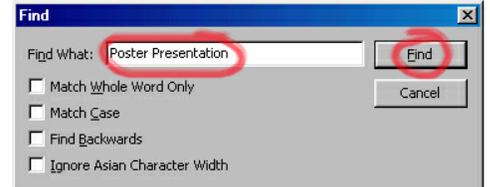
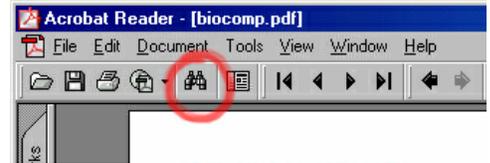


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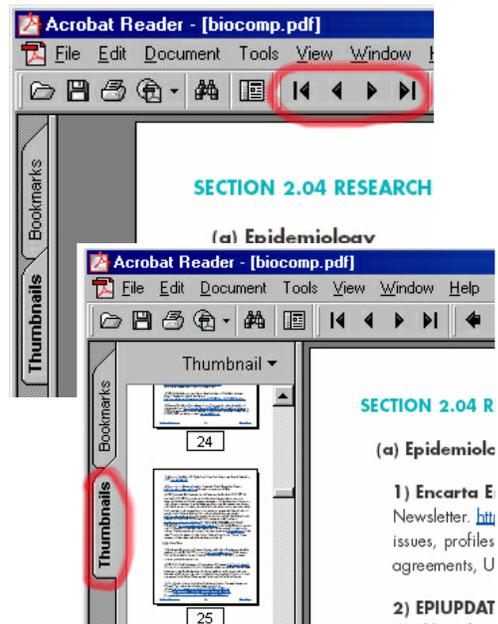
1. Locate the “Find” icon  at the top of the Acrobat Reader Window (as shown to the right).
2. Single left click the icon.
3. When the “Find” box appears, you may enter up to 26 characters and left click the “Find” button (as shown to the right).



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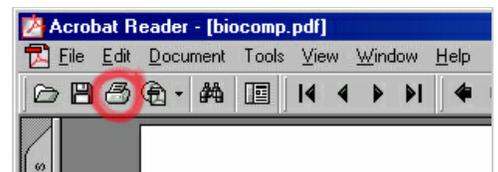
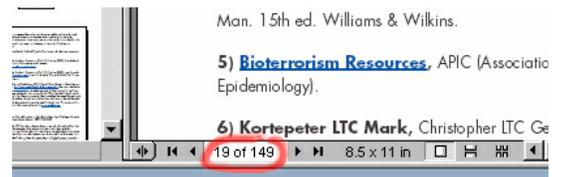
1. Locate the “Navigation” icons at the top of the Acrobat Reader Window (as shown to the right).
2. The  button moves forward one page.
3. The  button moves back one page.
4. The  button moves to the end of the document.
5. The  button moves to the beginning of the document.
6. Note: You may also view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



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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.



Plenary Session and Founders' Lecture
8:30-10:00 am, Thursday
Coronado Ballroom H-J
Book Signing
10:00-10:30 am, Thursday
Coronado Ballroom Foyer

Crossing the Unknown Sea: Work as a Pilgrimage of Identity
(Personal Skills; All; CME 101: Basics Curriculum; Physician's Track; Audio Taped)

David Whyte, MA

Many Rivers Company, Tel: 360/221-1324, E-mail: julie@davidwhyte.com

Relevance: The post-modern workplace is increasingly asking for qualities of creativity, adaptability, vision and passion; qualities which can appear when an individual places their work in the greater perspective of their own destiny. If we are serious about asking for these qualities, we need to make our conversations in the workplace larger and more compelling.

Purpose: Drawing on the insights of poetry and great poets, David Whyte looks at the particular combination of presence and courageous vulnerability necessary to be truly engaged in our work.

Objectives: To understand that the conversation with ourselves and our work needs to be large enough for the human spirit.

Key Points: To apprentice oneself to poetry is to embark on a journey beyond the horizon of our present lives, while remembering and recalling what is essential to our own nature. As we move through the dramas and difficulties of our work lives, we are crossing an unknown sea in order to claim something new, and giving ourselves over to a vast oceanic medium which we are not sure will hold our weight. Arriving in a new country, we may be both shorn of inherited burdens about work and enriched with a sense of anticipation and new possibility.

Expected Outcomes: Whether you are in the midst of great change, or are simply wishing to enhance your creative vitality and live a more passionate and heart-felt life, this session will help you discover how the poetic imagination can bridge the inner dimensions of human aspiration with our outer, everyday work.

Reference: Whyte D. Crossing the unknown sea: work as a pilgrimage of identity. Riverhead Books 2001.

Mini-Plenary Session
10:30 am-12:00 pm, Thursday
Fiesta Ballroom 6

Communities of Practice: A Way of Learning and Working Together

(Personal Skills; All; Physician's Track; Audio Taped)

John Parboosingh, MD

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Thomas Pearson, EdD

American Academy of Dermatology, Tel: 847/240-1696, E-mail: tpearson@aad.org

Terry Hatch, MD

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Relevance: There are compelling forces for health care to be delivered by multidisciplinary teams working in service-delivery “networks” of some sort. Care delivery teams, like learning organizations seeking the competitive edge, will foster “point of practice” learning for health care workers through communities of practice rather than traditional in-training sessions. It is predicted that CME will be repositioned from a developmental tool for the self-motivated individual to a strategic tool to enhance team performance. The vision requires CME professionals to understand the dynamics of communities of practice and to acquire skills in multidisciplinary team learning and knowledge management.

Purpose: The session will provide an overview of the principles of communities of practice and their role in workplace learning. Participants will be prompted to create ways in which a CME consultant can facilitate point of care learning.

Objectives: At the conclusion of the session, the participants should be able to describe the characteristics of a community of practice (COP); compare and contrast COPs and teams or working groups, and suggest ways in which they, as CME consultants may support COPs in the care delivery units.

Key Points: COPs are groups of people who come together naturally because of a common enterprise. They share skill sets used to solve problems in their practice. They think of practice as a history of learning and learning as the fabric linking experience and competence. CME consultants can assist COPs to develop tools such as dashboards to link outcomes to learning in practice; use software for health care teams to create and manage knowledge, and provide one-on-one consultation for individual health professionals who fear loss of identity and autonomy by working in teams.

Expected Outcomes: It is predicted that CME professionals in the 21st century will increasingly focus their services on team learning at the point of care. A thorough understanding of the principles behind communities of practice will be a prerequisite to acquiring the competencies to meet this challenge.

Reference: Wenger E. Communities of practice: learning, meaning and identity. Cambridge University Press 1999.

Mini-Plenary Session
1:30-3:00 pm, Thursday
Fiesta Ballroom 6

**ACCME Accreditation Update:
A Report on the Implementation of the New System of Accreditation
and the Progress of ACCME's Strategic Plan Implementation**
(Accreditation; All; Physician's Track; Audio Taped)

Murray Kopelow, MD

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Other Support: ACCME Employee

Kate Regnier, MBA

Accreditation Council for Continuing Medical Education, Tel: 312/464-2500, E-mail: kregnier@accme.org

Other Support: ACCME Employee

Relevance: The ACCME's system of accreditation directly impacts all accredited providers of CME.

Purpose: This session will provide an update on the status of the implementation of ACCME's system of accreditation, with emphasis on what has been learned in the past year. In addition, the session is designed to offer a report to providers on the progress of the execution of ACCME's strategic plan.

Objectives: At the end of this session, participants should be able to discuss recent issues and developments with ACCME's system of accreditation and strategic planning.

Key Points: ACCME's system of accreditation allows accredited CME providers more flexibility in how CME activities are planned, implemented and evaluated. What the ACCME has learned about its Essential Areas, Elements and Policies, especially with regards to how providers are meeting these requirements, is valuable to all CME providers. The implementation of ACCME's strategic plan will also impact providers.

Expected Outcomes: ACCME accredited providers are required to meet the expectations outlined in the Essential Areas, Elements and Policies. Knowing the status of the system's implementation and what has been learned from those providers accredited under the Essential Areas and Elements will help all providers in their practice of complying with ACCME requirements. In addition, keeping abreast of ACCME's plans for the future will help providers prepare for potential changes to come.

Reference: A system for accreditation of providers of continuing medical education: the ACCME'S® essential areas and their elements. ACCME's® Accreditation Policy Compendium.



Mini-Plenary Session
3:30 pm-5:00 pm, Thursday
Fiesta Ballroom 6

Hot Topics in CME: CME Funding, Formats and Delivering

(Program Management; All; CME 101: Basics Curriculum; Physician's Track; Audio Taped)

Bruce Bellande, PhD

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Other Support: Alliance for CME Executive Director and ACCME Site Surveyor and Workshop Faculty

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Robert Kristofco, MSW

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Consultant: For Various Organizations Concerning Strategic and Educational Planning

Other Support: Principal, Educational Designs Unlimited

Diane Oetting, BA

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This mini-plenary will use an audience response system, provided by the Pharmacia & Upjohn Company.

Relevance: In March 2001, the ACCME initiated a review of the current Standards of Commercial Support (SCS) with the intent of revising the Standards regarding their timeliness, relevance, practicality and versatility. A task force was appointed by the ACCME to make revision recommendations. Because of the magnitude of commercial support received by CME providers, the importance of the current and revised standards is significant and is a major influence on the policies, practices and procedures of CME providers. In the aftermath of September 11, 2001, CME providers have experienced declines in live meeting attendance. Such outcomes are the result of fear of flying and the downturn in the economy. With meeting attendees seeking ways to reduce/eliminate travel and expenses, alternative CME delivery opportunities are being considered. Another major outcome of declining attendance is the financial impact of binding hotel contracts on room blocks, food and beverage services as well as other outsourced expenses. Faced with such legal commitments and financial risks, "just in time" strategies are needed in dealing and negotiating with hotels and vendors on current contractual commitments as well as contracts for future meetings.

Purpose: The purpose of this educational activity is to 1) inform CME providers of the status of the SCS revision process; 2) articulate alternative formats and delivery options for CME providers; 3) delineate tactics to deal and negotiate with hotels and other vendors in current contractual commitments, and 4) identify strategies in negotiating future contracts with hotels and vendors.

Objectives: By the end of this activity, participants should be able to 1) describe the current status of the SCS revision; 2) determine the implications of the SCS revision governing commercial support of CME programs and activities; 3) develop appropriate strategies to prepare for and respond to changes in CME practices relating to the SCS; 4) design and deliver alternative CME opportunities; 5) engage in negotiations with hotels and other vendors on current contractual commitments, and 6) delineate strategies in negotiating future contracts with hotels and vendors.

Key Points: 1) Identify the current progress and implementation plans of the SCS revision process; 2) discuss implication of the current and revised SCS on the CME enterprise; 3) consider strategies to prepare for and respond to current and revised SCS; 4) determine key elements in designing and delivering alternative CME opportunities; 5) engage in crisis management of current hotel and binding vendor contracts, and 6) negotiate flexible future contracts to reduce financial and other risks associated with live meetings.

Expected Outcomes: By means of an audience response system, faculty will pose questions and engage in interactive dialogue with participants on topics presented along with implications for CME providers.

**Mini-Plenary Session
8:30-10:00 am, Friday
Fiesta Ballroom 6**

Developing the Internet for CME: The Devil Is in the Details

(Educational Activities Delivery; All; Audio Taped)

Richard Miller, PhD

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Dana Davis, MEd

Radiological Society of North America, Tel: 630/368-3754, E-mail: davis@rsna.org

Relevance: Needs assessment surveys often show that medical society members need to obtain their CME more efficiently. As access to the Internet increases, the capability of the World Wide Web to host education programs anytime and anywhere at low cost provides a strong incentive for organizations to commit resources to distributing education programs via the Internet. For organizations committed to working with a commercial Internet development company as a solution to providing web-based education programs, careful planning and evaluation at each step along the path towards web-based educational programs is essential.

Purpose: This presentation will provide the necessary tools for developing a strategic plan based on evaluation and survey results of the target audience. Implementation and evaluation methods will be presented in detail.

Objectives: Participants will be able to develop a strategic plan to list the needs of the target audience; summarize the criteria used to select an Internet development company; list the essential components in a request for proposal (RFP); discuss the implementation process of the plan; critique the creation process of the web; recognize the need to perform an evaluation of the project, and identify reasons for continual improvement of the web site.

Key Points: Success of the Web-site project depends upon a detailed RFP that lists specific goals based on user needs. The RFP should clearly state intermediate goals to assess progress during the implementation phase of web site development. Based on selection criteria, the commercial Internet development company that best demonstrates its ability to accomplish the required tasks of the organization will be given a contract with detailed tasks and budget amounts. Frequent communication with the web designer is essential to maintain compliance with contractual agreements. User and expert evaluations of both educational content and overall web site appearance should be included in the web design to provide guidance when improving the site.

Expected Outcomes: CME providers will have the opportunity to provide distance learning efficiently and effectively by utilizing the Internet. Universal accessibility to CME programs via the World Wide Web increases the potential for learning while distributing education materials.

Reference: Mamary EM, Charles P. On-site to on-line: barriers to the use of computers for continuing education. J Cont Educ Health Prof 2000; 20:171-175.

Mini-Plenary Session
10:30 am-12:00 pm, Friday
Fiesta Ballroom 6

CME Outcomes: Efforts in the Field
(Evaluation; All; Audio Taped)

K. M. Tan, MD

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Relevance: A paramount concern for CME professionals is the increasing emphasis on linking CME educational efforts with measurable outcomes. This mini-plenary session will review the issue and ongoing efforts in 3 different organizations.

Purpose: This session is designed to present ACME's latest work product, the CME Outcomes Workbook, review ongoing efforts in this area in 3 major institutions and have an expert respond and critique these efforts.

Objectives: At the conclusion of this session, participants should be able to become familiar with the key elements of the ACME workbook; understand, describe and apply the key factors affecting on-going outcomes efforts at 3 major institutions, and be prepared to apply any learning at their own institution.

Key Points: Tying CME educational efforts to measurable outcomes sounds difficult but possible. Ongoing efforts may help generate further efforts and allow the diffusion of this initiative into multiple arenas.

Expected Outcomes: Familiarization with the key elements of the ACME workbook and with current initiatives in 3 different organizations, as well as ongoing efforts derived from audience participation, should promote and encourage additional efforts out in the field.

Reference: Assessment of learning objectives in continuing professional development. 1999;19(4).

**Mini-Plenary Session
8:30-10:00 am, Saturday
Fiesta Ballroom 6**

Evaluation: Applying a Model to a Web-Based Course

(Evaluation; All; Audio Taped)

Charmaine Cummings, PhD

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Relevance: Improving the quality of CME now entails that we strive to measure includes measuring the outcome of the continuing medical education CME professionals provide. It is often difficult to collect the appropriate data to measure the behavior/practice changes that demonstrate an improved outcome for the patient. Understanding and applying a four-level evaluation model and appropriate tools of measurement are the first steps in measuring outcomes in CME.

Purpose: This session will explore the use of a four-level evaluation model for a web-based CME course.

Objectives: At the conclusion of this session, participants will be able to describe a four-level evaluation model and how it can be used in its use in CME; identify appropriate techniques used to assess the impact of a web-based course at all four levels of evaluation, and describe how this model can be applied to other teaching methods in CME.

Key Points: A key issue for the CME community is providing quality CME that not only demonstrates learning, but also the transference of learning resulting in improved patient outcomes. The implementation of course presentation methods that are accessible to the physician and instructional strategies that foster behavior change is of growing importance, as well. Therefore, the CME professional must understand and use evaluation models and methods appropriate to the course design and objectives.

Expected Outcomes: Appropriately applying a four-level model of evaluation to a CME course will provide the CME professional with outcome data, thus meeting the goals of evaluation of CME.

Reference: Kirkpatrick D. Evaluating Training Programs, 2nd Edition. Berrett-Koehler Publishers.

Mini-Plenary Session
10:30 am-12:00 pm, Saturday
Fiesta Ballroom 6

Accrediting Continuing Education (CE) Programs for a Multidisciplinary Audience

(Accreditation; All; Audio Taped)

Eric Peterson, BM

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Relevance: A growing number of continuing education activities are being developed for and attended by multidisciplinary audiences of physicians, pharmacists, and nurses. Since each of these three professions has their own unique accreditation standards and criteria, the CE provider is faced with the challenge of incorporating the distinct standards to produce a compliant CE activity.

Purpose: This session is designed to address the similarities and differences among the accreditation standards and criteria for physicians, pharmacists, and nurses. This session will also address program design issues when developing an activity for a multidisciplinary audience.

Objectives: At the conclusion of this session, participants should be able to identify similarities and differences among the ACCME Essential Areas and Policies, the ACPE Criteria for Quality, and the ANCC Commission on Accreditation Criteria, Policies, and Procedures; discuss challenges for CE providers who produce multidisciplinary CE activities, and formulate policies, procedures, and techniques in designing a CE activity for a multidisciplinary audience.

Key Points: There are several similarities and differences among the accreditation systems for physicians, pharmacists, and nurses. Developing a CE program for a multidisciplinary audience requires knowledge of these similarities and differences as well as strategies to create policies and procedures that will incorporate all of them.

Expected Outcomes: Procedures can be implemented to successfully incorporate components of all three accreditation systems to create an effective program that will meet the needs of the entire audience.

Reference: ACCME Essential Areas and Policies, the ACPE Criteria for Quality, and the ANCC Commission on Accreditation Criteria, Policies, and Procedures.

**Mini-Plenary Session
1:30-3:00 pm, Saturday
Fiesta Ballroom 6**

A 2002 Update to the AMA Physician Recognition Award Credit System

(Educational Activities Delivery; All; CME 101: Basics Curriculum; Physician's Track; Audio Taped)

Dennis Wentz, MD

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Greg Paulos, MBA

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Charles Willis, MBA

American Medical Association, Tel: 312/464-4677, E-mail: charles_willis@ama-assn.org

Relevance: Knowledge about the AMA PRA credit system is vital for all ACCME and State medical society accredited providers of continuing medical education. Providers must be knowledgeable about changes to the system and the implications for practicing physicians and CME providers.

Purpose: This session will provide the most recent information about the AMA PRA credit system. It will focus on the many new pilot projects that the AMA has initiated over the course of the last year. The outcomes of these pilot activities will ultimately directly affect accredited providers ability to designate certain activities for AMA PRA category 1 credit. Ample time will be provided for audience interaction, questions and answers, and general discussion on subjects of interest to Alliance attendees.

Objectives: At the conclusion of this mini-plenary session, participants should be more knowledgeable about AMA-PRA and the changes made to it in 2001, and be able to describe these changes to their physicians-learners and others.

Key Points: The AMA PRA system is evolving to meet the changing needs of physician learners.

Expected Outcomes: The future of CME lies in our ability to adapt our systems to the individual needs of physician learners, to develop an appropriate framework from which creative activities can be generated, and to institute appropriate parameters that ensure the integrity of the enterprise and its components.

Reference: The American Medical Association Physician's Recognition Award Information Booklet, Version 3.0.

Mini-Plenary Session
1:30-3:00 pm, Saturday
Fiesta Ballroom 6

A CME Needs Assessment: Preparation for Terrorism

(Educational Activities Delivery; All; CME 101: Basics Curriculum; Physician's Track; Audio Taped)

Dennis Wentz, MD

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The events of September 11, 2001 in New York and Washington will never be forgotten by any of us who witnessed the destruction and mayhem. President Roosevelt called December 7, 1941, a day of infamy. September 11 was even more tragic. The nearest New York hospitals and academic medical centers dealt with the situation admirably. Thousands of physicians contacted the AMA offering to go to New York City if needed. Nevertheless, it seems clear that not enough education/training has been offered to physicians/physicians-in-training on the physician's role in response to such tragedies.

September 11 provided the only needs assessment we will ever need. It provided a "wake-up" call for CME providers and educators at all levels of medical education. The AMA Division of CPPD is creating a centralized site of resources for those who wish to implement CME activities in this area. Topics might include disaster preparedness, the physician role in disaster management, the recognition and management of infectious diseases as a result of bio-terrorist attack, the physician's obligation to the community in the event of a terrorist attack, and others.

Last June (2001), the AMA House of Delegates adopted the Council on Scientific Affairs Report 4 that calls for the AMA to work with the (Congressional) Advisory Panel to Assess Domestic Response Capabilities for Terrorism Involving Weapons of Mass Destruction, the Joint Commission on the Accreditation of Health Care Organizations, and other appropriate parties to promote our policies and recommendations for medical preparedness for terrorism and other disasters. A second directive to take action asked the AMA to work with and through the Federation of Medicine to develop a mechanism for coordinating disaster/terrorism planning and response activities.

Beginning in 1999, the *Journal of the American Medical Association (JAMA)* published a series of articles that outlined recommendations for medical and health professionals following the use of five kinds of biological weapons against a civilian population – smallpox, anthrax, plague, botulism, toxin, and tularemia. The full text of these articles is available free to the public on the *JAMA* web site: www.jama-ama-assn.org.

There are numerous other resources available, some of which are listed below and which we will make available on our web site (www.ama-assn.org/cme). Please send any others you are aware of to the Division of CPPD, and we will add and include these as well. **1.** Centers for Disease Control: www.bt.cdc.gov/documents/presentations/gallery.asp and www.cdc.bt.cdc.gov/documents/MonthlyBTUUpdates/MonthlyUpdates.asp, and other sites at the CDC (the CDC BioTerrorism Preparedness and Response Initiative). **2.** American Medical Association: AMA Policies and Directives (Various materials): June 2001 Update: Medical Preparedness for Terrorism and Other Disasters: www.ama-assn.org/ama/pub/article/2036/4967.html. Summary article: Medical Preparedness for Terrorism and Other Disasters: www.ama-assn.org/amalpub/article/2036-3605.html. June 1999: Organized Medicine's Role in the National Response to Terrorism: www.ama-assn.org/ama/pub/article/2036-2317.html. For single copies, call Nancy Nolan at 312/464-5046, or Barry Dickinson, PhD, Secretary to the Council on Scientific Affairs at 312/464-4549. **3.** American Society of Microbiology. Contact Janet Shoemaker, Director, Public Health, Science Affairs, Washington, DC at 202/942-9294. **4.** American College of Emergency Physicians. Contact Rick Murray at 972/550-9911, ext. 3260 or e-mail at rmurray@acep.org.

This article (CME/CPD Report, Fall 2001, No 6) was included with the permission of the American Medical Association.

**Mini-Plenary Session
3:30-5:00 pm, Saturday
Fiesta Ballroom 6**

The Implications of Physician Core Competencies on CME Program Planning for Specialty Societies
(Needs Assessment; All; Physician's Track; Audio Taped)

Susan Adamowski, EdD

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Sorush Batmangelich, EdD

BATM Medical Education Consultants, Tel: 847/808-8182, E-mail: BATM@aol.com

Relevance: Much programming in CME is guided by what physicians tell us on surveys that they want to learn, but there appear to be no overall, external guiding principles by which CME is organized. The core competencies for the specialties, the basic categories of which have been approved by the ABMS and are coordinated with the ACGME, may provide this overview.

Purpose: This mini-plenary will explain what the core competencies are, how they came into being, and what they are designed for. Examples will be provided for some of the specialties. Based on this core of knowledge that should be held by each physician, this session will then explore the implications of core competencies on CME program design. Recertification in the specialties will also be addressed.

Objectives: At the conclusion of this session, participants should be able to explain what core competencies are and discuss various ways in which a CME program could be organized around them.

Key Points: The core competencies provide an excellent template for the meta-evaluation of current CME programs and can serve as a design for future programs. This CME design based on the core competencies could have important implications for physicians seeking recertification in their specialties.

Expected Outcomes: A multi-year CME program based on the core competencies can be designed to keep physicians up-to-date in their specialties and help them to prepare for their recertification examinations.

Reference: The Internet is the best source for information on the core competencies.

Intensive
10:30 am-5:00 pm, Thursday
Coronado T

Web Developer's Intensive: Development and Dissemination Issues in a Web Ed Environment

(Educational Activities Design; All; Limited to 50 Participants;
Lunch Break 12:00-1:30 pm, and Refreshment Break 3:00-3:30 pm)

Chris Owner, PhD

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Relevance: Use of the Internet to distribute knowledge and instructional materials is growing exponentially and is likely to directly affect how and where physicians learn.

Purpose: Participants will explore practical considerations of designing, developing, and disseminating CME instruction using the Internet.

Objectives: At the conclusion of this intensive, participants should be able to discuss in detail issues related to the Web as an instructional medium, ROI, and the management of the web tea; describe important instructional design strategies for Web CME; describe in depth the strengths and potential technical limitations of designing and developing in a Web environment, and list the advantages and limitation of the Web to disseminate CME materials.

Key Points: 1) CME in a web environment offers unique opportunities and challenges. 2) Instructional designers and content developers for education on the Web need to analyze needs, deploy effective instructional methods, use the media to full advantage, and assemble an effective team to develop courses.

Expected Outcomes: The selection of the Web as an instructional medium requires that the CME professional consider developing a structured design and development plan before any web-based course is developed. Attendees will become aware of the importance of cost recovery, team membership and configuration, contingency planning, end-user profiles, and the design and technical limitations of developing web-based CME.

References: www.builder.com (alias, <http://home.cnet.com/webbuilding/0-3880.html>) contains wealth of advice and tips on the technologies involved in web media.

