout, attendees will be prepared to: 1) implement practical strategies in developing and using activity evaluations; 2) establish direction for improvement and change in future planning, and 3) create an interactive environment between their CME planning committee and CME administration in processing evaluations.

METHODS: Delivery of feedback gathered electronically from 2007 course attendees sharing ideas implemented throughout the year since the course; audience exchanges in question and answer, and handout via email and sample forms on request.

KEY POINTS: CME providers need the most effective tools to evaluate activities. With less time, fewer resources and staff available — the challenge is to not only evaluate the activity but to meet requirements for establishing needs, design future activities, and accomplish these goals within a short time frame. This breakout is designed for practical “take-home and implement” ideas for the attendee. Feedback from the 2007 session will reinforce practical uses and introduce adaptations, success and failures cases, and provide a channel for continuing dialogue in 2009.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F14, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09, Pacific A/4th

TITLE: Developing CME Staff Competence with Baseline Education and Regular Assessment of CME Knowledge

COMPETENCY AREA 3: Performance Measurement

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

PRINCIPAL PRESENTER: Steve Weinman, RN

Institute for Medical & Nursing Education, 609/936-7015, steve.weinman@imne.com

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

CO-PRESENTER: Anne Perch, MBA

The Methodist Hospital System, 713/397-8032, anneperch@gmail.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this session participants will be able to: 1) state the various staff development initiatives currently used by other CME providers; 2) discuss methods to determine the educational needs of CME partner staff; 3) discuss examples of the implementation of a "CME 101" curriculum at a medical education company-based provider and a hospital-based provider, and 4) through post-education metrics report on uptake of the "CME 101" in both provider units.

METHODS: Discuss staff development educational initiative of two ACCME-accredited CME providers comparing education strategies with that of session participants. A case-based approach using the presenters "CME 101" curriculum will review the manner in which CME related education is presented, pre and post-curriculum knowledge assessment, and short/long retention. The CME 101 curriculum is a 4-6 hour workshop covering the basic tenants of US-based CME, the ACCME Essential Areas, and the OIG/PhRMA guidelines.

KEY POINTS: Baseline CME knowledge is critical for all CME provider staff and provider educational partner staff. Acquisition of baseline knowledge using a standard curriculum is fundamental to a successful CME provider unit and measurement of the retention of that knowledge allows provider unit leadership to plan for ongoing staff development.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F15, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09, Pacific B/4th

TITLE: Incorporating the Patient: A Systems Thinking Approach to Identifying Needs and Developing Learning Interventions

COMPETENCY AREA 4: Systems Thinking

PRINCIPAL PRESENTER: Brian Moss, MBA

Research To Practice, 305/377-4448, bmoss@researchtopractice.com

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

CO-PRESENTER: Isabelle Tate, MEd

Research To Practice, 305/400-7334, itate@researchtopractice.com

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

CO-PRESENTER: Thomas Woodworth

sanofi-aventis, 908/981-5173, Thomas.Woodworth@sanofi-aventis.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1) Describe how patient-generated data enhances traditional approaches to the gap analysis/needs assessment process and contributes to a systems thinking approach to CME/CPD. 2) Design strategies for collecting and evaluating patient-generated data for the gap analysis/needs assessment process. 3) Utilize patient-generated data to develop CME activities, patient education interventions, and tools for physician learners. 4) Explain how patient-generated data augments efforts to align activities with desired physician attributes and improve clinical outcomes.

METHODS: Use didactic lecture and group discussion to illustrate how patient-generated data gathered via surveys and other related mechanisms can play an integral role in CME; demonstrate strategies for applying this information to practice, using multiple examples, and provide grantor's rationale for supporting activities focused on obtaining patient perspectives.

KEY POINTS: As part of systems thinking, CME/CPD professionals should recognize that physicians are part of a complex health care system with processes, other health providers, and patients that must be considered in providing learning interventions. This session will illustrate how patient perspectives can be elucidated through subjective research and applied to the CME gap analysis/needs assessment and activity planning process, resulting in a systems thinking approach to primary learning interventions and supplementary education that can improve physician performance and patient outcomes. This session will also include the grantor's rationale for supporting activities that incorporate the patient perspective.

RECOMMENDED READING: Harrison, R V. A Systems Framework in CME Planning. Available at <http://www.acme-assn.org/home/plen06.pdf>.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F16, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09, Pacific E/4th

TITLE: A Model for a Multidisciplinary and Multilevel Collaboration

COMPETENCY AREA 4: Systems Thinking

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

PRINCIPAL PRESENTER: Theodore Bruno, MD

The France Foundation, 860/598-2274, tbruno@francefoundation.com

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

CO-PRESENTER: Sean Conlan, BA

The France Foundation, 860/598-2314, sean@francefoundation.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After attending this session, participants should be able to: 1) design a model for effective collaborations in terms of the Institute of Medicine care coordination and ACGME core competencies; 2) create a multidisciplinary faculty and audience, including patients in a continuing education activity, and 3) describe the educational outcomes of such an activity.

METHODS: This session will consist of presentations to outline a model of the multiple levels of collaboration that are needed to plan and execute a multidisciplinary educational activity, as well as an overview of the educational outcomes achieved and time for an interactive question and answer session.

KEY POINTS: The Institute of Medicine has outlined that multidisciplinary care is needed to improve quality of care. A multilevel and multidisciplinary collaboration model that goes beyond traditional health care education and includes nontraditional stakeholders, such as support groups, public policy makers, and patients, can address often overlooked issues and barriers that health care providers face when implementing disease management plans. Educational activities that include the many stakeholders involved in the care of patients with chronic disease can help to better achieve improvements in patient outcomes.

RECOMMENDED READING: Institute of Medicine. Priority Areas for National Action: Transforming Health Care Quality. 2003. http://books.nap.edu/openbook.php?record_id=10593&page=R1.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F17, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09, Pacific C/4th

TITLE: Why Non-Profits are Profitable Partners

COMPETENCY AREA 5: Partnering

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

PRINCIPAL PRESENTER: Cynthia Kear

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

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

CO-PRESENTER: Pam McFadden

University of North Texas Health Science Center, 817/735-2581, mcfadden@hsc.unt.edu

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

- 1) Understand functional organization of state membership associations and health science centers.
- 2) Recognize unique perspective and synergies these organizations bring to bear on developing, delivering and evaluating CME.
- 3) Identify benefits of partnering with a state membership society or health science or center.
- 4) Assess whether partnering with a non-profit organization is appropriate for your project.

METHODS: State membership organizations and health science centers will be broadly described and segmented. CAFP and North Texas will be used as specific models for detailed description and analysis. Three to four actual cases, i.e., CME programs, from development through outcomes measurement, will be detailed. Lessons learned and best practices will also be covered.

KEY POINTS: State membership organizations & health science centers offer a unique perspective on the development, delivery and evaluation of quality CME. Their direct and daily communication with health care professionals, in practice and in clinical settings, can positively shape, define and influence effective CME.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F18, Breakout

**TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09,
Yerba Buena 10-12/Lower B2**

TITLE: Facilitating the Work of the CME Committee to Achieve Your CME Program Goals (Invited Abstract)

COMPETENCY AREA 7: Administrative/Management

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

PRINCIPAL PRESENTER: Sue Ann Capizzi, MBA

American Medical Association, 312/464-4230, Sue.Ann.Capizzi@ama-assn.org

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

CO-PRESENTER: Suzanne Ziemnik, MEd

American Society for Clinical Pathology, 312/541-4744, Suzanne.Ziemnik@ascp.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) apply effective committee management and facilitation skills to enhance the success of the CME Committee; 2) facilitate committee strategic discussions to evaluate the effectiveness of the overall CME program and make improvements to the program; 3) provide effective committee orientation, and 4) employ strategies to make the volunteer experience worthwhile (and enjoyable) and ensure committee members' contributions are recognized.

METHODS: A combination of short lecture and interactive discussion groups, utilizing methodologies such as role playing and case studies, will be employed to present key concepts and highlight successful practices based on the Alliance competency 7.4: Facilitate the work of educational committees to achieve CME program goals.

KEY POINTS: Facilitating the work of committees tends to be a set of skills often overlooked by leaders and managers. It requires myriad skills for which many CME practitioners have not received adequate training. The ACCME Updated Criteria include added criteria (C13 – C15) for compliance with Element 2.5: Evaluate the effectiveness of its overall CME program and make improvements to the CME program. The ability of CME practitioners to effectively and efficiently facilitate the work of their CME committees is now even more critical to ensure the overall CME program is continuously evaluated and improved to meet the CME mission.

RECOMMENDED READING:

- 1) Bobowick, M.J., Hughes, S.R., and Lakey, B.M. Transforming Board Structure: Strategies for Committees and Task Forces. National Center for Nonprofit Boards 2001.
- 2) Delizia, J.S. and Siegel, P.A. Get Them Active! Using Icebreakers, Energizers, and Summarizers to Enhance Group Productivity. Center for Excellence in Association Leadership 1999.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F19, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09, Sierra I/5th

TITLE: Medical Terminology 101: Enhancing the Content Review Process

COMPETENCY AREA 7: Administrative/Management

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

PRINCIPAL PRESENTER: Karen Thomas, BSBA

Institute for Continuing Healthcare Education, 215/446-8088, ext. 1104, kthomas@iche.edu

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

CO-PRESENTER: Elizabeth Paczolt, MD

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

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

TARGET AUDIENCE: Beginner

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) identify updated medical terminology and recognize appropriate and error-prone abbreviations to improve content reviews; 2) establish or assess content review process with the goal of perform better content evaluation reviews, and 3) demonstrate confidence when reviewing medical education content and interacting with faculty members.

METHODS: This session will offer a basic review of medical terminology and provide information on resources that can assist the CME professional that does not have a medical background in understanding medical terminology. Commonly used, error prone, and newly developed medical abbreviations will be identified during the session; and content review techniques will also be shared with attendees as suggestions on how to involve the team and alleviate some of the burden of completing this important and necessary task. Content review process steps will be reviewed that include team collaboration that demonstrates keys to success in the validation process.

KEY POINTS: Content review is a necessary and important step in validating data and ensuring that presentations contain complete and accurate information that does not look more like a commercial than education. As the professional who knows more about the guidelines and educates faculty on the expectations, it is very much in our best interest to conduct content reviews to ensure that basic steps like trade names and/or commercial logos are not incorporated into presentations. Sometimes content reviews may look like a foreign language and be viewed more like an uncomfortable experience. Content reviews can be done quickly and easily by knowing a little of the basics and utilizing the team approach a lot!

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F20, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09, Sierra E/5th

TITLE: Follow the Leader: Knowing Your Style – It's No Game

COMPETENCY AREA 6: Leadership

PRINCIPAL PRESENTER: Jacqueline Parochka, EdD

Excellence in Continuing Education, Ltd, 847/710/9626, jacquelineparochka@msn.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) complete the 18-item leadership questionnaire; 2) calculate their total scores based on people versus task related questions; 3) plot their final scores on the Managerial Grid Model; 4) identify their leadership style based on intersecting axes, and 5) compare their leadership style to the model developed by Robert Blake and Jane Mouton.

METHODS: Participants will complete the Leadership Questionnaire and plot their scores on the Blake and Mouton Managerial Grid. A brief lecture will follow that will summarize the five main leadership styles based on the concern for people and the concern for production. Individuals will share their leadership style findings with the group and will discuss the implications of their leadership style in the work place.

KEY POINTS: All too often CME professionals are not aware of their individual leadership style and the ramifications of their style in the work place. Participants will be able to complete the Leadership Questionnaire, calculate their scores for two dimensions: concern for production versus concern for people and plot the two axes using Blake and Mouton's Managerial Grid. Identifying their leadership style will enable participants to keep the style in mind when working with others and when trying to achieve organizational goals.

RECOMMENDED READING: Blake, RR. and Mouton, JS. The Managerial Grid, Gulf Publishing Company, 1994.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F21, Breakout

**TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09,
Yerba Buena 13-15/Lower B2**

TITLE: AAFP Prescribed Credit: Basics of the AAFP Accreditation System

COMPETENCY AREA 7: Administrative/Management

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

PRINCIPAL PRESENTER: Mindi McKenna, PhD

American Academy of Family Physicians, 913/906-6000, ext. 6510, mmckenna@aafp.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Upon completion of this session, participants should be able to: identify CME requirements for AAFP members; define eligibility criteria for AAFP Prescribed credit; distinguish between AAFP and ACCME accreditation, and AAFP and AMA credit; review application procedures; and describe changes made to coordinate AAFP planning process requirements with the ACCME's Updated Accreditation Criteria.

METHODS: This presentation will provide an explanation of the benefits of providing CME credit for family physician audiences, description of AAFP credit categories, and instruction about applying for AAFP CME credit. The presenter will provide information through lecture and review of sample forms, with opportunities for questions and small group discussion.

KEY POINTS: The American Academy of Family Physicians has 94,500 members in 50 states, the District of Columbia, Uniformed Services, Puerto Rico, the Virgin Islands, and Guam. The members must accrue 150 CME credits in a 3-year period, 75 of which must be AAFP Prescribed credits. AAFP credit is also required for family physicians' Maintenance of Certification. AAFP credit approval requires input from an Active or Life member of the AAFP to the CME activity planning process. The simple application process informs the planner of all components of basic CME activity planning. AAFP CME accreditation is based on a system of reviewing the content of individual activities based on applications submitted by CME providers.

RECOMMENDED READING: Visit the AAFP CME Accreditation web site at <http://www.aafp.org/cmea> to review online information and instructions about AAFP CME credit and applications. Look at "Applying for CME Credit" and "Producing Quality CME Activities".

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F22, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09, Sierra K/5th

TITLE: Establishing Self-assessment at Multiple Milestones in Medical Education

COMPETENCY AREA 8: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Robert Bartel, MS

The Endocrine Society, 301/951-2606, rbartel@endo-society.org

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

CO-PRESENTER: Veronica Parcan

The Endocrine Society, 301/951-2601, vparcan@endo-society.org

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

CO-PRESENTER: Allison McElvaine, PhD

The Endocrine Society, 240/482-1385, amcelvaine@endo-society.org

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

CO-PRESENTER: John Kriak, PharmD

Conference Archives, Inc., 814/536-3356, jkriak@conferencearchives.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, attendees should be able to: describe how technology may be employed to identify gaps in graduate and post-graduate medical education; describe how self-assessment data allow CME professionals to design activities based on measured gaps in physician competencies; identify ways to efficiently and cost-effectively provide learners and program directors with individualized feedback on learner competencies, and outline ways to increase the impact of CME interventions with strategic business partnerships.

METHODS: Presenters will use case studies to illustrate how a medical specialty society expanded the usability and functionality of a board review self-assessment tool into an MOC module, an in-service exam, and a quantitative needs assessment to help fulfill the society's CME mission. Attendees will contribute examples of their self-assessment activities and describe how these may be evolving.

KEY POINTS: This session is intended to serve as a nuts and bolts review of how a self-assessment activity can be enhanced through appropriate partnerships. Question writing methodologies and validation are critical elements that ensure the integrity of the activities and the data derived from them. Assessments that provide physicians with self-awareness of their own gaps in competence and knowledge may have a greater impact on their personal learning behaviors.

RECOMMENDED READING:

- 1) Davis DA, Mazmanian PE, Fordis M, et al. Accuracy of physician self-assessment compared with observed measures of competence: a systematic review. *JAMA*. 2006 Sep 6;296(9):1094-102.
- 2) Hays RB, Jolly BC, Caldon LJ, et al. Is insight important? Measuring capacity to change performance. *Med Educ*. 2002 Oct;36(10):965-71.

EDUCATIONAL FORMAT: F23, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Friday, 1/30/09, Pacific J/4th

TITLE: Setting the Stage for CME: Introducing and Supporting Life-Long Learning in Residency

COMPETENCY AREA 8: Self-Assessment and Life-Long Learning

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

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

CO-PRESENTER: Charlette Nunnery
American Academy of Pediatrics, 847/434-4981, cnunnery@aap.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) understand elements of life-long learning that occur in a physician's residency; 2) identify opportunities and methods they can use to introduce the concept and importance of CME to residents, and 3) determine how they can implement and engage residents in CME.

METHODS: Use didactic lecture and interactive discussion to 1) highlight examples of how the American Academy of Pediatrics has supported the learning and education of pediatricians in residency, and 2) illustrate how to establish linkages between residency and CME.

KEY POINTS: Although physicians in residency are not always required to complete or participate in CME activities, CME providers should realize the advantages to reaching out to this audience in order to "set the stage" for CME. Residents are surrounded by a host of unique educational requirements and demands: from adherence to ACGME competencies, to development of individual learning plans, to preparation for board certification and licensure. While this all may seem like foreign concepts to CME providers, it's really to their benefit to recognize and support these realities in order to build a bridge of life-long learning that will ease residents' transition from residency to the world of CME.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F24, Intensive

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/30/09, Club/Atrium

TITLE: Advanced Seminar: CME 2.0 - An Expert Panel Analyzes Critical Issues and a New Paradigm (Part 3)

COMPETENCY AREA 6: Leadership

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

PRINCIPAL PRESENTER: Stephen Lewis, MA (Moderator)

Global Education Group, 303/395-1782, ext. 71, slewis@globaleducationgroup.com

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

CO-PRESENTER: Melinda Steele, MEd

Texas Tech University Health Sciences Center, 806/743-2226, melinda.steele@ttuhsc.edu

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

CO-PRESENTER: Gisela Paulsen, MPharm

Genentech, 650/467-2300, paulsen.gisela@gene.com

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

CO-PRESENTER: Jason Singer, PharmD

Eli Lilly & Company, 317/277-8333, singer_jason@lilly.com

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

CO-PRESENTER: Pippa Stewart, MSN

Amgen, 805/313-2538, pippas@amgen.com

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

TARGET AUDIENCE: Advanced

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) articulate and evaluate the needed enhancements to CME planning, management, funding, certification, and regulatory oversight; 2) identify specific ways in which CME professionals can analyze and adjust their own operations, programs, and processes to elevate professionalism and CME effectiveness, and 3) develop a plan of action to address the professional challenges facing the future of CME.

METHODS: Use didactic lecture to analyze critical CME developments, evidence and perceptions that affect CME and its stakeholders. Use panel reports and facilitated Q&A to stimulate debate and reach consensus on key points (below). Use audience Q&A to increase participation and reduce learning erosion over time.

KEY POINTS: Panelists will discuss, analyze, and debate critical issues affecting CME, including: 1) transparency regarding CME providers; 2) institutional conflicts of interest that affect content validity and/or “face validity”; 3) CME organizational/business structure – beyond grant review systems, firewalls, and guidelines; 4) defining and addressing/eliminating bias, and 5) the CME funding conundrum, and 6) role of the accreditation system.

Draft Agenda: 1) moderator presentation (30 minutes); 2) panelist presentations (12 minutes x 5 = 60 minutes); 3) facilitated panel discussion – Q&A, analysis and suggestions for improvement (60 minutes), and 4) audience Q&A and suggestions for next steps (30 minutes).

RECOMMENDED READING: Bennett, Nigel. Effective Educational Leadership. Paul Chapman Publishing/Sage Publications, 2003.

EDUCATIONAL FORMAT: F25, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/30/09, Pacific B/4th

TITLE: Physician as Learner

COMPETENCY AREA 1: Adult/Organizational Learning Principles

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

PRINCIPAL PRESENTER: Kate Hodgson, DVM

University of Toronto, 416/978-4957, kd.hodgson@utoronto.ca

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

TARGET AUDIENCE: Beginner

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) apply Malcolm Knowles' principles of Adult Learning to Physicians as Learners; 2) use the Physician as Learner approach to develop CME content, and 3) choose Medical Interactivity based on the Physician as Learner framework to make CME more effective.

METHODS: Use of interactive discussion to apply adult learning principles to the Physician as Learner. Participants will work in small groups to develop CME content based on the needs of physician as learner. Experiential exercises will explore the choice of medical interactivity, which meets the needs of physician as learner to make CME more effective.

KEY POINTS: Physicians are a specific subset of adult learners. Understanding the specific needs of the Physician as Learner creates a theoretical approach to CME content development and assessment and refinement of existing content. Meeting the needs of Physician as Learner also provides a framework to choose appropriate medical interactivity to make CME more effective.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F26, Breakout

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/30/09,
Yerba Buena 7-9/Lower B2**

TITLE: Closing Quality Gaps using the ACCME Updated Accreditation Criteria (Part 2)

COMPETENCY AREA 2: Educational Interventions

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: Steve Singer, PhD

ACCME, 312/527-9200, ssinger@accme.org

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

CO-PRESENTER: Marcia Martin

ACCME, 312/527-9200, mmartin@accme.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After this session, participants should be able to 1) discuss recent issues and developments within ACCME's system of accreditation that support CME as a bridge to quality, and 2) apply principles from the ACCME's Updated Accreditation Criteria to the development of educational interventions intended to improve patient care.

METHODS: This session will include presentations by ACCME staff, interactive small group work, and large group discussion.

KEY POINTS: In this session, participants will examine how steps in the planning process of educational interventions are supported by the ACCME's Updated Accreditation Criteria, as well as tools/resources that will help providers implement ACCME requirements in their day-to-day practice of CME. Discussion in this session will focus on the improvement needs of ACCME-accredited providers, as identified from ACCME accreditation compliance data.

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

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F27, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/30/09, Pacific C/4th

TITLE: Gap Analysis: What Is It (Really) Good For?

COMPETENCY AREA 2: Educational Interventions

COMPETENCY 2.5: Translate physician needs into measurable objectives.

PRINCIPAL PRESENTER: Anu Hosangadi, MS

IME, LLC, 215/412-5927, Anu.Hosangadi@ime-edu.com

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

CO-PRESENTER: Jeffrey Palmer, PhD

The FCG Institute for Continuing Education, 215/412-4526, jpalmer@fcgint.com

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

CO-PRESENTER: Lynn Sample, BS

The FCG Institute for Continuing Education, 215/412-5923, lsample@fcgint.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this breakout session, participants will be able to: 1) design an effective gap analysis survey that identifies knowledge gaps and barriers to best practice; 2) describe how gap analysis results should be used to enhance the development of educational objectives and content, and 3) describe how gap analysis results may be linked effectively to outcomes measurements.

METHODS: The presenters will describe collaborative efforts between educational partners in which implementation of gap analysis surveys may be used to identify knowledge gaps and practice barriers, help tailor content of activities to meet educational needs, serve as a "pretest", and assist in determining knowledge gain and outcomes measurements.

KEY POINTS: Attendees will gain new insights with respect to: 1) the design and use of preprogram gap analysis surveys in the development of the needs assessment, educational objectives, and content of live and online activities; 2) the use of the survey to determine pre-activity knowledge level and practice behavior, and 3) the use of preprogram survey results as part of effective outcomes measurements for educational activities. The preprogram gap analysis survey is a highly effective tool for enhancing the value of educational activities.

RECOMMENDED READING: Davis D, Barnes BE, Fox R. The Continuing Professional Development of Physicians, From Research to Practice. Chicago, IL: AMA Press; 2003: 260-266 (Chapter 13).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F28, Breakout

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/30/09,
Yerba Buena 1-3/Lower B2**

TITLE: Learning that will Stick! Why Activity is in the Learning Equation

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Beverly Wood, MD

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

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

CO-PRESENTER: Dixie Fisher, PhD

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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

- 1) Design memorable opening and closing activity to focus learners on content.
- 2) Create activities to turn your listeners into deep learners during a lecture.
- 3) Apply basic principles of learning to any planned activity.
- 4) Use collaboration to connect with others and learn deeply.

METHODS: 1) By adding learner involvement we are changing the learning dynamic making listeners into participants with the content. They will try out their concepts, hear the ideas of others, and use the content in meaningful ways. Activities will involve learners in defining how CME participants can enhance their learning by participation, reflection, and sharing ideas. 2) Participatory activities as openings, closings and interim learning. 3) Brief presentation of didactic content. 4) Participant development of a lecture plan to incorporate learning activities will constitute this Intensive session.

KEY POINTS: By enabling learners to interact with the content and each other during a learning session, you are giving them the opportunity to grow as collaborators and learners while recognizing that how they plan to use their knowledge matters.

RECOMMENDED READING: Bowman SL. The Ten-Minute Trainer. 2005 Pfeiffer, San Francisco Cooper JL, Robinson P, Ball D. Small Group Instruction in Higher Education. 2003 New Forums Press, Stillwater.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F29, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/30/09, Pacific E/4th

TITLE: Educational Speed Dating Sessions to Foster Knowledge Exchange and Collaboration

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Réjean Laprise, PhD

Fédération des médecins spécialistes du Québec, 514/350-5176, rlaprise@fmsq.org

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

CO-PRESENTER: Robert Thivierge, FRCPC

Université de Montréal, 514/343-6367, robert.thivierge@umontreal.ca

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the end of this session, participants should be able to: 1) explain the value and use of educational speed dating sessions (ESDS), an innovative method of interaction to facilitate knowledge exchange, collaboration, and the creation of new partnerships between participants of different disciplines or organizations, and 2) prepare and carry out ESDS in their CME activities.

METHODS: We use didactic lecture to describe ESDS and the results of a study aimed at increasing collaboration between CPD directors of 35 specialists' associations. ESDS to provide an opportunity to experience the method, and plenary discussion to summarize key messages for CME practice.

KEY POINTS: Several problems in the healthcare system could be resolved by breaking up professional silos and adopting more collaborative and holistic approaches to patient care. Educational speed dating sessions provide meeting participants with a quick and formal opportunity to share common problems and goals in a stimulating and efficient way, to meet new colleagues, to learn about unexpected but important issues, and to identify opportunities for collaboration or innovative solutions. ESDS increase the likelihood that these outcomes happen at the end of any meeting.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F30, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/30/09, Sierra A/5th

TITLE: Tracking Learning in Real Time: Designing CME for Immediate Results

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Scott Weber

Med-IQ, LLC, 203/762-0588, sweber@med-iq.com

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

CO-PRESENTER: Edward Wang, PhD

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

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

CO-PRESENTER: Carolyn Berry, PhD

NYU Center for Health and Public Service Research, 212/998-7465, cb79@nyu.edu

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

CO-PRESENTER: William Mencia, MD

Med-IQ, LLC, 443/543-5135, wmencia@med-iq.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to 1) recognize the value of immediate learning in CME; 2) develop educational strategies that incorporate interactivity as part of their design; 3) use opportunities for interactivity as part of an outcomes plan that measures immediate and retained learning, application to practice, and clinician confidence levels, and 4) evaluate data to develop future education.

METHODS: The panel will describe case examples of interactive CME and outcomes evaluation models; discuss strategies for improving retention and application of knowledge through interactive formats, and lead small-group sessions on design of interactive programs that increase educational value and allow for outcomes data collection.

KEY POINTS: While CME professionals continue to demonstrate great interest in measuring retained learning and application to practice, work is still required to determine if real learning is taking place at the time of the educational intervention. Interactive models provide an opportunity to demonstrate, in real time, what learning is taking place and to compare 1) the baseline knowledge prior to the intervention with 2) the knowledge gained during the intervention and 3) retained knowledge 30 days after the CME intervention.

ACKNOWLEDGEMENTS: Audience response technology provided by VisionTree Software.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F31, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/30/09, Sierra B/5th

TITLE: Internet Point of Care (IPoC): How to Start Your Own IPoC Activity

COMPETENCY AREA 2: Educational Interventions

PRINCIPAL PRESENTER: Jerrald Roberts

The University of Utah School of Medicine, 801/581-6886, jerrald.roberts@hsc.utah.edu

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

CO-PRESENTER: DeVon Hale, MD

The University of Utah School of Medicine, 801/581-4873, devon.hale@hsc.utah.edu

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

CO-PRESENTER: Brad Halvorsen, MA

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1) Describe the AMA three step learning cycle for IPoC credit. 2) Identify steps necessary to create and implement an IPoC CME activity within your own institution. 3) Identify the hardware and software necessary to validate, track and issue CME credit within an IPoC activity. 4) Identify action steps to promote IPoC as a new learning protocol. 5) Describe benefits to physicians of IPoC learning focusing on topics relevant to their clinical practice.

METHODS: This session will involve knowledge transfer and interactive discussion to illustrate how Internet Point of Care can change physician clinical practice and have an immediate impact on patient outcomes. Didactic lecture and a demonstration of two types of IPoC activities (targeted fee based and open non-fee based) will be utilized.

KEY POINTS: This session will: 1) educate CME providers about the AMA requirements for Internet Point of Care; 2) help the learner to identify the steps necessary and provide useful tools in setting up their own activity; 3) illustrate the benefits of Internet Point of Care for the physician and the institution through the demonstration of actual activities, and 4) assist participants to begin their own action plan to implement a point of care activity at their respective institutions.

A tracking database will be demonstrated and made available to participants. Samples of all documents and certificates will also be made available.

RECOMMENDED READING: The Physician's Recognition Award and credit system, 2006 Revision, American Medical Association, pgs 11-12.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F32, Breakout

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/30/09,
Yerba Buena 4-6/Lower B2**

TITLE: Regularly Scheduled Series Improvement: Teaching Old Dogs New Tricks

COMPETENCY AREA 2: Educational Interventions

PRINCIPAL PRESENTER: Michele Belev

Kaiser Permanente, 510/625-4681, Michele.Beleu@kp.org

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

CO-PRESENTER: Kathy Gibbs

Kaiser Permanente, 916/746-3450, Kathy.R.Gibbs@kp.org

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

TARGET AUDIENCE: Intermediate

MEMBER SECTIONS: Hospitals and health systems

OBJECTIVES: This session will discuss ways to successfully support the physician planners of Regularly Scheduled Series (RSS) in meeting the requirements of the ACCME updated criteria. Participants will be able to: 1) translate the new criteria into accessible language; 2) motivate CME planners to focus on improving patient care when designing education, and 3) support planners in making their series more effective.

METHODS: Presenters will briefly review the updated ACCME criteria in the RSS context and share a number of tools and strategies to support physician planners in developing needs driven education. In a series of interactive activities, participants will apply new approaches relevant to their own CME programs.

KEY POINTS: Regularly Scheduled Series constitute a large proportion of the CME activities within a hospital or health system. Many physician planners who are accustomed to traditional grand rounds find meeting the new criteria a daunting task. A solution is to provide these planners with gradual, accessible steps to identify gaps in practice, determine if a series is the most appropriate type of intervention, and measure the effectiveness of the education. Translating the requirements into tangible examples helps move physician planners toward the next level and results in series with more measurable practice and patient care outcomes.

RECOMMENDED READING: RSS Toolkit: Tools to Support Implementation of a Monitoring System for Regularly Scheduled Series. ACCME, January 2008. <http://www.accme.org>.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F33, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/30/09, Sierra C/5th

TITLE: Everything You Need to Conduct a Needs Assessment Survey, Right Now

COMPETENCY AREA 3: Performance Measurement

PRINCIPAL PRESENTER: Jason Olivieri, MPH
Nemours Children's Clinic, 904/858-3877, jolivier@nemours.org

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

CO-PRESENTER: Melissa Knoll
PedsEducation.org, 904/390-3454, mknoll@nemours.org

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

CO-PRESENTER: Pamela Arn, MD
Nemours Children's Clinic, 904/390-3586, parn@nemours.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) interpret the reliability and validity of a survey; 2) determine appropriate survey sample size; 3) create and distribute a web-based survey, and 4) analyze and report survey data.

METHODS: Use didactic lecture to: 1) describe measures of survey reliability and validity; 2) explain sample size calculation; 3) identify steps to create and distribute a web-based survey, and 4) discuss basic data analysis and reporting techniques.

KEY POINTS: Providers require needs assessment data to effectively plan CME. Surveys are among the most commonly utilized tools for CME needs assessments. Participants in this session will be informed of practical methods for both capturing and interpreting needs assessment survey data.

RECOMMENDED READING: Mann KV. Not Another Survey! Using Questionnaires Effectively in Needs Assessment. J Contin Educ Health Prof 1998;18:142-49.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F34, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/30/09, Pacific H/4th

TITLE: Unveiling Proposed Outcomes Measures Submitted to a Commercial Supporter: Separating the Good from the Mediocre

COMPETENCY AREA 3: Performance Measurement

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

PRINCIPAL PRESENTER: Susan Connelly, PharmD

Wyeth, 484/865-9885, connels2@wyeth.com

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

CO-PRESENTER: Betsy Woodall, PharmD

Wyeth, 484/865-3969, woodalb@wyeth.com

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

CO-PRESENTER: Pam McFadden

University of North Texas Health Sciences Center, 817/735-2581, mcfadden@hsc.unt.edu

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

CO-PRESENTER: Wanda Johnson, CMP

The Endocrine Society, 301/941-0222, wjohnson@endo-society.org

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

CO-PRESENTER: Patty Peterson

Projects in Knowledge, 973/890/8988, p.peterson@projectsinknowledge.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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

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

KEY POINTS: Commercial supporters are exposed to a variety of methods of educational outcomes measurement. This presentation 1) describes the methodologies of EOM examples received in 2007; 2) explores criteria for successful measurement, and 3) suggests techniques that can be applied to your programs.

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

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

EDUCATIONAL FORMAT: F35, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/30/09, Pacific J/4th

TITLE: Quality Improvement Through Collaboration: A Model of Effectiveness

COMPETENCY AREA 3: Performance Measurement

PRINCIPAL PRESENTER: Venkat Gullapalli, MD

Gullapalli and Associates, LLC, 201/984-3332, vgullapalli@gullapalliandassoc.com

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

CO-PRESENTER: Rick Kennison, DPM

PeerPoint Medical Education Institute, LLC, 847/563-9520, rick.kennison@peerpt.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) understand how an ideal model of collaboration can enhance effectiveness of a quality improvement initiative; 2) appreciate the roles and responsibilities collaborative partners play in a large quality improvement initiative; 3) reflect on the requirements and channels needed for a collaborative quality improvement initiative, and 4) Analyze rationale and benefits of collaboration and its relevance in a quality improvement initiative.

METHODS: Use of a case based presentation to: 1) define roles and responsibilities in a QI collaborative model; 2) convey benefits/challenges for a collaborative approach; 3) highlight and contrast results of a collaborative QI initiative; 4) discuss potential trends in QI initiatives, and 5) address questions from audience.

KEY POINTS: QI in CME requires a team approach, particularly with regard to large educational initiatives requiring a complex combination of skills and roles. Often, providers attempt to implement QI initiatives in isolation and ensuring appropriate levels of collaboration is a significant hurdle. Identifying and developing a well defined process can assist in the creation of an environment that facilitates collaboration. This session examines the desirable features and results that support a collaborative environment for QI in CME.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F36, Breakout (CANCELLED)

EDUCATIONAL FORMAT: F37, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/30/09, Pacific A/4th

TITLE: Measuring Outcomes: Are Participants Translating What They Learn into Patient Care?

COMPETENCY AREA 3: Performance Measurement

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: Fran Kirby, MEd

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

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

CO-PRESENTER: Lisa Fleet, MA

Memorial University, 709/777-4293, lfleet@mun.ca

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

CO-PRESENTER: Cecilia Mesh

Memorial University, 709/777-8380, cmesh@mun.ca

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) discuss the issues and challenges associated with measuring outcomes after delivering a CME program; 2) discuss how to address these issues and challenges, and 3) discuss best practices in measuring outcomes.

METHODS: Combination of didactic lecture and group discussion.

KEY POINTS: One of the goals of accredited CME is to address the educational needs of physicians in order to improve the health care patients receive. Measuring outcomes is one way to determine if this is actually happening. Evaluation methodologies may include use of informal self-reflection or distribution of a formal follow-up survey-questionnaire. However, even when using such methodologies, how do we really know that participants are translating what they learn into patient care? This is our challenge.

RECOMMENDED READING: J Contin Educ Health Prof, 2005;25(3):168-73.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F38, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/30/09, Sierra E/5th

TITLE: Developing CME Leaders Who Understand Performance Improvement

COMPETENCY AREA 4: Systems Thinking

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

PRINCIPAL PRESENTER: Robert Addleton, EdD

Physicians' Institute for Excellence in Medicine, 404/964-7734, bob@physiciansinstitute.org

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

CO-PRESENTER: Floyd Pennington, PhD

CTL Associates, 770/506-8150, ctlassoc@mindspring.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Participants should be able to: 1) develop a model for teaching CME leaders the basics of Performance Improvement; 2) understand the duties of Performance Improvement professionals; 3) identify several forms of educational media for continued learning, and 4) develop a plan for evaluating change in behavior.

METHODS: Utilize didactic lecture and discussion to: 1) define a model for teaching PI skills to CME practitioners; 2) show how the model may be adapted to various settings, and 3) show how a partnership between CME and PI may be advanced.

KEY POINTS: For performance improvement CME to succeed in an organizational setting, CME practitioners must learn some of the basic skills that PI staff use in their work. There must also be a plan of action developed by CME staff to form a strategic partnership with PI staff to assist both areas in assisting physicians with performance improvement projects.

RECOMMENDED READING: Tague, NR, The Quality Toolbox (2nd Edition), ASQ Press, 2005 Streibel, BJ, The Team Handbook (3rd Edition), Oriel, 2003 Langlely, GL, et al, The Improvement Guide, Jossey-Bass, 1996.

ACKNOWLEDGEMENTS: Grants from Wyeth Pharmaceuticals and Pfizer Pharmaceuticals.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F39, Breakout (CANCELLED)

EDUCATIONAL FORMAT: F40, Breakout

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/30/09,
Nob Hill A-D/Lower B2**

TITLE: Strategies to Make the Power of Collaboration Work for Your Organization

COMPETENCY AREA 5: Partnering

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

PRINCIPAL PRESENTER: George Mejicano, MD

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

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

CO-PRESENTER: Jann Balmer, PhD

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

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

CO-PRESENTER: Shelly Rodrigues, CAE

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After this session you should be able to: 1) recognize unique perspectives and synergies organizations bring to bear when developing, implementing and evaluating CME/CPD; 2) identify benefits of collaboration with multiple organizations; 3) assess if/when collaboration with another organization is valid for your project or program, and 4) employ strategies for collaboration, including operational agreements, project development, financial management, ACCME criteria, and more.

METHODS: Using their experience in the formation of the CS2day (Cease Smoking Today) project as the case, these three CS2day Partners will discuss the process used for the organizations to come together, adopt formal agreements on management and financial support, identify organizational strengths and roles, build consensus on content and responsibilities, develop work plans, and launch a 2.5 year national educational initiative.

KEY POINTS: Organizations can no longer afford - with finances, staff and volunteer time, organization resources, or even at times political standing - to go it alone in the new world of continuing education and practice improvement. As we ask physicians and other health care professionals to look strategically at team approaches, quality improvement, population-based care, and more, we as CME/CPD providers must take the same tact. We can best craft a future of education that makes a real difference in patient outcomes by working in collaboration with others both inside and outside our current systems.

RECOMMENDED READING: Medicine & Public Health, The Power of Collaboration, by Roz D. Lasker, MD and the The New York Academy of Medicine Committee on Medicine and Public Health; 1997.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F41, Breakout

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/30/09,
Yerba Buena 10-12/Lower B2**

TITLE: Assessing Organizational Conflict of Interest: A Commercial Supporter's Perspective

COMPETENCY AREA 6: Leadership

PRINCIPAL PRESENTER: Mike Saxton, MEd

Pfizer Medical Education Group/US External Medical Affairs, 212/733-1342, Mike.Saxton@Pfizer.com

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

CO-PRESENTER: Robert Kristofco, MSW

Pfizer Medical Education Group/US External Medical Affairs, 212/733-0055, Robert.Kristofco@Pfizer.com

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

CO-PRESENTER: Sarah Krug, BS

Medical Education Group/US Medical Pfizer Inc, 212/733-7570, sarah.Krug@Pfizer.com

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

CO-PRESENTER: Jackie Mayhew, BS

Pfizer Medical Education Group/US External Medical Affairs, 212/733-7254, Jacqueline.Mayhew@Pfizer.com

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

CO-PRESENTER: Maureen Doyle-Scharff, MBA

Pfizer Medical Education Group/US External Medical Affairs, 212/733-6360, Maureen.Doyle-Scharff@pfizer.com

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

TARGET AUDIENCE: Intermediate

MEMBER SECTIONS: All

OBJECTIVES: At the end of the session, in the context of commercial support, participants will be able to: 1) describe the current issues regarding organizational conflict of interest; 2) classify domains of potential organizational conflict of interest; 3) perform conflict of interest evaluation using a sample organizational evaluation tool, and 4) judge the limitations of the current ACCME accreditation system in the evaluation of organizational conflict of interest from a commercial supporter perspective.

METHODS: Educational strategies to be employed include brief didactic, interactive audience response participation and panel discussion around cases along with the direct application of a sample tool to a specific case. The tool will be freely available and will be made available in the public domain.

KEY POINTS: In order to better serve the public's interest, there is an urgent need for CME professionals to develop practical methods of assessing organizational conflict of interest as it relates to being potential recipients of commercial support that is not dependent on the limitations of today's accreditation systems. Expected Outcomes: Participants will 1) increase their knowledge about conflict of interest issues relating to the receipt of commercial support, and 2) improve their ability to develop and/or apply practical tools to aid in the assessment of organizational conflict of interest.

RECOMMENDED READING: 1) ACCME Standards for Commercial. 2) Josiah Macy, Jr. Foundation. Continuing Education in the Health Professions: Improving through Lifelong Learning. Chairman's Summary of the Conference. November 2007. 3) OIG. Compliance Program Guidance for Pharmaceutical Manufacturers. April 2003.

ACKNOWLEDGEMENTS: Audience response technology provided by Turning Technologies, LLC.

EDUCATIONAL FORMAT: F42, Breakout

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/30/09,
Yerba Buena 13-15/Lower B2**

TITLE: Managing Finances of your CME Program (Invited Abstract)

COMPETENCY AREA 7: Administrative/Management

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

PRINCIPAL PRESENTER: Gregory Paulos, MBA

Science Care, 602/288-0062, greg.paulos@sciencecare.com

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

CO-PRESENTER: Stephen Willis, MD

East Carolina University Brody School of Medicine, 252/744-5221, williss@ecu.edu

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) understand key issues related to the overall management of finances for CME programs; 2) consider ways to operate a CME program with no or minimal commercial support, and 3) consider different ways to get people to CME activities.

METHODS: Use didactic lecture and discussion to: 1) frame issues related to the financial management of CME programs; 2) summarize current commercial support issues, and 3) outline approaches to operating a CME program with minimal or no commercial support and/or in a more financially constrained environment while still attracting individuals to CME activities.

KEY POINTS: CME providers should understand that the economic equation for developing and administering CME activities is changing. For many CME providers, economic viability is possible with little or no commercial support. Conducting high quality, outcomes based CME activities can survive (and thrive), but providers, planners, educators, and ultimately learners must understand that challenges exist.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F43, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/30/09, Sierra 1/5th

TITLE: A Web-based Application for Managing Disclosures: Process Improvement at the Local Level

COMPETENCY AREA 7: Administrative/Management

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

PRINCIPAL PRESENTER: Susan Zollo, MA

The University of Iowa, 319/335-8597, susan-zollo@uiowa.edu

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

CO-PRESENTER: Brooke Taylor, MPH

Duke University, 919/401-1205, brooke.taylor@duke.edu

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

CO-PRESENTER: Jose Jimenez

The University of Iowa, 319/335-6521, jose-jimenez@uiowa.edu

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

CO-PRESENTER: Peter Yang

The University of Iowa, 319/353 4245, xiaopeng-yang@uiowa.edu

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

TARGET AUDIENCE: Intermediate

MEMBER SECTIONS: Medical schools

OBJECTIVES: At the completion of this session, participants should be able to: 1) identify the strengths and limitations within the institutional environment that support or impede implementation of an online disclosure system; 2) review specific IT requirements for developing and deploying a web-based disclosure system; 3) describe the applicability of a proprietary disclosure system to a wide range of CME providers, and 4) review process improvement outcomes for CME office staff as well as speakers and planners of CME events.

METHODS: Use didactic lecture, computer demonstrations, and Q and A with attendees to: describe the process of building a web-based disclosure database; discuss the pros and cons of self-serve vs. CME-administered data access; review challenges and barriers to implementation, and discuss future improvements and goals to refine an existing web-based disclosure system.

KEY POINTS: The disclosure and conflict of interest review process is critical to ensure that CME activities are free of commercial bias and compliant with ACCME Standards. Currently, it is the responsibility of every CME provider to identify and implement appropriate methods for managing this process. For academic medical centers that sponsor many directly and jointly sponsored programs and monitor 100 or more Regularly Scheduled Series (RSSs), managing disclosures and COI reviews can be a daunting responsibility. This session will describe how in-house database management systems can be developed and utilized to facilitate and improve the disclosure and conflict of interest review process.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F44, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Friday, 1/30/09, Sierra K/5th

TITLE: What CME Professionals Do: Information Gained during a Professional Job Analysis

COMPETENCY AREA 8: Self-Assessment and Life-Long Learning

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

PRINCIPAL PRESENTER: Jack Kues, PhD

University of Cincinnati Academic Health Center, 513/558-1425, kuesjr@uc.edu

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

CO-PRESENTER: Laird Kelly, BS

RSi/FocalSearch, 845/613-7992, laird.kelly@RSiFocalSearch.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants will be able to: 1) discuss five domains of basic knowledge and skills needed to function in our profession, and 2) identify areas of skill and responsibility required in various forms of professional practice.

METHODS: The presenters will describe the methodology used to translate the Alliance competencies into a job analysis survey, and will present data from the survey. Attendees will participate in a small group exercise to give feedback related to identifying and measuring competencies in the CME work environment.