**Intensive
8:30 am-3:00 pm, Saturday
Durango 1**

Grand Rounds Program Management

(Program Management; All; Refreshment Break 10:00-10:30 am, and Lunch Break 12:00-1:30 pm)

James Grimes, MTS

University of Alabama School of Medicine, Tel: 205/934-7014, E-mail: jamiieg@uab.edu

Relevance: It would be difficult at best to be present at and keep files for all meetings of grand rounds and conferences when more than one occurs simultaneously. It would be impossible to do so for 70 such ongoing activities. The CME office can effectively certify many grand rounds and maintain certification in accordance with ACCME Essential Areas and Policies, as well as AMA regulations, by using efficient procedures, keeping lines of communication open, and randomly monitoring meetings and files.

Purpose: This session will report on a CME division's efforts to efficiently manage and monitor approximately 70 grand rounds/conferences in accordance with ACCME Essential Areas and Policies as well as AMA regulations.

Objectives: At the conclusion of this activity, participants will be better able to 1) list ways of efficiently monitoring grand rounds and conferences; 2) communicate periodically and effectively with grand rounds coordinators, and 3) monitor meetings and files for compliance with ACCME Essential Areas and Policies.

Key Points: Program management of rounds and conferences may require 1) use of a standard application form with all requirements outlined; 2) use of a certification package for approved activities with all rules and forms included and explained; 3) maintenance of a database of all activities' names, times, directors, coordinators, and contact information; 4) periodic review of files and attendance at each activity using standard forms; 5) repetition of file review and/or attendance when key personnel change or when deficiencies are identified; 6) quarterly collection of attendance/disclosure data on a standard form or likeness thereof and subsequent entry of data into database; 7) periodic communication, both in person and by e-mail, with all coordinators; 8) collection, summarization, and reporting of evaluation data annually for each activity; 8) printing certificates upon request, and 9) familiarity with ACCME Essential Areas and Policies, review forms, and AMA requirements.

Expected Outcomes: CME professionals can adopt, adapt, or extend the practices presented, as well as share ideas and innovations and support each other, as they work toward mutual improvement of the efficiency of their grand rounds program management while meeting or exceeding ACCME requirements.

Reference: Rosof A, Felch W. Continuing Medical Education: A Primer. Westport, CT: Praeger, 1992.

(\$125 [If You Are Not Registered for the Conference])
(New) Intensive
8:30 am-12:00 pm, Saturday
Durango 2

Professional Development for Physicians in CME

(Strategic Leadership; Advanced; Physician's Track; Audio Taped; Refreshment Break 10:00-10:30 am)

Howard Dworkin, MD

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Murray Kopelow, MD

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(\$125 [If You Are Not Registered for the Conference]) Intensive for physicians on developing the knowledge and skills needed to perform the complex functions required of a leader in the CME arena (2 hours of preparation [review of reading selections and problem sets] and 3 hours [at the intensive], with 3 hours [scheduled during the 2003 conference])

Relevance: A survey of physician members of the Alliance indicated that there is a need for greater in-depth understanding of the physician's role in developing CME activities. Although many physicians are involved as Chairs of CME committees or as Directors of CME, their knowledge and skills are limited by lack of training during their formative years in the medical profession. This intensive is aimed at developing a better understanding of adult education theory, helping physicians understand the components of effective course development, including translating needs into objectives and evaluating outcomes.

Purpose: An expert faculty will help physicians to develop the knowledge and skills needed to function in the CME arena.

Objectives and Methods: The faculty will assist the physician student to acquire the knowledge and skills necessary to perform the complex functions required of a physician leader in the CME field. Reading selections and problem sets will be sent to the physician after registration in this activity and will require approximately two hours of preparation prior to coming to the Alliance's conference. A three-hour session will be presented at this conference. An additional three-hour activity will be presented at next year's Alliance conference and will serve to complete this eight-hour activity.

Key Points: The physician participant will develop the background knowledge needed to comprehend the complexities of physician continuing medical education and will be able to translate adult education theory into practice. Through the use of exercises and faculty presentation, the physician will be in an ideal position to understand and carry out steps necessary to meet ACCME requirements and to lead a CME program to the point of ACCME accreditation.

Expected Outcomes: This professional development session will begin the support of physicians who want to be more expert in the background knowledge and skills critical to CME.

Reference: Davis DA, Fox RD. The physician as learner: linking research to practice.

**(New) Physician's Track
Wednesday-Saturday**

Educational activities **of interest to physicians**, selected by physician leaders in CME (Terry Hatch, MD, Conference Vice-Chair; Harry Gallis, MD, CME Advisory Subcommittee Chair, and Howard Dworkin, MD, Physician's Curriculum Subcommittee Chair), scheduled throughout the conference, and designated as such (**Physician's Track**) for doctors in CME

Wednesday

7:30 am-1:30 pm, CME 101: Basics Seminar (\$125)
1:30-3:00 pm, Provider Section Meeting for Your Work Setting
1:30-5:00 pm, Provider Section Meeting for Your Work Setting
3:00-3:30 pm, Refreshment Break
3:30-5:00 pm, Provider Section Meeting for Your Work Setting
5:00-5:30 pm, Alliance Leadership, Mentors, and Mentees Meeting
5:30-7:00 pm, Welcome Reception

Thursday

7:30-8:30 am, Continental Breakfast
7:30 am-4:00 pm, Posters and Exhibits
8:30-10:00 am, Crossing the Unknown Sea: Work as a Pilgrimage of Identity (Plenary Session and Founder's Lecture)
10:00-10:30 am, Refreshment Break
10:30 am-12:00 pm, Communities of Practice: A Way of Learning and Working Together (Mini-Plenary)
12:00-1:30 pm, Strategic Pathways to Achieve the Alliance's Vision, Values, and Mission: Challenges and Opportunities in Maintaining Physician Competence (Special Luncheon Session)
1:30-3:00 pm, ACCME Accreditation Update: A Report on the Implementation of the New System of Accreditation and the Progress of ACCME's Strategic Plan Implementation (Mini-Plenary)
3:00-3:30 pm, Refreshment Break
3:30-5:00 pm, Hot Topics in CME: CME Funding, Formats and Delivering (Mini-Plenary)

Friday

7:30-8:30 am, Continental Breakfast
7:30 am-12:30 pm, Posters and Exhibits
8:30-10:00 am, Physician Core Competencies: Challenges in Evaluation (Breakout)
10:00-10:30 am, Refreshment Break
10:30 am-12:00 pm, Ask the ACCME (Forum)

Saturday

7:30-8:30 am, Continental Breakfast
7:30 am-12:30 pm, Posters and Exhibits
8:30 am-12:00 pm, Professional Development for Physicians in CME (\$125 [If You Are Not Registered for the Conference; Intensive] [Refreshment Break 10:00-10:30 am])
12:00-1:30 pm, Annual Business Meeting, Awards Presentations, and Networking Luncheon
1:30-3:00 pm, A 2002 Update to the AMA Physician's Recognition Award Credit System and A CME Needs Assessment: Preparation for Terrorism (Mini-Plenary)
3:00-3:30 pm, Refreshment Break
3:30-5:00 pm, The Implications of Physician Competencies on CME Program Planning for Specialty Societies (Mini-Plenary)

**(\$125) CME 101: Basics Seminar
7:30 am-1:30 pm, Wednesday
Fiesta Ballroom 6**

CME 101: Basics Seminar & Frances Maitland Memorial Lecture

(Program Management; Beginner; CME 101: Basics Curriculum; Physician's Track; Audio Taped; Continental Breakfast 7:30-8:00 am; Refreshment Break 10:00-10:30 am, and Lunch/Lecture 12:30-1:30 pm)

Julie Jarvi Bainbridge, MS

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(\$125 [In Addition to the Conference Registration Fee]) Fundamentals of CME for newcomers to the field, which includes the seminar, a complimentary copy of *Continuing Medical Education: A Primer (2nd Edition)* (\$15.95 [members] and \$21.95 [non-members]), any other handouts, networking opportunities with faculty and other newcomers, a continental breakfast, a refreshment break, a lunch, and the Frances Maitland Memorial Lecture

Relevance: Newcomers are often unsure of what to expect of the CME profession and what sessions may be most relevant.

Purpose: This seminar provides newcomers to CME with an overview and/or orientation to the profession. Participants will leave with information that will enhance their participation in other educational sessions at this meeting.

Objectives: By the end of this seminar, participants should be able to 1) identify primary CME organizations' roles and relationships; 2) define CME, its purposes, and relationship to promotional education; 3) review the ACCME Essentials, Standards, and policies; 4) discuss commercial support issues; 5) describe the AMA PRA credit system, and 6) address key legal liability issues in CME.

Key Points: Short overview presentations will cover CME basics. The intent is to focus newcomers on key areas, so they can assess what other sessions during the conference (e.g., Core Curriculum) they should attend for more in-depth information.

Expected Outcomes: Participants who are new to CME are often overwhelmed. Learn the difference between accreditation and credit designation. Get an overview of the new accreditation system. Identify key legal concepts that can impact a CME program. Review Standards for Commercial Support and issues related to use of commercial support.

**CME 101: Basics Curriculum
Wednesday-Saturday**

Educational activities selected by the Alliance's Newcomers Subcommittee, scheduled throughout the conference, and designated as such (**CME 101: Basics Curriculum**) for newcomers to CME

Wednesday

7:30 am-1:30 pm, CME 101: Basics Seminar (\$125)
1:30-3:00 pm, Provider Section Meeting for Your Work Setting
1:30-5:00 pm, Provider Section Meeting for Your Work Setting
3:00-3:30 pm, Refreshment Break
3:30-5:00 pm, Provider Section Meeting for Your Work Setting
5:00-5:30 pm, Alliance Leadership, Mentors, and Mentees Meeting
5:30-7:00 pm, Welcome Reception

Thursday

7:30-8:30 am, Continental Breakfast
7:30 am-4:00 pm, Posters and Exhibits
8:30-10:00 am, Crossing the Unknown Sea: Work as a Pilgrimage of Identity (Plenary Session and Founder's Lecture)
10:00-10:30 am, Refreshment Break
10:30 am-12:00 pm, Case Studies in Preparing Learning Objectives (Breakout)
12:00-1:30 pm, Strategic Pathways to Achieve the Alliance's Vision, Values, and Mission: Challenges and Opportunities in Maintaining Physician Competence (Special Luncheon Session)
1:30-3:00 pm, Case Studies in Needs Assessment Techniques (Breakout)
3:00-3:30 pm, Refreshment Break
3:30-5:00 pm, Hot Topics in CME: CME Funding, Formats and Delivering (Mini-Plenary) **or**
3:30-5:00 pm, Program Evaluation ABC's: A Framework for Planning Your CME Evaluation (Breakout)

Friday

7:30-8:30 am, Continental Breakfast
7:30 am-12:30 pm, Posters and Exhibits
8:30-10:00 am, Applying Essential Area 2 – Educational Planning and Evaluation – to Everyday CME Planning (Breakout)
10:00-10:30 am, Refreshment Break
10:30 am-12:00 pm, Methods and Models for Using Documentation Effectively to Meet ACCME Essentials and Standards (Breakout) **or**
10:30 am-12:00 pm, Ask the ACCME (Forum)

Saturday

7:30-8:30 am, Continental Breakfast
7:30 am-12:30 pm, Posters and Exhibits
8:30-10:00 am, Making CME "Active" (Breakout) **or**
8:30-10:00 am, Fundamentals of Marketing and Promotion (Breakout)
10:00-10:30 am, Refreshment Break
10:30 am-12:00 pm, Getting Ready for the Site Survey (Breakout)
12:00-1:30 pm, Annual Business Meeting, Awards Presentation, and Networking Luncheon
1:30-3:00 pm, A 2002 Update to the AMA Physician's Recognition Award Credit System and A CME Needs Assessment: Preparation for Terrorism (Mini-Plenary) **or**
1:30-3:00 pm, Bringing Learning to the Learner in Real Time: Practical Applications of Distance Learning Technology (Breakout)
3:00-3:30 pm, Refreshment Break
3:30-5:00 pm, Cases in Intellectual Property Issues

**CME 891: Advanced Seminar
8:30 am-12:30 pm, Friday
Durango 2**

Inner Necessities of Leadership: New Connections in the Workplace

(\$125; Strategic Leadership; Advanced; Audio Taped;
Refreshment Break 10:00-10:30 am and Book Signing 12:00-12:30 pm)

David Whyte, MA

Many Rivers Company, Tel: 360/221-1324, E-mail: julie@davidwhyte.com

(\$125 [In Addition to the Conference Registration Fee]) Seminar on the qualities and questions necessary for authentic and courageous leadership **for experienced CME professionals**, which includes the seminar (conducted by an internationally known speaker), a complimentary copy of *Crossing the Unknown Sea: Work as a Pilgrimage of Identity* (\$24.95 [USA], \$35.99 [Canada]), a refreshment break, and a book signing.

Relevance: Almost always when we ask hard questions about leaders and leadership, we have to ask hard questions about ourselves, too. We have to take an inventory not only of the gifts we have to give, but of the gifts we are afraid of receiving. What stops us from speaking out and claiming the life we want for ourselves? When we ask in a serious manner for those marvelous outer abstracts of courage, captancy, and greatness, we set in motion an exploration that tests us to the very core.

Purpose: Drawing on the insights of poetry and great poets, David Whyte looks at how to engage in real conversation with ourselves, our co-workers and the world, and embark upon an exploration of the inner territory of great leadership.

Objectives: To gain a better understanding of the inner qualities and personal questions necessary for authentic and courageous leadership.

Key Points: In order to be effective, courageous and respected leaders, we must awaken our own essential nature and bring it into conversation with the world around us.

Expected Outcomes: To have a better understanding of the attributes of good leaders, of what it is about them that brings out the best in us and makes us want to shine not only for them but for something we seem to be discovering simultaneously in ourselves.

Reference: Whyte D. *Crossing the unknown sea: work as a pilgrimage of identity*. Riverhead Books 2001.

Breakout
10:30 am-12:00 pm, Thursday
Coronado M-N

Determining Team and Organizational Learning Needs:
A New and Essential Venture for Academic Continuing Medical Education
(Needs Assessment; All; Audio Taped)

James Leist, EdD

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Joseph Green, PhD

Duke University Medical Center, Tel: 919/684-6878, E-mail: green106@mc.duke.edu

Relevance: Continuing medical education (CME) has been perceived primarily as clinical education for the individual physician. As healthcare and the theory of learning have evolved, so has the thinking about CME. Healthcare has expected that clinical competence be maintained individually, but has added the new dimension of meeting needs of the organization such as addressing a clinical performance problem, performing as a team, or developing new leaders within a system or organization. Consequently, looking at educational needs from the perspective of the organization has become increasingly important in CME.

Purpose: This breakout will review and discuss the evidence and practice about organizational learning that is applicable to continuing medical education.

Objectives: At the conclusion of this breakout, participants should be able to discuss the evidence for assessing team and organizational learning needs; describe methods for conducting needs assessment at the team and organizational levels, especially in different venues, and apply the evidence and practice in their own CME venue.

Key Points: CME is more than individual learning. CME involves team and organizational learning, which must consider the following issues: 1) a changing role for the CME office; 2) awareness of organizational characteristics; 3) sensitivity to learner characteristics; 4) clarity of needs, and 5) existence, use, and integration of performance data.

Expected Outcomes: Attendees should return to their program settings more sensitized to team and organizational learning needs and not just individual learning needs. Participants will be able to add value to their organization if they use CME to meet team and organizational learning needs.

Reference: Green JS, Leist JC. Assessing needs from the organizational perspective. Chapter in continuing professional development for physicians (in press).

Breakout
10:30 am-12:00 pm, Thursday
Coronado E

Case Studies in Preparing Learning Objectives

(Objectives Setting and Stating; Beginner; CME 101: Basics Curriculum; Audio Taped)

Barbara Huffman, MEd

Carle Foundation Hospital, Tel: 217/383-4647, E-mail: barbara.huffman@carle.com

Relevance: Learning objectives are a key element for developing an activity and many beginners do not feel comfortable with preparing them. This skill is important not only for accountability requirements but also for purposes particularly relevant with the increase in outcomes measurement in CME planning.

Purpose: This breakout will use a case-based approach to analyze learning objectives. Participants are encouraged to bring CME activities to the breakout session for which they would like to discuss their learning objectives. Faculty also will have case studies that will be the basis of exploring the preparation of learning objectives. This breakout is linked to the breakout session on Applying Essential Areas to Everyday CME Planning in that preparing learning objectives may be applied in the Everyday Planning Breakout.

Objectives: By the end of this breakout, participants should be able to write objectives using behavioral terms; write an objective to meet different levels of learner need, moving from simple to more complex behaviors on the part of the learners, and link instructional formats to learning objectives.

Key Points: Learning objectives are important to guiding faculty and to selecting appropriate instructional formats.

Expected Outcomes: CME planners should be able to recognize the level of the learner's need and writing learning objectives that are appropriate, that help guide faculty in preparing their presentations, and that assist them in selecting appropriate educational formats.

Reference: Bloom BS. Taxonomy of educational objectives, handbook I: cognitive domain. New York: David McKay Company 1956.

Breakout
10:30 am-12:00 pm, Thursday
Durango 1

A New Dimension for Online CME: The Doctor Talks Back
(Educational Activities Design; All; Audio Taped)

Judith Ribble, PhD

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Stockholder: Medscape, Inc.

Robert Kennedy, MA

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Relevance: The Internet challenges many of the rules that have governed traditional interaction among physicians. This flexible medium can present information and invite physician participants to react and respond to educational content instantaneously. Online participants can build virtual communities within the most esoteric subspecialty and can discuss cases with their global peers. As the number of physicians who can access the Web increases exponentially, methods for attracting and holding their interest will need to become increasingly interactive. Evaluations are now fed back to the provider seconds after the physician has submitted a request for CME credits. Technology is on our side, but sometimes the methods and content used in online CME are repurposed without being re-thought from traditional, live CME activities instead of being designed intentionally to grasp the opportunities presented by the Internet. If, as recent AMA and ACCME surveys report, the majority of CME providers as well as commercial supporters are now using the Web to reach physicians, the interactive dimension will need to become more sophisticated and compelling and CME professionals will need to know of viable options.

Purpose: To demonstrate ways of increasing the interactive component of online CME and to create a forum during the session for participants to share their best practices, their successes, and their disappointments in this endeavor.

Objectives: At the conclusion of this breakout, participants should be able to 1) differentiate between interactive activities that have been successful in the online CME environment and those that have been disappointing in practice; 2) analyze and compare three posted examples of online mechanisms designed to encourage physician interaction; 3) describe the difference between direct and indirect mechanisms of interactive online program design, and 4) determine interactive activities that could be designated for AMA PRA category 1 credits.

Key Points: Examples of a variety of mechanisms used to elicit physician interaction on the Internet: bulletin boards, listservs, chat rooms, discussion forums, clinical case studies, ask-the-expert columns, Q&A, evaluation surveys, hand-held device applications, etc. The opportunity of linking electronic medical records with learning materials tailored to a physician's practice profile. Lifelong learning as a teachable goal. Capturing feedback and reporting useful information from the database. Criteria for judging nice-to-have vs. must-have feedback mechanisms. Examples of user feedback to posted activities.

Expected Outcomes: CME professionals will expand their concepts of what is possible, what is attractive, and what is risky regarding interactivity in online CME programming. Participants will review various positive and negative aspects of electronic communication as a vehicle for physician feedback, and will return home with a broader vision of interactive CME.

Reference: Texas Medical Association Website, <http://www.texmed.org/cme/cls.asp>.

Breakout
10:30 am-12:00 pm, Thursday
Coronado P-Q

Transforming the CME Lecture: Making Traditional Presentations More Interactive
(Educational Activities Delivery; All; Audio Taped)

Yvonne Steinert, PhD

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Linda Snell, MD

McGill University, Tel: 514/842-1231, ext. 4132, E-mail: snell@med.mcgill.ca

Relevance: Despite widespread criticism, the lecture remains a predominant format in continuing medical education. One of the problems of the lecture is that the participants are usually passive and not actively involved in the learning process. The benefits of interactive lectures for increased motivation, learning and retention are numerous, and educational methods that increase interactivity have been shown to facilitate a change in practice performance.

Purpose: The goal of this session is to highlight the benefits of interactive lectures in CME, to enable participants to transform more traditional lectures into interactive presentations, and to discuss ways in which CME providers can encourage increased interactivity in their educational events. The goals of this session will be addressed by an interactive plenary on “interactive lecturing” and small group discussions that focus on opportunities for transforming a CME lecture.

Objectives: By the end of this breakout, participants will be able to describe the benefits of an interactive lecture; outline six strategies that will promote interactivity in large group presentations, and describe three ways in which to transform traditional CME lectures into more interactive sessions.

Key Points: Increased interactivity during CME lectures can improve learning. Interaction also gives valuable feedback to both CME teachers and participants. Common strategies to increase interaction include the use of effective questioning, breaking into small groups, clinical cases, simulations, and role-plays.

Expected Outcomes: Participants will leave this session with the skills and concepts to promote interactivity in their teaching sessions and to assist CME teachers in transforming some of their more traditional lectures into interactive learning opportunities.

Reference: Steinert Y, Snell L. Interactive lecturing: Strategies for increasing participation in large group presentations. *Medical Teacher* 1999; 21(1):37-41.

Breakout
10:30 am-12:00 pm, Thursday
Coronado C-D

Questionnaires for Needs Assessment and Evaluation

(Evaluation; Beginner; Audio Taped)

Jocelyn Lockyer, MHA

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Relevance: Questionnaire design is the cornerstone on which CME programs are developed and evaluated. Careful design of questionnaires is critical to finding the information that is needed to create courses and to evaluate their outcomes.

Purpose: This breakout will provide an overview of the fundamentals of questionnaire design and help you avoid common mistakes.

Objectives: At the conclusion of the breakout, participants will be able to describe the advantages of using a questionnaire to determine answers to questions they have; know the essential “tricks of the trade” when designing and administering questionnaires, and have critiqued some sample questionnaires highlighting their good and bad features.

Key Points: Effective use of questionnaires for needs assessment and evaluation is a cost-effective method of getting data that can guide planning and assess programs. However, it requires careful attention to both the questions you want to ask as well as the answers you are hoping to obtain. The types of questions asked, wording of the questions, the length of the questionnaire, information in the cover letter, and the survey’s physical layout will determine your success with questionnaires.

Expected Outcomes: Useful data from questionnaires does not happen by accident. Only with care and attention to small details and piloting of surveys will data be helpful in determining learning needs and assessing your courses.

Reference: Mann K. Not another survey! Using questionnaires effectively in needs assessment. *J Cont Educ in Health Professions* 1998; 18(3):142-149.

Breakout
10:30 am-12:00 pm, Thursday
Coronado A-B

Best Practices in CME:
Their Role in Improving CME Delivery and Impact on the CME Community
(Accreditation; Intermediate; Audio Taped)

Jann Balmer, PhD

University of Virginia School of Medicine, Tel: 804/924-5950, E-mail: jtb9s@virginia.edu

Relevance: The discussion of best practices within the frameworks of the accreditation system and the practice of CME can demonstrate the value of benchmarks for continuous quality improvement. The dissemination of best practices goes beyond the identification of these stellar practices but serves as a platform for the development of new strategies for continuing medical education and as well as encourage the creation of interest groups within the CME environment.

Purpose: The intent of this session is to identify specific best practices in CME that serve as excellent examples from multiple perspectives (accreditation, strategic development of CME and opportunity for community building) as the platform for discussion of how these benchmarks can guide and encourage CME professionals to move continuing medical education into the mainstream of healthcare education, delivery and practice.

Key Points: The key points will highlight 1) the role of best practices in serving as benchmarks for the delivery of CME; 2) relate how best practices can serve as a platform for development of new CME strategies, and 3) how to use best practices to build communities of common interest within the CME community.

Outcomes: Participants will have the opportunity to identify some specific examples of best practices in CME, relate them to the ACCME accreditation system, and through discussion, develop strategies for adaptation, utilization and implementation of these best practices into their own systems as well as create ideas for discussion with other CME professionals.

Reference: Current best practice data from the ACCME and the Handbook of Current Practices from the Alliance for CME (forthcoming).

Breakout
10:30 am-12:00 pm, Thursday
Durango 2

Applying Process Improvement Principles in the CME Office

(Program Management; Intermediate; Audio Taped)

Harry Gallis, MD

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Other Support: ACCME Site Surveyor, Member ARC, Lilly CME Committee

Relevance: The ACCME's System 98 has moved the accreditation process to a criterion-referenced system. Each aspect of a provider's CME program is analyzed against these criteria. There is a strong emphasis on continuous improvement. By analyzing each aspect of the work of a CME office/program, CME providers have the opportunity to incorporate the principles of continuous quality improvement to their administrative and creative processes similar to the principles used in clinical process improvement initiatives.

Purpose: This breakout is designed to give examples of each of the criterion referenced aspects of the CME application and review process and generate audience discussion as to how each of the processes in the CME office can be improved.

Objectives: At the conclusion of this breakout participants should be able to 1) assess the status of their program's compliance with ACCME Essentials and Standards; 2) design focused interventions to achieve improved operational outcomes in CME administration; 3) assess changes and institute further improvements into CME processes; 4) incorporate these improvements into their self-study for accreditation or re-accreditation, and 5) participants will be introduced to Baldrige for assessment of various levels of performance for educational organizations as well as rapid cycle improvement techniques as applied to CME processes.

Key Points: Participants will learn how to use the self-study outline, the site surveyors report form, and activity review forms to evaluate, assess, and improve each aspect of CME operations. Participants will form small groups to plan and report back to the entire group. Plans will be reported to the large group by the participants.