KEY POINTS: A key component in the creation of a professional certification program is the psychometric analysis of tasks and responsibilities performed by professionals who work in the field. Early in 2007 NC-CME sent e-mail invitations to a sample of over 1100 CME professionals whose practice varied from solo practitioners in local hospitals to individuals with CME staffs of fifty or more. The survey results were used to build a sound test instrument for use in the NC-CME certification program, and also to provide insights into the way we practice our profession. This presentation will report the results of the NC-CME survey and give an overview of how the professional job analysis was conducted.

RECOMMENDED READING: University of Minnesota Office of Human Resources. Job Analysis Methods. <http://www1.umn.edu/ohr/compensation/classification/jobanalysis/methods.html> accessed 3/15/08.

PARTICIPANT NOTE SPACE:

**EDUCATIONAL FORMAT: F45, Member Section Follow-Up Meeting
(Medical Schools – All Conference Participants Welcome)**

**TIME/DAY/LOCATION: 12:15 – 1:15 pm, Friday, 1/30/09,
Yerba Buena 1-3/Lower B2**

TITLE: Medical Schools Member Section Meeting

COMPETENCY AREA 7: Administrative/Management

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: Medical schools

OBJECTIVES: At the conclusion of the medical school provider section meetings, participants should be able to:
1) identify current critical issues in academic CME; 2) describe various strategies for meeting the challenges and demands faced by medical school CME, and 3) gain insight through shared experiences.

METHODS: Expert mini presentations, small group interactive sessions and informal question and answer sessions will be used to identify and focus on current critical issues; to facilitate discussion and the sharing of practical experiences; and to provide participants with an ample opportunity to network and meet new colleagues.

KEY POINTS: Participants will be asked to provide the Principal Presenter with their critical questions, issues and concerns prior to the meetings. Participants will have the opportunity to learn about the current critical issues and concerns facing medical school CME professionals and to develop strategies to address them.

RECOMMENDED READING: ACCME Essentials and Standards, New Criteria for Accreditation and list serv discussions throughout the previous year.

PARTICIPANT NOTE SPACE:

**EDUCATIONAL FORMAT: F46, Member Section Follow-Up Meeting
(Medical Specialty Societies - All Conference Participants Welcome)**

**TIME/DAY/LOCATION: 12:15 – 1:15 pm, Friday, 1/30/09,
Yerba Buena 4-6/Lower B2**

TITLE: Medical Specialty Societies Member Section Take-Home Messages,
Networking Lunch and Business Meeting

COMPETENCY AREA 6: Leadership

PRINCIPAL PRESENTER: Alice Henderson, MEd (Leader, Medical Specialty Societies Member Section)
Flying Physicians Association, 936/588-6505, ahenderson@fpadrs.org

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

CO-PRESENTER: Deborah Samuel, MBA, (Leader-Elect)
American Academy of Pediatrics, 847/434-7097, dsamuel@aap.org

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

CO-PRESENTER: Lisa Johnson, MHS, (Education Programming Work Group Chair)
American Society of Clinical Oncology, 703/519-2903, lisa.johnson@asco.org

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

CO-PRESENTER: Debbie Szczesniak (Communications Work Group Chair)
College of American Pathologists, 847/832-7419, dszczes@cap.org

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

TARGET AUDIENCE: All

MEMBER GROUPS: Medical Specialty Societies

OBJECTIVES: Officers are elected and a call for volunteer service in 2009 is completed. Five-minute "take-home messages" of the meeting topics are reported by specialty society volunteers who attended and covered the specific topic area.

METHODS: Short 5-minute 'take-home pearl' presentations with question and answer afterward, as well as informal discussions in groups during lunch.

KEY POINTS: Officers and the leadership team for the year are officially recognized. Five-minute topic coverage of specific areas of the Alliance Annual Conference is presented by volunteers reporting on their specialized interest area. Networking on practical issues in CME is discussed informally over lunch at the beginning.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F47, Plenary

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/30/09, Yerba Buena 7-9/Lower B2

TITLE: Overview of Competency Areas 5 and 6 (Invited Abstract)

COMPETENCY AREA 5: Partnering

PRINCIPAL PRESENTER: George Mejicano, MD

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

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

COMPETENCY AREA 6: Leadership

PRINCIPAL PRESENTER: Philip Dombrowski, MBA

Annenberg Center for Health Sciences, 760/773-4533, pdombrowski@annenberg.net

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

In 2003, the Alliance for Continuing Medical Education developed a set of forty-eight individual competencies for persons working in the field of continuing medical education (CME). These competencies all fall under one of eight general competency areas, as follows:

- 1) Adult/Organizational Learning Principles
- 2) Educational Interventions
- 3) Performance Measurement
- 4) Systems Thinking
- 5) Partnering
- 6) Leadership
- 7) Administrative/Management
- 8) Self-assessment and Life-long Learning

Despite the importance of these competency areas and competencies, many CME professionals are unaware of their existence and/or their relevance in day-to-day practice. As such, the Annual Conference Committee has invited eight distinguished faculty to provide a short overview of one of the competency areas. For this plenary, George Mejicano, MD will provide an overview of the competency area on Partnering, and Philip Dombrowski, MBA will provide an overview of the competency area on Leadership.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F48, Intensive

TIME/DAY/LOCATION: 1:30 – 2:30 pm, Friday, 1/30/09, Club/Atrium

TITLE: Instructional Design Meets CME: Aligning Both Worlds (Part 1)

COMPETENCY AREA 2: Educational Interventions

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: Marcia Jackson, PhD

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

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

CO-PRESENTER: Linda Raichle, PhD

Spectrum Medical Education, 610/727-3940, linda_raichle@spectrummed.com

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

CO-PRESENTER: Janice Sibley, MS

Corporate Resources, LLC, 301/527-0770, sibley4crs@aol.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) link principles of instructional design (ID) with ACCME criteria; 2) apply the ID process to a simulated case study, and 3) determine strategies for working with physicians both as learners and as subject matter experts.

METHODS: The intensive will include brief didactic overviews of each major step in the ID process, interspersed with hands-on practice in applying the ID process to a realistic simulated case study.

KEY POINTS: The updated ACCME criteria ask CME providers to assess educational needs based on physician performance gaps, to design interventions and develop content to address these gaps, and to measure the overall effectiveness of CME activities in terms of improved learner performance. These criteria expand the role of the CME professional as an instructional design consultant. Thus, there is a need within the CME community for developers and managers of CME-accredited activities to possess basic instructional design knowledge and skills.

RECOMMENDED READING:

- 1) Gagne, R.M., Wager, W.W., Golas, K.C., & Keller, J.M. (2005). Principles of Instructional Design. (5th Ed.). Belmont, California: Wadsworth/Thomson Learning.
- 2) Dick, W., & Reiser, R.A. (1989) Planning Effective Instruction. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F49, Intensive

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/30/09, Club/Atrium

TITLE: Instructional Design Meets CME: Aligning Both Worlds (Part 2)

COMPETENCY AREA 2: Educational Interventions

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: Marcia Jackson, PhD

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

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

CO-PRESENTER: Linda Raichle, PhD

Spectrum Medical Education, 610/727-3940, linda_raichle@spectrummeded.com

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

CO-PRESENTER: Janice Sibley, MS

Corporate Resources, LLC, 301/527-0770, sibley4crs@aol.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) link principles of instructional design (ID) with ACCME criteria; 2) apply the ID process to a simulated case study, and 3) determine strategies for working with physicians both as learners and as subject matter experts.

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KEY POINTS: The updated ACCME criteria ask CME providers to assess educational needs based on physician performance gaps, to design interventions and develop content to address these gaps, and to measure the overall effectiveness of CME activities in terms of improved learner performance. These criteria expand the role of the CME professional as an instructional design consultant. Thus, there is a need within the CME community for developers and managers of CME-accredited activities to possess basic instructional design knowledge and skills.

RECOMMENDED READING:

- 1) Gagne, R.M., Wager, W.W., Golas, K.C., & Keller, J.M. (2005). Principles of Instructional Design. (5th Ed.). Belmont, California: Wadsworth/Thomson Learning.
- 2) Dick, W., & Reiser, R.A. (1989) Planning Effective Instruction. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F50, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/30/09, Pacific E/4th

TITLE: Learning Transfer: Helping Clinicians Put New Knowledge into Practice

COMPETENCY AREA 1: Adult/Organizational Learning Principles

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

PRINCIPAL PRESENTER: Robin Hendricks, MAdEd

MEBN, 941/375-2718, robin.hendricks@mebn.net

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

TARGET AUDIENCE: Advanced

MEMBER SECTIONS: All

OBJECTIVES:

- 1) Determine whether or not a plan for learning transfer should be incorporated into a particular CME activity.
- 2) Suggest 2-3 methods of learning transfer for an appropriately selected activity.
- 3) Evaluate whether learning transfer methods utilized are successful.

METHODS: This breakout will feature an examination of case studies that employ various methods of learning transfer. Participants will break into groups of 4-6 to discuss and present cases. Participants will complete a personalized plan for transfer of learning for their unique practice settings.

KEY POINTS: Driven by an increasing focus on outcomes, CME providers are increasingly called on to develop education that is applicable, practical, and that makes an impact on clinicians' practices. Second to effective instructional design and delivery, improving the transfer of learning is of utmost importance and ultimately determines the value of a given educational activity. Providers must understand and be able to incorporate a variety of methods to enable transfer of clinician learning in order to demonstrate value.

RECOMMENDED READING: Caffarella, Rosemary S. Preparing for the Transfer of Learning. In: Planning Programs for Adult Learners. San Francisco: Jossey-Bass; 1994:107-118.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F51, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/30/09, Sierra A/5th

TITLE: Bias in Medical Education: Start by “Controlling” Bias in Your Needs Assessment

COMPETENCY AREA 1: Adult/Organizational Learning Principles

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

PRINCIPAL PRESENTER: Sean Hayes, PsyD

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

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

CO-PRESENTER: Martin Dupuis, MA

AXDEV Group, 888/282-9338, dupuism@axdevgroup.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: Great effort has been dedicated to reducing bias in the design and implementation of educational activities for healthcare professionals. However, little attention has been given to reducing bias in needs assessment. The objectives of this session are to discuss: 1) how to rigorously investigate the needs and challenges faced by key stakeholders within the context of healthcare, and 2) how to optimally move beyond qualifying/quantifying the currently known and perceived needs by using a triangulated design and inductive research.

METHODS: The speakers will provide an overview of a multi-phased, mixed-method approach that was employed in a behavioral research study of the needs and challenges faced by primary care providers in sleep disorders. An interactive panel discussion will encourage participants to critique and/or validate the rationale, methods, and implications of this approach.

KEY POINTS: At the end of this session, participants will better understand: 1) an approach for controlling bias in needs assessment and the impact on the resulting educational initiatives; 2) the concept of triangulation and induction/deduction, and 3) how a multi-phased mixed methods approach not only capitalizes on the strengths of each method used but further supports reinforcements of conclusions through cross validation of findings.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F52, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/30/09, Sierra B/5th

TITLE: Operation Screen Door: A Model for One-on-One CME

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Frederic Seifer, MD

Erlanger Center for Better Health, 423/778-3366, frederic.seifer@erlanger.org

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

CO-PRESENTER: Robert Fore, EdD

University of Tennessee College of Medicine Chattanooga, 423/778-6884, robert.fore@erlanger.org

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

CO-PRESENTER: Sally Ward, MBA

University of Tennessee College of Medicine Chattanooga, 423/778-6884, sally.ward@erlanger.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) describe a model of collaboration between a hospital business development department, a medical school Office of CME, and industry in increasing the competency of primary care physicians in disease management; 2) follow an example of one-on-one CME occurring at the point of care, and 3) meet the criteria for compliance for ACCME accreditation with commendation.

METHODS: Utilize didactic lecture and discussion to: 1) describe how a collaborative effort can increase the competence and performance of primary care physicians in disease management; 2) learn how to frame a one-on-one approach to CME that meets the practitioner at the point of care, and 3) increase the ability to meet criteria for accreditation with commendation.

KEY POINTS: Few approaches to CME can be more effective than an expert practitioner visiting colleagues in their offices to provide on-site continuing medical education at the point of care. This project offers CME professionals a model of how to navigate through the ACCME Essential Areas toward meeting criteria for compliance for ACCME accreditation with commendation.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F53, Breakout (CANCELLED)

EDUCATIONAL FORMAT: F54, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/30/09, Yerba Buena 1-3/Lower B2

TITLE: Clinical Accuracy Review – Can We Do It? Yes We Can!

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Tina Stacy, PharmD

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

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

CO-PRESENTER: Edward Kim, MD

MD Anderson Cancer Center, 713/745-6748, edkim@mdanderson.org

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

CO-PRESENTER: Lea Ann Hansen, PharmD

Educational Concepts Group, Inc, 770/938-2056, lhansen@educationalconcepts.net

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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

- 1) Develop a comprehensive content development plan.
- 2) Understand the role of clinical accuracy review (CAR).
- 3) Integrate physicians in the CAR process.
- 4) Implement a CAR process for all accredited programs.

METHODS: Use case-based discussion to: 1) describe methods for content development through collaboration among stakeholder groups within the CME community; 2) define CAR; 3) analyze the implications of ACCME guidelines on CAR, and 4) determine personnel required to conduct CAR to maintain compliance with ACCME guidelines and promote professionalism.

KEY POINTS: The dissemination of timely and accurate data directly impacts the quality of care provided to patients. Therefore, it is imperative for providers of CME to have a process in place by which data may be acquired, validated, and incorporated into education programs. In accordance with Standards for Commercial Support 1.1, accredited providers may neither request suggestions for speakers or topics from commercial interests nor request a CAR. As a result, accredited providers must be equipped to perform these necessary tasks independently. Although this may represent a significant change to practice procedures for many organizations, the task is not impossible. Can we perform a successful CAR...yes we can!

ACKNOWLEDGEMENTS: The program used as an example for this presentation was supported by educational grants from: Abraxis Oncology, AstraZeneca, Eli Lilly and Company, Genentech BioOncology, and OSI Oncology.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F55, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/30/09, Pacific B/4th

TITLE: Gizmos, Games, Generations and Styles: Making Sure Everyone Learns

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Beverly Wood, MD

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

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

CO-PRESENTER: Dixie Fisher, PhD

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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

- 1) Define the major learning engagement characteristics that reflect learning styles and generational differences.
- 2) Design effective learning experiences for differing generations and styles.
- 3) Ensure that individual learning is successful.

METHODS: 1) This interactive session will include opportunities for learners to identify their own learning and generational style. 2) They will discuss their style and compare it with that of others in a small group. 3) Groups will create learning experiences to satisfy the characteristics of learners with differing styles and representing different generations. 4) Brief didactic information presentations will be interspersed with group activities.

KEY POINTS: Learners from several generations differ in preferred style of learning, while learning in ways that reflect the times in which they grew up. When preparing for a heterogeneous learning group, there are methods and activities that are effective in benefiting and meeting the expectations of all learners.

RECOMMENDED READING: Oblinger, D. 2003 Boomers, Gen-Xers & Millennials: Understanding the New Students. Educause. 38(4); 37-46.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F56, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/30/09, Sierra C/5th

TITLE: Now That's Funny! Can You Believe What I Learned? – Can Humor and Education Coexist?

COMPETENCY AREA 2: Educational Interventions

PRINCIPAL PRESENTER/MODERATOR: Lawrence Sherman, FACME
Physicians Academy, 212/897-4911, LS@physacad.com

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

CO-PRESENTER: Chad Williamson
Outcomes, Inc., 205/259-1500, chad.williamson@ceoutcomes.com

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

CO-PRESENTER: Steve Barrett
MedPageToday, 973/890-0985, ext.125, s.barrett@medpagetoday.com

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

CO-PRESENTER: Amy Klopfenstein
Physicians Academy, 212/897-4906, amyk@physacad.com

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

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

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

CO-PRESENTER: Saranne Rothberg
The ComedyCures Foundation, 888/300-3990, SaranneR@comedycures.org

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

TARGET AUDIENCE: All

MEMBER SECTION: All

OBJECTIVES: At the completion of the session, participants will be able to: 1) describe the impact of humor/comedy on CME content; 2) discuss the appropriate use of humor/comedy in CME; 3) address key challenges and obstacles to the appropriate use of humor/comedy in CME, and 4) describe practical tips for integrating humor into CME content using various media.

METHODS: Two CME activities were developed based on the same needs assessment and learning objectives, using the same delivery medium (MedPageToday via the Internet) and presenter. One activity incorporated the use of humor in the presentation and the other was delivered in a case study format. The educational impact of each activity was assessed based on measurement instruments related to activity learning objectives. A satisfaction survey of the participants in the comedy cohort was also conducted.

KEY POINTS: There is a role for the appropriate use of humor/comedy in the delivery of CME activities. It is critical that the faculty and provider be adept at the appropriate use of humor/comedy in order to insure the maximal impact of the education, and to promote educational satisfaction. Simple guidelines and strategies will be presented for immediate integration.

RECOMMENDED READING:

<http://www.medpagetoday.com/Neurology/GeneralNeurology/tb/2088?pf=101&spc=230>. The Laughter Prescription: The Tools of Humor and How to Use Them. L. Peter, B. Dana. New York: Ballantine Books; 1982.

ACKNOWLEDGMENTS: Support for the educational activities and outcomes measurements was provided by Wyeth Pharmaceuticals. Comedic support provided by ComedyCures Foundation.

EDUCATIONAL FORMAT: F57, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/30/09, Yerba Buena 7-9/Lower B2

TITLE: Creating & Validating a Certification Exam for CME Professionals: The Process & the Beta Test Results

COMPETENCY AREA 3: Performance Measurement

PRINCIPAL PRESENTER: Karen Overstreet, EdD

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

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

CO-PRESENTER: Marissa Seligman, PharmD

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

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

TARGET AUDIENCE: Advanced

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants will be able to: 1) identify the components of a certification exam that measures knowledge and competence across a broad range of CME professional experience; 2) evaluate the roles and responsibilities related to exam development, and 3) explain the process for validating a certifying exam.

METHODS: This session will present data in aggregate form about individuals who participated as beta testers for the NC-CME certification exam. The presenters will give a detailed description of how test items were mapped to a validated job analysis, and will present an analysis of beta test results.

KEY POINTS: A certifying exam is targeted for individuals who possess the knowledge, skills and abilities that reflect competency in a profession. The process of surveying the CME community, creating a job analysis that confirms “what CME professionals do,” and writing test items that map to these considerations is the groundwork of developing a certification exam. The beta test gives the exam developers the opportunity to analyze preliminary results to ensure that the live exam will be psychometrically sound. Beta-testing the exam is a critical component of competency assessment, and the presenters will discuss how the pilot results affected the composition of the “live” exam.

RECOMMENDED READING: <http://www.nc-cme.org>; National Organization for Certifying Agencies. Standards for the Accreditation of Certification Programs, 2004. <http://www.noca.org>.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F58, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/30/09, Pacific C/4th

TITLE: Understanding Educational Needs from Two Perspectives: Patients and Physicians

COMPETENCY AREA 3: Performance measurement

PRINCIPAL PRESENTER/MODERATOR: Jon Ukropec, PhD

Ortho-McNeil Janssen Scientific Affairs, LLC, 609/730-3601, JUkropec@omjus.inj.com

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

CO-PRESENTER: Marc DesLauriers, PhD

Outcomes, Inc., 205/259-1500, marc.deslauriers@ceoutcomes.com

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

CO-PRESENTER: Richard Shewchuk, PhD

University of Alabama at Birmingham, 205/934-4061, shewchuk@uab.edu

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

TARGET AUDIENCE: All

MEMBER SECTION: All

OBJECTIVES: At the completion of the session, participants will be able to: 1) understand the importance of assessing needs from multiple perspectives; 2) recognize the differences in viewpoints regarding information needs of patients and physicians, and 3) apply methods to examine needs from patient and physician perspectives.

METHODS: A case study in the area of attention deficit hyperactivity disorder (ADHD) will be presented. Results from a series of nominal group sessions will illustrate how to examine educational needs and apply information to the development of continuing education.

KEY POINTS: Aligning patient and physician perspectives and needs is essential to improving clinical decisions and patient care. An understanding of these perspectives may advance the significance and appropriateness of continuing education for health professionals and align viewpoints that improve the outcomes of educational interventions.

RECOMMENDED READING: Peterson, Mark F. and Kenneth L. Pike. 2002. "Emics and etics for organizational studies: a lesson in contrast from linguistics." *International Journal of Cross Cultural Management* 2(1): 5-19.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F59, Breakout

**TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/30/09,
Yerba Buena 4-6/Lower B2**

TITLE: Design, Delivery, Data: Implementing Large Scale Performance Improvement Programs

COMPETENCY AREA 3: Performance Measurement

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: Peter Sheldon

Med-IQ, LLC, 443/543-5213, psheldon@med-iq.com

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

CO-PRESENTER: Rob Bartel

The Endocrine Society, 301/951-2606, rbartel@endo-society.org

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

CO-PRESENTER: Peg Bollella, PharmD

sanofi-aventis US, 908/981-5145, peg.bollella@sanofi-aventis.com

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

CO-PRESENTER: William Mencia, MD

Med-IQ, LLC, 443/543-5135, wmencia@med-iq.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to describe optimal educational design and delivery of a PI initiative, including: 1) establishing performance benchmarks and a multi-phase needs assessment process; 2) creating and managing audience development and logistical tactics and technological infrastructure that supports program objectives, and 3) measuring and reporting results of tailored, self-directed learning that impacts physician behavior change and patient health outcomes at the individual practice level.

METHODS: Presenters will provide detailed accounts of successes, challenges, and “lessons learned” through an interactive discussion with the audience, as well as video and audio examples from the initiative. Presentation will include program metrics that support change in knowledge and competency, and their application to practice behavior.

KEY POINTS: This session will explore the facets of implementing performance improvement CME, its implications for the CME provider, and its role in the future of medical education. Programs of this nature demand re-engineering the planning process toward a more results-oriented endpoint; provide opportunities for physician self-assessment, improvement, and measurement of identified learning gaps within a real-world context, and results in changes that affect patient health at the point-of-care in a platform that appeals to the physician’s desire for continuous professional development within his own practice setting.

RECOMMENDED READING: Holmboe ES, Meehan TP, Lynn L, et al. Promoting physicians’ self-assessment and quality improvement: the ABIM diabetes practice improvement module. The Journal of Continuing Education in the Health Professions. 2006;26(2):109-119. http://www.jcehp.com/vol26/2602_holmboe.asp.

ACKNOWLEDGEMENTS: Audience response technology provided by VisionTree Software.

EDUCATIONAL FORMAT: F60, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/30/09, Pacific H/4th

TITLE: Evaluating your Evaluations: Moving towards a Learner Focused Approach

COMPETENCY AREA 3: Performance Measurement

PRINCIPAL PRESENTER: John Owen, EdD

University of Virginia School of Medicine, 434/924-5318, jao2b@virginia.edu

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

CO-PRESENTER: Ron Murray, EdD

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Participants should be able to: 1) describe the importance of evaluating CME activities; 2) recognize the shift from educator to learner focused evaluation; 3) identify the six levels of evaluation; 4) explain a process for evaluating CME activity evaluation instruments, and 5) identify the expected outcomes of evaluating CME activity evaluation instruments.

METHODS: Presentation will describe the process utilized to evaluate, revise, and implement evaluation instruments pertaining to multiple CME activities. A learning activity will be completed to assist participants in understanding and applying this process in their own CME situation with an emphasis on the updated ACCME criteria.

KEY POINTS: The intent of this presentation is to describe the process utilized to evaluate, revise, and implement evaluation procedures pertaining to multiple CME activities at the University of Virginia School of Medicine's Office of Continuing Medical Education, and explain how this process has and will contribute to measuring the outcomes of our CME programs relative to the updated ACCME criteria. In addition, participants will be provided an opportunity to demonstrate their understanding of this process through the completion of a learning activity.

RECOMMENDED READING: Kirkpatrick DL and Kirkpatrick JD. Evaluating Training Programs: The Four Levels. San Francisco, CA: Berrett-Koehler; 2006.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F61, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/30/09, Sierra E/5th

TITLE: Educating the Managed Care Audience: It's Always Been about the Outcomes

COMPETENCY AREA 4: Systems Thinking

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

PRINCIPAL PRESENTER: Steve Casebeer, MBA

Impact Education, LLC, 215/619-8812, steve.casebeer@impactedu.net

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1) Explain the inherent goals of managed care organizations (MCOs). 2) Describe the needs driving quality improvement outcomes within a managed care setting. 3) Outline how quality performance indicators are measured and linked to education outcomes. 4) Evaluate unique methods used by MCOs for improving compliance to quality initiatives. 5) Identify collaborative approaches to maximize available educational resources leading to better CME outcomes among all stakeholders.

METHODS: Use didactic lecture to: 1) define managed care goals; 2) describe why continuous quality improvement is needed; 3) explain the link between quality and outcomes; 4) review methodologies used by managed care, and 5) share ideas for collaborating with MCOs. A discussion session will be used to address questions and encourage interaction from stakeholders with the CME community.

KEY POINTS: The growth of managed care creates opportunities to improve the treatment of diseases, yet managed care administrators and providers are challenged to provide effective treatment within a framework that ensures quality of care and a desired economic outcome. Many MCOs have quality initiatives to improve clinical and economic outcomes for many diseases. Components of initiatives, including health information technology, case management, provider education, medication therapy management, and patient support materials, need continuous updating to apply new strategies and methodologies to existing processes based on changing treatment guidelines and innovative therapies that address unmet medical needs.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F62, Breakout (CANCELLED)

EDUCATIONAL FORMAT: F63, Breakout

**TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/30/09,
Yerba Buena 10-12/Lower B2**

TITLE: The Grant Process: A Case Based Approach

COMPETENCY AREA 5: Partnering

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

PRINCIPAL PRESENTER: Cynthia Kear

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

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

CO-PRESENTER: Bob Addleton, EdD

Physicians' Institute for Excellence in Medicine, 678/303-9285, bob@physiciansinstitute.org

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

CO-PRESENTER: Eric Wyrosdic

Wyeth, 484/865-5340, wyrosdie@wyeth.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

- 1) Understand two different approaches to securing grant funding in today's environment from both the grantee and grantor's perspectives.
- 2) Identify critical elements of a grant proposal, including adult learning principles, innovation, quality and outcomes.
- 3) Assess the value of collaboration between providers as part of grant applications.
- 4) Recognize importance of grantor assessment of program management and program results.

METHODS: This program will examine different ways to secure commercial funding, with each way utilizing a real grant application to demonstrate key points. In addition to the perspectives offered by two applicants, a third and critical perspective - that of a potential commercial funder - will provide a real life assessment of these two grants from application to outcomes.

KEY POINTS:

- 1) While varying methods of grant applications exist, there are fundamental grant elements which must be addressed/included.
- 2) Partnering and outcomes are key at all phases.
- 3) Commercial funders receive countless grant applications. How does a commercial funder assess a potential grant as viable? How does a commercial funder assess a completed program?

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F64, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/30/09, Sierra I/5th

TITLE: Developing a Code of Ethical Conduct for the CME Profession (Invited Abstract)

COMPETENCY AREA 6: Leadership

COMPETENCY 6.5: Maintain a high standard of professionalism and ethics for all CME staff.

PRINCIPAL PRESENTER: Jack Kues, PhD

University of Cincinnati Academic Health Center, 513/558-3196, kuesjr@ucmail.uc.edu

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

CO-PRESENTER: Jann Balmer, PhD

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

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

CO-PRESENTER: Paul Weber, MA

Alliance for Continuing Medical Education, 205/824-1355, pweber@acme-assn.org

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

CO-PRESENTER: Kelly Morse Nowicki, MA

Mayo School of Continuing Medical Education, 507/538-6893, nowicki.kelly@mayo.edu

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) describe the critical features of professionalism and the importance of ethical conduct; 2) be able to identify the common factors for a code of ethics, and 3) relate the unique features of the CME profession to the associated ethical responsibilities conferred on CME.

METHODS: Use didactic lecture and discussion to define professionalism and the common features of ethical practice. Use an interactive approach to solicit input from participants about key features of a code of ethics for the CME profession.

KEY POINTS: One of the core values of any profession is its code of ethics and the principles which guide the work of that profession regardless of practice venue. This interaction session is designed to discuss and ultimately develop a draft document that can serve as a framework for a Code of Ethical Conduct for CME professionals. The participants will help to define, analyze, and debate the core principles, values and skills which need to be included in a code of ethics.

RECOMMENDED READING:

- 1) Sax, H.C. (2007). The Ethical Foundations of Professionalism: A Sociologic History. *Chest* 131: 1532-1540.
- 2) Flexner, Abraham, "Is Social Work a Profession?" *School & Society*, 1915, Vol. 1, pp. 901-911.
- 3) Cervero, R.M. (1988). *Effective Continuing Education for Professionals*. San Francisco: Jossey-Bass.
- 4) Houle, Cyril. *Continuing Learning in the Profession*. San Francisco: Jossey-Bass, 1980.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F65, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/30/09, Pacific J/4th

TITLE: Leading the CME Enterprise: The Educator's Role in Physician Competence

COMPETENCY AREA 8: Self-Assessment and Life-Long Learning

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

PRINCIPAL PRESENTER: Nicole Roberts, PhD

Southern Illinois University School of Medicine, 217/545-9502, nroberts@siumed.edu

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

CO-PRESENTER: Soroush Batmangelich, EdD

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

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

CO-PRESENTER: Jon Bowermaster, PhD

Physician Empowerment, 217/621-3956, bowermaster@ameritech.net

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

TARGET AUDIENCE: Advanced

MEMBER SECTIONS: All

OBJECTIVES:

- 1) Review concepts of physician competence as delineated in UME, GME, CME, and MOC.
- 2) Propose an expanded role for educators in developing physician competence across the continuum.
- 3) Discuss leadership skills educators need in order to accomplish this role.

METHODS:

- 1) Lecture on various definitions of competence.
- 2) Discussion with audience about the role educators currently have in creating competent physicians.
- 3) Discussion to envision an appropriate role for educators.
- 4) Come to consensus on what skills educators need to accomplish an expanded role.

KEY POINTS:

- 1) The role of the educator should be seen as crucial in the development and maintenance of physician competence.
- 2) Educators may need to develop skills, especially in leadership, to ensure their role is appropriately valued.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F66, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/30/09, Pacific I/4th

TITLE: Improving CME Professional Competencies of Industry Supporters

COMPETENCY AREA 6: Leadership

PRINCIPAL PRESENTER: Walter Wolyniec, MS
Confluent Healthcare Solutions, 203/417-3990, wwolynie@hotmail.com

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

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: Pharmaceutical companies

OBJECTIVES: Following this session individuals will be able to: 1) describe the competencies and expertise required for CME Professionals in the Pharmaceutical Industry; 2) discuss alignment of competencies to the ACCME Essentials and Elements; 3) demonstrate how the alignment of competencies and the Essentials results in support for quality initiatives, and 4) develop a comprehensive strategic educational model with smart objectives and defined metrics.

METHODS: Didactic lectures and dialogue will be used to help learners gain a better understanding of the competencies and expertise required for CME professionals today. A workshop format will be used so learners can discuss how to better align expected competencies with the ACCME Essentials and Elements to improve the quality of the strategic medical education framework.

KEY POINTS: Continuous professional development is a must for CME professionals. This educational activity will outline the core competencies required to improve performance and value of the CME professional within industry. Educators of this activity will demonstrate how improved alignment of professional competencies and ACCME Essentials can ultimately improve the quality of the medical education support framework and recommended educational interventions. Learners will be able to assess strategies and develop tools to improve the strategic planning within their organizations.

RECOMMENDED READING: The Continuing Professional Development of Physicians: From Research to Practice, Dave Davis, MD, Barbara E. Barnes, MD, Robert Fox, EdD, Editors Published by the American Medical Association, 2003 Journal of Continuing Education in the Health Professions; Summer2005, Vol. 25 Issue 3, pp203-209, 7p.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F67, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/30/09, Nob Hill A-D/Lower B2

TITLE: CME Credit and Licensure: What Medical Boards Expect

COMPETENCY AREA 7: Administrative/Management

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

PRINCIPAL PRESENTER: Alejandro Aparicio, MD

American Medical Association, 312/464-5531, alejandro.aparicio@ama-assn.org

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

CO-PRESENTER: David Watt, MD

Federation of State Medical Boards, 817/868-4029, d.watt@fsmb.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants will be able to: 1) identify the breadth of CME legislated requirements; 2) explain what "AMA PRA Category 1 Credits™" (and other credits) mean in terms of meeting licensure requirements; 3) cite licensing boards expectations of the CME enterprise; 4) discuss ways in which CME providers and AMA PRA Category 1 Credit™ might better respond to the licensure needs of physicians, and 5) envisage the role that CME may play in a future licensing system.

METHODS: The session will consist of a didactic presentation, with time provided for panel interaction, audience interaction, questions and answers.

KEY POINTS: This session will educate CME providers about the various state-mandated CME requirements for medical licensure, including content-mandated CME. Topics addressed will include how to find out what your physicians need to meet their state licensure requirements, when they need it, and how to provide it. The session will also provide an opportunity for CME providers to dialogue with representatives from the medical licensing community about current and future trends in medical licensure and their implications for CME providers.

RECOMMENDED READING: Table 16: State Medical/Osteopathic Board Regulations on Continuing Medical Education for Licensure Re-registration from the AMA's State Medical Licensure Requirements and Statistics. This table may be accessed from a link on the following webpage: <http://www.ama-assn.org/ama/pub/category/2640.html>.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F68, Breakout

**TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/30/09,
Yerba Buena 13-15/Lower B2**

TITLE: Rising to the ACCME Accreditation Challenge: Developing and Incorporating a Product Development Process for Your Organization

COMPETENCY AREA 7: Administrative/Management

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

PRINCIPAL PRESENTER: Stephanie Mercado, BS

American Academy of PM&R, 312/245-3926, smercado@aapmr.org

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

CO-PRESENTER: Beth Sartore, BS

American Academy of PM&R, 312/245-3928, bsartore@aapmr.org

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

CO-PRESENTER: Andre Panagos, MD

American Academy of PM&R, 212/746-1541, apanagos@aapmr.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) appreciate the complexities of CME product development and the importance of developing a product development cycle with ACCME accreditation criteria as a foundation; 2) consider best practices within their organizations that can be incorporated consistently throughout product development; 3) understand how incorporating a product development process into existing business practices can simultaneously facilitate meeting ACCME requirements and organizational needs, and 4) identify necessary changes in their current product development process to ensure compliance with ACCME criteria.

METHODS: Use didactic lecture to: 1) explain internal and external drivers of the shift to live-by a standardized product development process; 2) describe American Academy of PM&R Product Development Process; 3) show how ACCME criteria and internal requirements are incorporated as essential steps in process; 4) review reference tools provided to physician volunteers and staff to assist with navigating through process, and 5) summarize recommendations for other organizations to incorporate a similar product development process. Use discussion to address questions from CME professionals about the process.

KEY POINTS: CME providers are faced with the challenge of meeting the ACCME's updated accreditation criteria. Equally, they are faced with other important issues involved in CME product development (e.g., developing marketing plans, obtaining grant support, securing copyright permissions, etc.). A comprehensive process that takes into consideration the role of the CME delivery system, including the various staff, volunteer and vendor stakeholders involved in product development, will meet expectations of ACCME, the organization's leadership as well as its learners.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F69, Breakout

TIME/DAY/LOCATION: 2:45 – 3:45 pm, Friday, 1/30/09, Sierra K/5th

TITLE: Essential Skills for CME Professionals

COMPETENCY AREA 8: Self-Assessment and Life-Long Learning

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

PRINCIPAL PRESENTER: Debra Gist, MPH

Consultant, 760/331-7775, dgist@debragist.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: 1) discuss the essential skills mix of a CME office staff; 2) delineate the key components of a high quality CME program; 3) identify the method that equips people with the tools, knowledge and opportunity they need for self-assessment and professional development; 4) discuss “lessons learned” in managing CME professionals, and 5) formulate an action plan for identifying opportunities for skills development in your CME office.

METHODS: Didactic combined with problem-based learning.

KEY POINTS: This presentation: 1) explores practical ways in which CME management can design and implement a coaching program for CME professionals; 2) provides tips for improving the skills set of staff who work in a CME unit, and 3) describes how professional development opportunities for staff can assist in change management.

RECOMMENDED READING: Gist D, Mejicano G, Smith J. Essential skills for CME professionals, Parts 1-3. Alliance Almanac. Dec 2007- Feb 2008.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F70, Mini-Plenary

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/30/09, Yerba Buena 7-9/Lower B2

TITLE: Hot Topics in CME: Outcomes from the Mayo CME Consensus Conference on Research and Strategic Management (Invited Abstract)

COMPETENCY AREA 7: Administrative/Management

COMPETENCY AREA 2: Systems Thinking

COMPETENCY AREA 6: Leadership

PRINCIPAL PRESENTER: Melinda Steele, MEd

Texas Tech University Health Sciences Center, 806/743-2226, melinda.steele@ttuhsc.edu

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

CO-PRESENTER: Moss Blachman, PhD

University of South Carolina, 803/434-4211, moss@gw.mp.sc.edu

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

CO-PRESENTER: Richard Berger, MD

Mayo Clinic, 507/284-3664 berger.richard@mayo.edu

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: (1) identify the priorities for research and strategic management of CME, and (2) discuss the agenda and strategies needed to move the priorities forward.

METHODS: Use didactic presentation and interactive discussion with the audience to (1) describe the necessity of the consensus conference, (2) discuss the processes used for the consensus conference, and (3) explain the priorities that were identified to move the CME Enterprise forward.

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 Continuing Medical Education. Evidence Report/Technology Assessment No. 149 (Prepared by the Johns Hopkins Evidence-based Practice Center, under Contract No. 290 02 0018.). AHRQ Publication No. 07-E006. Rockville, MD: Agency for Healthcare Research and Quality January 2007. <http://www.ahrq.gov/clinic/tp/cmetsp.htm>.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F71, Intensive

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/30/09, Club/Atrium

TITLE: Instructional Design Meets CME: Aligning Both Worlds (Part 3)

COMPETENCY AREA 2: Educational Interventions

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: Marcia Jackson, PhD

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

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

CO-PRESENTER: Linda Raichle, PhD

Spectrum Medical Education, 610/727-3940, linda_raichle@spectrummed.com

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

CO-PRESENTER: Janice Sibley, MS

Corporate Resources, LLC, 301/527-0770, sibley4crs@aol.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) link principles of instructional design (ID) with ACCME criteria; 2) apply the ID process to a simulated case study, and 3) determine strategies for working with physicians both as learners and as subject matter experts.

METHODS: The intensive will include brief didactic overviews of each major step in the ID process, interspersed with hands-on practice in applying the ID process to a realistic simulated case study.

KEY POINTS: The updated ACCME criteria ask CME providers to assess educational needs based on physician performance gaps, to design interventions and develop content to address these gaps, and to measure the overall effectiveness of CME activities in terms of improved learner performance. These criteria expand the role of the CME professional as an instructional design consultant. Thus, there is a need within the CME community for developers and managers of CME-accredited activities to possess basic instructional design knowledge and skills.

RECOMMENDED READING:

- 1) Gagne, R.M., Wager, W.W., Golas, K.C., & Keller, J.M. (2005). Principles of Instructional Design. (5th Ed). Belmont, California: Wadsworth/Thomson Learning.
- 2) Dick, W., & Reiser, R.A. (1989) Planning Effective Instruction. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F72, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/30/09, Pacific H/4th

TITLE: Mixed-methods Educational Needs Assessment: Community Providers and COPD Care

COMPETENCY AREA 1: Adult/Organizational Learning Principles

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

PRINCIPAL PRESENTER: Suzanne Murray

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

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

CO-PRESENTER: Ray Wolf, PharmD

Sepracor Inc., 508/357-7623, ray.wolf@sepracor.com

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

CO-PRESENTER: Kayla Cytryn, PhD

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this program, participants will be able to: 1) understand the theory and practice of developing and carrying out an educational needs assessment; 2) understand the impact of provider knowledge, skills, and attitudes on care, and 3) apply these insights to the development of educational initiatives targeting translation of knowledge into actual practice.

METHODS: A mixed-methods (qualitative and quantitative) educational needs assessment examining the care of patients with COPD by community providers will provide the basis for exploration of needs assessment theory and practice. Implications of findings about delivery of care for educational interventions will be discussed in mini breakout sessions.

KEY POINTS: Challenges to provision of evidence-based care were elucidated from primary care providers and specialists in caring for patients with COPD. Triangulation provided broad, reliable findings of the nature of these challenges. Knowledge gaps were identified in the care of patients with COPD by community physicians. Gaps were also discovered in the use of guidelines and research evidence to support evidence-based care. The identification of these gaps will inform the development and design of educational initiatives targeting the knowledge of evidence and practice guidelines to improve the quality of care provided.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F73, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/30/09, Pacific A/4th

TITLE: Assessing Cultural Competency in Stroke Prevention in African American Patients: Measuring Professional Practice Gaps

COMPETENCY AREA 1: Adult/Organizational Learning Principles

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

PRINCIPAL PRESENTER: Eileen Raher, MS

American Heart Association, 214/706-1595, eileen.raher@heart.org

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

CO-PRESENTER: Jill Foster, MD

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

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

CO-PRESENTER: Robert Like, MD

UMDNJ-Robert Wood Johnson Medical School, 732/235-7662, like@umdnj.edu

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1) Define cultural competencies for selected healthcare professionals. 2) Discuss the importance of cultural competency training for improving the quality of patient care. 3) Describe survey methodology for physicians, office staff and patients used to assess the cultural competency of healthcare professionals. 4) Utilize information from the multiple perspectives to design and implement cultural competency training related to stroke prevention in African American populations.

METHODS: Presenters will provide information highlighting literature review of studies related to the effectiveness of interventions in the area of cultural competency and results from a national study of physicians, office staff and patients. An interactive group discussion with questions and answers will also be conducted.

KEY POINTS: This study was conducted to assess the knowledge, perceptions, attitudes, and barriers related to cultural competency of US primary care physicians, cardiologists, neurologists, office staff and their patients. Differences in cultural competence across these groups were identified. Suggestions for responding to these differences will be discussed as well as implications for developing future CME/CPD programs.

RECOMMENDED READING:

- 1) Institute of Medicine. Unequal Treatment: What Healthcare Providers Need to Know about Racial and Ethnic Disparities in Healthcare. Available at <http://www.iom.edu/Object.File/Master/4/175/Disparitieshcproviders8pgFINAL.pdf>. Accessed March 1, 2008.
- 2) Williams RA, Flack JM, Gavin JR 3rd, Schneider WR, Hennekens CH. Guidelines for management of high-risk African Americans with multiple cardiovascular risk factors: recommendations of an expert consensus panel. *Ethn Dis.* 2007 spring; 17 (2): 214-20.
- 3) Sacco, R., Adams, R., et al. Guidelines for Prevention of Stroke in Patients With Ischemic Stroke or Transient Ischemic Attack. A Statement for Healthcare Professionals From the American Heart Association/American Stroke Association Council on Stroke: Co-Sponsored by the Council on Cardiovascular Radiology and Intervention: The American Academy of Neurology affirms the value of this guideline, 2006.
- 4) Graves, DL, Like RC, Kelly N, Hohensee A. Legislation as intervention: a survey of cultural competence policy in health care. *J Health Care Law & Policy.* September 2007: 10: 339-361.

EDUCATIONAL FORMAT: F74, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/30/09, Yerba Buena 1-3/Lower B2

TITLE: Creating Engaging Live CME Symposia that are Effective and Have Impact: Perspectives from MECC and Pharma

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Steve Weinman, RN

Institute for Medical & Nursing Education, 609/936-7015, steve.weinman@imne.com

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

CO-PRESENTER: Joelle Escoffery, PhD

International Medical Press, 609/375-9700, joelle.escoffery@intmedpress.com

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

CO-PRESENTER: Anne Marie Dubois, MSPharm

Novo Nordisk Inc., 609/987-5449, adus@novonordisk.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this activity, participants should be able to: 1) based on principles of adult learning and other theoretical learning constructs, understand theoretical strategies for engaging healthcare providers in live educational activities; 2) describe at least 3 practical strategies for engaging healthcare providers at live educational activities, and 3) list challenges with delivering engaging live activity and describe strategies for overcoming them from both the MECC and pharma perspective.

METHODS: A panel discussion will present case-based strategies for engaging healthcare providers at live educational activities, including engaging design and educational concepts, case-based audience response system, video vignettes, breakout sessions, and use of real patients.

KEY POINTS: Although live events have traditionally been the preferred method for healthcare providers to obtain their CME, learning and behavior change associated with participation in a live event have been less than what is seen with other modalities. In order to improve learning and retention at live events, educational providers need to engage their audience. Use of innovative design concepts, case-based audience response system (which not only engages but also gauges immediate learning), video vignettes, breakout sessions, and the use of real patients are all strategies that have been shown to improve educational outcomes and participant satisfaction.

RECOMMENDED READING:

- 1) Gilman SC, Turner J: Media richness and social information processing: Rationale for multifocal continuing medical education activities. JCEHP. 2001.21:134-39.
- 2) Ryan DP, Marlow B: Build-a-case: A brand new continuing medical education technique that is peculiarly familiar. JCEHP. 2004.24:112-18.