Expected Outcomes: Participants should be able to return to their CME practice environment and design a process of continuous assessment and improvement in all aspects of CME program operations. Participants will be provided with a set of tools and documents to initiate rapid cycle improvement in the CME office.

Reference: Berwick DM. A primer on leading the improvement of systems. BMJ 1996; 312:619-622.

Breakout
10:30 am-12:00 pm, Thursday
Coronado R-S

Leadership Skills in Strategic Planning: Best Practices

(Strategic Leadership; All; Audio Taped)

Karen Bradley, DMD

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Floyd Pennington, PhD

University of Florida College of Medicine, Tel: 352/265-0680, ext. 86449, E-mail: fcpenning@dean.med.ufl.edu

Consultant: President, CTL Associates, Inc.

Relevance: The CME professional engages in strategic planning as a “best business practice” for their CME operation. Understanding the roles and skills required of the CME professional in leading strategic planning for the CME unit is a key success factor for developing an effective strategic plan.

Purpose: This breakout is designed to share experiences of CME professionals involved in strategic planning for their CME units in an effort to identify best practices, to suggest activities that CME professionals must carry out, and the skills the CME professional must execute to be effective in strategic planning.

Objectives: As a result of attending this session the CME professional will 1) identify key components of a strategic plan; 2) identify tasks and key leadership skills the CME professional must perform to develop an effective strategic plan, and 3) recognize the necessity of congruence between the CME strategic plan and the strategic plan of the parent organization.

Key Points: Strategic planning is more than a “to do” list. A strategic plan must be congruent with the goals and objectives of the parent organization. CME professionals must have the skills and be prepared to facilitate the development of a strategic plan for their operations. Competence in business processes like strategic planning is one key skill set the CME professional must exhibit to demonstrate value to the parent organization. Skills addressed include: visioning, applied research design, interviewing, data analysis, report preparation, translating goals and objectives into strategies and tactics, process evaluation, and management.

Expected Outcomes: One outcome of this session will be the recognition of the importance of strategic planning to the CME Operation. A second outcome will be the identification of skills the CME providers have, or can develop, to create a strategic plan for their unit. It is expected that acquisition of these skills will add value to the CME providers’ roles as leaders in their organizations.

Reference: Barnes BE. Resources for planning in continuing education. J Cont Educ Health Prof 1999; 18:251-252.

Breakout
1:30-3:00 pm, Thursday
Coronado P-Q

Case Studies in Needs Assessment Techniques

(Needs Assessment; Beginner; CME 101: Basics Curriculum; Audio Taped)

Karen Overstreet, EdD

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Relevance: Having a working knowledge of a variety of needs assessment techniques and knowing how to use them is critical to planning a successful educational activity. Many beginners are not comfortable with a variety of needs assessment techniques, nor do they do a good job of interpreting data. This will become more important as CME providers are better able to link needs assessment with desired results as part of the new accreditation system.

Purpose: This breakout will use a case-based approach to needs assessment strategies. Faculty from three different provider types (a hospital, an education company, and a national specialty society) will discuss case studies that demonstrate appropriate application of various needs assessment strategies and techniques. This breakout session is linked to the breakout session on Applying Essential Areas to Everyday CME Planning in that selecting appropriate needs assessment tools may be applied in the Everyday Planning breakout.

Objectives: At the conclusion of this breakout, participants will be able to recognize and utilize a wider variety of CME needs assessment techniques; describe types of needs assessments that work well in various setting/situations; assess organizational resources needed to conduct various types of needs assessment, and link needs assessment with expected results of CME activities.

Key Points: Not only should CME planners be comfortable using a variety of needs assessment techniques, they should be able to link the data with desired outcomes.

Expected Outcomes: CME planners will be able to select from a variety of needs assessment tools and not be overly dependent on only one or two strategies. They should be able to clearly interpret needs assessment data and define the learning need for a CME activity.

Reference: Rosof AB, Felch WC. Continuing medical education: a primer. New York: Praeger, 1992.

Breakout
1:30-3:00 pm, Thursday
Coronado R-S

Near Perfect CME

(Educational Activities Design; All; Audio Taped)

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Relevance: Creating Communities of Practice occurs among physicians when they review their current practice, look at practice variations and develop standards to incorporate the new ideas into their practice. Using CME to provide that physician community in a learning environment creates a successful vehicle for organizational change efforts.

Purpose: This breakout is designed to show two examples of CME topics selected by physicians that are data driven. Small group interactive sessions led to physician behavior change and improved patient outcomes.

Objectives: At the conclusion of this breakout, participants will be able to describe CME programs that lead to change; what constitutes near perfect CME, and the role of adult learning theory in planning CME.

Key Points: The use of adult learning theory helps in planning near perfect CME. This CME is data driven, highly interactive, multi-disciplined, and has reinforced content. The CME focuses on topics important to participants and results in change in physician performance and improved patient outcomes.

Expected Outcomes: Participants will have practical examples to incorporate into their own CME activities which will improve these activities and result in better patient outcomes.

Reference: Lewis C. Continuing medical education: past, present, future. West J Med 1998; 168:334-340.

Breakout
1:30-3:00 pm, Thursday
Coronado A-B

Changing Physician Behavior: A Comprehensive Data-Driven Strategy
(Educational Activities Design; Intermediate; Audio Taped)

Tom McKeithen, Jr., MBA

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Other Support: Employee, Pharmacia, Inc.

**The project presented will make use of the *DesignWorks*(System,
a collection of tools and services proprietary to Pharmacia, Inc.**

Relevance: All CME providers are required to carry out needs assessments for all educational activities. This will provide new tools to do so.

Purpose: This breakout provides a systematic approach to utilizing qualitative and quantitative data in planning educational interventions.

Objectives: At the conclusion of this breakout, participants should be able to explain the need for multiple interventions to change physician behavior; describe types of data useful for planning educational interventions, and plan a multi-faceted behavior-change strategy designed to meet change objectives.

Key Points: Individual interventions aimed at changing behavior are rarely effective (Davis, 1995). Clinical problems that involve some aspect of inappropriate or inefficient physician behavior must be approached with multiple interventions. This presentation will describe the planning, development, and implementation of a project involving multiple interventions.

Expected Outcomes: Multiple data sources may be used to plan a comprehensive behavior-change strategy. The strategy should involve multiple types of interventions in order to have the best chance of success. Participants should be able to apply these principles to their own educational programs, in order to achieve more effective educational outcomes.

Reference: Davis DA. JAMA 1995 Dep 6; 274(9):700-705.

Breakout
1:30-3:00 pm, Thursday
Durango 2

Communication Skills, Reflection and Self-Awareness: How Can We Teach Them?

(Educational Activities Delivery; All; Audio Taped)

Joan Sargeant, MEd

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Relevance: Patient-physician communication skills are now recognized as core clinical skills, and professional organizations, licensing authorities, and medical schools have recently undertaken extensive initiatives to raise awareness of the importance of these skills and to improve physician education in this area. As the way in which physicians, and all of us, communicate is highly subjective and individualized, being aware of “what” and “how” we communicate is critical to ensuring that we deliver the intended message. Developing reflective skills and increasing self-awareness are integral to this process.

Purpose: The purpose of this breakout is to stimulate discussion about how communication skills, reflection and self-awareness are related and to provide an opportunity to practice an approach to teaching them to physicians and other health professionals.

Objectives: Upon completing the breakout, participants should be able to 1) describe how reflection and self-awareness influence our everyday communications and physician-patient communication; 2) use a simple exercise to practice reflective, self-awareness and communication skills, and 3) critique the value of this exercise in teaching physician-patient communication skills and enhancing self-awareness.

Key Points: 1) Patient-physician communication, like all communication, is complex and is highly influenced by the perceptions, feelings and sensitivities of those communicating. 2) Developing awareness of how one’s communications influences others is often difficult. 3) Aiding physicians and other health professionals in reflecting upon and developing self-awareness about their communications can improve patient-professional communication. 4) Providing physicians with a simple tool which they can use in all patient situations may be an effective intervention. 5) Reflection and self-awareness are aids to all communication, not just physician-patient.

Expected Outcomes: Participants will 1) recognize that self-awareness, or the lack of it, impacts upon physician-patient communication, and that improving reflective skills may also improve communication skills; 2) be able to use and find useful the reflective exercise in their own work settings, and 3) assess this workshop as a method for teaching physicians and other health professionals about communication skills.

Reference: Senge PM. The fifth discipline: the art and practice of the learning organization. New York; Doubleday, 1994.

Breakout
1:30-3:00 pm, Thursday
Coronado M-N

CME/CQI: Hand in Glove
(Evaluation; All; Audio Taped)

Debra Gist, MPH

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Grant Research Support: SHC Office of CME recipient of AGFA Grant

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Relevance: There is a growing need to demonstrate the value of CME in the clinical setting.

Purpose: This breakout is designed to review the integration of CME into a CQI project (Management of the Abnormal Mammogram Clinical Algorithm); to demonstrate how an office of CME can be the driver in CQI efforts, and to demonstrate the clinical value of CME. This breakout will also provide an opportunity for discussion/dialogue regarding the practical integration of CME into quality improvement processes.

Objectives: At the conclusion of this breakout, participants should be able to identify and describe the key components of a successful CQI/CME project; discuss common barriers to CQI/CME projects and practical strategies to address these barriers, and delineate the clinical outcomes of this specific CQI/CME project.

Key Points: Integrating CME into CQI projects requires 1) intradepartmental cooperation, 2) physician champion(s), 3) the commitment of CME and CQI staff, 4) practical clinical knowledge, 5) creativity, and 6) tenacity.

Expected Outcomes: CME and CQI can be integrated to impact clinical outcomes. CQI/CME projects such as the one discussed in this breakout can serve as a catalyst for future research in this arena.

Reference: Gist DL, Llorente J, Mayer J. A clinical algorithm for the management of the abnormal mammogram: a community hospital's experience. *Western J of Med* 1997; 166:21-28.

Breakout
1:30-3:00 pm, Thursday
Acapulco

Complementary Medicine: CME Joint Sponsorship-Meeting the Challenge
(Accreditation; All; Audio Taped)

Sarina Grosswald, EdD

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Relevance: In the US over 42% of the population use some form of alternative or complementary medicine, a 43% increase over the last ten years, and the number continues to grow. The number of visits to alternative medicine practitioners now exceeds the number of visits to primary care physicians. Surveys have reported that approximately 60% of physicians are favorably disposed toward and refer their patients for complementary medicine therapies. However, most physicians have received little education about the benefits of these therapies or data on their effectiveness. CME is the most appropriate venue for doctors to get scientifically based, objective information about complementary and alternative approaches. Yet, the current environment is also imposing new demands on the expectation of CME content, specifically focused on complementary medicine, creating a challenge for CME providers who wish to help educate physicians in one of the fastest growing areas of health care.

Purpose: This breakout will describe the development of a CME program that met the challenges of 1) being in the area of alternative medicine; 2) creating a joint sponsorship relationship; 3) providing a standardized course for multiple iterations in multiple sites, assuring quality and consistency, and 4) establishing the systems for documenting all aspects of compliance to the ACCME Essential Areas.

Objectives: Upon completion of this breakout, the participant will be able to 1) recognize the role of CME in educating physicians in the area of complementary medicine; 2) identify the challenges related to sponsorship and joint sponsorship of this type of program, and 3) see a model for creating CME activities in complementary medicine for iterative offerings at multiple sites, that conform to the ACCME Essential Areas.

Key Points: Alternative and complementary medicine is one of the fastest growing components in health care. While significant portions of these therapies have not been fully studied, some approaches have large bodies of research associated with them. There are significant challenges to providing CME in these topic areas. These challenges can be met and overcome.

Expected Outcomes: CME providers will recognize the need for providing education on these topics, will recognize the importance of assuring that the topics they offer are evidence based, and will be encouraged to help educate doctors about these modalities, distinguishing among those that have been proven effective.

Reference: Blumberg DL et al. The physician and unconventional medicine. *Altern Ther Health Med* July 1995; 1:31-5.

Breakout
1:30-3:00 pm, Thursday
Durango 1

Rapid Cycle Improvement: A Process and Tools for the CME Operation

(Program Management; Intermediate; Audio Taped)

Karen Bradley, DMD

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Floyd Pennington, PhD

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Consultant: President, CTL Associates, Inc.

Relevance: Performance improvement is required of all accredited healthcare organizations and is considered a “Best Practice” for the healthcare industry. ACCME requires improvement initiatives of all approved CME providers. However, many CME professionals find themselves excluded from performance improvement initiatives in the non-CME units of their parent organizations because they have not acquired specific skills commonly used in most quality and performance improvement processes. Understanding how to use the basic tools of performance improvement and their application to one model, the Rapid Cycle Improvement process, will enable the CME professional to incorporate this “Best Practice” to internal CME operations. By understanding and becoming part of institution-wide performance improvement efforts, CME units and providers can contribute unique educational perspectives and thus add value to the project and the larger institution.

Purpose: This breakout introduces seven QI tools that CME professionals can use in performance improvement initiatives. The tools will be placed in the context of the Rapid Cycle Improvement model and performance improvement process.

Objectives: At the conclusion of this breakout, the participant should be able to identify seven common tools utilized in performance improvement initiatives (flowchart, cause and effect diagram, check sheet, run chart, control chart, nominal group technique, force field analysis); describe the Rapid Cycle Improvement model; determine their current capability to use the common tools and the model, and have a basic understanding of how and when to use these tools.

Key Points: “Best Practice” includes continuous quality improvement for all accredited healthcare organizations. Applying the tools commonly used in performance improvement initiatives in the CME operation will have a dramatic impact on the quality of the CME operation. CME professionals who understand and use these tools will be able to add value to institution-wide performance improvement projects.

Expected Outcomes: Knowing how to use common tools used in performance improvement will increase the skill set of the CME professional and add value to the CME operation and the larger institution.

Reference: Langley GJ, Nolan KM, Nolan TW, Norman CL, Provost LP. The improvement guide: a practical approach to enhancing organizational performance. San Francisco CA: Jossey-Bass, 1996.

Breakout
1:30-3:00 pm, Thursday
Coronado E

Development and Evaluation of a Leadership Program
(Strategic Leadership; All; Audio Taped)

Dale Moore, DVM

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Relevance: The need for improved leadership is a common theme in society. All medical professions share this same challenge, i.e., building competency in a discipline and commitment beyond self-interest while providing education and encouragement to develop leadership capacity. Leadership skills have been recognized as important in the medical sciences because of the complexity of challenges facing those workforces. All of the health professions are in need of leaders to meet the challenges of today's changing society and it is the responsibility of educators to provide leadership programs for continuing professional development.

Purpose: This breakout provides both a curriculum and course evaluation for an intensive leadership workshop. The breakout is designed to provide both background for selection of leadership educational activities as well as experience using some of the techniques.

Objectives: Participants should be able to describe the important attributes of modern leaders; identify several tools that can be used in leadership workshops; get a feel for the immediate impacts of the course; learn about measurable course impacts the authors selected as important, and understand one method for evaluating the effectiveness of a leadership course.

Key Points: A leadership workshop curriculum must include the four core categories of leadership skills: transformation (change, decision-making, strategic planning), politics, environmental scanning (stakeholder and perception analysis), and team and group dynamics. A combination of thought-provoking didactic teaching and experiential learning can result in participants redefining their leadership roles in practice and communities and improving their leadership skills.

Expected Outcomes: CME professionals will walk away with a detailed curriculum and evaluation tool to develop leadership skills among medical professionals.

Reference: Moore DA, Klingborg DJ. Development and evaluation of a leadership program for veterinary students. J Vet Med Educ (in press).

Breakout
1:30-3:00 pm, Thursday
Coronado C-D

Practical Approaches to Collaboration:
Pharmaceutical Companies Can Be More Than a Money Store
(Personal Skills; All; Audio Taped)

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Consultant: Multiple Pharmaceutical Companies & National CME Providers

Frederic Wilson, BS

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Other Support: Employee, The Procter & Gamble Company

Relevance: This breakout will focus on the art of improving the spirit and extent of collaboration between those who provide financial and other support to medical education and those ACCME accredited providers who provide CME activities to physicians. Providers from all settings need more information about how to develop effective relations with industry.

Purpose: To describe optimal ways to develop long-term relationships that lead to enhanced commercial support and to identify trends that create new opportunities for collaboration. To discuss ideas and innovations that produce activities that benefit both groups as well as improving patient care.

Objectives: At the end of this breakout, participants will have more confidence in seeking and formulating new strategic partnerships with commercial supporters. They will also become aware that through mutual understanding, cooperation and the sharing of resources, quality CME activities can be planned and mutually rewarding relationships developed using the ACCME Standards of Commercial Support as a foundation.

Key Points and Methods: We intend to review the advantages of working with accredited providers, beyond just potential certification. Then, by identifying the ways in which industry can be helpful other than with financial support, we will explore some best practice techniques that generally result in successful activities that have a favorable impact on patient care. Criteria that are helpful in the selection of a collaborative partner will be suggested and the advantages as well as the potential pitfalls of such collaboration will be discussed.

Expected Outcomes: Participants will be more comfortable applying the ACCME Standards of Commercial Support in a manner than can facilitate the sharing of resources in collaborative relationships. They will understand what industry should not do as well as the philosophical views regarding the allocation of grants. The answers to frequently asked questions about CME Provider/Industry relationships will provide a basis for them to seek a common goal, i.e., improving patient care.

Reference: Wilson F. More than a money store. How to build successful partnerships with industry. Medical Meetings July/August 2000; 27(5):42-46.

Breakout
3:30-5:00 pm, Thursday
Durango 1

**A Model for Evaluating Individual Physician Knowledge and Skills:
Lessons Learned from UF CARES**
(Needs Assessment; All; Audio Taped)

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Relevance: Issues surrounding the evaluation of post-licensure physicians are numerous and complex. There will undoubtedly be even more focus on this topic as a result of the recent Institute Of Medicine reports about errors in the US health care system. When physicians leave practice due to an injury or illness, or encounter some practice difficulty resulting in an action by a licensing or credentialing body, it is often necessary to evaluate the physicians' medical knowledge and clinical decision-making skills prior to returning to practice. The University of Florida Comprehensive Assessment, Remediation and Education Service (UF CARES) program was created to provide comprehensive assessment and evaluation of the physician's knowledge and skills, and make recommendations for remediation as appropriate. This highly individualized assessment gives the physician an opportunity to reflect upon their clinical decision-making body of medical knowledge. The learner is enabled to seek out targeted and focused educational strategies to improve the quality of their patient care.

Purpose: This breakout is designed to explore the model used by UF CARES to assess and evaluate knowledge and skills of physicians referred primarily from a state board of medicine or a health care facility. The presenters will describe the design and implementation steps of the program from the medical, programmatic, educational and administrative perspectives. Participants will discuss the relative merits of the components and the process, and be encouraged to offer constructive suggestions for refining this type of assessment as a "Best Practice". The breakout is designed for those people with an interest in individualized needs assessment, remedial education, and practice improvement.

Objectives: Participants will be able to identify physician characteristics associated with referral for evaluation to this program; state at least three evaluation strategies employed in the assessment of physician competence; and describe some common pitfalls encountered in assessments of this type, and list physician characteristics associated with weak and strong performance during the process.

Key Points: A multi-faceted assessment strategy designed around a profile of the physician's practice can provide a valid assessment of a physician's medical knowledge and clinical decision making skills. Gaining an understanding of his/her strengths and deficiencies, both global and specific, provides the physician a clear direction for focused continuing education.

Expected Outcomes: A valid and comprehensive assessment designed to address a physician's practice can be conducted. Assessments provide both an excellent and focused needs assessment and learning experience for the physician. A comprehensive assessment provides an "educational prescription" to address any deficiencies which may be identified.

Reference: Cerda JJ, VanSusteren TJ, Herkov MJ. Can you teach an old doc new tricks? Cognition and remedial medical Education. San Diego: Proceedings of the American Clinical and Climatological Association Nov 1999: 1121-1125.

Breakout
3:30-5:00 pm, Thursday
Coronado R-S

Developing Influential Physicians: A Practical Approach to Academic Detailing
(Educational Activities Design; All; Audio Taped)

Carol Havens, MD

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Beth Streeter, MPH

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Relevance: Academic detailing has been found to be an effective educational approach in changing physician behavior. Translating research findings into practical learning experiences is challenging but an effectively designed academic detailing intervention is valuable to the learner and to the organization as a whole.

Purpose: This breakout will highlight Kaiser Permanente's recent experience in training physicians to influence the clinical practice of their peers in a variety of clinical situations.

Objectives: At the conclusion of this breakout, participants will be able to determine the critical organizational factors that need to be in place for academic detailing to succeed; identify issues involved in designing the educational intervention itself; describe ways to measure outcomes, and assess opportunities to implement academic detailing in one's own medical setting.

Key Points: Physician-to-physician influence in clinical practice is relatively uncharted educational territory that holds great challenge and opportunity. The environment in which academic detailing is implemented is critical and must be prepared in multiple ways. Typical sales training is not appropriate for physicians and therefore, academic detailing training approaches must be customized to the physician experience.

Expected Outcomes: Participants will have a framework for analyzing the opportunities for academic detailing in their organization and a process for developing, implementing and evaluating the intervention.

Reference: Davis D, et al. Changing physician performance, a systematic review of the effect of continuing medical education strategies. JAMA 1995; Sep 6;274(9):700-705.

Breakout
3:30-5:00 pm, Thursday
Coronado M-N

CME Enduring Materials: Tools for Assuring Quality
(Educational Activities Design; Intermediate; Audio Taped)

Eric Peterson, BM

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Relevance: Enduring materials are a widely used and practical means for providing education to physicians. Using a structured approach to develop CME enduring materials will help avoid many common mistakes that affect the quality and compliance of the materials. Testing enduring materials with members of the target audience enables the provider to perform a formative evaluation of materials and establish a justification method for determining credit hours.

Purpose: This breakout will examine common mistakes CME providers make when preparing enduring materials and will suggest tools and techniques that can be used to avoid these mistakes. By going beyond mere compliance, there are a number of practices that can enhance the quality of enduring materials. Examples will be shared to illustrate how these practices can assure success.

Objectives: At the conclusion of the breakout, participants will be able to identify common mistakes made in the preparation of enduring materials; apply tools and construct standards to avoid these mistakes; and examine methods to standardize systems for designating credit hours, determining the amount of time that the content can carry credit, and addressing intellectual property and disclosure issues when preparing enduring materials.

Key Point: Use of a standardized system in the preparation of enduring materials will help to assure quality of the materials as well as compliance with ACCME Essential Areas and Policies.

Expected Outcomes: In order to avoid mistakes that can compromise the integrity of the educational activity, there must be a structured approach to the production of enduring materials. The tools and examples presented in this session offer creative solutions to maintaining standards of procedure that assure the highest quality of CME enduring materials.

Reference: ACCME Essential Areas and Policies.

Breakout
3:30-5:00 pm, Thursday
Coronado P-Q

Communities of Practice: MECC's
(Educational Activities Delivery; All; Audio Taped)

Jacqueline Parochka, EdD

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Karen Overstreet, EdD

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Relevance: There is a general misconception and misunderstanding of the structure, goals, and processes used by medical education and communication companies (MECCs) when designing CME activities. Many participants at the Alliance 2001 Annual Conference expressed unfamiliarity with this provider section, and it is hoped that this workshop will facilitate understanding of professionals from this community of practice and encourage collaboration.

Purpose: This breakout will profile the community of practice of MECCs and emphasize the standards and criteria used by this provider group when designing and implementing CME activities. Didactic presentations, case studies, and a panel discussion will be used to present new data, provide concrete examples, and facilitate understanding and partnership among various types of providers.

Objectives: At the conclusion of this breakout, participants should be able to identify profiled characteristics of medical education and communications companies compared to other providers, cite examples of exemplary compliance by MECCs, and identify opportunities for collaboration between and among these companies and other CME providers.

Key Points: MECCs are a diverse and growing segment of the CME community. Many MECCs have received exemplary compliance on various Essential Areas from the ACCME and seek to share their experiences with other organizations. These organizations seek partnership opportunities with other types of providers, both for the provision of CME and for research opportunities.

Expected Outcomes: Participation in this session should lead to increased opportunities for collaboration and partnership by practitioners from different provider settings, thus enlarging and enhancing the overall community of practice of CME providers.

Reference: Parochka J, Cole J. Profile of medical education and communication company alliance members. J Cont Educ Health Prof 1998; 18:29-38.

Breakout
3:30-5:00 pm, Thursday
Coronado A-B

Advancing CME through Information Technology
(Educational Activities Delivery; All; Audio Taped)

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Relevance: Unparalleled advances in information technology have impacted all aspects of health and healthcare delivery. The continuing medical education environment is also changing in response to managed care, healthcare reform and the exponential increase in medical knowledge. The applications of information technology are supplying CME providers with new tools to address the educational and operational challenges arising from this continually evolving environment. Failure to embrace and appropriately apply new technologies may disadvantage quality programs.

Purpose: This breakout is designed to share recent experiences in applying information technology in developing, deploying, marketing and evaluating online CME activities; in providing online resources for faculty who are developing CME activities; in supporting professional development, and in the self-study process and for improving administrative operations.

Objectives: At the end of this breakout, participants should be able to describe key planning components for online CME activities and other educational resources; identify basic design and technical considerations; describe marketing approaches for online educational resources; list criteria for evaluating online resources; and explain ways information technology can be used to advance program operations.