EDUCATIONAL FORMAT: F75, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/30/09, Pacific I/4th

TITLE: A “Virtual Poster Walk”: A Novel Gaming Format Brings the Real World to On-line

COMPETENCY AREA 2: Educational Interventions

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 Vinegra

PharmacoMedia, 908/566-7309, michael@pharmacomedia.com

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

CO-PRESENTER: Victor Marrow, PhD

Johns Hopkins University, 410/614-6934, vmarrow@jhmi.edu

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

CO-PRESENTER: Constance Grill, PhD

sanofi-aventis, 908/981-5167, constance.grill@sanofi-aventis.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this presentation participants will: 1) understand and appreciate how a popular gaming format can be modified to create a novel, effective, “immersion” educational tool; 2) recognize the flexibility of the “virtual” format in appealing to different learning styles, and 3) understand that this format appeals to and is an effective methodology for learners of all ages.

METHODS: This session will utilize a combination of didactic and video elements to demonstrate the design and implementation of a medical education activity that utilizes a virtual world simulation. Preliminary program metrics, measured in terms of participant page views, program flow, time on site, referrer page, and several other standard web-based program metrics will be presented.

KEY POINTS: Virtual World simulators (gaming formats) for collaboration, training, and education have been adopted and demonstrated in several industries including the Information Technology and Telecommunications industries, but have not been widely used in Medical Education. The immersive program strives to bring real-world atmosphere and interaction to the online world in order to enhance the user experience and increase satisfaction with online programs. Virtual simulations have been shown to increase participant satisfaction, retaining online users while maintaining a high reported rate of user satisfaction with the experience.

RECOMMENDED READING: A Virtual World for Education, <http://chronicle.com/wiredcampus/index.php?id=2119>.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F76, Breakout

**TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/30/09,
Yerba Buena 10-12/Lower B2**

TITLE: Effects of Serial Learning on Competency, Performance, and Patient Care

COMPETENCY AREA 2: Educational Interventions

COMPETENCY 2.8: Provide longitudinal interventions when appropriate.

PRINCIPAL PRESENTER: Theodore Bruno, MD

The France Foundation, 860/598-2274, tbruno@francefoundation.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After attending this session, participants should be able to: 1) outline the basis for using multiple serial interventions to improve physician competence, performance, and patient care; 2) describe how to utilize national quality improvement standards as a basis for outcomes measurement to assess the effectiveness of serial learning on improvement in patient care, and 3) describe the educational outcomes of learners involved in a serial educational activity.

METHODS: This session will include a presentation to outline the basis of serial learning methodology. It will include a case study in bipolar disorder to demonstrate how to utilize national quality improvement standards to measure the effectiveness of serial learning on improvement in patient care. There will be time for an interactive question and answer session.

KEY POINTS: The 2007 AHRQ report describes the literature on the effectiveness of CME, and it concluded that multiple educational exposures were more effective than a single exposure in achieving and maintaining physician knowledge, attitudes, skills, practice performance, and clinical practice outcomes. Through the utilization of a case study, the MEASURE bipolar CME initiative, the presenter will demonstrate the effectiveness of serial learning on improvement of physician competency, performance, and patient care. In addition, the presenter will describe how we measured improvements in patient care by utilizing a national quality improvement standard for bipolar disorder.

RECOMMENDED READING: Marinopoulos SS, et al. Effectiveness of Continuing Medical Education. Evidence Report No.149. AHRQ publication No. 07-E006. January 2007.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F77, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/30/09, Pacific B/4th

TITLE: CME: What's the Outcome?

COMPETENCY AREA 3: Performance Measurement

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

PRINCIPAL PRESENTER: Elizabeth Aven

American Heart Association, 214/363-3703, elizabeth.aven@heart.org

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

CO-PRESENTER: Christie Morales, MEd

American Heart Association, 214/706-1681, christine.morales@heart.org

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

TARGET AUDIENCE: Intermediate

MEMBER SECTIONS: All

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

- 1) Define outcomes measurement and how it impacts your ACCME Accreditation.
- 2) List the different levels of outcomes measurement and how to obtain each level.
- 3) Recognize the benefits of using a Learning Management System to facilitate outcomes measurement.
- 4) Assess the barriers associated with outcomes measurement.

METHODS: Interactive lecture with audience participation including a comprehensive handout.

KEY POINTS: The ACCME's Updated Accreditation Criteria require providers to develop their educational activities based on practice needs and the measurement of educational outcomes in terms of change. These changes can include competence, performance and/or patient outcomes. This breakout will identify and discuss the impact of this requirement within your CME organization. The definition of outcomes measurement and the explanation of the different levels of measurement will be discussed as well. The activity will demonstrate how one can utilize a Learning Management System to implement and track various levels of outcomes to assess change in physician behavior, as well as recognize the barriers encountered in implementing outcomes measurement. The group will brainstorm about possible solutions and learn from personal experiences.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F78, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/30/09, Pacific C/4th

TITLE: Creating QI CME on a National Scale

COMPETENCY AREA 3: Performance Measurement

PRINCIPAL PRESENTER: Rick Kennison, DPM
PeerPoint Medical Education Institute, LLC, 847/563-9529, rick.kennison@peerpt.com

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

CO-PRESENTER: Janine Scotti, MBA
PeerPoint Medical Education Institute, LLC, 847/563-9511, janine.scotti@peerpt.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) determine if QI initiatives can be accepted on a national scale; 2) determine the value proposition of a QI program; 3) establish reasonable expectations in terms of program goals, and 4) have an understanding of how to role QI CME out to a national audience.

METHODS: Incorporation of an interactive didactic presentation to: 1) explain the potential obstacles when implementing a national QI initiative; 2) determine if their programming provides a value to a national audience, and 3) provide insight to reduce the likelihood that their QI initiatives would be perceived as a clinical trial.

KEY POINTS: Many questions exist in the minds of CME providers as to the scale of their QI programming. Many providers are trapped by thinking that QI CME needs to be executed at the local level, due to the complexity associated with data collection. The purpose of this discussion is to educate providers that effective and well accepted QI CME can be created at the national level if resources allow. The greatest obstacle is being able to provide value to your participants, and we will explore how to ensure this in your programming.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F79, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/30/09, Yerba Buena 4-6/Lower B2

TITLE: Maximizing the Benefits of Collaboration in the Development of an Effective PI CME Initiative

COMPETENCY AREA 3: Performance Measurement

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

PRINCIPAL PRESENTER: Mila Kostic, BA

University of Pennsylvania School of Medicine, 215/898-8872, mkostic@exchange.upenn.edu

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

CO-PRESENTER: Nancy Davis, PhD

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

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

CO-PRESENTER: Simone Karp, RPh

CECity, 412/-338-0366, skarp@cecity.com

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

CO-PRESENTER: Amanda Pauley, BA

University of Pennsylvania School of Medicine, 215/746-3685, amandaep@mail.med.upenn.edu

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

- 1) Describe how to link CME to quality improvement in healthcare delivery systems.
- 2) Discuss selection of performance measures as a critical step in CQI efforts.
- 3) Review effective use of technology to enable uniformity in data collection and reporting across diverse groups of providers.
- 4) Demonstrate application of CME performance improvement platforms in assisting clinicians with requirements for CQI from professional boards, state, and federal funding agencies.

METHODS: Didactic lecture and panel discussion will focus on collaborative project framework and results from educational, clinical, technological and QI perspective. Discussion will allow for sharing of experiences among participants related to assessments based on quality measures in CME for performance improvement and reporting of higher level educational outcomes.

KEY POINTS: Continuing medical education can be an important link in CQI efforts in the delivery of medical care. While the accreditation framework has been set up to allow and encourage the role of CME providers in these efforts, few projects to date have demonstrated a successful and significant contribution in this area. We will increase professional knowledge and share our experiences in this area by reporting results and findings from a pilot project developed as a collaborative to address the complex needs in quality improvement for the management of HIV/AIDS throughout the state of Pennsylvania.

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

ACKNOWLEDGEMENTS: Educational grant provided by Boehringer Ingelheim Pharmaceuticals, Inc.

EDUCATIONAL FORMAT: F80, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/30/09, Sierra A/5th

TITLE: Measuring Educational Impact

COMPETENCY AREA 3: Performance Measurement

PRINCIPAL PRESENTER: Euny Lee, MS

education | outcomes | science, 212/849-7814, elee@health-ny.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1) Assess educational impact through outcomes measures. 2) Consider accepted methods in demonstrating statistical significance. 3) Properly identify a control group to compare effect against actual learners. 4) Illustrate how to report the results of an outcomes study.

METHODS: Presentation and group discussion will include case-based examples. Educational materials and references will be distributed.

KEY POINTS: In compliance with the ACCME guidelines, CME providers face challenges in measuring competence, performance and patient outcomes. When evaluating outcomes, CME providers must show the strength of the relationship between outcomes and the educational intervention to show effectiveness in achieving activity goals.

RECOMMENDED READING:

- 1) Rossi, Peter H., et al. Evaluation: A Systematic Approach. Thousand Oaks: Sage, 2004.
- 2) Bamberger, Michael, et al. "Shoestring Evaluation: Designing Impact Evaluations under Budget, Time and Data Constraints." American Journal of Evaluation 25.1 (2004):5-37.

ACKNOWLEDGEMENTS: Audience response technology provided by VisionTree Software.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F81, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/30/09, Sierra H/5th

TITLE: Teamwork in CME: Using Systems to Your Advantage (Invited Abstract)

COMPETENCY AREA 4: Systems Thinking

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

PRINCIPAL PRESENTER: Barbara Huffman, MEd

Carle Foundation Hospital, 217/383-4647, barbara.huffman@carle.com

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

CO-PRESENTER: Nancy Cattell, PhD

Carle Foundation Hospital, 217/326-1617, nancy.cattell@carle.com

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

TARGET AUDIENCE: Intermediate

MEMBER SECTIONS: All

OBJECTIVES: Participants will be able to:

- 1) State the fundamental concepts behind systems theory.
- 2) Explore Senge's Fifth Discipline relative to team work in healthcare.
- 3) Participate in group discussion on healthcare systems, education and behavioral change, and error in medicine.

METHODS: This session will include a short didactic presentation with small group facilitated discussion.

KEY POINTS: How can educators work more effectively within the healthcare organization? What role does CME play in the healthcare team? Effectiveness in developing a learning organization is directly impacted by the systems and subsystems that exist in patient care. This session will provide experienced educators with the opportunity to discuss and explore these interconnected theories and to identify tips and pointers for developing relationships, actions, inputs and outputs in today's hospital and medical center environment. Peter Senge's work on the Fifth Discipline will be discussed.

RECOMMENDED READING: Senge, Peter, The Fifth Discipline: The Art and Practice of the Learning Organization.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F82, Breakout (CANCELLED)

EDUCATIONAL FORMAT: F83, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/30/09, Sierra E/5th

TITLE: How the State Medical Society Bridges the Gap between CME and QI Professionals

COMPETENCY AREA 5: Partnering

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

PRINCIPAL PRESENTER: Sheldon Putterman, MD

CME LLC, 201/984-6218, sheldon.putterman@cmpmedica.com

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

CO-PRESENTER: Joanne Wise

Medical Society of the State of New York, 518/465-8085, jwise@mssny.org

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

CO-PRESENTER: Marsha Peruo, MFA

CME LLC, 201/984-6216, marsha.peruo@cmpmedica.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: State medical societies

OBJECTIVES: At the completion of this session, participants will understand how, through various committees, partnerships, and regional and statewide meetings, the State Medical Society influences all health care practitioners to practice "CME as a Bridge to Quality".

METHODS: Brief presentations of various interventions made by the Medical Society of the State of New York will be made, 1) illustrating reduction in healthcare quality gaps, 2) fostering collaboration in quality improvement activities, and 3) improving inter-disciplinary team practices.

KEY POINTS: Participation of a recognized leader in education that is meaningful to patient care encourages all health care providers to work for the common good.

RECOMMENDED READING: Jordan J. Cohen, MD, Sylvia Cruess, MD, Christopher Davidson, MB, Alliance Between Society and Medicine: The Public's Stake in Medical Professionalism. JAMA, 2007; 298: 670-673, 6.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F84, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/30/09, Sierra C/5th

TITLE: Expanding Your CME Market to Include Physician Assistants (PAs)

COMPETENCY AREA 5: Partnering

PRINCIPAL PRESENTER: Greg Thomas, MPH

American Academy of Physician Assistants, 703/836-2272, ext. 3107, greg@aapa.org

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

CO-PRESENTER: Adrienne Harris, BA

American Academy of Physician Assistants, 703/836-2272, ext. 3404, aharris@aapa.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the end of the session, participants should be able to: 1) describe the CME requirements for PAs; 2) structure their CME programming to include PAs as potential participants, and 3) provide appropriate documentation of attendance to PA participants.

METHODS: Two representatives from the American Academy of Physician Assistants will present information and demographics about the PA profession and will describe the CME needs of this audience.

KEY POINTS: There are currently more than 70,000 physician assistants (PAs) practicing medicine in the U.S. Within the physician-PA team model, they are providing health care in all specialties of medicine and surgery. Nearly 5,000 new PA graduates are entering the health care workforce each year. PAs have CME requirements similar to physicians, i.e. 100 CME credits every two years. PAs are an important, and frequently overlooked, potential market for your CME programming.

RECOMMENDED READING: American Academy of Physician Assistants; Alexandria, VA; <http://www.aapa.org>.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F85, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/30/09, Sierra B/5th

TITLE: Leading the CME Enterprise: Educators as Leaders

COMPETENCY AREA 6: Leadership

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

PRINCIPAL PRESENTER: Jon Bowermaster, PhD

Physician Empowerment, 217/621-3956, bowermaster@ameritech.net

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

CO-PRESENTER: Nicole Roberts, PhD

Southern Illinois University School of Medicine, 217/545-9502, nroberts@siu-med.edu

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

CO-PRESENTER: Soroush Batmangelich, EdD

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

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

TARGET AUDIENCE: Advanced

MEMBER SECTIONS: All

OBJECTIVES:

- 1) Review skills educators need to lead, as defined in consensus statement created in Leading the CME Enterprise: The Educator's Role in Physician Competence.
- 2) Discuss approaches to leading that respond appropriately to various situations in which educators are likely to find themselves.
- 3) Discuss particular organizational opportunities and barriers/ problems participants experience and strategies in leadership to overcome them.
- 4) Describe ways of creating a culture of creativity and improvement to leverage educational leadership.

METHODS:

- 1) Discussion of strengths/ weakness of various leader styles as related to educators' leadership roles.
- 2) Discussion of application of leader skills in CME.
- 3) Discussion of concrete problems of participants, with focus on leader strategies for overcoming them.

KEY POINTS: CME providers need leading skills to be effective in their organizations.

RECOMMENDED READING: Maltais, P., Goulet, F., & Borduas, F. (2000). Educational skills and knowledge needed and problems encountered by continuing medical education providers. *J Contin Educ Health Prof*, 20(2), 91-96.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F86, Breakout (CANCELLED)

EDUCATIONAL FORMAT: F87, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/30/09, Sierra K/5th

TITLE: How Do I Begin? Developing an ACCESS Database for your CME Program

COMPETENCY AREA 7: Administrative/Management

PRINCIPAL PRESENTER: Kandi Hatmaker

The Reading Hospital and Medical Center, 610/988-8548, Hatmakerk@readinghospital.org

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

CO-PRESENTER: Linda Caples, MBA

The Movement Disorder Society, 414/276-2145, lcaples@movementdisorders.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

- 1) Determine specific outputs such as the annual report, activity list and disclosure forms that are to be produced from the system.
- 2) Identify both common and unique elements of these outputs that will form the building blocks for your system.
- 3) Categorize both the common and unique elements as the basis for developing the tables within your system.
- 4) Describe the next steps for making your system a reality.

METHODS: Workflow sheets and examples will be provided in the session to help facilitate small group discussions and to help participants step through the process. Presenters will share experience and lead facilitated discussion.

KEY POINTS: CME Professionals, particularly smaller providers, do not always have the staff and resources available to purchase or support a CME office software system. That's where Microsoft® ACCESS comes in! Most providers already have this system available, but do not know where to begin in creating a system. This session will help professionals learn how to automate many of the CME office functions, create a more efficient workflow and more accurate data collection.

RECOMMENDED READING: Andersen, Virginia. Access 2000: The Complete Reference. Osborn/McGraw-Hill 1999; Kaufeld, John. Access 2000 Windows For Dummies. Hungry Minds, Inc. 1999.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F88, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/30/09, Nob Hill A-D/Lower B2

TITLE: Managing Provider-industry Conflicts of Interest: Best Practices from Comparative Case Studies

COMPETENCY AREA 7: Administrative/Management

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

PRINCIPAL PRESENTER: Susan Chimonas, PhD

Columbia University Center on Medicine as a Profession, 212/305-6914, sc2254@columbia.edu

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

CO-PRESENTER: David Rothman, PhD

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) understand the issues of conflict of interest in commercially-funded CME; 2) reflect on the costs as well as the benefits of ties between healthcare industries and CME organizers and presenters; 3) consider several case studies of CME providers that take highly rigorous approaches to managing conflicts of interest, and 4) identify best practices for ensuring separation of promotion from education.

METHODS: Use didactic lecture to: 1) define conflict of interest; 2) describe the arguments for and against commercial support of CME; 3) analyze different approaches to managing industry support and the attending conflicts of interest, and 4) summarize recommendations for CME organizers and presenters. Use discussion to address questions from stakeholder groups within the CME community.

KEY POINTS: Ties between commercial entities and CME planners and presenters are receiving increasing scrutiny from policy makers and the public. To restore public trust in the CME enterprise, all persons involved in CME must ensure the separation of promotion from education. CME providers and presenters should consider both the costs and benefits of industry support, as well as current "best practices" for preventing undue commercial influence.

RECOMMENDED READING: JAMA 2008; 299:1060-1062.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F89, Breakout

**TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/30/09,
Yerba Buena 13-15/Lower B2**

TITLE: Using a Risk Assessment Tool to Predict Compliance with ACCME Standards for Commercial Support (SCS)

COMPETENCY AREA 7: Administrative/Management

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

PRINCIPAL PRESENTER: Susan Zollo, MA

The University of Iowa, 319/335-8597, susan-zollo@uiowa.edu

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

CO-PRESENTER: Teri Thomann

The University of Iowa, 319/353-3023, teresa-thomann@uiowa.edu

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Define 'risk' for CME professionals in terms of predicting commercial bias; describe the Risk Stratification Tool devised by the Consortium for Academic CME; discuss how the CACME tool can be customized to specific CME environments; apply risk assessment criteria to specific scenarios to determine a potential risk score; correlate risk scores (pre-activity) with evidence of commercial bias (post activity), and identify a number of other interventions and 'best practices' for eliminating commercial bias in CME activities.

METHODS: Didactic lecture and interactive scenarios: identify risk factors for commercial bias; describe a Risk Stratification Tool already tested for inter-operator reliability; review results of a University of Iowa study that examined the validity of a risk assessment tool to predict risk for commercial bias, and provide opportunity to participate in risk assessment exercises.

KEY POINTS: It is the responsibility of CME providers to ensure that CME activities are free of commercial bias. Even with a number of pre-emptive strategies in place to prevent such bias, reports from attendees on evaluations (and other indicators) occasionally show evidence that conflicts of interest were not completely resolved. The purpose of this study is to determine whether risk stratification criteria can be used to accurately predict compliance (or lack thereof) with the ACCME Standards for Commercial Support. Secondary goals will be to discuss challenges to implementing the tool and additional strategies to reduce risk for commercial bias.

RECOMMENDED READING: Barnes, Barbara, et al. A Risk Stratification Tool to Assess Commercial Influences on Continuing Medical Education; JCEHP 2007; 27(4):234-240.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: F90, Breakout

TIME/DAY/LOCATION: 4:00 – 5:00 pm, Friday, 1/30/09, Pacific E/4th

TITLE: What Does it Take to Become a CME Researcher?

COMPETENCY AREA 8: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Sandra Pinkerton, PhD

The Research and Education Institute for Texas Health Resources, 817/462-6739, SandraPinkerton@texashealth.org

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

CO-PRESENTER: Marilyn Peterson, MA

The Research and Education Institute for Texas Health Resources, 817/462-6744, MarilynPeterson@texashealth.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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

- 1) List benefits of doing CME research for novice researchers and their institutions.
- 2) Describe the competencies, institutional factors and relationships supporting research.
- 3) List some resources for learning how to conduct research.
- 4) Identify institutional and funding resources that would support research.

METHODS: Presenters will: 1) discuss the benefits to CME professionals and their institutions of doing CME research; 2) present our experience of learning to do research; 3) respond to questions, and 4) provide open discussion about participants' own nascent research experiences.

KEY POINTS: The presentation traces our on-going experience of "becoming CME researchers" in a community-based hospital. Its goal is to encourage novice researchers to explore the benefits of conducting CME research. We sketch out the competencies, environmental elements and relationships that have supported our ability to do research. We discuss ways of learning how to do research, identify potential research partners and mentors, talk about connecting with data, discovering "hypotheses", getting institutional buy-in, and finding the time and financial support for research when one is a novice researcher.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S1, Plenary

**TIME/DAY/LOCATION: 8:30 – 9:30 am, Saturday, 1/31/09,
Yerba Buena 7-9/Lower B2**

TITLE: Overview of Competency Areas 7 and 8 (Invited Abstract)

COMPETENCY AREA 7: Administrative/Management

PRINCIPAL PRESENTER: Leanne Andreasen, MBA

Mayo Clinic College of Medicine, 480/301-8482, Andreasen.leanne@mayo.edu

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

COMPETENCY AREA 8: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Jack Kues, PhD

University of Cincinnati, 513/558-3196, kuesjr@uc.edu

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

In 2003, the Alliance for Continuing Medical Education developed a set of forty-eight individual competencies for persons working in the field of continuing medical education (CME). These competencies all fall under one of eight general competency areas, as follows:

- 1) Adult/Organizational Learning Principles
- 2) Educational Interventions
- 3) Performance Measurement
- 4) Systems Thinking
- 5) Partnering
- 6) Leadership
- 7) Administrative/Management
- 8) Self-assessment and Life-long Learning

Despite the importance of these competency areas and competencies, many CME professionals are unaware of their existence and/or their relevance in day-to-day practice. As such, the Annual Conference Committee has invited eight distinguished faculty to provide a short overview of one of the competency areas. For this plenary, Leanne Andreasen, MBA will provide an overview of the competency area on Administrative/Management, and Jack Kues, PhD will provide an overview of the competency area on Self-Assessment and Life-Long Learning.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S2, Intensive

**TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09,
Yerba Buena 7-9/Lower B2**

TITLE: Financial Support of CME: A Forum on the Future (Part 1)

COMPETENCY AREA 4: Systems Thinking

PRINCIPAL PRESENTER/MODERATOR: Jack Kues, PhD
University of Cincinnati, 513/558-3196, kuesjr@uc.edu

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

CO-PRESENTER: Dennis Wentz, MD
WentzMiller & Associates, 970/845-9910, dennis@wentzmiller.org

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

CO-PRESENTER: Lewis Miller, MS
WentzMiller & Associates, 203/662-9690, lew@wentzmiller.org

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

CO-PRESENTER: Carol Havens, MD
Kaiser Permanente, 510/625-3317, carol.havens@kp.org

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

CO-PRESENTER: Philip Bellman, MPH
Kaiser Permanente, 510/625-2425, Philip.bellman@kp.org

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

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

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

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: This forum will present the current issues related to funding CME from a variety of perspectives. The panel will describe and discuss current forces impacting CME funding and will present different models for providing effective, patient-care focused CME. The panel will propose several strategies and scenarios for future funding of CME. Attendees, at the conclusion of this session, will be able to: 1) describe the current forces that are impacting the current funding of CME; 2) develop strategies for funding their CME program under different economic and regulatory conditions, and 3) implement a plan to provide unbiased CME programming that improves patient care and is financially viable.

METHODS: Each member of the panel (or team of members) will make a brief presentation that describes an aspect of the current funding environment for CME. The outline of the presentation will include a description of current financial environment for CME, from their perspective, along with solutions that have been implemented or are being proposed. After the presentations are completed, the moderator will pose summary questions to the entire panel. The audience will participate through a lengthy question and answer period.

KEY POINTS: 1) The current CME environment is becoming more complicated with regard to funding. 2) There are a number of published proposals with suggestions about how to modify the current funding structure for CME. 3) Viable alternatives to commercial funding for CME are being implemented and have been successful.

EDUCATIONAL FORMAT: S3, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09, Sierra A/5th

TITLE: Taking PI to the Next Level – Integrating PI Learnings into Traditional CPD Modalities (Part 1)

COMPETENCY AREA 1: Adult/Organizational Learning Principles

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

PRINCIPAL PRESENTER: Cynthia Kear

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

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

CO-PRESENTER: Shelly Rodrigues, CAE

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

- 1) Understand the most salient concepts of PI as it relates to the current CPD environment.
- 2) Marry tenets of PI to broader, more traditional CPD modalities.
- 3) Implement intra-organizational communication to maximize this marriage.

METHODS: Using CAFP's extensive experience in PI, including our 4 year New Directions in Diabetes Care project and two year CEASE (Smoking Cessation) project, the session will summarize the PI process and key learnings, as well as demonstrate how CAFP is integrating the best of these experiences into other traditional CPD modalities.

KEY POINTS: Learn how one state specialty society tackled the quality improvement process and is implementing key learnings from this challenging, innovative educational method into other traditional CDP modalities.

ACKNOWLEDGEMENTS: Support from Physicians' Foundation for Health Systems Excellence, Novo Nordisk, Pfizer, CECity, Wellpoint Foundation, and PacifiCare Foundation.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S4, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09, Pacific A/4th

TITLE: Computational Simulations and nD-visualization – “Engineering” the CME

COMPETENCY AREA 1: Adult/Organizational Learning Principles

COMPETENCY 1.4: Remain current on the CME literature.

PRINCIPAL PRESENTER: Bharat Soni, PhD

University of Alabama at Birmingham, 205/934-1820, bsoni@uab.edu

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

CO-PRESENTER: Dan Burgess

American Academy of CME, Inc., 609/921-6622, dburgess@academycme.org

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

CO-PRESENTER: Sanjay Singh, PhD

CTS Inc., 205/259-2300, SSingh@askcts.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) recognize the importance of computational simulations and higher dimensional visualization in CME adult education and training, and 2) understand why and how appropriately “engineered” information technology, visualization, and physics/chemistry/biology based high fidelity computational simulations could significantly improve CME delivery and methodologies and resulting learning experience.

METHODS: Use “interactive” lecture and demonstration engaging participants to: 1) understand interdisciplinary engineering areas of high fidelity computational simulations and higher dimensional visualization in relation to medical education and training; 2) describe “engineered systems” involving hardware/software infrastructure and technology applicable to CME, and 3) have group discussion about the use of such technologies to improve and sustain learning with focus on CME.

KEY POINTS: With the advent and rapid development of high performance computing and communication (HPCC) and robust and efficient numerical and graphics algorithms, high fidelity computational simulation and visualization and virtual environment have rapidly emerged as essential tools for scientific, engineering, and biomedical education and research. For example, computational fluid dynamics and computational structural mechanics simulations, traditionally applied to aerospace and automotive problems are now being applied to biomedical, dentistry, and general health science research and education. Simulation based higher dimensional visualization technology has shown significant improvement in learning and retaining information. The CME community must take advantage of these emerging technologies in improving education delivery and procedures.

RECOMMENDED READING: Academic Medicine 2004; 79(1): 23-27. JAMA 1999; 282(9):861-866. SSM 2003; 9(3):63-64, 67 Academic Medicine 2001; 76(5):469-472.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S5, Breakout

**TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09,
Nob Hill A-D/Lower B2**

TITLE: A Practice-based, Team-oriented QI Approach to Traditional and Practice-based CME

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Cara Reynolds, MHS

American College of Physicians, 215/351-2848, creynolds@acponline.org

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

CO-PRESENTER: Lia Bennett

American College of Physicians, 215/351-2602, lbennett@acponline.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) understand the fundamentals and goals of the Closing the Gap CME program; 2) describe the Chronic Care Model and Plan-Do-Study-Act Model as part of practice-based CME; 3) consider how practice-based CME can create systems change; 4) reflect on actual data results of Closing the Gap CME programs, and 5) discuss the effect of team-oriented, practice-based quality improvement programs on CME.

METHODS: Use informative lecture to: 1) identify goals of CME program; 2) illustrate effective quality improvement models; 3) report innovative ways of providing practice-based CME; 4) summarize results of performance-based measures from CME program, and 5) exemplify CME benefits of participation in QI programs.

KEY POINTS: The American College of Physicians developed a quality improvement program with a CME component that would address the gap between evidence and practice. The practice-based CME component is built on the concept of the Social Learning Theory, in that reinforced interactive experiences are more powerful means of changing behavior and transferring evidence to practice than traditional CME. Our study results show that our Closing the Gap CME program is an effective model for changing physician behavior to better meet the needs of patients.

RECOMMENDED READING: JAMA. 2002;288:1775-1779.

ACKNOWLEDGEMENTS: Grant with the Agency for Healthcare Research and Quality, and unrestricted educational grants from Novo Nordisk, Pfizer, and Bristol-Myers Squibb.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S6, Breakout

**TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09,
Yerba Buena 1-3/Lower B2**

TITLE: Innovative and Effective CME Using Web 2.0 Technologies

COMPETENCY AREA 2: Educational Interventions

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: David Toub, MD

SciFluent Communications, 267/795-7519, dtoub@scifluent.com

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

CO-PRESENTER: Zalman Agus, MD

University of Pennsylvania School of Medicine, 215/898-6125, agus@mail.med.upenn.edu

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

CO-PRESENTER: Mila Kostic, BA

University of Pennsylvania School of Medicine, 215/898-8872, mkostic@mail.med.upenn.edu

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) describe Web 2.0 technologies and their potential application to CME; 2) discuss the application of a collaborative learning approach within a CME environment; 3) review benefits of the semi-structured nature of collaborative CME; 4) demonstrate familiarity with the AMA Performance Improvement structure and its application to collaborative learning, and 5) apply Web 2.0 technologies and collaborative learning within future CME programs.

METHODS: Use didactic lecture to: 1) define Web 2.0 technologies; 2) present a framework for collaborative CME, and 3) demonstrate user-generated content delivered asynchronously with Web 2.0 technology. Use discussion to explore the use of collaborative CME to facilitate multidirectional, longitudinal education that can be effective in changing clinical behaviors.

KEY POINTS: Medical education can be a collaborative process in which participants learn from both experts and one another. This approach lends itself to an innovative technology-driven format in which participants create their own CME learning experiences through physician-to-physician interactions and shared teaching/learning. The use of Web 2.0 technologies such as wikis can support practice-based learning and improvement that meets the educational needs of individual physicians and aligns with requirements for maintenance of certification. This model may also be combined with the AMA Performance Improvement structure to provide objective performance data before and after the educational program.

RECOMMENDED READING: BMJ 2006;333:1283-4. J Med Internet Res. 2003;5(3):e20.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S7, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09, Pacific B/4th

TITLE: How to Manage the Complexities of Cultural Competence Training

COMPETENCY AREA 2: Educational Interventions

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: Elizabeth Krajic Kachur, PhD

Medical Education Development, 212/982-8436, mededdev@earthlink.net

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

CO-PRESENTER: Robert Like, MD

UMDNJ-Robert Wood Johnson Medical School, 732/235-7662, like@umdnj.edu

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

CO-PRESENTER: Lisa Altshuler, PhD

Maimonides Medical Center, 718/283-6160, laltshuler@maimonidesmed.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) compare and contrast some educational models for cultural competence education; 2) describe three sample training programs; 3) discuss challenges to teaching this topic in CME, and 4) identify strategies that can facilitate training in this area.

METHODS: Use mini-lectures to 1) juxtapose instructional approaches, and 2) elaborate on three sample programs (NYU: brief interactive sessions to enhance cultural competence in preparedness training; UMDNJ-RWJ: half- or full-day CME programs on culturally competent patient-centered care; Maimonides Medical Center/MSSM: 5-part course on teaching about cultural competence). Use small and large group discussions to 1) address the importance of cultural competence for patient care and professionalism, and 2) identify barriers to and facilitators of cultural competence training in CME.

KEY POINTS: Health care providers need to have a high level of cultural competence in order to deliver optimal patient care and adhere to professional standards (e.g., sensitivity to diverse populations). Training in an area where acknowledging ignorance is socially highly undesirable can encounter many attitudinal and educational barriers (e.g., inaccurate needs assessments). Cultural competence programs work best if they balance knowledge, skills and attitudinal objectives, adhere to adult learning principles and provide resources that can facilitate transfer to daily clinical practice.

RECOMMENDED READING:

- 1) Kachur EK, Altshuler L. Cultural competence is everyone's responsibility! *Med Teach* 26(2):101-5, 2004.
- 2) Kairys JA, Like RC. Caring for diverse populations: Do academic Family Medicine practices have CLAS? *Fam Med* 28(3):196-205, 2006.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S8, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09, Sierra H/5th

TITLE: Using a PI Activity as an Adjunct to a Live Continuing Medical Education Series

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Marie Boustani, BA

Academy for Healthcare Education, Inc., 212/404-7720, marie.boustani@ahecme.com

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

CO-PRESENTER: Juliette Muszka, PharmD

sanofi-aventis, 908/981-5189, juliette.muszka@sanofi-aventis.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After this breakout participants should be able to: 1) articulate and support a rationale for a multifaceted approach to improving clinician performance and its value to physicians, providers, and commercial supporters; 2) describe the key elements of a performance improvement (PI) activity as described by the AMA, and 3) identify important issues to consider in using a PI activity as an adjunct to a live activity including facilitating factors and potential pitfalls.

METHODS: Using a combination of lecture and discussion the presenters will share their experience related to using a PI activity to encourage participants to actively examine and improve their clinical practice as related to the content of a live CME activity.

KEY POINTS: Performance improvement is the goal of all CME and while CME providers have largely relied on traditional formats, research has demonstrated that using multiple formats and interactivity increases effectiveness. The AMA's format for PI activities allows physicians to earn AMA Category 1 Credits™ for engaging in a structured process that involves examining their current practices against established performance standards, engaging in activities aimed at remediation, and finally reassessing their practices for improvements through performance self-assessment. While the PI format as a "stand alone" approach, this breakout will discuss how it may be used as an adjunct to more traditional formats.

RECOMMENDED READING: American Medical Association. The Physician's Recognition Award and Credit System: Information for Accredited Providers and Physicians, 2006 Revision.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S9, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09, Sierra B/5th

TITLE: Wake Me Up When It's Over: Bringing Out the "Live" in Large Live Meetings

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Wendy Turell, DrPH

Pri-Med, 617/620-3738, wturell@pri-med.com

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

CO-PRESENTER: Nikhil Patel, PharmD

Bimark Center for Medical Education (BCME), 201/457-8900, npatel@bcmeonline.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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

- 1) Understand the basic factors that enable peer-to-peer interaction in a large, live meeting setting.
- 2) Evaluate different techniques that can draw learner attention and involvement.
- 3) Incorporate tactics to enhance faculty/learner interactivity.

METHODS: During this breakout session, presenters will discuss case-studies in which large groups of learners were actively engaged as participants-in-learning during live educational activities. Breakout session learners will participate in activities designed to demonstrate the effectiveness of small group discussion, self-reflection, and gaming simulation.

KEY POINTS: Although digital and online media currently play a large role in the CME world, live meetings remain a key venue for formal learning, networking, and idea exchange. CME providers struggle with ways to engage participants in the learning process and incorporate adult learning principles (ALPs) into live, traditionally lecture-style curricula. Applying creative techniques and approaches has allowed for successful application of ALPs, and enhanced educational outcomes. A need exists to share experiences - including success stories and pitfalls - in an attempt to increase learner involvement, encourage interaction between peers, and improve educational retention among learners.

ACKNOWLEDGEMENTS: Audience response technology provided by VisionTree Software.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S10, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09, Sierra I/5th

TITLE: Moving Towards a Performance Improvement Model: Lessons Learned

COMPETENCY AREA 3: Performance Measurement

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

PRINCIPAL PRESENTER: Karen Canova, MA

Heart Rhythm Society, 202/464-3453, kcanova@hrsonline.org

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

CO-PRESENTER: Anne Marie Smith, MBA

Lifelong Learning Services, 301/989-9216, ams4life@gmail.com

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

CO-PRESENTER: Tennille Brown, MHA

Heart Rhythm Society, 202/464-3457, tbrown@hrsonline.org

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

CO-PRESENTER: Janice Sibley, MEd

Corporate Resources, 301/527-0770, sibley4crs@aol.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: After attending this session, participants will:

- 1) Understand challenges faced when transforming a CME program from a series of discrete activities to a longitudinal, performance-based model.
- 2) Be able to identify infrastructure requirements for performance measurement.
- 3) Identify opportunities to collaborate with other organizations, including industry, to improve adherence to clinical guidelines.

METHODS: Use didactic lecture, case study and Q/A to: 1) describe the transition from traditional to outcomes-based CME; 2) discuss the impact of the transition on the organization and the CME unit; 3) identify the need for an updated infrastructure to support data collection; 4) describe the results, and 5) invite questions/discussion.

KEY POINTS: In 2007, the Heart Rhythm Society made a decision to change its traditional CME program from a series of discrete activities to a comprehensive program designed to improve outcomes for specific disease states. As part of this initiative, a performance improvement plan was designed to encourage physicians to practice to the standards set by clinical guidelines and performance measures for atrial fibrillation. This session will cover the challenges faced and lessons learned while implementing the new performance improvement model.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S11, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09, Club/Atrium

TITLE: Discovering the Tools Around You for Successful Performance Measurement

COMPETENCY AREA 3: Performance Measurement

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

PRINCIPAL PRESENTER: Molly James, BS

The University of Iowa, 319/384-2931, molly-james@uiowa.edu

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

CO-PRESENTER: Joel Gordon, MD

The University of Iowa, 319/356-3972, joel-gordon@uiowa.edu

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

TARGET AUDIENCE: Intermediate

MEMBER SECTIONS: Medical schools

OBJECTIVES: At the completion of this session, participants should be able to: 1) outline the requirements of the ACCME for performance measurement; 2) identify strengths and resources within specific CME environments to support outcomes measurement; 3) identify obstacles within specific CME environments that impede measuring outcomes, and 4) plan and implement successful outcomes measurement with evidence from a current model.

METHODS: Use didactic lecture to: define ACCME requirements of performance measurement; describe current methods of performance measurement in CME to generate audience participation; review the planning process of a model used in an Academic Medical Center for discussion, and discuss specific challenges and successes experienced in the model presented.

KEY POINTS: The requirements of CME providers to measure performance outcomes has become increasingly more important and challenging as we work in multiple settings with limited human and financial resources. Identifying the strengths and weaknesses in each setting is crucial to creating models that will make measuring outcomes realistic, manageable and achievable. Understanding what the ACCME requires and how this can be translated in each CME environment will strengthen the quality of the educational intervention in terms of physician learning, behavior change and patient outcomes.

RECOMMENDED READING: Scolapio, James, et al. Advances and Controversies in Clinical Nutrition: The Education Outcome of a Live Continuing Medical Education Course. Nutrition in Clinical Practice 23:90-95, Feb, 2008.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S12, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09, Pacific H/4th

TITLE: Education Outcome Strategies for Your Activity, Right Now

COMPETENCY AREA 3: Performance Measurement

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: Jason Olivieri, MPH

Nemours Children's Clinic, 904/858-3877, jolivier@nemours.org

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

CO-PRESENTER: Pamela Arn, MD

Nemours Children's Clinic, 904/390-3586, parn@nemours.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) identify the strengths and limitations of four unique approaches to education outcome evaluation (i.e. knowledge tests, commitment-to-change instruments, perceived self-efficacy assessment, and case-based surveys); 2) select an evaluation approach appropriate to the practicalities of a given CME activity, and 3) understand the protocol for conducting each of these evaluations.

METHODS: This session will consist of two parts: 1) a twenty-minute didactic lecture to describe the aforementioned approaches to education outcome evaluation, and 2) a forty-minute discussion of the step-by-step procedures for evaluation using actual CME activities volunteered by participants.

KEY POINTS: CME providers must evaluate the effectiveness of all of their educational activities. However, examples of educational outcome assessments are typically only reported for activities of considerable size or scope. Although this may create the impression that smaller CME activity evaluations are restricted to post-activity satisfaction surveys, practical strategies to obtain higher-level education outcomes exist. Application of these strategies will provide the data necessary to assess competence and practice changes resulting from any CME activity.

RECOMMENDED READING: Market RJ, O'Neil SC, Bhatia SC. Using a quasi-experimental research design to assess knowledge in Continuing Medical Education programs. J Contin Educ Health Prof 2003; 23:157-61.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S13, Breakout

**TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09,
Yerba Buena 4-6/Lower B2**

TITLE: Reconstituting CME with MOC: Tales from the Trenches

COMPETENCY AREA 3: Performance Measurement

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

PRINCIPAL PRESENTER: Soroush Batmangelich, EdD

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

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

CO-PRESENTER: Susan Adamowski, EdD

Alexian Brothers Hospital Network, 847/981-5581, adamowskis@alexian.net

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

CO-PRESENTER: Randy Estes, MExtEd

University of Illinois College of Medicine, 312/996-9454, estesr@uic.edu

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

CO-PRESENTER: Robin Facer, BS

American Academy of Pediatrics, 847/434-7382, rfacer@aap.org

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

CO-PRESENTER: Mellie Villahermossa Pouwels, MA

Radiological Society of North America, 630/590-7740, mpouwels@rsna.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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

- 1) Review MOC, CME, ABMS, ACGME competencies, components, and expectations.
- 2) Illustrate CME/MOC practices, opportunities, and challenges from a medical specialty society model approach.
- 3) Describe CME/MOC practices, opportunities, and challenges from a hospital model perspective.
- 4) Discuss CME/MOC practices, opportunities, and challenges from a medical school model approach.
- 5) Assess lessons learned for application to their particular work environment.

METHODS: A panel of members representing medical specialty society, hospital, and medical school, will reflect on their experiences, thoughts, successes and challenges in approaching practices in the immersion of MOC with CME expectations. This will be a moderated interactive session among panelists and audience participants with ample QA opportunities.

KEY POINTS: This moderated interactive panel presentation and discussion will: 1) review competencies, components, and expectations for MOC and CME programs; 2) provide different models of how organizations have reinvented professional education immersing MOC with CME; 3) will stimulate thoughts, reflections, shared experiences, improvement methods, and challenges among and between panelists and audience participants conducted by the moderator; 4) encourage the application of lessons learned to participants' unique work environment, and 5) prepare constituents for the emerging vision of professional education in the context of the theme of Elevating the Profession and Practice of CME: Professional Challenges in the 21st Century.

RECOMMENDED READING: Batmangelich, S. and Adamowski, S. Maintenance of Certification in the United States: A progress report. The Journal of Continuing Education in the Health Professions 2004, 24(3):134-138.

EDUCATIONAL FORMAT: S14, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09, Pacific C/4th

TITLE: Understanding Patient Care Gaps: View from Patients, Providers, and Administrators

COMPETENCY AREA 4: Systems Thinking

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

PRINCIPAL PRESENTER: Sean Hayes, PsyD

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

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

CO-PRESENTER: Dilip Patel, BSc

Merck Frosst Canada Limited, 514/428-2679, dilip_montreal_patel@merck.com

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

CO-PRESENTER: Martin Dupuis, MA

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

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

CO-PRESENTER: Suzanne Murray

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: The objectives of this breakout are: 1) to identify and better understand key issues and challenges that impact patient care from multiples perspective (patient, physicians, allied healthcare providers, and hospitals and governments administrators); 2) to better understand patients' experiences within the healthcare system in multiple diseases, and 3) to identify causes of the gaps and barriers to optimal care in the current healthcare context.

METHODS: The faculty will provide an overview of the rationale, methods, and key findings of this innovative behavioral and system's research. An interactive panel discussion will encourage participants to critique or validate the rational, methods, and findings. Mini breakouts will explore how these findings can be translated in each participant's CME context.

KEY POINTS: At the end of this workshop, participants will: 1) better understand the practice of healthcare in Canada, the needs of it's individual, group and systems as they strive to operate as part of one system delivering care to a patient population; 2) better understand the innovation, importance, and implication of this research project, and 3) enhance participants' levels of understanding and confidence in how to translate these findings in their respective CME context.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S15, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09, Pacific E/4th

TITLE: The Patient-Centered Medical Home: The Importance of Continuing Professional Development in Creating the PCMH

COMPETENCY AREA 4: Systems Thinking

PRINCIPAL PRESENTER: Michael Fleming, MD

Antidote Education Company, 888/692-2631, michael.fleming@antidotecme.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: Presents the establishment of the patient-centered medical home as the preferred model of care that can provide the best possible care to all. Education and continuing professional development of all providers, particularly primary care providers will be instrumental in this process of developing the model. These providers will need continuous updates on evidence-based care translated into clinical settings in order to achieve the improvements in patient outcomes that will be the hallmark of PCMH.

METHODS: Didactic presentation about the critical importance of CME for primary care physicians who will become patient-centered medical homes.

KEY POINTS:

- 1) A host of studies have proven that having a primary care physician as a usual source of care improves patient outcomes. The PCMH is the model that has been shown to provide this. However, primary care providers must have knowledge of evidence-based, quality monitors in order to become a medical home.
- 2) The foundation of the PCMH is the team approach.
- 3) The power of the PCMH is evidence-based care founded on continuing professional education about how to apply that care.