Key Points: Presentations and discussion will focus on approaches to 1) develop online CME; 2) deploy online educational resources; 3) evaluate the impact of online resources, and 4) enhance CME organizational performance and effectiveness through greater applications of information technology.

Expected Outcomes: Using information technology as a strategy to increase access to educational resources and to improve overall CME program operations holds promise to address healthcare providers' educational needs in a changing health care environment. The experiences and discussion in using information technology to provide online educational resources and to improve operations will be a value to others in identifying and evaluating best practices for their respective settings.

Reference: Barnes BE. Creating the practice-learning environment: using information technology to support a new model of continuing medical education. Acad Med 1998; 278-281.

Breakout
3:30-5:00 pm, Thursday
Durango 2

Program Evaluation ABC's: A Framework for Planning Your CME Evaluation
(Evaluation; Beginner; CME 101: Basics Curriculum; Audio Taped)

Joan Sargeant, MEd

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Relevance: There are many reasons for evaluating CME programs and many ways to go about conducting evaluations. Being clear about the reason for the evaluation and selecting appropriate data collection and analytical tools are keys to success. However, these are sometimes difficult tasks, and yet are critical to being able to answer questions asked by and of all CME providers, such as “What did this program accomplish?”.

Purpose: The purpose of this breakout is to provide a practical framework for evaluating CME programs and the opportunity to begin to practice some of the steps and skills involved.

Objectives: Upon completing the breakout, participants should be able to describe a framework for approaching program evaluation; explain the steps involved in designing and implementing a program evaluation, and put into practice some of these steps, following initial practice during the breakout related to an evaluation of a specific program from their own work setting.

Key Points: 1) Evaluation of CME programs is conducted for different reasons and for different stakeholders and many different approaches can be used. 2) Using a simple framework for evaluation enables CME practitioners to plan and conduct evaluation in an effective manner. 3) As for acquiring any new knowledge and skill, developing and implementing good evaluations takes time and practice. 4) Evaluation of CME is an important area, and when done well, can contribute to the study of knowledge and evidence about effective CME.

Expected Outcomes: 1) Appreciation of the fact that evaluation is a critical step in CME planning and implementation. 2) An evaluation framework will prove useful as a guide and aid for designing and implementing evaluations. 3) Having the opportunity to begin practicing evaluation skills in this session will better enable participants to put them into practice in their work settings.

Reference: A practical handbook for assessing learning outcomes in continuing education and training. Washington, DC: International Association of Continuing Education and Training, 1991.

Breakout
3:30-5:00 pm, Thursday
Coronado C-D

Innovative Approaches to the Self-Study Process

(Accreditation; All; Audio Taped)

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Other Support: Member, Accreditation Review Committee of ACCME

Note: Opinions Expressed Do Not Necessarily Represent ACCME Policy

Relevance: For some providers, the new ACCME self-study for re-accreditation is a challenge, for a number of others, a lost opportunity. Not only will a well-thought-out, planned self-study improve the position and presence of the CME program within the institution, but it will provide a more comprehensive and meaningful re-accreditation outcome. With a little innovation, insight, and motivation, the self-study process can be and should be a very positive and valuable experience.

Purpose: This breakout is designed to provide several types of accredited providers with innovative approaches to the self-study process regarding identification and involvement of stakeholders; formulation of a more accurate environment, and comprehensive identification of areas for improvement. Collectively, this strategy should engender improved visibility within the organization, more productive external or constituent relations, and presumably a more substantive and compliant re-accreditation process. It should also produce “exemplary” compliance for the Elements appropriately documented.

Objectives: Participants will, as a result of participation in this breakout, acquire at least one novel or innovative idea for the conduct of the self-study; more accurately describe the purpose, Elements and Essential Areas of the self-study, and gain a higher comfort level and stronger motivation to undertake the self-study process.

Key Points: While the self-study process is pivotal in the re-accreditation process, the process and dynamics will differ dramatically from the large university-based CME program to the small specialty society or independent medical education company. The creative experiences of others will serve as incentives or models.

Expected Outcomes: Graduate medical education has demonstrated the utility and incredible value of the self-study process. Conducted creatively and aggressively, the self-study for re-accreditation should garner internal visibility and support and produce a more credible application.

Reference: ACCME documents “Sample Self-study Questions,” “Instructions for Conducting a Self-study for Re-accreditation,” and “Self-study Report Outline.”

Breakout
3:30-5:00 pm, Thursday
Cancun

**Quality Program Management through Professional Development of
CME Associates (Activity Administrators) and Activity Medical Directors**
(Program Management; Advanced; Audio Taped)

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Relevance: Frequently, CME offices do not have adequate staff to manage all of the activities they offer. This is especially true in academic medical centers where many departments manage their own activities. In order to assure quality CME and compliance with accreditation standards and other regulatory requirements, it is important to provide training for the departments' administrative staff, which do much of the work and the medical directors who are responsible for both format and content.

Purpose: This breakout will review and discuss several methods for providing an ongoing training experience for those involved in the preparation and implementation of CME activities.

Objectives: At the conclusion of this breakout, participants should be able to assess the need for training of CME associates and activity medical directors in their programs, describe possible content and at least two formats for said training, and identify two specific actions they will implement when they return to their respective programs.

Key Points: Professional development for CME Associates and Activity Medical Directors is essential to assure quality CME and compliance with regulatory requirements. Professional development formats include traditional face-to-face experiences, reference manuals, on-line teaching tools, and ongoing interaction through listservs and individual consultations. Professional development content includes CME learning assessments, methodologies, and evaluation; effective teaching techniques; information on accreditation and other regulatory requirements; credit information; a review of local protocols, and meeting management.

Expected Outcomes: Attendees should return to their CME programs, and implement a professional development effort that is relevant to their setting and that will enhance the quality of their activities and their compliance with regulatory responsibilities.

Reference: Mazmanian P. Planning responsibly for adult education (review). J Cont Educ Health Prof 1995; 15(1):58-61.

Breakout
3:30-5:00 pm, Thursday
Acapulco

Understanding Learning-Social Styles
(Strategic Leadership; All; Audio Taped)

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Relevance: Daniel Goleman, in his book “Emotional Intelligence”, states “much evidence exists that people who are emotionally adept, who know and manage their own feelings well and who read and deal effectively with the feelings of other people” have an advantage in all of life’s arenas. Creating a community of practice in continuing medical eEducation (CME) requires working together with a variety of different groups. Understanding social styles and flexibility is the key to developing that working relationship.

Purpose: This breakout describes what an organization has done through the assessment of social styles, flexibility of its members and evaluating its relationship to high performing teams in meeting the organization’s overall goal of “Caring for Hawaii’s People like Family”, i.e., Human Resources (Learning and Development Leadership Team, Diabetic Population Care Management Team and Health Care Teams).

Objectives: At the conclusion of this breakout, participants will be able to 1) identify personal social styles; 2) recognize social styles of other members of their community or team; 3) develop flexibility in working with community members with different social styles, and 4) determine the association of social style and flexibility with high performing teams through our experiences.

Key Points: Translating theory into practice requires that an organization understands that 1) different folks have different social styles; 2) awareness of different social styles and flexibility improves working relationships and developing a sense of community, and 3) determine if there are relationships between social style and high performance teams.

Expected Outcomes: Through continued evaluation, it is possible to create and maintain teams that work well together and accomplish the organizational goals of providing quality healthcare and improved healthcare outcomes of our members.

Reference: Enhancing performance skills. Tracom Corporation 1991.

Breakout
3:30-5:00 pm, Thursday
Coronado E

Leadership Development throughout the Organization: Building a Community of Practice
(Strategic Leadership; All; Audio Taped)

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Relevance: For an organization to be successful, employees at all levels must exhibit leadership skills. However, leadership training is often restricted to those who are already in leadership positions. Developing a coordinated, comprehensive, and complementary leadership development program for all employees of an organization, especially across multiple campuses and for units of different sizes with varying missions, requires a strong community of practice.

Purpose: This breakout will describe strategies for development and dissemination of leadership curricula to all levels of employees, beginning with the formation of a community of practice. The example program to be discussed includes a regional leadership institute. Impact analysis/return-on-investment results also will also be presented.

Objectives: At the conclusion of the breakout, participants should be able to describe steps necessary to develop a community of practice across geographically dispersed facilities; identify complementary leadership development competencies for all levels of employees; describe systematic strategies for tailoring content to all levels of employee; identify innovative training strategies, and identify factors necessary to conduct an impact analysis.

Key Points: Developing leadership training for an organization requires developing a community of practice. This community may include professionals from a variety of backgrounds who are charged with organizational development. In large systems, the community may also include multiple sites and organizational units with different missions. Tasks for this community, after development, include determining the leadership message, translating this message to employees at different levels, coordinating efforts among curriculum developers and trainers, utilizing fiscal and training resources creatively to ensure the maximum number of employees can be reached, and evaluating the effectiveness of the program.

Expected Outcomes: Strategies for developing communities of practice and leadership training will be discussed. Sample competencies and curricula will be provided. Training techniques, evaluation strategies, and results will be discussed.

Reference: Blunt R. Leaders growing leaders: preparing the next generation of public service executives. PricewaterhouseCoopers Endowment for The Business of Government, May 2000.

Breakout
8:30-10:00 am, Friday
Coronado M-N

Building Learning Communities through Continuing Health Professions Development
(Needs Assessment; All; Audio Taped)

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Relevance: Regulatory and accreditation agencies have established standards that impact multiple care providers. With limited resources in today's health care environment, it is essential to optimize the educational offering's impact to extend beyond a single healthcare discipline. Promoting needs assessment within a learning community of practitioners (team learning) in which physicians, midlevel providers, nurses and other health care personnel is critical for addressing today's medical education needs.

Purpose: The purpose of this breakout is to engage continuing education providers in a discussion forum regarding the benefits and challenges inherent in identifying educational needs of health professions through the establishment of learning communities.

Objectives: At the conclusion of this breakout, participants will be able to analyze the impact of obtaining needs assessment data sources from learning communities of continuing health professionals.

Key Points: Identification of needs assessment data sources, data analysis and design process that impact physicians, midlevel practitioners, nurses and other health care providers. Creating a learning community of healthcare providers through the delivery of educational activities.

Expected Outcomes: Benefits of lifelong multi-professional education, needs assessment data sources including regulatory and accreditation requirements, a review of the roadblocks and recommendations for future programming.

Reference: Prather S. The new health partners: renewing the leadership of physician practice. Jossey-Bass Publishers, 1999.

Breakout
8:30-10:00 am, Friday
Coronado P-Q

CME Strategies to Ensure Implementation of a Clinical Guideline

(Educational Activities Design; All; Audio Taped)

Jacqueline McClaran, MD

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Linda Snell, MD

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Relevance: The guideline movement has had limited impact on CME methods and strategies. Awareness of the goals and problems of clinical guideline implementation will allow CME providers and researchers to focus on quality care outcomes by presenting and evaluating effective educational activities.

Purpose: To describe educational research and experience with providing workshops and practice tools for implementing cardiovascular health promotion in practice, and to receive feedback and suggestions for future work in this area. These issues will be explored. What is the relationship of guideline implementation to receiving a training workshop and the availability of a practice support tool? Does timing of receipt of the practice tool in relation to timing of a training workshop change the outcome? Does the format of the workshop change outcome? What elements of telephone follow-up and practice support are acceptable and lead to change in practice? If guideline implementation is in part an educational issue, and if guideline design may limit educational effectiveness, is there a role for CME expertise in guideline design and on task forces establishing the most up-to-date approach, given the quality of the evidence? Continuing improvement feedback loop includes educators providing educational interventions in order to empower health care providers to empower patients to lead healthy cardiovascular health status of Canadians. Health status indicators in turn feedback to continuing education providers and researchers, so that educational interventions can be improved.

Objectives: At the end of this breakout, participants will be able to name barriers and supports to guideline implementation; will be able to relate Prochaska's Stages of Change to effective guideline implementation, and will better understand the role of CME providers and CME research in this process.

Key Points: Guideline implementation can be enhanced in practice when CME interventions take stages of change theory into account. CME providers have a role to play in guideline implementation.

Expected Outcomes: CME research can impact guideline design and implementation such that guidelines are seen as educational tools and designed as such.

Reference: Davis DA, Taylor-Vaisey A. Translating guidelines into practice. A systematic review of theoretic concepts, practical experience and research evidence in the adoption of clinical practice guidelines. CMAJ 1997; 157(4):408-16.

Breakout
8:30-10:00 am, Friday
Coronado R-S

Learning Contracts: An Option for Formalizing Self-Directed Learning in a CME Context
(Educational Activities Design; Intermediate; Audio Taped)

Eric Peterson, BM

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Relevance: Self-direction is a well-recognized characteristic of the adult learner. Many of the most important learning activities in which physicians engage are self-directed by nature. The AMA has provided category 2 as a way of reporting self-directed activities, but the results have been disappointing, and the PRA certificate with “commendation for self-directed learning” has recently been withdrawn. Of major concern is that completely unstructured self-directed learning may be too “open ended”, and” physicians often require consultation to help them clarify their needs, identify and access appropriate resources, and establish a structure for recording activities and evaluating the overall program of learning. We present the concept of a “learning contract” as a possible way of addressing adult self-directed learning within the context of a structured program of learning.

Purpose: This session is designed to introduce the concept of the learning contract (i.e., a concept that has been in use in faculty development and corporations for years) as a structured plan of learning incorporating all of the design elements required for the designation of AMA category 1 credit.

Objectives: At the conclusion of this breakout, the participant will be able to describe the elements of negotiating a learning contract (clarification of educational needs; setting of goals and objectives; identification of appropriate resources and activities to accomplish the learning goals and objectives; structure for recording and reflecting of learning activities, and structure for evaluating the overall plan of learning).

Key Points: In addition to developing a basic understanding of the elements of a learning contract, the CME professional must be skilled in helping physicians to clarify their educational needs, as well as in accessing the resources of educators, medical specialists, and information specialists to identify resources. The CME professional must also build an appropriate infrastructure to document these activities.

Expected Outcomes: Learning contracts present CME professionals with a way of meeting the needs of self-directed learners. The structure of the learning contract benefits learners by giving them access to consultation related to clarifying their needs and accessing resources and by addressing the concerns of the profession and of society for accountability.

Reference: Knowles MS. The modern practice of adult education: from pedagogy to andragogy. Englewood Cliffs, NJ: Cambridge, 1980.

Breakout
8:30-10:00 am, Friday
Coronado H

Physician Core Competencies: Challenges in Evaluation

(Evaluation; All; Physician's Track; Audio Taped)

Sorush Batmangelich, EdD

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Relevance: Evaluating the non-clinical areas or “gray zones” of physician competencies has eluded organized medicine and been the subject of ongoing debates and investigations. The ACGME (Accreditation Council for Graduate Medical Education) which monitors the quality of all US residency training programs, in February 1999 adopted and endorsed the six General Competencies (Patient Care, Clinical Science, Practice-Based Learning and Improvement, Interpersonal Skills and Communication, Professionalism, and Systems-Based Practice). The American Board of Medical Specialties (ABMS) which conducts certification and re-certification functions in medical specialties and subspecialties in the US has also adopted these General Competencies. These competencies are expected to be taught and measured in residency education programs (ACGME) and in certification and maintenance of certification (ABMS) activities. Major challenges face each specialty in developing optimal metrics or measurement strategies for these competencies.

Purpose: This breakout will describe the six core competencies and their related skills subsets, and explore various evaluation methods and examples that can be applied to these competencies.

Objectives: At the conclusion of this breakout, participants should be able to describe the six core competencies and their related subset skills, and explore various evaluation instruments for each competency skills requirements.

Key Points: Teaching and evaluation are two sides of the same coin. In order to effectively teach the six core competencies, there must be relevant, valid and practical evaluation strategies matching these competencies. Effective evaluation models are required to be developed to strengthen and validate demonstration and evidence of continuing competency attainment and maintenance.

Expected Outcomes: A variety of evaluation instruments are available that can be creatively and innovatively applied or adapted to each competency requirement, and which are specific and relevant to different specialties.

Reference: Accreditation Council for Graduate Medical Education (ACGME), Chicago, IL, <http://www.acgme.org>.

Breakout
8:30-10:00 am, Friday
Coronado J

Analysis of Outcomes Data for Non-Statisticians
(Evaluation; All; Audio Taped)

Jason King, PhD

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Larry Laufman, EdD

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This breakout will use an audience response system, provided by Baylor College of Medicine.

Relevance: With the traditional need to evaluate CME programs and the recent emphasis in the ACCME guidelines on assessing educational outcomes, it has become imperative that CME providers become better acquainted with the statistical techniques necessary to appropriately analyze data. While these methods are equally applicable for analyzing all types of data (e.g., activity evaluation questionnaire items), outcomes assessment typically involves collecting data of a more complex nature, which may be better explored using a range of statistical techniques. Although proper analytic procedures must be applied to obtain statistically valid results, many providers have only limited working knowledge of the statistical tools available, and little guidance is readily available.

Purpose: The purpose of this breakout is to explain and demonstrate the practical applications of various basic statistical techniques that may be useful in analyzing and interpreting outcomes data. The presentation will assume no prior knowledge of statistics, will be discussed using layperson's terms, and will demonstrate how readily available software such as Microsoft® Excel can be used for all analyses. We will also provide a brief overview of how to write items that can be effectively analyzed.

Objectives: After attending the breakout, participants should be able to differentiate between quantitative and qualitative data, correctly apply and interpret descriptive and elementary inferential statistics, and understand the rationale for the use of more sophisticated techniques when warranted.

Key Points: Basic statistical techniques will be briefly described, applied to the data, and interpreted. The applications of more advanced techniques will be described in general terms showing their usefulness in documenting outcomes. Outcomes data obtained from representative CME activities will be employed for heuristic purposes. Following the conference, attendees will have access to online cases with which they can practice the skills demonstrated during the breakout.

Expected Outcomes: Participants should be able to correctly apply and interpret statistical methods appropriate for use in analyzing outcomes data from their CME programs. This will result in enhanced evaluations of program effectiveness, and lead to greater improvements in the quality of continuing medical education.

Reference: Leist JC, Green JS. Congress 2000: A continuing medical education summit with implications for the future. *J Cont Educ Health Prof* 2000; 20(4):247-251.

Breakout
8:30-10:00 am, Friday
Coronado A-B

Applying Essential Area 2 (Educational Planning and Evaluation) to Everyday CME Planning
(Accreditation; Beginner; CME 101: Basics Curriculum; Audio Taped)

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Other Support: President, CME Consulting, Ltd.

Relevance: Being able to apply the ACCME Essential Elements in the day-to-day planning of CME activities is a basic skill, which all CME professionals must master.

Purpose: The purpose of this breakout is to teach participants how to follow a logical sequence for planning a CME activity.

Objectives: By the end of this breakout, participants should be able to 1) follow a logical sequence for planning a CME activity based on the ACCME Essentials, and 2) develop a CME activity using the planning process described in the ACCME Essential Area 2 (Educational Planning and Evaluation).

Key Points: This is an interactive session in which small groups will be assigned to plan a CME activity in accordance with ACCME Essential Area 2 (Educational Planning and Evaluation). An interactive format allows participants to draw on their own and each other's experiences. Participants are asked to design a session using other than a lecture format, which gives them the opportunity to be creative. Participants really welcome the immediate feedback they get from the small group reports.

Expected Outcomes: Participants will see the relationship between Essential Area 2 and a logical planning process for educational design. This is an application exercise in which participants will have developed a CME activity using the planning process required by Essential Area 2 (Educational Planning and Evaluation). Allow participants to see that there can be several formats for addressing the same need.

Reference: Accreditation Council for Continuing Medical Education Essential Areas.

Breakout
8:30-10:00 am, Friday
Coronado C-D

The ABC's of Contract Review: A Method for Interpreting Contract Language
(Program Management; All; Audio Taped)

Barbara McLeod, BA

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Relevance: Many CME professionals who manage education programs are also responsible for negotiating, reviewing and signing binding contracts with meeting venues. Many of us, professionals in every other respect, know little about business law and contractual obligations. Contracts with meeting facilities have become more complicated.

Purpose: This practical, hands-on workshop is designed to provide participants with a strategic approach for reviewing hotel contracts. Participants will review contract language and clauses specific to hotels and other meeting venues. Contract terms will be summarized into a format that can be readily implemented by CME professionals.

Objectives: At the conclusion of this breakout, participants who implement this logical process should be able to condense contract language to straightforward terms, communicate efficiently with legal counsel and negotiate effectively with meeting venues.

Key Points: This interactive breakout will include case studies and provide participants with an opportunity to analyze facilities contracts utilizing a key or legend specially designed for contract review.

Expected Outcomes: This method for interpreting contract language will assist CME practitioners in making informed decisions regarding contractual obligations prior to signing binding agreements.

Reference: Foster J. The law of meetings, conventions & trade shows: meeting and facility contracts.

Breakout
8:30-10:00 am, Friday
Coronado T

Using the Baldrige Criteria to Improve an Educational Organization

(Strategic Leadership; Intermediate; Audio Taped)

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Robert Cullen, PhD

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Relevance: Organizations worldwide use the Baldrige criteria as a guide for improvement and to evaluate progress toward becoming the best in their fields. Educational organizations must work diligently to apply the standards to their work and organization.

Purpose: We will share the experiences of EES in applying the Baldrige criteria to our System as a real-world example of how to interpret and use the criteria to improve organizations.

Objectives: Participants will learn about methodologies for assessing their organizations in the seven Baldrige categories, establishing organizational performance measures, identifying opportunities for improvement and achieving better run organizations congruent with missions and strategic plans. Examples of EES experience (including lessons learned) with implementation of Baldrige criteria will be provided.

Key Points: The Baldrige criteria can be used to evaluate the overall health of an organization. These standards guide the organization in its performance improvement efforts. The Baldrige criteria require that the organization systematically uses all data, feedback, and knowledge attained to continue to improve.

Expected Outcomes: To meet the Baldrige criteria, the activities and work of an organization must be aligned with each other and with the mission and strategic plan. Organizational performance measures are used to track and communicate progress toward strategic goals. Performance Improvement must be systematic, built on data and reality rather than hunches and anecdotal input. Building and maintaining an aligned organization, systematically analyzing and improving, is hard work and requires a “corporate conscience.”

Reference: www.quality.nist.gov.

Breakout
8:30-10:00 am, Friday
Coronado E

Medical Presentation Skills: High Impact Communication

(Personal Skills; All; Audio Taped)

Cindy Casserly, MA

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Other Support: Employee, Pharmacia Corporation

Stockholder: Pharmacia Corporation

Relevance: Research and medical data is often complex, difficult to understand, and a challenge to act upon. Turning complex data into meaningful and useful information requires attention to the communication process. Presentation skills strongly influence the acceptance and perceived value of the information. Understanding the communication process, as both an art and a science, enhances the CME community's knowledge and the quality of individual presentation skills. An effective speaker can positively affect the quality of healthcare decisions, enhance professional standing, and generate referrals.

Purpose: This interactive, multimedia learning breakout is designed to encourage healthcare professionals to assess, develop, and enhance their ability to deliver articulate, poised, and compelling presentations.

Objectives: At the conclusion of this breakout, participants should be able to identify qualities that characterize outstanding speakers; organize a coherent, focused presentation; design and use visual aids effectively; interpret nonverbal audience feedback, and gracefully handle audience questions.

Key Points: This interactive breakout will enhance the participant's ability and confidence to deliver high quality presentations based on analyzing audience needs.

Expected Outcomes: CME professionals can enhance their current level of skill and expertise, while strengthening their confidence and ability to develop and deliver presentations that have high impact.

Reference: Medical Presentation Skills Workshop Curriculum 2000.

Breakout
10:30 am-12:00 pm, Friday
Coronado M-N

**Learning-in-Practice: Using Quality Assurance Rounds and Case Conferences
to Provide Timely, Relevant Continuing Professional Development**

(Needs Assessment; All; Audio Taped)

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Darlyne Rath, MScT

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Relevance: Adult education theory and continuing medical education research suggest that the features of quality assurance (QA) rounds, case-based rounds and tumor conferences at health care centers incorporate the features that influence physician learning and change. These rounds, an integral part of everyday practice provide an opportunity for self-reflection in a collaborative, interactive learning environment enabling ongoing professional development that is relevant, timely and practice-based.

Purpose: This breakout will provide an opportunity to 1) review the features of the learning environment inherent to these rounds that are thought to influence physician learning and change; 2) determine how these rounds may be used to provide a mechanism to identify objective learning needs for ongoing continuing education, and 3) stimulate the generation of new ideas to improve the quality of patient care.

Objectives: Participants will be able to identify the social, professional and personal factors influencing physician learning and change; recognize the importance of critical reflection, practice relevance, and collaboration in ongoing professional development; suggest how these factors are applicable to QA rounds and case conferences at their own institution; explore mechanisms by which these rounds may be used to provide objective learning needs, and stimulate new ideas to improve the quality of patient care.

Key Points: Theories of adult education and social learning stress the importance of practice-relevance, collegial interaction, peer pressure, and critical self-reflection in influencing health professional learning and change. Quality assurance rounds and case-based conferences and rounds, an essential part of everyday practice in the health care setting, provide a supportive, collegial, interactive learning environment conducive to timely, relevant, practice-based professional development activities. They provide a valuable source of objective learning needs for continuing education and an opportunity to explore ways to improve the quality of patient care.

Expected Outcomes: This breakout will provide participants with an opportunity to consider how quality assurance rounds, case based conferences and other similar rounds at their own institution may be examined to provide objective learning needs for health care professionals and adapted to meet their own unique continuing educational needs.

Reference: Bennett NL, Davis DA, Easterling WE, et al. Continuing medical education: a new vision of the professional development of physicians. *Acad Med* 2000; 75:1167-1172.

Breakout
10:30 am-12:00 pm, Friday
Coronado P-Q

Learning and Partnering:
Bringing Pharmaceutical Representatives into the Educational Loop
(Educational Activities Design; All; Audio Taped)

Jane Tipping, MAEd

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Relevance: The role that pharmaceutical representatives play in upholding, promoting or depreciating high standard education in the field of CHE has been addressed only rarely. Pharmaceutical representatives in Canada receive many opportunities to upgrade their knowledge of disease states and management, however they receive very little information or training in the practice of CHE. For the past 18 months a group of dedicated professionals from across Canada representing academia, industry and the Association of Pharmaceutical Representatives of Canada have been working on the creation of a CHE training module specifically geared for pharmaceutical representatives. The outcome has been a high quality program including a method of training and evaluation that is unique in its format and congruent with the philosophy of adult education. The coalition of three stakeholder groups also represents an example of true partnership that promises to offer a high impact on raising and maintaining standards of CE across the country.

Purpose: This breakout will demonstrate a method of education and evaluation that is congruent with principles of adult education. It is designed to provoke critical discussion on the issues of industry CHE and the meaning of partnership between differing stakeholders. Methods of conducting research on efficacy will also be discussed.

Objectives: As a result of attending this breakout, participants will critique an educational strategy for training and evaluating representatives' skills in CHE, discuss the implications of a highly informed sales force, and identify barriers to partnership and implementation.

Key Points: The goal of CHE remains consistent even though stakeholders may vary. Through pooling the resources of differing groups an outcome of higher quality can be achieved.

Expected Outcomes: Maintaining high standards of CHE are the responsibility of all stakeholders. The greater the knowledge, skills and communication between these stakeholders, the greater the outcome.

Breakout
10:30 am-12:00 pm, Friday
Coronado J

Secrets of eCME Promotion
(Educational Activities Delivery; All; Audio Taped)

Marc Lafoley, MS

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Martin Robert, PhD

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Relevance: As electronic continuing medical education (eCME) carves out its place on the CME landscape and the Internet becomes a ubiquitous part of a healthcare professional's practice, traditional efforts of creating awareness and driving activity need to shift towards new communication mediums and techniques. As the ecology of communications within the healthcare community becomes increasingly complex, participation rates in virtual events are dependent on reaching learners and persuading them on the merits of a program. The success of eCME events will depend not only on the quality of the content but also the ability of purveyors to successfully transform communications campaigns within this rapidly changing environment.

Purpose: The breakout presents CME professionals with a pragmatic approach using the latest tools and methods to develop and execute integrated communications campaigns to maximize awareness and activity of eCME events. Although the session will focus on eCME events, CME professionals promoting traditional CME formats will also benefit.

Objectives: At the conclusion of this breakout, participants should have an understanding of the communications dynamics with the online learner, an understanding of the different communication tools available, and the necessary skills to develop integrated communications campaigns for eCME events.

Key Points: Creating awareness and participation for eCME events is different than traditional formats. Geographic, physical and time barriers are removed from the participation in eCME events. An understanding of these differences helps CME professionals avoid common pitfalls when promoting eCME programs. Knowledge of the different promotional instruments available help CME professionals quickly develop campaigns that ensure targeted diffusion of eCME programs.

Expected Outcomes: This breakout will assist CME professionals to adopt and execute new communications campaigns that integrate with the needs of the cyber-learner and facilitate the diffusion and adoption of best practices. This will lead to superior returns on educational investments.

Reference: Godin S, Peppers D. Permission marketing: turning strangers into friends, and friends into customers (1st edition), Simon & Schuster, 1999.

Breakout
10:30 am-12:00 pm, Friday
Coronado C-D

Adapting Peer-to-Peer Facilitator Led CME to a Web-Based Learning Environment: A Pilot Study
(Educational Activities Delivery; All)

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Bonnie McEachern, MEd

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Relevance: Digital networks that integrate telecommunications and information technologies are growing exponentially and have the potential to revolutionize CME. Increasingly, Canadian specialists and family physicians (FPs) are using personal computers and access the Internet to perform different activities such as communicating via e-mail, searching bibliographic databases, browsing online medical journals and following continuing medical education (CME). Capturing the best practices in adapting continuing medical education to the WWW have the potential of creating communities of practice amongst the health community. CME online has specific relevance for empowering isolated rural FPs by providing them training in special skills as well as access to specialists and other peers.

Purpose: This breakout is focused on exploring the challenges that CME designers are increasingly facing in adapting CME programs, originally conceived to be delivered by a variety of media and formats (face-to face, CD-ROM, Power Point, lecture), to the emerging field of Web-based instruction. This presentation will highlight the complexity of adapting a face-to face program, (Early Alzheimer Disease. Diagnosis, Treatment and Management sponsored with an unrestricted educational grant from Novartis Pharmaceuticals Canada) to a Web-based learning environment.

Objectives: At the end of the breakout, participants should be able to 1) identify the relevant factors that influence the adaptation of a face-to face CME program to a Web-based environments; 2) suggest a theoretical framework to guide this process, and 3) explain how to fully exploit some of the unique characteristics Web-based learning environment.

Key Points: Adapting face-to face CME program to a Web-based learning environment is not a process that can be given for granted. This design process requires 1) a multidimensional problem-based learning theoretical model; 2) the selection of instructional methods that fully exploit the interactive nature of the WWW; 3) evaluation of the platform to deliver the CME online, and 4) specific training for the facilitator of the CME on-line program.

Expected Outcomes: The case study's results will contribute to the emerging field of research on Web-based CME, which is in its infancy. It will also trigger discussion amongst participants about relevant issues regarding the adaptation and design of CME online. It will provide empirically tested guidelines to adapt face to face CME programs to Web-based environments.

Reference: Sklar BM. The current status of online continuing medical education. Unpublished master thesis, University of California 2000 (available at www.netcantina.com/masterthesis).

Breakout
10:30 am-12:00 pm, Friday
Coronado T

Creating Accessible Impact Analysis and ROI Techniques

(Evaluation; Intermediate; Audio Taped)

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Relevance: Selecting a new technique for organizational improvement is one issue, but promulgating that technique throughout the organization is quite another. This topic is relevant to any organization interested in impact assessment and determining the financial returns from training activities or learning events.

Purpose: The breakout discusses two alternate approaches to implementation. The intent is to share lessons learned from each implementation style, and one methodology for improving sharing of successful techniques using web-based case studies.

Objectives: At completion of this breakout, CME professionals should be able to identify the fundamental differences between impact assessment and return on investment calculations; state two organizational approaches for conducting these studies; state the key advantages and disadvantages for each method, and describe one method for quickly disseminating this information throughout their organization.

Key Points: Selecting techniques: impact analysis or return on investment calculations (planning requires understanding purpose, timing, data collection technique), and most importantly how the effects of the training or learning event can be isolated. We will discuss when each technique is appropriate, and the additional requirements of return on investment calculations including tabulating costs, converting impact data to monetary values, identifying intangible benefits, and calculating the return on investment. Organizational Strategies: using expert teams versus training in-house educational staff to apply one more design process step. Advantages and disadvantages of using dedicated assessment professional with limited organizational knowledge and newly trained educators with expert organizational knowledge. Lessons Learned: results from actual VHA case studies will be presented. These case studies include barriers encountered and methods of isolating effects when patient satisfaction scores are used as a performance measure. Community of Practice: how to alter the typical format of impact analysis and ROI reports to disseminate the information needed by practitioners, and how to share this information in an effective web-based format.

Expected Outcomes: At the conclusion of the breakout, participants will understand the relationships among impact analysis, ROI and evaluation.

Reference: Phillips JJ. American society for training and development. Alexandria, VA: InfoLine Series on Evaluation 1999: Volumes 1-5.

Breakout
10:30 am-12:00 pm, Friday
Coronado R-S

Methods and Models of Using Documentation Effectively to Meet ACCME Essentials and Standards
(Program Management; All; CME 101: Basics Curriculum; Audio Taped)

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Relevance: For many CME providers, and especially those new to CME, determining effective and efficient mechanisms to document compliance with the ACCME Essentials and Standards can be a challenge. While the Essentials and Standards are straightforward in the expectation of what needs to be done, the interpretation of how to accomplish it is left to the individual provider.

Purpose: This breakout is designed to provide guidance to CME providers on how to meet documentation requirements of the Essentials and Standards of the ACCME. Attendees will be encouraged to bring their “best practices” to share with others. The facilitators will provide samples of documentation and forms they use to comply with the requirements.

Objectives: At the conclusion of this breakout, attendees will be able to 1) identify various methods of documenting compliance with ACCME Essentials and Standards; 2) network with colleagues for solutions to specific documentation issues; and 3) design forms and methods of documentation that suit their specific institutional needs.

Key Points: Meeting the documentation requirements to show compliance with the ACCME Essentials and Standards can be a challenge to some CME providers. With some forethought and purpose, forms and documentation methods can be developed that can easily meet the requirements. CME professionals who have been in the business of CME for an extended period of time can provide guidance to less seasoned professionals by sharing proven methods and forms that have stood the test of accreditation reviews. The networking of colleagues to share “best practices” can benefit all that attend this session.

Expected Outcomes: Networking and sharing ideas can assist all CME professionals in achieving their goal of compliance with ACCME Essentials and Standards. Both the facilitators and the attendees of this activity should be able to take away new and fresh ideas for effectively and efficiently conducting the documentation aspects of CME.

Reference: Pennington F. CME: Push past trappings to achieve goal of improving health-care delivery. *Almanac* 2000; 22(4).

Breakout
10:30 am-12:00 pm, Friday
Durango 1

Project Management for Online CME: Planning, Development, and Implementation-Best Practices
(Program Management; Intermediate)

Vernon Curran, PhD

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Relevance: In recent years there has been a proliferation of online CME for physicians. This is not surprising, given the barriers and obstacles which most physicians experience in attempting to participate in traditional formal face-to-face CME. Online CME provides self-paced, self-directed and collaborative learning opportunities. However, arriving at the point of having an effective online CME program that is ready for delivery can be a challenging task. A number of planning steps must be followed prior to the initiation of program design and development. Program development will usually require the participation of a number of different professionals (instructional designers, content experts, program manager, Web developers, graphic artists, media producers). As well, once the instructional development project is underway, a number of key project management tasks must be followed. A successful online CME program requires a significant amount of advanced planning and effective program management.

Purpose: This breakout is intended to introduce CME providers to a model of project management for the design, development, delivery and evaluation of online CME.

Objectives: At the conclusion of this breakout, participants will be able to identify and describe the key stages of online CME program planning and the significant program management tasks involved with the design, development, delivery and evaluation of online CME programs; identify the potential pitfalls which could be encountered during an instructional development project; and discuss the challenges they have experienced in designing and developing online CME.

Key Points: Effective online CME program planning and management requires 1) an understanding of the basic instructional elements for developing and delivering online CME; 2) an understanding of the components involved in planning an online CME program (i.e. needs assessment, scope, proposal writing, seeking funding partners, roles and responsibilities, budget, and 3) a model for program management (tasks, timelines, GANNT charts).

Expected Outcomes: The design and development of online CME requires a systematic approach which includes planning for technical and instructional development resource needs. The effective management of an online CME development project is critical to the production of an instructional program, which is within budget and delivered on time. A number of key steps can be taken to effectively plan and manage an online CME development project to make it a success. Participants can expect to apply the model of project management and planning presented to enhance their abilities to design and develop online CME programming.

Reference: McCormack C, Jones D. Building a web-based education system. Toronto: Wiley Computer Publishing 1995.

Breakout
10:30 am -12:00 pm, Friday
Coronado A-B

CME Faculty Development: Building Your Portfolio of Tools and Resources
(Strategic Leadership; All; Audio Taped)

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Relevance: Despite their content expertise, CME Faculty may be unprepared to design, deliver and evaluate quality CME presentations and activities. Faculty may be unfamiliar with new instructional methods/technologies, approaches to enhance educational outcomes, and the new essentials for CME. CME faculty development tools/resources help these deficits.

Purpose: This breakout is designed to 1) present an overview of the lessons learned in developing CME faculty development tools/resources, and 2) provide discussion to help CME Providers develop their own CME faculty development approaches.

Objectives: At the conclusion of this breakout, participants should be able to 1) identify and describe CME faculty development tools/resources; 2) plan how to incorporate CME faculty development into their practices/procedures; 3) describe ways to assess the impact of CME faculty development, and 4) access online CME faculty development resources.

Key Points: The presenters will review training approaches, tools and resources developed for CME faculty development (i.e., dedicated training on CME issues, instructional methods, and education technologies; expert consultation in the areas of education, activity evaluation, outcomes assessment, ethics, legal issues, financial accountability and commercial support; input and feedback from CME stakeholders; online resources, databases, forms, and procedures; professional incentives, and intra-institutional collaboration). Presentations and discussion will also focus on how organizing around the principles of faculty development can beneficially inform and influence many of the procedures and practices of a CME program.

Expected Outcomes: CME programs and individual activities emphasizing faculty development can promote greater success in achieving educational objectives and upholding accreditation guidelines.

Reference: Ullian JA, Stritter, FT. Faculty development in medical education, with implications for continuing medical education. J Cont Educ Health Prof 1996; 16(3):181-190.

Breakout
10:30 am-12:00 pm, Friday
Coronado E

Linking Continuing Medical Education with Managed Care Initiatives: Tools to Consider
(Health Care Delivery Systems; All; Audio Taped)

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Relevance: Managed care organizations (MCOs) collect significant data on practice variation and patient outcomes that can be used for CME needs assessment and development of content areas. MCOs use population-based care strategies to improve patient outcomes and reduce practice variation among MCO providers. Clinical guidelines are just one important population-based strategy, but implementation in many care settings remains a significant challenge. CME may be one tool to aid in implementing clinical guidelines, but this has not been widely used by MCOs. Online CME as well as traditional CME settings, are tools especially useful within integrated delivery systems.

Purpose: This breakout will provide tools for CME professionals to collaborate with MCOs in the use of educational strategies to promote performance improvement using MCO databases.

Objectives: At the completion of this breakout, the participant should be able to identify the common goals of a CME office and an MCO; utilize the outcomes measurements of an MCO for needs assessment, and complete an assessment of the common goals of your CME office and MCOs involved in your system to develop your own best practice.

Key Points: 1) CME credit adds value to the MCO process improvement/clinical guidelines initiative and promotes buy-in by providers. 2) CME standards provide a framework for bias free promotion of clinical guidelines with emphasis on improved patient outcomes, rather than MCO financial parameters. 3) MCO strategies including sponsorship, credentialing, quality improvement and bonus payments can be leveraged to increase provider enrollment in programs. 4) Outcome measurements can serve as needs assessments to develop new and revised CME programs.

Expected Outcomes: MCOs can be engaged in using CME to promote population-based health care strategies such as clinical guidelines. Mutual interest and expertise in changing physician behavior is an important opportunity to improve the quality of care in health care settings with significant penetration by managed care.

Reference: Ockane JK, Zapka JG. Provider education to promote implementation of clinical practice guidelines. Chest 2000; 118 (2 Suppl): 33S-39S.

Breakout
8:30-10:00 am, Saturday
Coronado E

Assessing Physician Motivation in the Planning Process

(Needs Assessment; All; Audio Taped)

Christopher Larrison, BA

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Other Support: Employee, Pharmacia Corporation

Relevance: Developing interventions that change physician behavior is very difficult. By assessing physician motivation and forces for change, the CME provider may be able to design programs that will benefit by increased attendance and have a better likelihood of changing behavior.

Purpose: This breakout provides an opportunity to see practical application of the Change Readiness Inventory and its components in program development.

Objectives: At the conclusion of this breakout, participants should be able to identify problems they face in developing behavior change; evaluate the need for assessment of motivation in program planning; and apply the Change Readiness Inventory in program development.

Key Points: Motivation is the key to developing behavior change but is complex and difficult to measure. The application of the Change Readiness Inventory will show a means of assessing motivation.

Expected Outcomes: Motivation is the key to developing behavior change, but it is rarely assessed prior to interventions. Measuring forces for change and motivation will assist in planning interventions and will make interventions more effective.

Reference: Fox RD. Using theory and research to shape the practice of continuing professional development. J Cont Educ Health Prof 2000; 20(4):238-246.

Breakout
8:30-10:00 am, Saturday
Coronado P-Q

Making CME “Active”

(Educational Activities Design; All; CME 101: Basics Curriculum; Audio Taped)

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Relevance: Despite evidence that the traditional lecture is among the least effective methods of delivering educational content, it continues to be the dominant format used in CME. “Active learning” refers to a collection of training techniques that are founded upon theory and research that suggest that increasing learner involvement in the learning process results in improved learning outcomes.

Purpose: This breakout is designed to introduce CME professionals to techniques from the corporate training world that may be used in the context of CME. During the breakout, active learning techniques will be used to communicate the theory that supports their use.

Objectives: At the conclusion of this breakout, the participant will be familiar with a number of active learning techniques and will be able to discuss how each could be used in the context of CME. The techniques discussed will include but will not be limited to jigsaw learning, rotating trio discussions, active debate, and peer consultation. Participants will also be able to apply several techniques designed to decrease learner passivity during lectures.

Key Points: In order to improve the quality of teaching and learning in CME, it is not enough for educators to be familiar with theories and research related to how adults learn. These insights must be incorporated into teaching strategies.

Expected Outcomes: Active learning techniques will provide CME professionals with alternatives to the traditional lecture. They may increase learner retention of material presented in CME activities.

Reference: Silberman M. Active training: a handbook of techniques, designs, case examples and tips (2nd ed). San Francisco: Jossey-Bass Pfeiffer, 1998.

Breakout
8:30-10:00 am, Saturday
Coronado R-S

Integrating Quality Improvement and Continuing Medical Education: Innovative Examples
(Educational Activities Design; All; Audio Taped)

Carole Lannon, MD

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Other Support: American Academy of Pediatrics Liaison, National Initiative for Children's Healthcare Quality

Relevance: Research demonstrates that CME activities that are most effective include active learning opportunities, learning delivered in a longitudinal or sequenced manner, and the provision of methods to facilitate implementation in the practice setting. With this in mind, professional societies and residency training programs will need to help members and trainees meet new requirements for achieving core competencies in performance measurement, quality improvement and systems thinking.

Purpose: This breakout will involve participants in discussing the barriers to improved care at the practice level as well as illustrate several successful projects which have integrated quality improvement, performance measurement, and continuing education for medical and nursing professionals.

Objectives: At the conclusion of this breakout, participants should be able to define the key components of the improvement cycle; understand the relationship between performance measurement and improvement, and recognize several ways in which quality improvement can be integrated into continuing medical education activities.

Key Points: This presentation will review how quality improvement can be adapted in various CME settings to help practices improve their care. Examples of successful projects include a statewide asthma improvement project involving all 10 state Area Health Education Center sites, a learning collaborative involving 10 pediatric practices focused on improving preventive services, and an immunization improvement project in a pediatric residency program.

Expected Outcomes: As a result of this presentation, CME professionals will 1) better understand how to help clinicians improve care by sharing practical tools and effective strategies for implementing change in the office setting, and 2) be able to introduce effective improvement strategies when planning educational sessions.

Reference: Berwick DB. A primer on leading the improvement of systems. *BMJ* 1996; 312:619-22.

Breakout
8:30-10:00 am, Saturday
Coronado C-D

Facilitating Interactive Learning in Distance Education
(Educational Activities Delivery; Intermediate; Audio Taped)

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Relevance: Advances in telecommunications are removing traditional barriers to participation in CME. The Internet and videoconferencing, and audio-conferencing enable personal interaction and learning at a distance. Effective facilitation of learner interaction enhances learning, and effective facilitation of “distance” interaction requires additional skills to those used in face-to-face learning. As use of these distance learning technologies for CME increases, understanding and practicing appropriate facilitation skills will enable CME professionals to enhance interpersonal interaction and learning, and to create electronic communities of learners.

Purpose: The purpose of this breakout is to increase awareness of facilitation theory and skills for interactive learning in distance education and to provide an opportunity to begin practicing these skills.

Objectives: Upon completing this breakout, participants should be able to 1) discuss general facilitation skills; 2) discuss features of facilitation skills common to distance education and specific to each technology, and 3) begin practicing those facilitation skills.

Key Points: 1) Effective interaction can create virtual communities of learners through distance technology. 2) Use of different distance technologies requires facilitation skills that are the same as traditional face-to-face interaction, however each technology requires specific skills.

Expected Outcomes: By using distance technology, educators can make CME available in a variety of formats to learners who may otherwise have little access to CME. By enhancing interaction, educators can expect greater satisfaction from learners and improved learning.

Reference: Sargeant JM, Purdy RA, Allen MJ, Nadkarni S, Watton L, O'Brien P. Evaluation of a CME problem-based learning Internet discussion. Acad Med 2000; 75 Suppl:S50-S52.

Breakout
8:30-10:00 am, Saturday
Coronado A-B

Across the Provider Spectrum: Approaches to Overall Program Evaluation
(Evaluation; Intermediate; Audio Taped)

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Relevance: A successful CME enterprise (regardless of size, scope or provider type) should periodically evaluate its effectiveness and organizational value. Saying you do this and actually accomplishing meaningful evaluation are two different tasks. Documenting the evaluation process for accreditation purposes is yet a third issue.

Purpose: The purpose of this breakout is to identify key components of an overall CME program evaluation.

Objectives: As a result of this breakout, the participant will be able to 1) define overall program evaluation; 2) compare methodologies for conducting overall program evaluation; 3) explore benchmark evaluation strategies identifying critical or key features underlying these approaches; and 4) individually formulate additional methods to improve the participant's program.

Key Points: Allocate adequate planning time for program evaluation. Value evaluation and put the results to good use. Provide preparatory materials to evaluation team members. Know in advance how you will use the information presented and the results of the evaluation. Program evaluation is presented as an informed, dynamic and continuous process that can address both the accreditation requirements and long term program success within the organization. A review of literature concerning program evaluation was conducted and information extrapolated that would apply to CME program evaluation. Benchmark (commendable) program evaluation strategies will be explored and shared.

Expected Outcomes: You have a choice! Program evaluation can be drudgery or enjoyable, dynamic and strategic. Understanding both the theory and the practical side of program evaluation will increase the opportunity to demonstrate commendable program evaluation enhancing the success of your CME operation.

Reference: Rothwell WJ, Sradl HJ. The ASTD reference guide to professional human resource development-roles and competencies (2nd ed, Vol. I & II). Amherst, MA: HRD Press Inc, 1992.

Breakout
8:30-10:00 am, Saturday
Coronado J

Accrediting CME to Meet the Needs of Family Physicians

(Accreditation; All; Audio Taped)

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Relevance: AAFP CME accreditation ensures the relevance of CME content for family physicians. New criteria for evaluating and categorizing clinical content will encourage CME providers to incorporate principles of evidence-based medicine into their CME activities on an optional and incremental basis. Existing criteria allow for the accreditation of non-clinical content including practice management, teaching skills, ethical and social issues, professional development, and leadership skills.

Purpose: This breakout will provide an overview of the AAFP CME accreditation process of activity review to CME providers who target their CME to family physicians.

Objectives: Upon completion of this breakout, participants should be able to identify CME requirements for family physician members of the AAFP; define eligibility criteria for AAFP Prescribed and Elective credit hours; discuss the AAFP's new criteria for CME clinical content and its impact on the application process; distinguish AAFP application procedures for group activities, enduring materials, and journal-based CME; discuss the relationship of AAFP Prescribed credit hours and AMA PRA category 1 credit hours, and compare CME systems that accredit activities and those that accredit institutions.

Key Points: The AAFP has over 90,000 family physician members in 50 states, Uniformed Services, D.C., Puerto Rico, the Virgin Islands, and Guam who must accrue 150 CME credit hours in a 3-year period. Seventy-five of the required hours must be AAFP Prescribed credit hours, and the balance may be AAFP Elective credit hours. AAFP CME accreditation is based on a system of reviewing individual activities rather than institutions. AAFP Prescribed credit requires the input of an Active or Life member of the AAFP.

Expected Outcomes: Participating in the AAFP CME accreditation process will help providers design CME to meet the unique educational needs of family physicians and thereby will enhance the providers' potential to attract family physicians to participate in their CME activities. The AAFP strongly believes its new evidence-based approach to CME will help ensure the validity and scientific relevance of CME clinical content and lead to improved medical practice and patient outcomes.

Breakout
8:30-10:00 am, Saturday
Coronado M-N

Fundamentals of Marketing and Promotion

(Program Management; All; CME 101: Basics Curriculum; Audio Taped)

Suzanne Ziennik, MEd

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Relevance: All CME providers must develop effective and cost efficient methods for promoting their CME programs and products to target audiences.

Purpose: The purpose of this breakout is to present fundamental information on developing and implementing a plan for marketing and promoting CME activities.

Objectives: By participating in this breakout, participants will become familiar with the components of a comprehensive strategic marketing plan for CME activities. They will be able to write more effective promotion copy in brochures and other standard pieces; utilize promotional strategies beyond the brochure, and identify and use mailing lists to reach the desired audience.

Methods: An interactive, learner-centered approach will be used to accomplish the session objectives. A variety of sample promotions, marketing plans, forms, checklists and other reference tools will serve as the basis of discussion. Most of these items will be included in the handouts for take-home reference.

Results: CME providers immediately will be able to apply the fundamentals of marketing and promotion in their own settings. They will be able to implement a variety of tools and strategies to enhance the quality and effectiveness of their marketing and promotions.

Reference: Erickson D. The eighth annual physician preferences survey. Medical Meetings Magazine 2001; 28 (1):32-39.

Breakout
8:30-10:00 am, Saturday
Baja

Using Best Practices as an Organizational Renewal Model for Academic CME
(Strategic Leadership; Advanced; Audio Taped)

Joseph Green, PhD

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Consultant: Professional Resource Network, Inc.

Relevance: A list of activities that can be undertaken by CME offices in academic settings (medical schools, hospitals and specialty societies) was created by a task force of the Association of American Medical Colleges (AAMC). These activities represent a new vision of CME that can contribute more to the mission of the organization and that can improve quality of care and reduce cost of care by the physicians it serves. A nationwide survey is being undertaken to determine the degree to which these activities are in place in schools of medicine. In addition, schools are also being asked to indicate if they would consider some of these activities as their 'best practice' and whether they would be willing to share their experiences with others.

Purpose: This breakout will provide a model that can be used by academic CME offices for developing strategic initiatives to enhance organizational evaluation and renewal efforts as part of the self-study/program evaluation effort.

Objectives: At the conclusion of the breakout, participants should be able to 1) identify desirable new activities and initiatives for the CME Office; 2) uncover successful implementation strategies used by those organizations identifying 'best practices'; 3) share additional 'best practices', and 4) create a multi-year plan for enhancing organizational effectiveness.

Key Points: These forty-one activities representing the new vision for an academic CME office are grouped in one of four areas: 1) institutional philosophy of learning; 2) support of faculty; 3) professional staff development and contribution to profession; and 4) contribution to organization. Examples of these activities would include collaborate with other educators across the continuum of medical education; participate on committees that target quality improvement efforts for physicians; contribute articles for publication in peer-reviewed journals, and support the development of leadership skills for physicians.

Expected Outcomes: CME organizations will be able to share 'best practices' and learn from colleagues in other CME offices about how to improve the quality of services provided to physician groups. Participants will also be able to develop an implementation plan for organizational renewal that will be congruent with the self-study/program evaluation process.

Reference: Bennett NL, Davis DA, Easterling WE, Friedman P, Green JS, Koeppen BM, Mazmanian PE, Waxman HS. Continuing medical education: a new vision of the professional development of physicians. Acad Med 2000.

Breakout
10:30 am-12:00 pm, Saturday
Coronado C-D

CME and Process Improvement Activities in Patient Care Settings
(Educational Activities Design; Intermediate; Audio Taped)

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Other Support: ACCME Site Surveyor, Member ARC, and Lilly CME Committee

Pat Nesbit

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Relevance: As pressures on practicing physicians become more intense, CME providers should explore and develop educational activities in the patient care setting. These activities should arise from needs of practitioners in the clinical setting and should be directly related to improvement in clinical outcomes. The educational activities should focus around training medical office personnel in the improvement of systems of care in their own office environment and the CE credit offered should be multidisciplinary.

Purpose: The purpose of this interactive breakout is to assist CME providers to develop the skills necessary to work with clinical patient care personnel to 1) design CE activities in the practice environment that derive from common clinical problems; 2) assist practitioners in analyzing and re-designing systems of care; 3) supervise or direct collection of clinical data that will identify performance gaps and lead to improvement in outcomes, and 4) learn techniques relevant to process improvement.

Objectives: During the course of this breakout, we will present background information on successful process improvement activities, demonstrate the steps necessary to analyze clinical processes, discuss rapid cycle improvement techniques, and discuss ways to design CME/CE activities for credit in the patient care setting for multidisciplinary groups of health care providers. Participants will learn the first steps of how to analyze a patient care system, develop or assist practitioners to develop flow diagrams, and analyze barriers to effective care in order to develop educational interventions to improve clinical processes.

Key Points: In order to assist practitioners in making useful changes in the practice environment, educational programs should demonstrate and instruct participants in setting aims and goals, identifying barriers to change, developing strategies and solutions, constructing rapid cycles of improvement, and progressively narrowing performance gaps (and, by inference, improving health care outcomes) through practice based educational activities. CME/CE providers should develop the skills to design and implement practice based workshops that incorporate medical data (evidence based guidelines), process improvement (change) skills, understanding of group dynamics, providing practice centered patient resources, evaluation, and cycles of educational activities that continually improve outcomes. These activities, when properly planned and implemented, can meet current criteria for continuing education credit and can be made directly relevant to significant patient care issues.

Expected Outcomes: CME/CE practitioners should be able to return to their home environment and work with appropriate clinicians to develop multidisciplinary practice-based educational activities, certified for credit, that directly influence health care outcomes.

Reference: Berwick DM. A primer on leading the improvement of systems. BMJ 1996; 312:619-22.

Breakout
10:30 am-12:00 pm, Saturday
Coronado E

Migraine Blues CD-ROM Music Video
(Educational Activities Delivery; All; Audio Taped)

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Grant Research Support: Merck and GlaxoSmithKline

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Grant Research Support: Merck and GlaxoSmithKline

Relevance: Studies have shown that education delivered through multiple senses produces a greater impact on learners, in terms of remembering key points and putting the knowledge into practice, than does material presented simply through reading (monograph) or listening (audio tape). Migraine Blues is a music video that entertains as well as teaches. Understanding the design and delivery of a multi-sensory CME activity paves the way for others to use the resources available for a memorable teaching message.

Purpose: This breakout is designed to demonstrate ways that a CME activity can be created and delivered to impact the audience through music, lecture, case scenarios, and video. This breakout will also stimulate dialogue among CME professionals concerning future direction for activities.

Objectives: At the conclusion of this breakout, participants should be able to identify the benefits of CME activities that appeal to multiple senses and describe ways they can incorporate these suggestions into their own activities.

Key Points: Multi-sensory design and delivery require 1) translation of learning outcomes into a format that appeals to multiple senses; 2) a model of a CME activity that integrates music, lecture, case scenarios, and video, and 3) a process of using technology to execute the activity that includes physician participation, problem solving, and entertainment, which collectively is termed “edutainment.”

Expected Outcomes: Learning and entertainment can be combined in design and delivery to achieve a greater educational impact than a traditional lecture is capable of doing. The facilitation of this process depends on resources and a broader view of the topic. Feedback from participants can fine-tune this collaboration.

Reference: Rosof AB, Felch WC. Continuing medical education. London: Praeger, 1992; 61-62.

Breakout
10:30 am-12:00 pm, Saturday
Baja

Maximizing the CME Experience: A Virtual Best Practices Community
(Educational Activities Delivery; All; Audio Taped)

Lisa Rhind, MA

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Relevance: The advent of the World Wide Web opens many doors for the continuing educational community and for the physicians. It provides new opportunities to meld research, quality improvement and best practices as part of a comprehensive educational experience. This technology, when used in the best practice arena, can bring together physicians to create a “community” free of geographic boundaries. A community that physicians can collectively, and continuously, participate in a series of activities which have relevance to their clinical practice, provide feedback and access to data beyond the scope of the educational and encourage communication and relationship-building among peers. Examples of resources that can be incorporated into a virtual best practices community include clinical practice guidelines, outcomes measures, interactive case studies and the collection of data (such as outcomes, chart audit data, satisfaction and evaluations).

Purpose: This breakout is designed to demonstrate the continuing medical education opportunities available through the implementation of a virtual best practices community. The primary purpose is to impart how educators can use technology to effectively promote adherence to clinical guidelines, encourage self-assessment and peer comparison on relevant clinical and practice management topics, foster communication and provide tools for facilitating ongoing participation in quality improvement activities. Several examples of how this type of offering has been developed and implemented successfully will be presented.

Objectives: At the conclusion of this breakout, participants should be able to identify how the Internet can be used as a tool to bridge physicians’ need to understand best practices and how to incorporate interventions designed to improve their adherence to these best practices and evaluate their performance on a regular basis. They should also be able to identify resources within their organization that could be utilized within a Virtual Best Practices Community to facilitate ongoing data collection and continuous communication within the physician community.

Key Points: Educators need to begin exploiting the Internet to provide new, interactive CME that go beyond traditional, face-to face offerings, and provide physicians with the ability to access knowledge/information about best practices, assess their performance, share information and communicate with peers and educators and the ability to access their own data as part of a comprehensive quality improvement initiative. Educators also need to exploit internal resources in the areas of research and quality improvement to maximize the physician experience in a way that is relevant to their daily practice routines.

Expected Outcomes: A model for combining research, quality improvement interventions and continuing medical education utilizing web-based technology as the optimal medium of information transfer and communication. Discussion about the important role a centralized database of best practices data can be used to identify and promote future educational offerings using web-based technology and have a positive effect on changing physician behavior over time.

Reference: Munger B. Transforming data into healthcare knowledge. Association Forum Magazine, 2001 (pending publication).

Breakout
10:30 am-12:00 pm, Saturday
Coronado J

Outcome Study Design: A Step-by-Step Guide

(Evaluation; Beginner)

Terri Moore, MA

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Relevance: In recent years, CME Providers have recognized the necessity of statistical thinking about educational design regarding quality, costs, and impact on patient care. Through the ability to statistically analyze educational and clinical processes, many improvements can be identified and results quantified. Being able to apply statistical measures to educational programs makes people better managers, health care providers, educators, and administrators. Many providers feel intimidated at the thought of designing an outcome study. This breakout will “step” the provider through the basic study design process.

Purpose: This breakout is designed to assist the CME provider in learning through reflection and experience. Using interactive tools, such as a wireless audience response system and case study review, participants will learn the basics of designing an outcome study.

Objectives: At the conclusion of this breakout, attendees will have received information that should allow them to identify opportunities for outcomes-based study models in a CME program; use proven techniques to design a CME-focused outcomes study, and recognize existing processes in their organization that can be used to implement outcomes studies at little or no cost.

Key Points: Reasons to collect data, defining the problem, selecting the population, determining methodology, sampling adequacy, measuring outcomes, formulating conclusions, and applying outcomes.

Expected Outcomes: Participants will be able to apply a general understanding of the information received to assist their CME program in designing outcomes studies to meet or exceed ACCME requirements for the essential areas of planning and evaluation.

Reference: Grant J. Measurement of learning outcomes in continuing professional development. J Cont Educ Health Prof 1999; 19:214-221.

Breakout
10:30 am-12:00 pm, Saturday
Coronado H

**Comparing ACCME Essential Areas with
Baldrige National Quality Program Criteria for Use in ACCME Self-Study**
(Evaluation; Intermediate; Audio Taped)

Stuart Gilman, MD

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Robert Cullen, PhD

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**Other: The content of this breakout relates in part to a 1997-2000 Pilot Demonstration Project
between the VA Employee Education System and ACCME.**

Relevance: Medical education providers are increasingly accountable to demonstrate ongoing assessment for the overall CME enterprise or program, linking assessment with improvement actions. The Baldrige National Quality Program is one type of enterprise-wide quality assessment and improvement tool being used in healthcare and other organizations. However, the relationships between the elements assessed by ACCME and those assessed by the Baldrige strategy are not obvious.

Purpose: This breakout is intended to provide participants with a description of relationships between the ACCME and Baldrige Assessment strategies.

Objectives: At the conclusion of this breakout, the participant should be able to 1) describe the assessment schemes for ACCME and Baldrige; 2) describe the specific relationships between each element in each approach, and 3) have initial strategies for how the Baldrige Assessment might be used in their organization to achieve compliance with ACCME self-study requirements.

Key Points: ACCME Essential Areas are one of many approaches to assessing organizational quality. However, ACCME is non-prescriptive in how to achieve improvement. Other quality improvement strategies, such as Baldrige offer more structure and may be more comprehensive, assisting assessment and improvement in organizations with a mission more complex than just CME, or which is part of an organization already engaging in the Baldrige process. However, the ACCME structure doesn't perfectly match the Baldrige, so analysis must be made in order that improvement specific to the CME program, consistent with ACCME expectations, can be achieved.

Expected Outcomes: At the conclusion of this breakout, participants will have a detailed description of the relationship between ACCME and Baldrige. Participants should be able to use Baldrige Assessment structure in ACCME oriented self-assessment.

Reference: Gilman SC, Cullen RJ, Leist J. Manuscript in process.

Breakout
10:30 am-12:00 pm, Saturday
Coronado P-Q

Getting Ready for the Site Survey

(Accreditation; Beginner; CME 101: Basics Curriculum; Audio Taped)

John Jurica, MD

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Relevance: The ability to prepare for and participate in an accreditation site survey is critical to the success of any CME professional.

Purpose: The purpose of this breakout is to assist participants in preparing for a CME accreditation site survey.

Objectives: At the conclusion of this breakout, participants should be able to 1) discuss when, where and how ACCME site surveys are conducted; 2) list the “do’s and don’ts” of preparing for and participating in a site survey; and 3) develop a site survey action plan.

Key Points: Participants who are new to CME do not know what to expect during a CME accreditation site survey and may not know how to prepare for and participate in the event. This breakout is intended to demystify the site survey and help participants to anticipate expectations of them during the survey event.

Expected Outcomes: Be able to prepare for a site survey. Develop an action plan for the survey. Anticipate the needs and expectations of the surveyors.

Reference: The ACCME’s essential areas, elements and criteria for compliance. Accreditation Council for Continuing Medical Education 2001.

Breakout
10:30 am-12:00 pm, Saturday
Coronado A-B

The “Big” Picture:
A Behind the Scenes Look at a Successful, Multifaceted Continuing Professional Development Initiative
(Program Management; All; Audio Taped)

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Grant Research Support: Abbott Laboratories, AstraZeneca, Aventis Pharmaceuticals,
Glaxo SmithKline, Janssen Pharmaceutica, Pharmacia Corporation, and Schering Oncology Biotech

Relevance: A greater return on investment can be found from planning multimedia continuing medical education initiatives. Audio conferences, symposia, fax CME, internet programs, etc., can be effectively implemented from comprehensive business planning. Economies of scale can be recognized in marketing, faculty, program materials, etc.

Purpose: The purpose of this breakout is to provide ACCME accredited providers and commercial supporters the opportunity to examine a multifaceted continuing professional development initiative on the topic of migraine.

Objectives: At the conclusion of this breakout, participants should be able to know how to develop and execute multimedia continuing professional development programs using an effective needs assessment, strategic imperatives, SWOT analysis and marketing plan. Participants should be able to describe the design of the initiative including the advisory board, content development, programs and partnerships.

Key Points: Providers of continuing medical education would be well served to examine whether or not any CME event is deserving of inclusion in a series of initiatives that build upon or complement one another. Not only are multifaceted initiatives cost-effective, they provide the learner with multiple opportunities to expand their knowledge base within a focused area of interest or need.

Expected Outcomes: A template will be distributed of the master schedule for the migraine initiative. Outcomes mutually beneficial to the commercial supporter and provider will be highlighted. Large-scale professional education can provide a “bigger bang for the buck.”

Reference: Russell MB. Multimedia education in headache: the European Neurological Network. *European J of Neurology* May 2000; 7(3):355-62.

Breakout
1:30-3:00 pm, Saturday
Cancun

Summer Educational Initiatives Program: Helping to Build Communities of Practice
(Educational Activities Design; Intermediate; Audio Taped)

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Leanne Andreasen, MBA

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Relevance: As changes have occurred in healthcare, the cost and ability for rural medical practices/hospitals to provide ongoing education for their physicians and allied health staff has become more difficult to achieve.

Purpose: This breakout will show through examples and discussion how organizations with a strong educational mission can help to assess educational needs and contribute to the educational mission of regional/community practices. These examples include tools for face-to-face needs assessments and development of an array of educational opportunities to fill their identified needs.

Objectives: At the conclusion of this breakout, participants should be able to identify community clinics/hospitals that they could be of benefit to and identify their organization's educational strengths and availability to assist this identified group.

Key Points: Building communities of practice requires interest, intent and skills/abilities you are willing to share. These skills/abilities may include linking grand rounds to rural physicians/health care teams; organizing speakers to fill identified needs at site educational activities; electronic Regional Visiting Faculty Booklet for up-to-date information on needs assessment tools, educational design tips/tools, etc., and Visiting Clinician Program to larger clinics/hospitals for update, renewal and interchange of ideas and improvements. Building communities of practice can provide an opportunity to learn from each other.

Expected Outcomes: Educational organizations with an interest and ability in helping to build communities of practice will be able to use the tools provided to evaluate the educational needs of rural medical and allied health staff and may build cooperative arrangements to achieve those goals.

Reference: Confessore SJ. Building a learning organization: communities of practice, self-directed learning, and continuing medical education. J Cont Educ Health Prof 1997; 17:5-11.

Breakout
1:30-3:00 pm, Saturday
Acapulco

Best Practices: Contributing to Quality in an Academic Medical Center
(Educational Activities Design; Intermediate; Audio Taped)

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Consultant: Professional Resources Network, Inc.

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Relevance: Promoting and implementing meaningful CME is challenging in a large academic medical center. This breakout is for CME professionals who would like to 1) share the challenges and opportunities in impacting the provision of care, and 2) consider how to increase involvement at their institutions.

Purpose: To provide an opportunity for participants to discuss best practices, implementation, successes, and challenges in developing CME that links to quality measures and physician performance in an academic medical center.

Objectives: At the conclusion of this breakout, participants should be able to 1) discuss the value of linking CME to quality measures in an academic medical center; 2) identify opportunities and problems in implementation and newer technologies such as on-line CME, and 3) describe "real world" examples of CME initiatives that can be implemented in their setting.

Key Points: In order to develop CME activities that affect the quality and cost of care in an academic medical center, the CME office should 1) get involved in operational committees that examine provision of care; 2) take the initiative to suggest opportunities for CME as added value; 3) identify appropriate skills needed in the CME office and medical center for implementation; 4) analyze projects to see if they are adding value to the medical school and the overall institution, and 5) examine return on investment.

Expected Outcomes: Participants will return to their settings with 1) new ideas for CME activities that can enhance the quality of care in their institution, and 2) tips on successful implementation of these activities.

Reference: Bennett N, Davis D, Easterling W, Friedmann P, Green J, Koeppen B, Mazmanian P, Waxman H. Continuing medical education: a new vision of the professional development of physicians. *Acad Med* 2000; 75(12):1167-1172.

Breakout
1:30-3:00 pm, Saturday
Coronado C-D

Bringing Learning to the Learner in Real Time: Practical Applications of Distance Learning Technology
(Educational Activities Delivery; All; CME 101: Basics Curriculum; Audio Taped)

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Relevance: Traditional CME courses can be expensive and time consuming. Augmenting traditional CME delivery methods with technology can result in greater physician participation and ease of evaluation.

Purpose: This breakout is designed to introduce CME professionals to a variety of technologies that may be employed to facilitate the delivery of live CME activities in distance learning formats.

Objectives: After participating in this breakout, the participant will be able to identify a range of technologies that will facilitate the participation of distance learners, and compare advantages and disadvantages of the technologies that are available with the learners' needs and available resources.

Key Points: Combining technology with live CME activities will address learners' needs and time constraints and may result in increased participation. Methods that will be discussed include the following: audio-conferencing technology; providing syllabus materials online in a PDF format; online slides; online registration, post-testing, and evaluation; online certificates of participation; satellite links, and live streaming video.

Expected Outcomes: CME professionals will be able to assess and incorporate technology in to delivery of live CME activities in distance learning formats taking into account practical considerations and available resources.

Reference: Mamary ED, Charles P. On-site to on-line: barriers to the use of computers in continuing education. JECHP 2000; 20:171-175.

Breakout
1:30-3:00 pm, Saturday
Coronado P-Q

Educational Delivery of Surgical Skills:
One Example from the CME Community Dedicated to Skills-Based Training
(Educational Activities Delivery; All; Audio Taped)

Sandra Pinkerton, PhD

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Relevance: Delivery of CME for surgeons and physicians needing skills-based training requires that participants be cognitively and physically interactive. Being interactive, they will acquire the knowledge, skills, surgical judgment, and sensitivity to the clinical environment needed to minimize medical error and cost, and enhance patient care. This breakout session is a call to arms for CME professionals working in skill-based training to come together as a community to compare and evaluate our experiences in the educational delivery of skills, and to discuss the development and implementation of best practices.

Purpose: We will share our experience with ACME participants, presenting the methods our institution uses to train surgeons to perform minimally invasive procedures with new technologies. Our intent is to facilitate a sharing of experience between CME professionals, physicians and surgeons at the ACME annual meeting, who may be analyzing, implementing and evaluating educational delivery for skills-based training. We would like to explore ways in which all of us can establish more formal ways to work to improve training standards for surgeons and other physicians needing skills-based training.

Objectives: After this breakout, participants will be able to 1) list the elements of educational delivery significant to a skills-based CME activity; 2) describe the contribution to skills-based training of lectures, Q&A-sessions, case reviews, procedure-observation, skill simulators and lab exercises; 3) describe the role of mentoring, preceptorships, and proctoring in skills-based training; 4) present examples significant to surgeons or physicians needing skills-based training of relevant cognitive knowledge, technical skill, surgical/procedure judgment, environment/setting; and 5) make recommendations for establishing a community of practice that will focus on best practices for skills-based training.

Key Points: 1) Skills-based CME training is critical to successful navigation through the high-risk, costly learning curve that is part of the acquisition of new procedures and the use of new technologies. Competent training contributes to a reduction in medical errors and their associated liabilities and costs, and instills the surgeon with a confidence in his/her ability to manage complications if they do arise. 2) Educational delivery methods for training surgeons must be redundant and interactive, and multi-leveled. 3) The goal of skills-based training is to allow each learner to integrate environmental sensitivity, cognitive knowledge, technical skill and procedural-judgment into an appropriate, automated mind-body response to protocol and contingency plans. 4) The community of practice for training surgeons is currently informal. The development of standards for training surgeons & physicians needing skills-based training is dependent on a more formal community of practice that shares information about educational delivery and sets educational outcomes.

Expected Outcomes: After this breakout, it is hoped that participants will 1) contribute to a CME skills-based training community, developing with other CME providers "best practices" initiatives; 2) evaluate the status of surgical training, examining the educational delivery mechanisms and their organization, and 3) if appropriate, identify teams that include a surgeon/physician-champion and a CME professional to focus together on the educational delivery of skills-based CME activities at their institutions.

Reference: Rosser J, Curayama M, Gabriel NH. Minimally invasive surgical training solutions for the twenty-first century. *Surg Clin of NA* 2000; 80 (5):1607-1624.

Breakout
1:30-3:00 pm, Saturday
Coronado E

Design and Implementation of Educational Practice Audits
(Educational Activities Delivery; Intermediate; Audio Taped)

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Grant Research Support: Aventis Pharma

Relevance: The audit and feedback process has been identified as having the potential to change the practice of health care professionals. Practice audits are an educational activity when they are organized around specific criteria, documented, the outcomes discussed and plans made for specific practice changes if necessary. Because a practice audit is the comparison of local practice to an agreed standard of practice, the process can ensure improvement in the quality of care or offer practitioners reassurance that they are maintaining a high quality of care. The development of practice audits and the process of implementing them require new collaborative relationships between physicians and educators.

Purpose: This presentation will describe the collaboration of a CME department, local hospital and industry partner in developing and implementing an accredited educational practice audit in cardiology.

Objectives: By participating in this breakout, the participant will be able to identify the key players in developing and implementing practice audits; describe the basics of developing educational practice audits; create the documents for audit activities, and develop a logistical strategy to implement local audits.

Key Points: There were two key factors facilitating the development of this project. First, the identification of a need to evaluate an evidence-based plan for hospital care of patients with acute coronary syndromes. Second, the creation of an organization network of community physicians, influential people in education, and CME planners willing to work together to meet the need by sharing expertise in content, program development and evaluation.

Expected Outcomes: New collaborative network of expertise, sharing ideas and innovations. A positive climate supporting voluntary participation in evidence-based practices and practice review. Development of practice audit guide. Evaluation of current practice in cardiology compared to an evidence-based standard of care.

Reference: Thomson O'Brien MA, Oxman AD, Davis DA, Haynes RB, Freemantle N, Harvey EL. Audit and feedback versus alternative strategies: effects on professional practice and health care outcomes. *Cochrane Database Sys Rev* 2000; (2):CD000260.

Breakout
1:30-3:00 pm, Saturday
Coronado R-S

Engaging in Interactivity in the Large Lecture
(Educational Activities Delivery; All; Audio Taped)

Darlyne Rath, MScT

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Grant Research Support: Merck & Co, Inc.

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Relevance: There is a growing body of literature that indicates that the traditional lecture does not change behavior or health care outcomes. Based on this evidence, CME providers are encouraging presenters to use interactive techniques in their presentations.

Purpose: This breakout is designed to review the literature, present data from a follow-up research study after demonstration workshops on interactive techniques, and dialogue within groups about the pros and cons of using specific techniques in a variety of situations.

Objectives: At the conclusion of this breakout, participants will have 1) reviewed the evidence for interactive lecturing, 2) become aware of the results of a post workshop follow-up study on interactive lecturing, and 3) reviewed and discussed a variety of interactive techniques that are currently in use in large groups and the implications for each technique.

Key Points: Engaging in interactive lecturing in large groups requires confidence and in some cases risk taking behavior. This breakout will discuss the various situations where specific techniques will likely be successful, based on the follow-up study data and input from the participants.

Expected Outcomes: Participants will have an understanding of the rationale for engaging in interactive lecturing and when to use specific techniques.

Breakout
1:30-3:00 pm, Saturday
Coronado T

Categorizing Educational Results of Medical Education to Make Assessment Easier

(Evaluation; Intermediate; Audio Taped)

Stuart Gilman, MD

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Robert Cullen, PhD

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**Other: The content of this activity relates in part to a 1997-2000 Pilot Demonstration Project
between the VA Employee Education System and ACCME**

Relevance: Describing results or outcomes of continuing medical education is of ever increasing importance to education organizations. Prior descriptions have considered such categories as satisfaction, knowledge, application, and results. However, 'results' in an environment as complex as health care are potentially quite complex, and this apparent complexity can be intimidating, suppressing interest in pursuing this important category of results/outcomes assessment.

Purpose: This breakout is intended to provide participants with a simple categorization scheme that will contribute to a better understanding of how to organize data from a multi-source needs assessment and outcomes assessment. By breaking down the complex Health Care Education and Health Care Delivery environments into domains, the participant can more easily understand where existing data can be located and when new data need to be sought.

Objectives: At the conclusion of this breakout, the participant should be able to 1) understand the definitions of the major domains of individual participant, work group/teams, patient, organization, and community; 2) understand the components of sub-domains within each major domain, and 3) understand how to apply these descriptions in needs assessment and outcomes assessment, both for an individual activity and a CME program.

Key Points: Measuring things that we can't name or identify is difficult. By using a naming scheme for components of health care education results, participants may find it easier to improve their activities and comply with accreditation requirements.

Expected Outcomes: At the conclusion of this breakout, participants will have a framework by which they can rapidly assess their outcomes assessment strategies and describe them to others.

Reference: Gilman SC, Cullen RJ, Leist J. Manuscript in process.

Breakout
1:30-3:00 pm, Saturday
Durango 2

What's in a Name? Managing Brand Equity
(Program Management; All; Audio Taped)

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Relevance: Increasingly CME professionals recognize the marketing power of building and managing brand equity. Understanding what brand equity is, how to build it, how to manage it, and how to measure its value are critical to any organization that delivers CME.

Purpose: This breakout is designed to acquaint CME professionals with the assets and/or liabilities upon which brand equity is based to include, brand loyalty, name awareness, perceived quality, and brand association. The breakout will further use case studies to demonstrate the value of brand equity and how organizations have managed and leveraged their equity.

Objectives: At the conclusion of this breakout, participants should be able to define brand equity and relate the components to their organization. Participants should also understand the strategic value of brand equity and the management/marketing skills and activities needed to build, measure and manage it.

Key Points: Managing brand equity requires 1) an understanding of the components that create brand equity and how each can be manipulated by internal and external factors; 2) a systematic process that ensures brand equity is integrated with the organization's vision and culture, and 3) an ability to determine when and how to use corporate versus product branding.

Expected Outcomes: Brand equity can be a powerful strategic resource if it is managed and aligned with an organization's vision and culture. Understanding, building and managing brand equity provides a means to increase customer loyalty, reduce marketing costs, provide a seal of approval and facilitate the introduction of new offerings.

Reference: Hatch M, Schultz M. Are the strategic stars aligned for your corporate brand? Harvard Business Review, February 2001.

Breakout
1:30-3:00 pm, Saturday
Coronado M-N

Balancing Educational Activities with Resources: Assessing Educational Quality and Managing Workload
(Program Management; Intermediate; Audio Taped)

Howard Schur

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Relevance: With the ever-increasing demand for CME services in an environment of finite resources, CME providers will need to develop effective and efficient methods to balance demand with available resources.

Purpose: This breakout will be a continuation of the presentation given on this topic at the 2001 Alliance meeting and will provide 1) “metrics” to assess educational quality of proposed activities (prioritization); 2) “tools” to balance planner workloads in proportion to approved activities (workload assignments), and 3) electronic forms and processing of applications for CME activities.

Objectives: At the conclusion of this breakout, participants should be able to identify key elements to measure educational quality of CME activities; design a tool to prioritize CME activities; identify methods to assign activities, and implement tools to measure workload volumes.

Key Points: The CME electronic prioritization process and workload assignment system provides tools, which measure educational quality and then balance them with available resources. The incorporation of a systematic method allows for greater equality and credibility when managing resources.

Expected Outcomes: As many breakouts focus on theory and discussion, this breakout will provide actual tools and examples of how to assess educational quality and workload assignments.

Breakout
1:30-3:00 pm, Saturday
Coronado A-B

How to Obtain Consensus from Diverse Stakeholders? Conduct a Strategic Planning Retreat!

(Strategic Leadership; All; Audio Taped)

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Relevance: ACCME mandates that CME providers seeking accreditation or re-accreditation must have a mission statement (Element 1.1). ACCME also requires that each provider evaluate its overall efforts and make improvements to the CME program (Element 2.5). Both of these elements are of critical importance, because they force providers to focus their attention on internal and external stakeholders. Once the views of disparate stakeholder groups are obtained, CME leaders and staff can forge a consensus that in turn will allow the creation of a mission statement and strategic vision. The latter are critical documents that affect resource allocation and direct future educational offerings. Thus, it is no surprise that successful CME organizations offer activities congruent with the vision of its stakeholders.

Purpose: Continuing medical education programs are accountable to numerous internal and external stakeholders. By necessity, CME professionals must incorporate the views of these diverse groups in order to successfully plan, deliver, and evaluate educational activities targeted to physicians. Unfortunately, obtaining consensus is fraught with difficulty when one considers the views of disparate groups such as: physician-learners, CME office staff, patients, faculty, hospital administrators, and commercial supporters. By holding a strategic planning retreat, a CME unit may efficiently obtain consensus on important issues that CME organizations face. In turn, this process can be used to create a new mission statement, develop a strategic vision, and generate action plans that will guide future educational offerings.

Objectives: At the conclusion of this breakout, participants will be able to identify important stakeholders that are interested in their CME program. Once such stakeholders are identified, participants will then be able to plan, conduct, and evaluate a Strategic Planning Retreat at their home institution.

Key Points: A strategic planning retreat is an efficient and effective mechanism for CME providers to obtain stakeholder viewpoints, forge consensus, develop priorities, and create a strategic vision.

Expected Outcomes: This breakout is intended for all CME professionals interested in strategic planning. Above and beyond a simple transfer of knowledge and skills, the facilitators plan to use learning contracts in order to measure the impact of this session. As such, participants are expected to plan, conduct, and evaluate a strategic planning retreat at their institution within 1-2 years of attending this breakout.

Breakout
3:30-5:00 pm, Saturday
Coronado C-D

Online Case-Based CME: An Educational Activity Design Put under the Microscope
(Educational Activities Design; All; Audio Taped)

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Relevance: All instructional designers and developers have had to compromise on design issues when developing CME activities. This is particularly true in the development of online activities. Whereas knowledge acquisition or user appreciation may be used to measure the success of an educational design, neither approach gives a detailed analysis of the potential impact of all the design-related decisions. Evaluating an online program can help us assess whether we have chosen the proper design by identifying and tracking user behavior. Within an online educational activity, captured user data may be analyzed to reveal design flaws and successes.

Purpose: This breakout will present results from an evaluation study on the educational design of an online CME activity. The intent is to provide a better understanding of the design issues and challenges encountered in developing Web-based educational activities.

Objectives: After this breakout, the participants should be able to 1) discern key success factors in the educational design of online CME; 2) suggest new ways of designing interactive online CME; 3) identify basic cognitive ergonomic principles, and finally, 4) have a better understanding of the compromises that would be required in the design and development of a successful online program.

Key Points: Based on qualitative and quantitative analysis of the user behavior in an online CME activity, this breakout will highlight 1) the validity of focus groups (Do users know what they want?); 2) the efficiency of instructional and interface-design principles (Did the designers have the right tools to make the necessary decisions to meet users' needs?), and 3) the effect of technology-development issues on educational design (Does technology limit the success of an educational activity?).

Expected Outcomes: This breakout will contribute to the development of best practices in the educational design of CME activities (online or offline).

Reference: Norman DA. The design of everyday things. New York: Doubleday, 1990.

Breakout
3:30-5:00 pm, Saturday
Coronado T

The Disorienting Dilemma: Stimulating Interest to Change among Physician Learners
(Educational Activities Design; Intermediate; Audio Taped)

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Relevance: CME interventions are often designed assuming that participants are already thinking about the change. How do we influence those who don't know what they don't know, and are not motivated to change? Recent theories on change and motivation can help. Prochaska's transtheoretical model and Mezirow's theory of perspective transformation show us that change occurs through a series of events or stages. Both models describe that the learner needs to feel unsettled about his/her status quo in order to become aware for the need for change and develop the intention to change. Mezirow refers to this as a disorienting dilemma, while Prochaska uses the terms consciousness raising and emotional arousal.

Purpose: This breakout will briefly describe these key concepts, their relevancy to the design of CME interventions, and provide the opportunity to create strategies to increase readiness to change among potential learners.

Objectives: After this applied, interactive breakout, the participant will be able to describe the nature of educational strategies that stimulate interest to change; know when and how to use these strategies, and create different CME strategies that stimulate interest to change.

Key Points: Potential learners who are not yet invested in change require a catalyst for awareness and intention for change. Two recent theories of motivation and change provide a guide to creating educational activities that meet this goal.

Expected Outcomes: The active participant in this breakout will be able to use these two theories to better address the needs of early stage learners and apply what is learned to program design.

Reference: Prochaska JO, Norcross JC, Diclemente CC. Changing for good. Avon Books, 1995.

Breakout
3:30-5:00 pm, Saturday
Cancun

CME for the Future: Building a Customized Continuum of Learning
(Education Activities Design; Advanced; Audio Taped)

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Relevance: Where does CME really fit into lifelong learning? Historically CME has been a matter of individual choice within a fairly limited range of activities (generally a lecture/discussion format with Q&A). This model is under significant scrutiny due to such diverse factors as decreasing attendance, lack of demonstrable outcomes, limited resources, and increased demands by internal and external groups. Simultaneously new partnerships and technology offer opportunities to individualize both the content and the educational process as never before. Is CME as we know it obsolete or will it evolve into an increasingly valuable, albeit different, part of a physician's professional life?

Purpose: This breakout is designed to begin a dialogue among CME leaders that will ultimately lead to a vision of CME which optimizes the ability of individual physicians to customize their education while enabling health care, professional, and regulatory organizations to influence physician education needs as well. In so doing, it is hoped that the rich history and tradition of CME will be respected while applying cutting edge educational approaches. Ultimately the goal is to enable physicians to increase clinical wisdom within a world of information overload.

Objectives: At the conclusion of this breakout, participants should be able to 1) identify strengths of current CME approaches; 2) suggest new strategies that customize education for individual physicians; 3) discuss the implications of these strengths and strategies for redefining lifelong learning models of CME, and 4) propose preliminary strategies to position their own CME efforts according to these new models.

Key Points: Just as the roles of physicians, hospitals, and health care organizations have changed dramatically, so too must CME if it is to remain viable. Issues such as JIT (just in time) education, enhanced interactivity, cost effectiveness, scientific integrity, increased accountability (personal, group, organization), diversity of physicians (FT/PT, technology rich/poor, salaried/independent), and demonstrable impact on patient care are but a few of the many challenges facing CME. However, CME must avoid discarding or discounting the foundation upon which it has sustained itself for over 100 years in order to be responsive to the latest trends. New models must balance effectively building knowledge, skills, and attitudes of individual physicians with sustaining the essence of the profession of medicine. Case studies will be utilized to illustrate how these seemingly competing needs/expectations can coalesce into a far more dynamic model of CME.

Expected Outcomes: Changes will occur in CME. Leadership is needed to shape that future into one which combines best educational and medical practices into models that enhance physicians' commitment to change, enable them to balance competing demands, improve their ability to deal with increase patient complexity, and maintain personal satisfaction. These models will provide even greater opportunities and challenges for CME providers as they develop a unique array of services for their multiple customers. Arguably never before has defining and tracking expected outcomes been more critical nor enhancing the value of communities of practice been greater. Indeed, CME for the future may well be a seamless community of practice that, depending upon your perspective, is both totally individual and completely integrated.

Reference: Waxman HS, Kimball HR. Assessing continuing medical education. Amer J of Med 1999; 107(1):1-4.

Breakout
3:30-5:00 pm, Saturday
Coronado A-B

Web-Based Hemochromatosis Educational Module for Physicians in Training
(Educational Activities Delivery; All)

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Grant Research Support: NIH/NIDDK and Mountain States Genetics Network

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Grant Research Support: NIH/NIDDK

Relevance: The advances and successes of the Human Genome Project are predicted to dramatically increase the relevance of clinical genetics to the practice of adult clinical medicine. Previous studies suggest that family practitioners and internists are unprepared for this expansion of clinical genetics, as they are less familiar with basic genetic concepts than other physicians (i.e. pediatricians and obstetricians). Effective methods to improve family practitioners' and internists' understanding of genetic conditions are not well established. This breakout will demonstrate the learning strategy and potential of this Web-based tool.

Purpose: The breakout describes a Web-based educational tool for characterizing and improving the knowledge about hereditary hemochromatosis (HH) among training physicians. More importantly it demonstrates a novel approach to interactive problem-based medical learning and how it can promote improved clinical skills, i.e., early detection and treatment. In particular, the program demonstrates its ability to increase knowledge at a self-paced approach while ensuring that the learner comprehends the material as well as demonstrates key behaviors requisite to changing daily practice.

Objectives: To demonstrate how the Web fosters an enhanced learning environment that permits the possibility of simulating behavior change, thereby promoting change in daily practice. We will show how the program succeeds at 1) determining baseline knowledge about HH; 2) a learner's approach to information gathering and synthesis of new content (the process of which contains barriers and opportunities to implement practice changes); 3) the effectiveness of this self-paced interactive design to achieve increased knowledge and cognitive ingredients requisite to practice changes, and 4) finally to demonstrate how this design offers a comprehensive and effective learning module for training physicians.

Methods: A Web-based interactive problem based training tool that provides users with information needed to practice diagnostic skills was developed. The educational assessment and resource site was targeted at physicians in family medicine and internal medicine residency programs. Based on the common, adult-onset disorder HH, the web site evaluates physician knowledge and understanding of HH (using a pre-test and a post-test) and then presents categorical clinical problems to solve. User's solution strategies are measured against that of experts solving the same problems. Learning occurs throughout the program, from the initial more didactic material through computer driven identification of expert/user similarities and differences in clinical solution pathways. The program tracks users' learning experiences, so they can identify weakness in comprehension and application of new knowledge. Approximately 200 physicians are invited to participate in this study.

Expected Outcomes: Participants will learn how to assess base line knowledge in an interactive problem-based Web-based learning environment, measure increases/decreases in comprehension, identify new learning strategies and determine aspects of those strategies which promote and hinder learning. Identifying strategies that hinder learning is a key to changing practice patterns. Ultimately, this effort may serve as a model for the development of future Web-based educational efforts.

Reference: <http://hh.northwestmedia.com>.

Breakout
3:30-5:00 pm, Saturday
Coronado M-N

Electronic Audience Response System: Making CME a Contact Sport
(Educational Activities Delivery; All; Audio Taped)

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Relevance: Historically, continuing medical education has been a passive activity. Audience participation and interaction is a well established teaching technique but it is underused in medical education. Although didactic presentations cover a given set of objectives more efficiently (in less time) than interactive presentations, interactive presentations tend to increase attentiveness as well as retention. Typically 10-20% of participants interact while the remainder of the audience simply listens. By incorporating an electronic polling system audience participation is increased, feedback of opinions is instantaneous, and anonymity is preserved.

Purpose: This breakout is designed to show how an electronic polling system can be used to measure change in knowledge and attitude. Presenters will discuss some of the challenges of incorporating such technology into traditional CME activities.

Objectives: At the end of the breakout, the participant will be able to 1) recognize the value of an electronic audience response system in measuring knowledge and attitude changes, and 2) formulate ideas to use these systems in their own medical education environment.

Key Points: Each participant will be provided a hand held electronic keypad at the beginning of the seminar. Audience participation in the medical ethics seminar will be encouraged by the seminar leader who will stimulate interaction by presenting case reports and asking questions. A survey composed of 5 questions will be asked before and after the session. A Likert scale of 1-5 is assigned for each question. Electronic software will tabulate the results and display bar graphs of pre and post-responses at the conclusion of the session.

Expected Outcomes: After the session, statistically significant differences in responses can occur that reflect a change in people's attitude regarding medical ethics. Previously, changes were in the direction of enhancing communication between doctors and patients. It would be difficult to assess this change in attitude as accurately and as quickly without using audience response technology. This technology can be purchased by hospitals or medical groups and used to measure the effectiveness of their CME activities.

Reference: Levy, SA. "End-of-life seminar facilitated by an electronic OptionFinderR". J Cont Educ Health Prof 19:105-110.

Breakout
3:30-5:00 pm, Saturday
Coronado P-Q

Proving the Value of a CME Activity: Improving on the Basics

(Evaluation; All; Audio Taped)

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Other Support: Employee, Serono Symposia USA Inc.

Grant Research Support: Serono Symposia USA Inc.

Relevance: Continuing medical education (CME) providers are increasingly challenged by headlines in the media, adult learners, accreditors, and commercial supporters to demonstrate the value of their activities. A rigorous analysis of an activity's value can be developed and applied to all evaluation and outcome data available to CME providers. In fact, understanding and applying the full scope of research methods is essential to establish improved healthcare outcomes and to continuously improve upon the activities offered.

Purpose: This breakout will explore the broad range of research methods available to the CME professional for demonstrating and improving upon the value of their activities. We will draw upon significant experience with outcomes and educational research and apply it to the development and analysis of live and online CME activity evaluation and outcome data. We will also review case studies looking at the impact of an activity on a learner over time to discover how and what that says about the CME activity.

Objectives: At the conclusion of this breakout, participants will be able to identify critical elements in the evaluation of an activity; apply the most appropriate question and scale for each element; conduct an analysis of evaluations, and create an appropriate summary report.

Key Points: There are many ways to evaluate the value of CME activities, including pre and post tests, participant willingness to change, clinical practice application, cost return and clinical effectiveness. This breakout will review these methods and the best types of scales, the importance of open-ended questions, and presenting an effective summary report. The session will also study ways to measure and evaluate the effectiveness of web-based CME activities. Participants will work with real case examples to illustrate educational points.

Expected Outcomes: CME professionals will determine which evaluation methods most apply to their activities. They will learn to create and apply outcome measurement tools for their activities as well as develop an analysis plan and conduct an analysis on actual activity evaluations. Participants will generate a report of evaluations using data graphics that their customers will recognize and use.

Reference: Waxman H. Using outcomes assessment for quality improvement. In Sederer LI, Dicker B (eds). Outcomes assessment in clinical practice. Baltimore: Williams and Wilkins 1996; 25-33.

Breakout
3:30-5:00 pm, Saturday
Durango 1

E-Evaluation: Using Technologies and Techniques to Increase Effectiveness

(Evaluation; Intermediate; Audio Taped)

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Relevance: Supplementing traditional evaluation techniques with e-evaluation or using e-evaluation as a primary tool will increase the effective measurement of satisfaction and outcomes. This breakout is for CME professionals with an interest in using innovative evaluation tools such as the Internet, e-mail, audience polling equipment, and scan forms.

Purpose: To provide an opportunity for participants to discuss lessons learned, successes, and challenges in using new technologies for evaluation. Major concepts will be illustrated by case studies and group discussion of best practices.

Objectives: At the conclusion of this breakout, participants should be able to 1) identify appropriate settings for e-evaluation; 2) describe the successes and pitfalls of multiple evaluation technologies, and 3) select and deploy relevant e-evaluation tools at their institutions.

Key Points: In order to effectively evaluate CME activities, the CME professional should 1) use multiple methodologies that will represent all segments of the audience; 2) know what type of evaluation technology to use and when, and 3) examine rate of return and effectiveness for each method.

Expected Outcomes: Participants will impact the effectiveness and value of evaluation in their CME activities and for their institution.

Reference: J Cont Educ Health Prof 17(4).

Breakout
3:30-5:00 pm, Saturday
Durango 2

Cases in Intellectual Property Issues

(Program Management; All; CME 101: Basics Curriculum; Audio Taped)

Jann Balmer, PhD

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Relevance: The development of new and creative approaches for the development and delivery of CME have focused new attention on intellectual property as a valuable commodity. CME professionals, involved in the delivery of CME activities, need to have an acute awareness of and appropriate practices to effectively manage and protect the intellectual property rights of their faculty presenters and their accredited CME activities.

Purpose: The purpose of this breakout is to help CME professionals identify common themes, strategies and parameters for determining the need for policies, procedures and practices with respect to intellectual property and copyright issues.

Objectives: Through participation in this breakout, participants will have the opportunity to actively participate in the discussion of cases that involve issues of intellectual property and copyright, to debate the value of these practices and consider new strategies for the effective management of intellectual property issues within their organization.

Key Points: The protection and management of intellectual property rights through effective application of current copyright, trademark and other US federal legislation is becoming an integral part of the CME enterprise. CME professionals can identify these issues, discuss strategies for implementation and build opportunities for future discussion of this important and relatively new aspect of the CME environment.

Outcomes: Through participation in this breakout, participants can compare the current state of protection for copyright and intellectual property rights in their organization with trends in this area of CME; discuss strategies with other interested CME professionals, and begin a dialogue for the development of institutional policies, procedures and practices that protect the intellectual property rights of their faculty presenters/authors and their organization.

Reference: AAU taskforce on intellectual property issues in new media.

Breakout
3:30-5:00 pm, Saturday
Coronado E

Building High Performance Teams
(Strategic Leadership; Advanced; Audio Taped)

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Relevance: The performance of complex tasks requires the coordinated effort of groups of people who bring different areas of expertise and skill to the group effort. Research findings in the area of group development have important implications for both team leaders and team members.

Purpose: This breakout is designed to introduce participants to basic theory and research related to team development and the implications of these findings for providing team leadership.

Objectives: At the conclusion of this breakout, the participant will be able to discuss each of the four phases of team development outlined in the integrated model of group development proposed by Wheelan and discuss the implications for leadership at each phase of team development. Participants will be able to cite research evidence that supports this model.

Key Points: Because of an ideology that values the individual over the group, group development is an area that has been neglected by both theorists and researchers until relatively recently. Research conducted over the past 20 years tends to confirm a developmental theory that holds that groups, like individuals, pass through distinct developmental phases on their way to becoming high-performance teams. Teams, like individuals, can also suffer from a form of “arrested development” that, if not addressed, will prevent the team from becoming productive. Each phase of development has specific implications for leadership.

Expected Outcomes: An understanding of teams from a group development perspective will enable team leaders and team members to avoid common pitfalls that prevent teams from developing into high-performance teams.

Reference: Wheelan SA. Group processes: a developmental perspective. Needham Heights, MA: Allyn and Bacon 1994.

Forum
1:30-3:00 pm, Thursday
Cancun

Was the Community of Practice (COP) to Enhance Learning by Reflection of Benefit to its Members?
(Evaluation; All)

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Relevance: Participants at our session at the 2001 annual meeting identified best practices that enhance learning by reflection in CME programs. Fifteen of the session participants formed a community of practice to assist one another to adopt the best practices during the coming year. The COP has used a listserv provided by the Alliance to communicate during the year. An evaluation of the learning process will be undertaken before and at the session.

Purpose: At the session, COP members will be invited to give feedback on their experiences during the year, including their perceptions of the management of the COP and the listserv, lessons learned, the impact of working in a COP, and its usefulness to facilitate the adoption of best practices.

Objectives: At the conclusion of the forum, the participants should be able to describe the advantages and disadvantages of working in a COP and its impact on the adoption of best practices in CME. A report will be produced to the Alliance after the forum.

Key Points: Evaluation of COPs is easy to do, since they only survive if the participants find the interaction useful to their daily activities or future careers. The faculty will seek answers to questions such as: was the time spent participating in the COP worthwhile in terms of a) creating contacts; b) creating new ideas and perspectives, and c) facilitating their adoption? Will participants be continuing their membership in the COP or recommending it to colleagues?

Expected Outcomes: A summary report will be provided to the annual conference planning committee on the evaluation of the COP.

Reference: Wenger E. Communities of practice: learning, meaning and identity. Cambridge University Press 1999.

Forum
10:30 am-12:00 pm, Friday
Coronado H

Ask the ACCME

(Accreditation; All; CME 101: Basics Curriculum; Physician's Track; Audio Taped)

Kathy Johnson, EdM

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Other Support: Employee, ACCME

Relevance: The ACCME's system of accreditation directly impacts all accredited providers of CME.

Purpose: This session will provide a forum in which providers can ask questions about ACCME accreditation requirements. In addition, common questions and misinterpretations will be addressed.

Objectives: At the end of this forum, participants should be able to distinguish between ACCME policy and common misperceptions about ACCME requirements.

Key Points: ACCME's system of accreditation allows accredited CME providers more flexibility in how CME activities are planned, implemented and evaluated. Understanding the correct interpretation and meaning of accreditation requirements is beneficial to all accredited providers.

Expected Outcomes: ACCME accredited providers are required to meet the expectations outlined in the Essential Areas, Elements and Policies. Knowing what the common misconceptions and questions are will assist providers in successfully implementing these requirements, without doing extra work on things that are not necessary.

Reference: A system for accreditation of providers of continuing medical education: the ACCME's® essential areas and their elements. ACCME's® Accreditation Policy Compendium.



Forum
8:30-10:00 am, Saturday
Coronado H

Open Forum for Commercial Supporters: Questions About the ACCME Standards for Commercial Support
(Accreditation; All; Audio Taped)

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**Grant Research Support: Abbott Laboratories, AstraZeneca, Aventis Pharmaceuticals,
Glaxo SmithKline, Janssen Pharmaceutica, Pharmacia Corporation, and Schering Oncology Biotech**

Jann Balmer, PhD

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Relevance: Commercial support provides approximately 40% of the funding annually for ACCME accredited activities for physicians. The relationships between ACCME accredited providers and commercial supporters is a valuable partnership that can be enhanced through a clear understanding of the ACCME Standards for Commercial Support and its implications for the provision of quality CME to physicians.

Purpose: This forum provides commercial supporters with an opportunity to discuss case scenarios and have frank discussions about how to effectively manage a positive relationship with ACCME accredited providers. Both sponsors and providers can share experiences that can increase understanding and promote quality CME.

Objectives: Through participation in this forum, participants will have an opportunity to review the ACCME Standards for Commercial Support, identify common themes and issues in underwriting CME activities, discuss the variations in interpretation and implementation of the ACCME Standards, and identify strategies for building positive relationships and maintaining viability in the current healthcare marketplace through CME underwriting.

Key Points: The role of commercial supporters has a significant impact on the availability and quality of CME through financial underwriting for CME activities. The case scenarios help commercial supporters to identify at-risk situations, develop strategies for effective partnerships with ACCME accredited providers, and develop a clear understanding for the ACCME Standards for Commercial Support.

Expected Outcomes: Commercial supporters can positively impact the quality of CME through financial underwriting that incorporates the ACCME Standards for Commercial Support. The awareness of these parameters enhances the partnership and ultimately benefits the physicians for whom the learning is designed.

Reference: ACCME Standards for Commercial Support.

Forum
10:30 am-12:00 pm, Saturday
Coronado M-N

From Research to Market: The Creation of a New Online CME Product
(Educational Activities Design; All; Audio Taped)

Martin Robert, PhD

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Robert Caron

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Thierry Semoff

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Relevance: In all domains, innovative projects face challenges and issues at the marketing or deployment stage. One of the most common errors is to overlook the implications of transforming an idea into a commercial product. The solution resides in the comprehension of the market, financial and business realities that have to be added to the analysis, design and development phases. The survival of many online CME ventures depends on this comprehension.

Purpose: This forum is designed for those who have ideas for new online CME learning models from which they would like to develop a successful product.

Objectives: After this forum, the participants should have a better understanding of keys commercial success factors and be able to integrate them into the analysis, design and development of new online CME projects.

Key Points: From CME-related case studies, this forum will provide the opportunity to share the main challenges of diverse empirical and theoretical perspectives on CME-related product development. The discussion will encompass all main aspects related to idea generation to the launch, customer needs, design and development processes, and project management of multidisciplinary teams. It will also highlight factors such as technology common dominators, process-based approaches to the production of content, customer-service management and how to integrate them into a systematic approach for product development based on sound business decisions.

Expected Outcomes: By creating a discussion, this forum will contribute to the development of best practices for the development of new online CME programs.

Reference: Cooper RG. Product leadership: creating and launching superior new products. Perseus Press 2000.

Forum
10:30 am-12:00 pm, Saturday
Coronado R-S

**Myths and Reality: Creating Educational Partnerships
among Medical Schools, Communications Companies, and Industry Supporters**
(Strategic Leadership; All; Audio Taped)

Timothy Brigham, PhD

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Lawrence Sherman

CoMed Communications, Inc., Tel: 631/300-2430, E-mail: Lsherman@comed.com

Relevance: With an ever-increasing number of nontraditional CME providers, it is becoming necessary to try to discuss and dispel the myths and misconceptions regarding the roles of and the relationships between medical schools, communication companies, and pharmaceutical companies. Tempering the various opinions with a dose of reality is one way to overcome these misconceptions within the CME community.

Purpose: This forum is designed to address the issues surrounding the often tense relationships between medical schools, communication companies, and industry supporters by bringing together representatives of each for a discussion that will highlight the relevant concerns facing each. Audience response and participation are encouraged to enhance learning by addressing any additional needs and questions from participants.

Objectives: At the conclusion of this forum, participants should be able to identify areas in which they can improve relations between medical schools, communication companies and industry supporters; list the key issues that affect each of the participant sectors; evaluate current practices in relationship building within their organizations, and develop guidelines and recommended approaches to improve these relationships.

Key Points: Positive, healthy relationships can be built between medical schools, communication companies, and pharmaceutical companies in the interest of bringing quality education to physicians. Organizational guidelines can be developed in order to foster these relationships in the future.

Expected Outcomes: Traditional and nontraditional CME providers share common problems. These problems can be overcome through awareness and a willingness to work together in educational partnerships that are mutually beneficial.

Forum
3:30-5:00 pm, Saturday
Coronado R-S

The Effectiveness of a Workshop Designed to Improve Evidence-Based Practice Among Clinicians
(Evaluation; All; Audio Taped)

Rajesh Mangrulkar, MD

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Christopher Smith, MD

Cook County Hospital, Tel: 312/572-3917, E-mail: caschic@aol.com

Martha Gerrity, MD

Portland VA Medical Center, Tel: 503/273-5015, E-mail: gerritym@ohsu.edu

Relevance: Educational interventions designed to promote evidence-based medicine among clinicians have not focused on the skills required to translate knowledge and skills into practice (i.e., asking sound clinical questions, acquiring information from computer-based resources, assessing the quality of pre-appraised evidence, and application to patient care).

Purpose: To assess the impact of a pilot workshop designed to improve the knowledge, attitudes, and skills required for evidence-based practice by clinicians.

Objectives: At the end of the forum, the audience should recognize that a comprehensive educational intervention is more likely to promote behavioral change.

Methods: To promote the real-time application of EBM by clinicians, a web-based desktop providing access to secondary sources of pre-appraised evidence was created. This was the centerpiece for an 8-hour workshop delivered at 2 sites to 43 clinicians. Instruction centered on 4 skills (i.e., formulating clinical questions, searching evidence-based databases, understanding the results of searches, and applying them to patient care). Computer labs were used to give direct experience with the desktop. Access to the desktop was provided for 3 months after the workshop. Outcomes were assessed using a written survey administered before and after the workshop and monitored desktop use after the workshop. Survey questions were validated in previous studies and included: 1) self-reported use of information resources; 2) self-reported comfort with EBM skills, and (3) demonstration of resource preferences and question formulation in case scenarios. Scoring of the quality of clinical questions were performed by 2 blinded raters using predetermined criteria ($\kappa = 0.90$). Analysis of the change in scores after the workshop was performed using the Wilcoxon signed ranks test.

Results: At baseline, participants reported using textbooks, colleagues, and expert consultants more frequently than computer-based resources ($p < 0.05$), with at least 25% completely unfamiliar with Cochrane, Best Evidence, MD Consult and Up-To-Date. Participants expressed higher comfort levels after the workshop with all 4 EBM skills ($p < 0.001$). Given a clinical scenario, participants were more likely to use Cochrane, Best Evidence and Up-To-Date after the workshop to answer their questions and less likely to consult a sub-specialist or partner (all $p < 0.02$). Use of MD Consult, Medline and textbooks were not affected. Finally, the workshop improved participants' ability to formulate a clinical question, improving total score ($p < 0.001$) and percentage achieving a perfect score (2.6% vs. 15.3%, $p = 0.025$). After the workshop, participants accessed the desktop for 198 sessions over 2 months (average of 92.5 minutes and 4.6 sessions per participant, 20 minutes per session). The use of this desktop peaked during the first month (61% of total use), with a decline in month 2 (36%). Up-to-Date and Best Evidence were the most frequently used resources, comprising over $\frac{1}{2}$ of total usage time. Medline comprised only 0.9% of total use.

Expected Outcomes: Participation in the workshop-improved familiarity and comfort with EBM resources and skills, improved the quality of participants' clinical questions, and increased the likelihood of using EBM resources in practice.

Reference: Mangrulkar RS, et al. The effectiveness of a comprehensive EBM workshop. JGIM (to be submitted).

**Provider Section Meeting
1:30-3:00 pm, Wednesday
Durango 1-2**

Medical School Provider Section Meeting

(Medical Schools; Program Management; All; CME 101: Basics Curriculum; Physician's Track; Audio Taped)

Arnold Meyer, EdD

Temple University School of Medicine, Tel: 215/707-4787, E-mail: ameyer@nimbus.temple.edu

Relevance: Medical school based CME professionals are constantly faced with new ideas and demands. Use of new technologies, new or different accreditation requirements, and increasing competition from for-profit CME providers pose these challenges. Past participants have identified current critical issues and requested a forum for discussion and debate.

Purpose: To provide an opportunity for medical school based colleagues to discuss and debate the pros, cons, and problem-solving methods to challenges posed by these current issues.

Objectives: At the conclusion of this meeting, participants should be able to 1) identify the pros and cons of current issues; 2) describe various approaches to meet the challenges and demands faced by Medical school CME, and 3) gain insight through shared experiences.

Key Points: It is the intent of this meeting to identify and focus on current critical issues, facilitate discussion by encouraging participants to share practical experiences, and to create a balance in these discussions by including negative and positive points of view. Participants will have ample opportunity to network and meet new colleagues.

Expected Outcomes: Participants should become aware of the current critical issues and concerns facing medical school based CME professionals and develop strategies to address them.

Reference: Leist J, Green J. Congress 2000: a continuing medical education summit with implications for the future. J Cont Educ Health Prof 2000; 20(4).

**Provider Section Meeting
1:30-3:00 pm, Wednesday
Cancun**

VA Employee Education Update and Dialogue

(Veteran's Affairs; Strategic Leadership; Advanced; CME 101: Basics Curriculum; Physician's Track)

Robert Cullen, PhD

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Lynn Ward, EdD

VA Employee Education System-St. Louis Center, Tel: 314/894-5740, E-mail: Lynn.Ward@lrn.va.gov

Relevance: VA Employee Education must change continuously to address the needs created by changes in VA health care delivery.

Purpose: This meeting provides an opportunity for VA educators to discuss changes in VA education and propose action to strengthen VA employee education.

Objectives: Participants will review and discuss the latest changes and needs in VA employee education.

Key Points: This meeting provides a forum for discussion of changes, issues, and barriers to improving VA employees' education.

Expected Outcomes: Better understanding of issues faced by VA employee education and efforts to address the issues.

Reference: <http://vaww.lrn.va.gov>.

**Provider Section Meeting
1:30-5:00 pm, Wednesday
Coronado M-P**

Best Practices in Hospital CME

(Hospitals; Program Management; All; CME 101: Basics Curriculum; Physician's Track; Refreshment Break 3:00-3:30 pm)

Martyn Hotvedt, PhD

Lehigh Valley Hospital, Tel: 610/402-2501, E-mail: Martyn.Hotvedt@LVH.com

Relevance: The hospital provider section represents a sizable portion of the Alliance membership and these professionals have many things in common. The primary outlet for identifying those like needs and interests is through networking in a planned environment during the annual conference.

Purpose: The purpose of this meeting is to establish communication with Alliance members from hospital-based CME programs.

Objectives: As a result of this meeting each participant should provide one best practice from their hospital and return home with at least three new best practices to apply at home.

Key Points: This provider section meeting is intended to provide a forum for the participants to share with one another the best practices of CME in their hospitals. The first portion of the meeting will be short presentations of best practices, and the remainder of the time will be informal sharing of best practices in small groups.

Expected Outcomes: It is expected that each participant will leave the meeting with the knowledge of at least three new best practices to be tried at her or his own hospital.

Reference: Weisel T. You're only as good as your people, and the war for talent is intense. Fast Company; January 2001:94-97.

**Provider Section Meeting
1:30-5:00 pm, Wednesday
Coronado Q-S**

The Destiny of Commercially Supported CME

(Medical Education Communication Company Alliance; Part 1 of 3 Parts; Strategic Leadership; All;
CME 101: Basics Curriculum; Physician's Track; Refreshment Break 3:00-3:30 pm)

Charles Crawford, MBA (Moderator)

I. C. Axon, Tel: 514/274-4400, E-mail: ccrawford@icaxon.com

Linda Raichle, PhD (Panelist)

Merck & Company Inc., Tel: 215/652-3372, E-mail: linda_raichle@merck.com

Mike Saxton, BS (Panelist)

Pharmacia & Upjohn Company, Tel: 908/306-8273, E-mail: michael.s.saxton@am.pnu.com

Karen Overstreet, EdD (Panelist)

Meniscus Educational Institute, Tel: 610/834-1810, E-mail: koverstreet@meniscus.com

This provider section meeting will use an audience response system provided by Vistacom Information System, Inc.

Relevance: Medical education and communication companies depend on funding and input from commercial supporters, to develop CME programs that meet the needs of healthcare professionals. Consolidation among commercial supporters, increasingly diverse opportunities to communicate with physicians and concern about the impact and value of traditional CME in improving physician behaviors are challenging CME providers to adapt.

Purpose: Help attendees better understand the drivers of change among managed care organizations, pharmaceutical companies, medical device manufacturers, biotech companies and physician insurance companies in order to improve their ability to plan for change within their own organizations.

Objectives: Identify the opportunities and threats that will shape commercial support of CME in the future. Illustrate the importance of comprehensive organizational renewal to ensure survival and prosperity.

Key Points: Commercially supported CME is crucial to the improvement of healthcare. Commercial supporters and CME providers need to orient innovations towards future needs. Collaboration and discovery is possible when a forum for dialogue is available.

Expected Outcomes: Improved knowledge of factors that drive CME support & funding. Greater motivation to undertake innovative & collaborative projects in CME.

Reference: Dougherty MJ. Industry pays the doctor bill for escalating CME costs. Medical Marketing and Media, December 2000. <http://www.cpsnet.com/reprints/2000/12/deccmecosts.pdf>.

**Provider Section Meeting
1:30-5:00 pm, Wednesday
Coronado Q-S**

eCME: Has The Time Come . . . or Gone?

(Medical Education Communication Company Alliance; Part 2 of 3 Parts; Educational Activities Design; All;
CME 101: Basics Curriculum; Physician's Track; Refreshment Break 3:00-3:30 pm)

Pamela Marin Hastings (Moderator)

Center for Advanced Medical Education, Tel: 609/397-4777, E-mail: phastings@centercme.com

Jean Lalonde, BA (Panelist)

I. C. Axon, Tel: 514/274-4400, E-mail: jlalonde@icaxon.com

Judith Ribble, PhD (Panelist)

MedScape Inc., Tel: 212/760-3100, E-mail: jribble@medscapeinc.com

Michael Pote (Panelist)

HealthStream, Tel: 615/301-3100, E-mail: michael.pote@healthstream.com

Jane Mihelic, MA (Panelist)

MedCases Inc., Tel: 215/636-9180, E-mail: jmihelic@medcases.com

This provider section meeting will use an audience response system provided by Vistacom Information System, Inc.

Relevance: eCME has had a tumultuous entry in the CME world. Many organizations have tried and failed, and some persist. eCME presents a number of threats and opportunities to MECCA members. An expert panel of specialists in eCME will present their experiences and observations about the value of this emerging venue for CME.

Purpose: By sharing experiences, attendees may better understand the challenges and issues surrounding eCME.

Objectives: Situate attendees in the historical timeline of eCME. Illustrate what has been tried and tested. Generate debate on where new opportunities will emerge. Stimulate interest in development of consortia & standards to enhance the value of research.

Key Points: eCME offers an intriguing new venue for medical education. eCME success will depend and build on the experience of traditional CME providers. Collaboration is a key to the advancement of CME, and future security of today's stakeholders.

Expected Outcomes: Identification of potential collaborators in innovative CME projects. Improved knowledge of the opportunities and challenges of eCME. Participation in a series of scheduled anonymous Web-based discussion groups.

Reference: Less time, less money, less travel: eighth annual physician preferences survey. Medical Meetings, Jan/Feb 2001; 32-38. <http://www.meetingsnet.com/mm/0101/cvrstory.asp>.

**Provider Section Meeting
1:30-5:00 pm, Wednesday
Coronado Q-S**

Do Not Adjust Your Set: This May Be a Test of the Emergency CME System

(Medical Education Communication Company Alliance; Part 3 of 3 Parts; Educational Activities Design; All; CME 101: Basics Curriculum; Physician's Track; Refreshment Break 3:00-3:30 pm)

Jennifer Smith, PhD (Moderator)

The FCG Institute for Continuing Education, Tel: 215/412-4531, E-mail: jsmith@fcgint.com

Barbara Barnes, MD (Panelist)

University of Pittsburgh School of Medicine, Tel: 412/647-8212, E-mail: barnesbe@msx.upmc.edu

Fern Heinig (Panelist)

Roche Laboratories, Tel: 973/235-5439, E-mail: fern.heinig@roche.com

Murray Kopelow, MD (Panelist)

Accreditation Council for Continuing Medical Education, Tel: 312/464-2500, E-mail: mkopelow@accme.org

Karen Overstreet, EdD (Panelist)

Meniscus Educational Institute, Tel: 610/834-1810, E-mail: koverstreet@meniscus.com

This provider section meeting will use an audience response system provided by Vistacom Information System, Inc.

Relevance: As CME policies, regulations and acronyms evolve, it is vital that CME educators, their employers and other stakeholders understand where the industry is going in order to create useful innovations. By nature, innovative projects often challenge existing policies, regulations, and customs. This meeting will attempt to study practical problems that often restrain innovation and collaboration, while shedding light on the policy and regulation development process.

Purpose: Entertaining, disarming virtual exploration of the strengths, weaknesses and policies of CME through fast-paced, multilateral analysis of three to five practical problems that commercial supporters and CME providers confront. Leading up to the conference, MECCA membership will be asked to submit case problems related to commercial supporter involvement with content and faculty, Internet CME, and the orientation of policies and regulations.

Objectives: Provide attendees with a stimulating, profound understanding of the CME infrastructure and its underlying reason for existence. Create an atmosphere of constructive debate through real life issues. Inspire active questioning and renewal of the value and policy positions of CME stakeholders.

Key Points: Diverse representation in the governance of CME is healthy for the US medical system. Exposure of the values and policies of diverse stakeholder organizations guides the direction of innovations in the field of CME.

Expected Outcomes: Identification with the high values that guide organizations' policies. Contextualization of the processes of policy development in CME. Exposure of three contentious, debatable issues related to development and future success of CME.

Reference: WLF decision short on free speech resolution. Medical Marketing & Media 2001; 36:34.

Provider Section Meeting
1:30-5:00 pm, Wednesday
Monterey 1 (Main Meeting); Monterey 2-3 (Breakouts)

Medical Specialty Societies Meeting
(Medical Specialty Societies; Program Management; All;
CME 101: Basics Curriculum; Physician's Track; Refreshment Break 3:00-3:30 pm)

Damon Marquis, MA

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Marilyn Morgan

American Urological Association, Tel: 800/282-7077, ext. 3017, E-mail: mmorgan@houston.auanet.org

Relevance: Specialty society CME providers have unique issues related to CME that require the need for idea sharing and problem solving by individuals sharing the same concerns. Historically, the specialty society provider section has provided a venue for gaining new insights into current and pressing CME issues as well as benefiting from the collective wisdom of other specialty society colleagues. This provider section meeting continues this tradition – providing a valuable forum for collegial dialogue.

Purpose: The purpose of this meeting is to provide a forum for formal and informal interaction that encourages exploration of issues of interest to specialty society CME providers.

Objectives: The overall objective of this meeting is to provide valuable information on a number of CME topics including the role of specialty societies in assisting and influencing physicians' practices, application of cutting-edge technologies, updates from the AMA and ACCME with practice implications, and a variety of other burning issues in CME. Emphasis is placed on the exchange of ideas and "best practices."

Key Points: The objectives will be achieved through an interactive approach utilizing short lecture presentations with question and answer sessions, an open forum for idea sharing and problem solving, along with a series of roundtable sessions on pressing issues in CME.

Expected Outcomes: Specialty society CME providers will be able to return to their organizational settings with new information, practical tips, and key contacts with fellow colleagues to enhance the quality of their CME programs.

Provider Section Meeting
3:30-5:00 pm, Wednesday
Durango 1-2

Health Care Delivery Systems Meeting

(Health Care Delivery Systems; All; CME 101: Basics Curriculum; Physician's Track)

Robert Pyatt, MD

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Daniel Glunk, MD

Susquehanna Health Systems, Tel: 570/321-2284, E-mail: dglunk@shscare.org

Lee Ballance, MD

Kaiser Permanente Medical Center, Tel: 707/651-2863, E-mail: lee.ballance@kp.org

Richard Manch, MD

Banner Health System, Tel: 602/239-5961, E-mail: richard.manch@bannerhealth.com

Relevance: Health care delivery systems are increasingly accountable for improving the quality of care, reduce medical errors, and improve physician competencies. Three different health systems will demonstrate how CME can be used to address these issues.

Purpose: This meeting is designed to demonstrate how CME can be linked with error reduction, QI and improving physician competencies, at the level of one individual, or system wide through multiple hospitals.

Objectives: At the conclusion of this meeting, participants should be able to implement methods of CME to reduce medical errors, improve physician competencies, and improve quality of care.

Key Points: Non traditional CME methods can be very helpful in improving quality and reducing medical errors. Similar use of better educational formats can help improve competencies of an individual physician or a group of physicians, while earning CME credit.

Expected Outcomes: Implementation of CME formats beyond just the "lecture with Q & A" can result in sustainable performance improvements, such as better competencies, reduced medical errors, or other clinical measures of success.

**Provider Section Meeting
3:30-5:00 pm, Wednesday
Acapulco**

Pharmaceutical Alliance for CME (PACME) Update: Current Events, Issues, Tools, and Trends

(Pharmaceutical Alliance for CME [PACME]; Strategic Leadership; All;
CME 101: Basics Curriculum; Physician's Track)

Linda Raichle, PhD

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Other Support: Employee, Merck & Company Inc.

David Katterhenrich, MBA

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Other Support: Employee, Pharmion Corporation

Relevance: To survive and thrive in the evolving healthcare environment, pharmaceutical industry members must stay abreast of priorities such as regulatory policy developments related to product promotion, concerns associated with the communication of medical information through CME programs, peer review publication trends, and advances in Internet technologies. To form partnerships successfully, they must understand the perspectives of CME providers, medical communications companies, web companies, medical journals, and the legal community.

Purpose: An expert panel consisting of a member from each of the perspectives listed above will discuss current events, issues, tools and trends related to the evolving priority areas, and will field questions and facilitate discussion among industry attendees.

Objectives: At the conclusion of this provider section meeting, participants should be able to define the priority issues effecting pharmaceutical industry members and their CME partners; should have an appreciation of the complexity of the issues and trends influencing strategic planning and day-to-day practices, and should be able to identify resources and tools for maintaining standards for success and innovation.

Key Points: Industry consolidation, legal and regulatory developments, healthcare policy developments, and the growth of the Internet as a source of medical information, are all significant elements of change that must be understood by industry representatives who interface with the CME community. By understanding the issues, avoiding pitfalls, maintaining practices guided by the Alliance and ACCME Essentials and Standards, and by supporting the development of high quality electronic tools, CME outcomes and patient care can be improved.

Expected Outcomes: Although the pace of change in organizations and in technologies is accelerating, most of the fundamentals used to gauge quality still apply. This meeting will attempt to highlight some time-tested fundamentals, as well as introduce new tools and models for managing change in CME and industry.

Reference: Y2K forecast: what's in store for the industry? Medical Marketing & Media 35; January 2000.

**Provider Section Meeting
3:30-5:00 pm, Wednesday
Cancun**

State Medical Societies Accreditation of Intrastate Sponsors

(State Medical Societies; Accreditation; All; CME 101: Basics Curriculum; Physician's Track)

Jeanette Harmon, MBA

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Diane Oetting, BA

Medical Association of Alabama, Tel: 334/263-6441, E-mail: diane@masalink.org

Relevance: The vast majority of CME providers are accredited through the state/territory medical society process. The SMS accreditation systems face issues that are unique to them and this informal forum provides an opportunity to discuss these issues.

Purpose: The purpose of this meeting is to provide a forum for administrators of state and territory medical societies' CME Accreditation systems to discuss common problems and solutions in implementing CME accreditation on a state level.

Objectives: By the end of this meeting, participants should be able to 1) develop contacts with peers at other state medical societies that can be used as resources; 2) discuss exemplary applications for accreditation, and 3) exchange ideas and solutions for common problems faced at the SMS level.

Methods: Perspective participants will be surveyed to develop key issues that need to be discussed. Participants will be asked to bring any "best practices" to share with the other participants that they use either in the accreditation process or that they have observed being developed by their accredited providers.

Expected Outcomes: Participants will be able to adapt ideas to their own state accreditation system.

Geographical Group Meeting
7:00-8:30 am, Friday
Baja

State & Regional Organizations Networking Breakfast
(Program Management; All)

Diana Durham, PhD

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Diane Oetting, BA

Medical Association of the State of Alabama, Tel: 334/263-6441, E-mail: diane@masalink.org

Pamela Marin Hastings

Center for Advanced Medical Education, Tel: 609/397-4777, E-mail: phastings@centercme.com

Relevance: The State & Regional Organizations Subcommittee of the Alliance offers a mechanism for existing and beginning geographic groups to come together, as local, state and regional CME communities of practice, in keeping with this year's theme.

Purpose: Toward the goal of creating CME communities of practice, this networking breakfast meeting