RECOMMENDED READING:

- 1) The Medical Home Disruptive Innovation for a New Primary Care Model.
http://www.deloitte.com/dtt/section_node/0,1042,sid%253D80772,00.html.
- 2) The Patient Centered Medical Home History, Seven Core Features, Evidence and Transformational Change.
<http://www.graham-center.org/PreBuilt/PCMH.pdf>.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S16, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09, Pacific 1/4th

TITLE: State Collaborations: Crossing the Bridge to Quality Together

COMPETENCY AREA 5: Partnering

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

PRINCIPAL PRESENTER: Debra Curran, MA

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

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

CO-PRESENTER: Ginny Jacobs, MEd

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

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

CO-PRESENTER: Kelly Morse Nowicki, MA

Mayo School of Continuing Medical Education, 507/538-6893, Nowicki.kelly@mayo.edu

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants will: 1) identify how to form a collaboration of CME providers and related healthcare quality organizations in their own state; 2) reflect on how state collaboratives can utilize the expertise and data of its member organizations to advance CME as a strategic asset to improve patient care, and 3) describe how a collaborative can accelerate the advancement of a state wide performance improvement CME (PI CME) initiative.

METHODS: This presentation with case study will address a Minnesota CME Leadership Collaborative PI CME pilot on the management of depression. Goals of the pilot include establishing standards and sharing best practices for developing a model to facilitate the universal interpretation and roll-out of future PI CME initiatives.

KEY POINTS: CME providers are challenged to lead the way in providing evidence based, cost effective, non-biased education that measurably contributes to physician behavior change and ultimately, to improved patient care. Given the updated ACCME criteria and challenges associated with measuring impact and linking to healthcare quality efforts, a collaborative approach may benefit all parties. Collaborations of state CME providers and related healthcare quality organizations can identify and address common issues and opportunities to collectively leverage individual organization's expertise, experience, best practices, and outcomes data to access the measurable impact of CME.

RECOMMENDED READING: Wenger E, McDermott R, Snyder W. Cultivating Communities of Practice. Boston, MA: Harvard Business School Press, 2002.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S17, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09, Pacific J/4th

TITLE: CME Leadership Best Practices

COMPETENCY AREA 6: Leadership

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

PRINCIPAL PRESENTER: Mindi McKenna, PhD

American Academy of Family Physicians, 913/906-6000, ext. 6510, mmckenna@aafp.org

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

CO-PRESENTER: Susan Tyler, MEd

University of Cincinnati College of Medicine, 513/558-3132, tylersn@uc.edu

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: Following this session, participants should be able to: 1) describe the knowledge, skills, attitudes, and behaviors typically associated with effective leadership in the context of CME/CPD; 2) identify opportunities to improve their leadership effectiveness, and 3) formulate an action plan for enhancing their leadership impact on CME professionals and programs.

METHODS: CME leadership best practices (drawn from theory, research, and current examples) will be presented and discussed. Guided reflection will facilitate participants' self-assessment. Structured small group discussion and a customizable tool (handout) will help participants formulate and refine actionable plans for enhancing their leadership impact.

KEY POINTS: Successful CME design/delivery requires successful leadership. And leadership involves many diverse competencies, including decision making, direction setting, communication, influence, negotiation, project management, and change management. Current best practices in CME leadership can be identified and emulated. Self-assessment, goal-setting, and action planning are essential for continuous improvement in the leadership of CME professionals and programs.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S18, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09, Sierra C/5th

TITLE: Yesterday, Today, and Tomorrow: Learning From the Past As We Create the Future CME Professional

COMPETENCY AREA 6: Leadership

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

PRINCIPAL PRESENTER: Karen Thomas, BSBA

Institute for Continuing Healthcare Education, 215/446-8088, ext. 1104, kthomas@iche.edu

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

CO-PRESENTER: Alice Henderson, MEd

Flying Physicians Association, Inc., 936/588-6505, ahenderson@fpadrs.org

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

CO-PRESENTER: Sterling North, BA

University of Maryland School of Medicine, 410/706-8634, snorth@som.umaryland.edu

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

CO-PRESENTER: Judy Ribble, PhD

National Commission for Certification of CME Professionals, 505/281-1143, jribble@NC-CME.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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

- 1) Analyze how the profession has changed through time and gain insight into future perspectives;
- 2) Relate historical events and aptitudes to the evolution of new skill requirements that can establish and/or enhance current best practices as it relates to the competency areas for CME professionals;
- 3) Assess challenges and opportunities of the CME professional through interactive case based study discussion, and
- 4) Self evaluate current needs as CME professionals and identify educational gap opportunities for independent learning.

METHODS: This session will present a panel-based discussion format and incorporate didactic lecture, Q & A, and case study review to foster discussion between attendees and panelists. The panel will share historic insight in how the field of CME has changed; how the profession may need to evolve; and share pearls of wisdom as well as tried and proven keys for success.

KEY POINTS: The field of CME has vastly changed in the past 5 years. New requirements present challenges to old ways of thinking and require thinking that is truly "out of the box". Before we attempt to move forward it is important to have an appreciation of the history and a clear understanding of how we got to where we are now.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S19, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09, Sierra E/5th

TITLE: When CME Needs IRB Approval

COMPETENCY AREA 7: Administrative/Management

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

PRINCIPAL PRESENTER: Rick Kennison, DPM

PeerPoint Medical Education Institute, LLC, 847/563-9529, rick.kennison@peerpt.com

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

CO-PRESENTER: Gary Bird, PhD

PeerPoint Medical Education Institute, LLC, 847/563-9517, gary.bird@peerpt.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) determine if QI initiatives need to go through Investigation Review Boards; 2) differentiate between QI and clinical research as it relates to CME; 3) have an understanding of generalized IRB review processes, and 4) have an understanding of how ethics can impact CME programming.

METHODS: Incorporation of an interactive didactic presentation to: 1) explain the reasons why CME programming might fall under the premise of clinical research; 2) teach participants how to determine if their programming will need IRB approval, and if so, 3) how to start the generalized IRB process.

KEY POINTS: As the CME industry strives for more education centered at the point-of-care, new variables enter the landscape. Patient-centered outcomes, whether providers collect patient-specific data, opens up their programming to potential ethical concerns that have historically been reserved for human clinical research. CME providers must keep these considerations in mind as they create programming. Uninformed actions within QI CME can relate to program not being executed or complete failure of quality ideas. This presentation is intended to help CME providers navigate the landscape from the earliest stages in order to not fall subject to its numerous pitfalls.

RECOMMENDED READING: Lynn et al. The Ethics of Using Quality Improvement Methods in Health Care. *Annals of Internal Medicine*. 2007; 146:666-673.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S20, Breakout

**TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09,
Yerba Buena 10-12/Lower B2**

TITLE: Planning for Perfection: Connecting Great Learning with Great Venues (Invited Abstract)

COMPETENCY AREA 7: Administrative/Management

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

PRINCIPAL PRESENTER: Barbara McLeod, CMP

Matrix Meetings, Inc., 507/288-5620, barbara@matrixmeetings.com

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

CO-PRESENTER: Janet Severson, CMP

Matrix Meetings, Inc., 507/288-5620, jan@matrixmeetings.com

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

CO-PRESENTER: Tracy Parks, CMP

Matrix Meetings, Inc., 507/288-5620, tracy@matrixmeetings.com

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

CO-PRESENTER: Douglas Peterson, AA

Prestige Resorts and Destinations, Ltd., 952/653-1564, dpeterson@prestigeresorts.com

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

TARGET AUDIENCE: Beginner

MEMBER SECTIONS: All

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

- 1) Define criteria for suitable venues for CME programs.
- 2) Distinguish appropriate function space for CME programs.
- 3) Recognize and understand key contract issues.
- 4) Discuss and appropriate concessions in hotel contracts.

METHODS: Lecture and discussion. Presenters will utilize lecture to: 1) describe criteria used when identifying CME meeting venues; 2) define function space requirements; 3) summarize key clauses in hotel contracts, and 4) analyze logistical factors to be considered when negotiating contracts. A handout will be available.

KEY POINTS: CME programs and physician audiences are unique. There are important logistical details, such as determining the venue and identifying suitable function space, which directly impact the quality of the learning environment. When venues suitable for a CME program have been identified, the ensuing contract negotiations can address necessary logistical issues to ensure the meeting environment is conducive to physician learning.

RECOMMENDED READING:

- 1) Selected Readings: Meeting and Facility Contracts, John S. Foster, Attorney at Law, 2001. 218 pages.
- 2) Successful Meetings: How to Plan, Prepare, and Execute Top-notch Business Meetings, Shri L. Henkel, 2007. 285 pages.

EDUCATIONAL FORMAT: S21, Breakout

**TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09,
Yerba Buena 13-15/Lower B2**

TITLE: Navigating the Language of Letters of Agreement (LOA's)

COMPETENCY AREA 7: Administrative/Management

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

PRINCIPAL PRESENTER: Melinda Steele, MEd

Texas Tech University Health Sciences Center, 806/743-2226, melinda.steele@ttuhsc.edu

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

CO-PRESENTER: Mark Schaffer, EdM

Professional Postgraduate Services, 201/271-6205, mark.schaffer@ppscme.com

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

CO-PRESENTER: Kristin Rand, JD

Genentech, Tel: 650/225-8333, rand.kristin@gene.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) describe the function and purpose of Letters of Agreement for Commercial Support of CME; 2) identify language or clauses that can be problematic for accredited providers; 3) consider language that is acceptable to both accredited providers and commercial supporters, and 4) describe methods to negotiate acceptable language to meet the requirements of accredited providers and industry.

METHODS: Use didactic presentation to clarify the intent of the LOA; use "case presentation" to illustrate problematic clauses, and use interactive discussion to address possible solutions.

KEY POINTS: LOA's are in place to document the independence of the Provider as required by the Standards for Commercial Support. Oftentimes language that is required by a commercial interest may cause issues for accredited providers, legally and ethically. Providers and supporters need to work together to create LOA's that meet the requirements without putting the other party at risk.

RECOMMENDED READING: Steele, M and Schaffer, M; A Position Paper on Letters of Agreement for Commercial Support Grants in Support of Continuing Medical Education Activities: The Accredited Provider's Position Can be found at: http://www.sacme.org/index.cfm?newsid=100&pagepath=News_Events&id=1018.

ACKNOWLEDGEMENTS: Audience response technology provided by Turning Technologies, LLC.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S22, Breakout

TIME/DAY/LOCATION: 10:00 – 11:00 am, Saturday, 1/31/09, Sierra K/5th

TITLE: Taking the Measure of Self-Assessment

COMPETENCY AREA 8: Self-Assessment and Life-Long Learning

PRINCIPAL PRESENTER: Francis Kwakwa, MA

Radiological Society of North America (RSNA), 630/368-7889, fkwakwa@rsna.org

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

CO-PRESENTER: Mary Grantner, MA

Radiological Society of North America (RSNA), 630/368-3733, mgrantner@rsna.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: Health Care Education Associations, Medical Specialty Societies

OBJECTIVES: 1) Describe a way to actively engage learners while in a traditional, didactic setting. 2) Apply basic educational measurement criteria to learner activity and progress. 3) Discuss possible ramifications and usefulness of these measurements. 4) Discuss varieties of ways in which traditional educational formats can evolve to address the self-assessment and lifelong learning standards of the ABMS, as well as better apply the established standards of adult learning.

METHODS: 1) Define “Self-Assessment Module”, especially as it applies to Radiology as a medical specialty. 2) Use a lecture/discussion format to demonstrate how a traditional lecture can become an interactive learning environment and achieve the goals of self-assessment. 3) Review data from RSNA’s annual in-person Self-Assessment Module courses. 4) Use data to demonstrate how this format facilitates self-assessment and reflection for the learner. 5) Review some of the difficulties in capturing and interpreting ARS-based data, and ways to overcome them.

KEY POINTS: The ABMS now requires that all practitioners holding specialty certification engage in “self-assessment and lifelong learning”. This presents a particular challenge to specialty societies. While it seems self-evidently true that the best learners (and by extension the best practitioners) always engage in self-assessment and learning, can we show that that is true for our members? Can we measure levels of engagement when we are so firmly rooted in journal articles and didactic lectures as learning tools? At RSNA’s Annual Meeting, we have found a measurement instrument and a lecture style that allow us to keep our long-established, comfortable format while presenting the learner with the incentive to be engaged. Our data show that those who register for a lecture that uses an audience response system and take it for SAM credit are more fully engaged in assessing their own skills than those who take the same course and do not register for SAM credit.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S23, Intensive

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09,
Yerba Buena 7-9/Lower B2**

TITLE: Financial Support of CME: A Forum on the Future (Part 2)

COMPETENCY AREA 4: Systems Thinking

PRINCIPAL PRESENTER/MODERATOR: Jack Kues, PhD
University of Cincinnati, 513/558-3196, kuesjr@uc.edu

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

CO-PRESENTER: Dennis Wentz, MD
WentzMiller & Associates, 970/845-9910, dennis@wentzmilller.org

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

CO-PRESENTER: Lewis Miller, MS
WentzMiller & Associates, 203/662-9690, lew@wentzmilller.org

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

CO-PRESENTER: Carol Havens, MD
Kaiser Permanente, 510/625-3317, carol.havens@kp.org

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

CO-PRESENTER: Philip Bellman, MPH
Kaiser Permanente, 510/625-2425, Philip.bellman@kp.org

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

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

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

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: This forum will present the current issues related to funding CME from a variety of perspectives. The panel will describe and discuss current forces impacting CME funding and will present different models for providing effective, patient-care focused CME. The panel will propose several strategies and scenarios for future funding of CME. Attendees, at the conclusion of this session, will be able to: 1) describe the current forces that are impacting the current funding of CME; 2) develop strategies for funding their CME program under different economic and regulatory conditions, and 3) implement a plan to provide unbiased CME programming that improves patient care and is financially viable.

METHODS: Each member of the panel (or team of members) will make a brief presentation that describes an aspect of the current funding environment for CME. The outline of the presentation will include a description of current financial environment for CME, from their perspective, along with solutions that have been implemented or are being proposed. After the presentations are completed, the moderator will pose summary questions to the entire panel. The audience will participate through a lengthy question and answer period.

KEY POINTS: 1) The current CME environment is becoming more complicated with regard to funding. 2) There are a number of published proposals with suggestions about how to modify the current funding structure for CME. 3) Viable alternatives to commercial funding for CME are being implemented and have been successful.

EDUCATIONAL FORMAT: S24, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09, Pacific A/4th

TITLE: Taking PI to the Next Level – Integrating PI Learnings into Traditional CPD Modalities (Part 2)

COMPETENCY AREA 1: Adult/Organizational Learning Principles

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

PRINCIPAL PRESENTER: Cynthia Kear

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

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

CO-PRESENTER: Shelly Rodrigues, CAE

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

- 1) Understand the most salient concepts of PI as it relates to the current CPD environment.
- 2) Marry tenets of PI to broader, more traditional CPD modalities.
- 3) Implement intra-organizational communication to maximize this marriage.

METHODS: Using CAFP's extensive experience in PI, including our 4 year New Directions in Diabetes Care project and two year CEASE (Smoking Cessation) project, the session will summarize the PI process and key learnings, as well as demonstrate how CAFP is integrating the best of these experiences into other traditional CPD modalities.

KEY POINTS: Learn how one state specialty society tackled the quality improvement process and is implementing key learnings from this challenging, innovative educational method into other traditional CDP modalities.

ACKNOWLEDGEMENTS: Support from Physicians' Foundation for Health Systems Excellence, Novo Nordisk, Pfizer, CECity, Wellpoint Foundation, and PacifiCare Foundation.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S25, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09, Pacific H/4th

TITLE: Developing Gap Analysis in the Absence of Practice Guidelines

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Sherri Foster

Scientia Healthcare Education, 919/544-0052, sherrif@scientia-edu.com

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

TARGET AUDIENCE: Intermediate

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) plan and implement a statistically powered physician practice pattern survey to establish baseline of care in therapeutic areas for which there are no evidence-based practice guidelines; 2) prepare survey protocol documentation for approval by institutional internal review boards, and 3) utilize survey data to ascertain clinical and educational needs and to chart progress in meeting those needs over time.

METHODS: Use didactic lecture to: 1) describe research leading to implementation of the survey; 2) present best practices for recruitment and institutional IRB approvals, and 3) review survey results and recommendations for CME and other initiatives stemming from those results. Use discussion to address questions from the audience

KEY POINTS: A statistically powered practice pattern survey can be a powerful tool for establishing a baseline of care and identifying areas of need in highly specialized treatment fields. Successful planning and implementation of a practice pattern survey requires advocacy by leaders in the therapeutic area and close communication with participating institutions to assure timely, accurate collection of data. Survey results can serve as evidence for current standard of care and can point to important areas of need for education and for further development of the evidence base for the optimal treatment of rare disorders.

ACKNOWLEDGEMENTS: Funding provided by Baxter Healthcare Corporation.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S26, Breakout

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09,
Yerba Buena 4-6/Lower B2**

TITLE: Linking Local Learner Segmentation to a Continuous Needs Assessment Process

COMPETENCY AREA 2: Educational Interventions

COMPETENCY 2.8: Provide longitudinal interventions when appropriate.

PRINCIPAL PRESENTER: Roy Smith, BA

Annenberg Center for Health Sciences at Eisenhower, 203/453-9427, rsmith@annenberg.net

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

CO-PRESENTER: Sherlyn Celone-Arnold, BA

Boehringer Ingelheim Pharmaceuticals, Inc., 203/798-4522, sherlyn.celone@boehringer-ingelheim.com

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

CO-PRESENTER: Gordon West, PhD

Annenberg Center for Health Sciences at Eisenhower, 760/773-4294, gwest@annenberg.net

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) design comprehensive needs assessments for longitudinal learning initiatives; 2) discuss the importance of learner segmentation; 3) focus on continuous performance improvement initiatives with measurable outcomes, and 4) partner with diverse organizations to complement skill sets.

METHODS: Use dialogue and didactic lectures to: 1) overview the strategy; 2) present interim findings; 3) describe potential impact on patient outcomes, and 4) summarize recommendations for future applications. Use interactive panel discussion and ARS to respond to attendee questions and comments.

KEY POINTS: 1) In select cases, CME providers can optimize educational initiative outcomes through segmented needs assessments and sequential educational interventions. 2) Local activities tailored and focused through local learners' needs assessments can be highly effective. In the five areas representing the highest concentration of patient treatment for non-small cell lung cancer in the US, we assess pre and post program needs for education connected through the instructional design process and outcomes measurements. From these data, we construct subsequent educational interventions aimed at building on post activity needs and performance gaps in each individual area. This cycle will repeat for long term performance improvement and patient outcomes in each of these five unique local venues.

ACKNOWLEDGEMENTS: Audience response technology provided by Turning Technologies, LLC.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S27, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09, Pacific B/4th

TITLE: The Promise of Factor-based Education: Beyond Current Concepts in Medical Education

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Venkat Gullapalli, MD

Gullapalli and Associates, LLC, 201/984-3332, vgullapalli@gullapalliandassoc.com

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

CO-PRESENTER: Rakesh Jain, MD

University of Texas Medical School, 979/480-9886, drjain_research@hotmail.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) understand the need and utility for Factor-Based-Education (FBE) in CME; 2) compare and contrast FBE to current approaches to education such as disease-state and therapy-based focus; 3) assess FBE benefits in relation to compliance, patient care and outcomes, and 4) review methods of incorporating FBE into instructional design and development.

METHODS: Use of a case-based presentation to: 1) differentiate between current best practices in the instructional design of CME activities; 2) review the implications and potential applications for FBE in enhancing patient care and outcomes, and 3) use discussion to address questions from audience within the CME community.

KEY POINTS: Traditional medical education is focused on content that is centered on disease states and therapies rather than pinpointing various factors that affect a particular therapeutic choice or strategy and educating learners on those factors. FBE requires the identification of and focus on factors that determine a physician's "mental algorithm". These are the factors that determine how a physician treats/behaves the way he/she does. Medical education must address these decision-making factors, rather than disassociated facts about a disease or therapies if we intend to alter the clinical behavior of providers to affect patient care and outcomes.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S28, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09, Sierra A/5th

TITLE: Multidisciplinary CE: Reinforcing a Team Approach in the Clinical Setting to Improve Patient Outcomes

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: Richard Vanderpool

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

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

CO-PRESENTER: Sharon Tordoff

CME Outfitters, 240/243-1338, stordoff@cmeoutfitters.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of the breakout, participants will be able to: 1) define the role and key functions of multidisciplinary teams in disease management and their impact on patient outcomes and health care costs; 2) describe educational methods to utilize during the development of multidisciplinary CME activities in order to reinforce a team approach in the clinical setting, and 3) identify resources, nuances, and CE application processes for various health care professionals that make up a multidisciplinary treatment team.

METHODS: Information will be presented in a didactic format with case examples, "how-to"s, handouts, and identification of multidisciplinary resources. The participants will be encouraged to share thoughts and experiences throughout the presentation.

KEY POINTS: Recent studies demonstrate that evidence-based multidisciplinary team approaches measurably improve patient outcomes across a wide range of disorders, from pediatric short bowel syndrome and diabetes, to dementia and depression. However according to the "Health Professions Education" report released in 2003 by the Institute of Medicine (IOM), health professionals are asked once in practice to work in interdisciplinary teams, yet they are not educated together or trained in team-based skills. According to the report, all health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics. As CME providers, we can reinforce this approach and facilitate improved patient outcomes by offering multidisciplinary activities certified for all members of the treatment team who would benefit from the education being presented.

RECOMMENDED READING:

- 1) Greiner, AC, Knebel, eds. Health Professions Education: A Bridge to Quality. Washington, DC:National Academy Press; 2003.
- 2) Varkey P, Reller M, Smith A, Ponto J, Osborn M. An experiential interdisciplinary quality improvement education initiative. Am J Med Qual 2006;21:317-322.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S29, Breakout

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09,
Yerba Buena 1-3/Lower B2**

TITLE: Enduring Materials...In for the Long Haul

COMPETENCY AREA 2: Educational Interventions

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

PRINCIPAL PRESENTER: James Reichert, MD

Hamot Medical Center, 814/877-2326, jim.reichert@hamot.org

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

CO-PRESENTER: Linda Carpenter

Hamot Medical Center, 814/877-5690, linda.carpenter@hamot.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: Hospitals and health systems

OBJECTIVES: At the conclusion of this activity, the participants should be able to: 1) define the rationale for the development of enduring materials; 2) identify and adapt tools that may be used in the development and documentation of enduring materials, and 3) describe some of the issues/barriers encountered related to completion, distribution and management of enduring materials.

METHODS: Didactic presentation with internet demonstration. Discuss of sample tools used by instructors to compliment their enduring materials. Questions from the audience to promote further discussion.

KEY POINTS: Live activities require a significant investment of time, money and resources is made to producing live CME activities. Many live activities attract only a small portion of the overall target audience. The most significant roadblocks to attendance at live activities are location and timing. If these two deterrents can be removed or attenuated physicians could participate in CME activities when and where it is most convenient for them. Online enduring materials are the logical next step for CME providers to meet the logistical needs of their audience.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S30, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09, Sierra B/5th

TITLE: Improving Care for Incarcerated Individuals with Hepatitis C: Performance Improvement CME for in Correctional Managed Care

COMPETENCY AREA 2: Educational Interventions

COMPETENCY 2.8: Provide longitudinal interventions when appropriate.

PRINCIPAL PRESENTER: Dion Richetti, DC

Discovery Institute of Medical Education (DIME), 312/553-8071, dion.richetti@dimeded.org

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

CO-PRESENTER: Casi Doughty, MA

UTMB Correctional Managed Care, 409/747-2719, ctdought@utmb.edu

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

CO-PRESENTER: Celeste Kolanko, EdD

Discovery Institute of Medical Education (DIME), 312/553-8000, celeste.kolanko@dimeded.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: 1) Describe a method of collaboration that generates synergy for the building of a web-based performance improvement CME activity. 2) Demonstrate how an accredited provider can work with a managed care system to support enhanced clinician performance. 3) Identify key criteria, including quality improvement data, internal cooperation, appropriate technology and adequate resources required to develop and implement a performance improvement CME activity within a health system.

METHODS: Representatives of the joint sponsors of this PI CME activity will share the processes, including opportunities and challenges of developing a new model of CME within a healthcare system. Presentation will include didactic presentation with slides and a question and answer session.

KEY POINTS: When a publicly funded, quality directed healthcare system serving a population with vast healthcare needs looks to find innovative ways to improve care, partnerships are an obvious direction to take.

The University of Texas Medical Branch, Correctional Managed Care system is collaborating with DIME (Discovery Institute of Medical Education), an accredited CME provider, to develop a Performance Improvement model specifically aimed to improve care for its patients living with Hepatitis C. The high seroprevalence within the incarcerated population of this chronic infection that can lead to cirrhosis liver cancer requires high standards of quality medical care for patient success. With resources acquired through an educational grant the organizations have worked together to build a performance improvement CME activity to serve the 100 facilities and 120,000 patients under the care of UTMB-CMC clinicians. This presentation will present collaboration as a model of how PI CME can ultimately serve patients.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S31, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09, Pacific 1/4th

TITLE: Evaluation of a Dementia Awareness Program in the African-American Community

COMPETENCY AREA 3: Performance Measurement

PRINCIPAL PRESENTER: Kayla Cytryn, PhD
AXDEV Group, 888/282-9338, cytrynk@axdevgroup.com

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

CO-PRESENTER: Robert Friedland, MD
Case Western Reserve University, 216/368-1912, robert.friedland@case.edu

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

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

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

TARGET AUDIENCE: Intermediate

MEMBER SECTIONS: All

OBJECTIVES: After attending this program, participants will be able to: 1) identify and understand the components of an educational program evaluation; 2) understand the iterative nature of educational program design, from needs assessment to program design to summative evaluation which then in turn informs the design of subsequent programs, and 3) apply insights based on the findings of the evaluation to the development of educational programs targeting patient education and patient-provider communication.

METHODS: Principles of program evaluation will be presented and illustrated through evaluation of a national six-site, educational program designed to enhance knowledge of African-American community residents regarding their risks of Alzheimer's disease (AD). Small group guided sessions will explore implications of findings for future CHE interventions.

KEY POINTS: Program objectives were jointly developed by representatives of each of the six study sites. Objectives centered on improving knowledge related to AD in order to inform better health-related decisions, particularly focusing on lifestyle, identifying AD, healthcare and community-healthcare system and professional relationships, and community involvement. Evaluation outcome metrics were based on these objectives. Findings identified areas of success and weakness in the outcomes of the programs, comparing across programs types and sites. These strengths and weaknesses in turn inform the development of subsequent educational initiatives targeting healthcare providers and African-American community members.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S32, Breakout

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09,
Yerba Buena 10-12/Lower B2**

TITLE: Presenting Your Outcomes Data: Leading or Misleading?

COMPETENCY AREA 3: Performance Measurement

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

PRINCIPAL PRESENTER: Scott Weber

Med-IQ, LLC, 203/762-0588, sweber@med-iq.com

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

CO-PRESENTER: Hillary Schmidt, PhD

sanofi-aventis US, 908/981-5199, hillary.schmidt@sanofi-aventis.com

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

CO-PRESENTER: William Mencia, MD

Med-IQ, LLC, 443/543-5135, wmencia@med-iw.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) identify common errors in the presentation and interpretation of activity and program outcomes data (Level 1-6); 2) design effective outcomes data presentation formats that can optimize meaningful interpretation, and 3) appropriately interpret outcomes data to guide program improvement.

METHODS: An interactive, case-based session in which participants will critique the design, presentation and interpretation of mock CME activity and outcomes data. The panelists will lead discussion of best practices for presenting and interpreting outcomes data, and participants will identify areas for improvement in their own CME program development.

KEY POINTS: Both CME providers and industry supporters recognize the need for data that demonstrates the efficacy of medical education interventions. CME providers must have outcomes data to validate the direction of their education and to determine barriers and gaps that need to be addressed in future initiatives. Industry supporters require the data to validate that industry-supported CME is fair-balanced, high quality, and effective in improving patient care for both internal and external stakeholders. This session will present both sides of this discussion and its impact on the future of CME.

ACKNOWLEDGEMENTS: Audience response technology provided by VisionTree Software.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S33, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09, Sierra C/5th

TITLE: CME-GME Partnership: Improving Performance in Medical Education

COMPETENCY AREA 3: Performance Measurement

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

PRINCIPAL PRESENTER: Karen Heiser, PhD

Nationwide Children's Hospital, 614/722-4901, karen.heiser@nationwidechildrens.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) identify accreditation, regulatory, and programmatic measures applicable to CME and GME, e.g., ACCME Level 3, Phase 3 of ACGME Outcomes Project, and AMA Initiative to Transform Medical Education; 2) identify existing data sources to track CME and GME performance; 3) analyze metrics governing boards may use for medical education, and 4) build internal capacity to document excellence in medical education.

METHODS: Use didactic lecture and group discussion to: 1) outline existing and evolving metrics to track medical education performance; 2) identify existing institutional and national benchmark data, and 3) explore how CME professionals can utilize their educational expertise to serve as systems change agents.

KEY POINTS: The general public expects, and healthcare system demands, that medical education be accountable for its outcomes. It is no longer sufficient to implement to valid education processes. GME and CME must document their ability to prepare physicians for practice and to continuously improve that practice to ensure that patients receive the best available care. Virtually every regulatory body and professional organization has new or expanded outcomes projects. In order to enact meaningful change and to not become overburdened by these mandates, CME and GME leaders must collaborate in meaningful ways.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S34, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09, Sierra E/5th

TITLE: Improving Outcomes with Performance Improvement (PI) and Health Self-management Education (SME)

COMPETENCY AREA 3: Performance Measurement

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: Andrew McCrea, PhD

Foundation for Better Health Care, 312/930-1927, admccrea@mac.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: The purpose of this study is to determine the individual and combined feasibility, acceptability and effectiveness of PI CME and SME interventions on physician-patient partnerships, patient perceptions, patient satisfaction, and improved health outcomes.

METHODS: A total of 500 physicians and 5,000 patients were enrolled in a nested factorial design involving two independent research variables: PI CME at 2 levels, and SME at 3 levels. Objective clinical, subjective health, CME, and SME outcomes were assessed at baseline and 6 months.

KEY POINTS:

- 1) Due to pending Maintenance of Certification requirements and pay for performance trends, PI programs designed to change clinical practice and document improved patient outcomes are gaining increasing acceptance.
- 2) Because of the chronic disease impact on population health, there is a growing interest in self-management education (SME) programs, which provide patients with the knowledge, skills and confidence necessary to more effectively manage their illness.
- 3) The integrated research study involving physicians and patients provides insights on the individual and combined effectiveness of PI and web-based SME on practice improvements, patient experience of care, and health outcomes.

RECOMMENDED READING: The Future of Self-Management Education for People with Chronic Conditions. Centre for Innovation in Primary Care page. Available at: <http://www.innovate.org.uk/frameset.asp?Link=WhatsNew>. Accessed March 19, 2008.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S35, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09, Pacific E/4th

TITLE: Statistics 101: Eliminating Fear and Elevating Skill

COMPETENCY AREA 3: Performance Measurement

PRINCIPAL PRESENTER: John Ruggiero, PhD

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

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

TARGET AUDIENCE: Beginner

MEMBER SECTIONS: All

OBJECTIVES: Participants will be able to: 1) explain the terminology used with statistics; 2) analyze the information presented, and 3) discern the relevant information from the irrelevant information.

METHODS: This will be an interactive seminar combining lecture with discussion. The education content will include overviews of data, analysis, correlation/regression, distribution, and hypothesis tests for a single sample. No calculation.

KEY POINTS: This is an introductory statistics seminar using simple terms and ideas for CME professionals involved in measuring outcomes. The objective is to understand terminology and the reasons these terms are used. Simple answers to confusing questions are provided to help the participant feel more comfortable with statistical reports.

RECOMMENDED READING: BMJ 1997;315:364-366 (9 August); <http://www.bmj.com/cgi/content/full/315/7104/364>.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S36, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09, Pacific C/4th

TITLE: What CME Professionals Need to Know About Medical Staff Services

COMPETENCY AREA 4: Systems Thinking

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

PRINCIPAL PRESENTER: Debra Gist, MPH

Consultant, 760/331-7775, dgist@debragist.com

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

CO-PRESENTER: Brooke Taylor, MPH

Duke University School of Medicine, 919/401-1205, brooke.taylor@duke.edu

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

TARGET AUDIENCE: All

MEMBER SECTIONS: Hospitals and Health Systems

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

- 1) Delineate the common structure of a medical staff and how it relates to the board and other hospital functions.
- 2) Describe medical staff leadership's roles and responsibilities.
- 3) List and discuss the major functions of a Medical Staff Services office.
- 4) Describe the credentialing and privileging processes of physicians.
- 5) Discuss strategies for optimizing collaboration between the CME office and Medical Staff Services.

METHODS: Didactic combined with case-based discussion.

KEY POINTS: This presentation: 1) provides CME professionals with information on how a medical staff is organized and functions; 2) describes the responsibilities of medical staff leadership; 3) contributes to the professional development and knowledge base of CME professionals, and 4) suggests how a CME office might position itself to optimize linkage with medical staff services.

RECOMMENDED READING: Kadzielski M, Gassiot CA, Searcy VL, Giles, CW: Medical Staff Services Handbook: Fundamentals & Beyond. Jones & Bartlett Publishers; (May 12, 2006).

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S37, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09, Club/Atrium

TITLE: Performance Improvement CME Collaboration Using Lean Methodology

COMPETENCY AREA 4: Systems Thinking

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

PRINCIPAL PRESENTER: Carol Pearcy

University of Kentucky Colleges of Pharmacy and Medicine, 859/257-5320, ext. 80341, cpear0@email.uky.edu

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

CO-PRESENTER: Jeffrey Norton, MSME

University of Kentucky HealthCare Center for Enterprise Quality/Safety, 859/323-4090, jeff.norton@uky.edu

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

CO-PRESENTER: Jane Howell, MA

University of Kentucky HealthCare Center for Enterprise Quality/Safety, 859/257-5328, jthowe01@uky.edu

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

TARGET AUDIENCE: Intermediate

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session, participants should be able to: 1) outline AMA PRA Category 1 credit requirements for performance improvement (PI) CME; 2) summarize the Joint Commission standard for physician PI (CAMH MS 3.10); 3) demonstrate PI collaboration among physicians, CME Office, and Hospital Quality and Safety Office (QS); 4) choose current hospital data collection and assessment processes or develop new processes to fulfill PI CME requirements, and 5) utilize Lean processes in CME/QS PI collaboration.

METHODS: Didactic presentation with PowerPoint slides including a best practice and tools to use followed by an interactive question and answer session.

KEY POINTS: Have you considered offering performance improvement (PI) CME and don't know where to start? We will demonstrate how a CME Office and a Hospital Quality and Safety (QS) Office can collaborate with physicians to improve patient care. The Lean method of performance improvement (based on optimizing time, human resources, assets and productivity resulting in better products and/or services) can be used with Hospital PI CME activities. Processes already in place with the QS Office can be used by physicians to accomplish a PI CME intervention. Both CME and QS staff can advise physicians as they complete the performance improvement CME summary report, which will be used to fulfill improved patient care goals.

RECOMMENDED READING:

- 1) Chalice, Robert W. Improving Healthcare Using Toyota Lean Production Methods: 46 Steps for Improvement. April 2007.
- 2) Chalice, Robert W. Stop Rising Healthcare Costs Using Toyota Lean Production Methods: 38 Steps for Improvement. June 2005.
- 3) Spear, Steven J. Fixing Health Care from the Inside, Today. Harvard Business Review. September 1, 2005.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S38, Breakout

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09,
Yerba Buena 13-15/Lower B2**

TITLE: The Continuum of Risk in Providing Oncology Education

COMPETENCY AREA 5: Partnering

PRINCIPAL PRESENTER: Sarah Krug
Pfizer Inc, 212/733-7570, sarah.krug@pfizer.com

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

CO-PRESENTER: Lisa Johnson, MHS
American Society of Clinical Oncology, 703/519-2903, lisa.johnson@asco.org

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

CO-PRESENTER: Phyllis Harris, MPH
education | outcomes | science, 212/849-7761, pharris@health-ny.com

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

CO-PRESENTER: Kathy Ann Smith, CMP
Fox Chase Cancer Center, 215/728-5358, KA_Smith@fccc.edu

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES:

- 1) Describe the risk continuum of oncology healthcare education and identify factors that may compromise independence.
- 2) Discuss elements of design, development, and support that are critical in ensuring independence, validation of content, and resolving conflicts of interest.
- 3) Provide examples of scenarios that assess the risk spectrum of educational activities.

METHODS:

- 1) Interactive discussion of selected scenarios from the perspectives of an academic medical center, medical specialty society, commercial supporter, and medical education communication company.
- 2) Audience response/participation.

KEY POINTS:

- 1) Address challenges inherent to the current environment, including but not limited to: selection and structure of planning committees; selection of symposia faculty; relevant versus non-relevant disclosure; non-disclosure of known relationships; development, dissemination and support of clinical guidelines and/or journal supplements; development and management of satellite symposia, and balancing the risks and benefits of off-label content.
- 2) Provide an example of a survey tool that assesses the risk spectrum of development and dissemination of guidelines and/or journal supplements.

ACKNOWLEDGEMENTS: Audience response technology provided by VisionTree Software.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S39, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09, Sierra H/5th

TITLE: Leveraging Medical Library Services to Strengthen CME

COMPETENCY AREA 5: Partnering

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

PRINCIPAL PRESENTER: Peter Meyer, MLIS

Kaiser Permanente, 510/625-6145, Peter.Meyer@kp.org

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

CO-PRESENTER: Ysabel Bertolucci, MLIS

Kaiser Permanente, 510/752-6158, Ysabel.Bertolucci@kp.org

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

CO-PRESENTER: Carolyn Fishel, MLIS

Kaiser Permanente, 925/295-4311, Carolyn.Fishel@kp.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants will be better able to: 1) utilize specialized library resources for CME activity planning, instructional design and implementation; 2) conduct effective internet-based needs assessments and identify sources of evidence for clinical content validation, and 3)utilize librarians' expertise to address Cultural and Linguistic Competence (CLC) issues relevant to CME.

METHODS: This interactive presentation will: 1) summarize traditional relationships of libraries and CME professionals; 2) illustrate advanced library services and web-based information tools; 3) demonstrate applications of library resources to CME requirements, and 4) explore participants' information needs and experience.

KEY POINTS: Librarians and medical libraries are often an untapped resource for CME activity planners. Librarians and web-based tools can assist with CME needs assessments, validation of clinical content, and reviews of CLC-related literature.

Medical librarians can also serve as an invaluable resource to help plan learning reinforcement and support life-long learning efforts, such as formal study groups and journal clubs.

RECOMMENDED READING: Gluck JC. The contribution of hospital library services to continuing medical education. J Contin Educ Health Prof. 2004 Spring; 24(2);199-23.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S40, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09, Sierra I/5th

TITLE: Leading Quietly: Developing a Style to Meet Professional Challenges

COMPETENCY AREA 6: Leadership

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

PRINCIPAL PRESENTER: Robert Kristofco, MSW

Pfizer Inc., 212/733-0055, robert.kristofco@pfizer.com

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

CO-PRESENTER: James Leist EdD

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

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the conclusion of this session participants will be better to: 1) describe the qualities of the “quiet” leader; 2) assess the appropriateness of employing this leadership style in the arena of continuing professional development, and 3) reflect on how the tenets of this style interface with the professional challenges each participant may experience.

METHODS: A brief presentation will introduce the topic. A short inventory will be provided to participants that identifies key traits of the quiet leader. Learners will use this inventory in a brief small group exchange to identify circumstances where selected traits would be useful. A large group exchange and closing remarks will end the session.

KEY POINTS: Leading change in CME has many facets:

- 1) The concept of the “quiet” leader is a compelling one that is right for the 21st Century.
- 2) This style of leadership can be characterized as embodying three quiet virtues.
- 3) Presented with a set of useful, practical ideas about leading quietly, all of us can be equipped to accomplish lasting change.

RECOMMENDED READING:

- 1) Leading Quietly: An Unorthodox Guide to Doing the Right Thing. Joseph Badaracco Jr. Harvard Business School Press 2002.
- 2) Good to Great. Jim Collins Harper Collins Publishers 2001.
- 3) Leading with Soul: An Uncommon Journey of Spirit. Lee G. Bolman and Terrence E. Deal Jossey Bass 1995.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S41, Breakout

**TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09,
Nob Hill A-D/Lower B2**

TITLE: Connecting the Dots: Linking CME Planning and Evaluation to the Updated Criteria

COMPETENCY AREA 7: Administrative/Management

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

PRINCIPAL PRESENTER: Joyce Boswell, BS

Kaiser Permanente, 510/625-4419, Joyce.Boswell@kp.org

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

CO-PRESENTER: Annika Allison, BS

Kaiser Permanente, 510/625-2308, Annika.M.Allison@kp.org

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

CO-PRESENTER: Jennifer French, MAE

Kaiser Permanente, 510/625-6163, Jennifer.French@kp.org

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

TARGET AUDIENCE: All

MEMBER SECTIONS: Hospitals and health systems

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

- 1) Apply the updated ACCME Criteria to CME planning, monitoring and evaluation processes.
- 2) Utilize practical tools and techniques that help planners and stakeholders adapt to the updated criteria.
- 3) Collaborate with and engage stakeholders to address key priorities and gaps in clinical practice toward achieving higher level outcomes.

METHODS: This interactive presentation will showcase strategies for encouraging CME planners to identify gaps in practice and focus on improving patient care. It will further explore RSS monitoring and outcome measurement best practices. Participants will work in small groups to resolve case scenarios.

KEY POINTS: The Updated ACCME Criteria may appear daunting at first glance; however, it can provide an optimal framework for planning targeted CME activities, based on identified practice gaps, and for ensuring measurement of changes in competence, performance and patient outcomes. This session will provide a framework for linking elements of the updated criteria with planning, monitoring and evaluation best practices. It will also provide case examples of successful collaborations with clinical departments and stakeholder groups to improve provider practice and quality of care.

RECOMMENDED READING:

- 1) CME as a Bridge to Quality; Updated Accreditation Criteria (ACCME).
- 2) Havens C, Bellman P, Jayachandran K, Waters S. Measuring Higher-Level Outcomes; Alliance for CME Almanac. 2005 Oct; 27(10):1-4.

EDUCATIONAL FORMAT: S42, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09, Pacific J/4th

TITLE: Six Sigma Meets CME: Improving Operations and Administration at Your Organization

COMPETENCY AREA 7: Administrative/Management

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

PRINCIPAL PRESENTER: Stephen Lewis, MA

Global Education Group, 303/395-1782, ext. 71, slewis@globaleducationgroup.com

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

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

- 1) Understand why and how healthcare and other industries utilize Six Sigma to improve performance.
- 2) Articulate and define the key Six Sigma principles that can be applied to make significant performance improvements to a CME organization, department, or program.
- 3) Develop CME "Business Case" improvement scenarios to identify areas of CME program/department process improvement.
- 4) Justify and participate in implementation of baseline, benchmark "Six Sigma" efforts within their organization.

METHODS: Use didactic lecture to 1) define the Six Sigma approach and its history, and 2) provide examples where Six Sigma methods can and are being used to improve CME operations and administration. Use interactive audience Q&A and input to build a Six Sigma "Business Case" example for approaching process and quality improvement at a sample organization.

KEY POINTS:

- 1) Analysis: Which organizations utilize Six Sigma and Why?
- 2) Typical results from deploying the Six Sigma "DMAIC" methodology.
- 3) Application of Six Sigma within the CME enterprise.
- 4) Making the Business Case for Six Sigma deployment in your organization.
- 5) Identifying the Areas for Dramatic Improvement: Sample Case Exercise.
- 6) Results of a Six Sigma effort at a CME organization.

RECOMMENDED READING: George, Michael L. Lean Six Sigma for Service. McGraw-Hill, 2003.

PARTICIPANT NOTE SPACE:

EDUCATIONAL FORMAT: S43, Breakout

TIME/DAY/LOCATION: 11:15 am – 12:15 pm, Saturday, 1/31/09, Sierra K/5th

TITLE: Medical Career Life Cycle

COMPETENCY AREA 8: Self-Assessment and Life-Long Learning

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

PRINCIPAL PRESENTER: Kate Hodgson, DVM

University of Toronto, 416/978-4957, kd.hodgson@utoronto.ca

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

TARGET AUDIENCE: All

MEMBER SECTIONS: All

OBJECTIVES: At the completion of this session, participants should be able to: 1) develop a self-reflective awareness of their own stage in their career life cycle; 2) anticipate transitions, stressors, progressions, challenges, and accomplishments in their career; 3) appreciate how career life cycle staging affects interpersonal professional relationships, and 4) apply appreciation of career life cycles to CME planning

METHODS: Use of interactive discussion to explore theoretical foundations of career life cycles. Reflective exercises to appreciate and anticipate the potential for career life cycle to effect communication between colleagues and professional development. Small groups will discuss case studies to explore how an appreciation of medical career life cycle improves CME.

KEY POINTS: One's career can also be understood to be a professional life cycle. Although physicians understand and apply life cycle theories in care of patients, they do not interpret their own professional stages of a medical career as a life cycle. Most physicians continue in medicine – in some capacity – for their entire adult working lives. There are multiple stages through which a physician transitions in a medical career. Understanding in a self-reflective manner one's own transitions, progressions, stressors, challenges, and accomplishments through a career and stages of adult development, can affect one's practice of medicine, relationships with patients, relationships with colleagues, and continuing medical education needs.

PARTICIPANT NOTE SPACE: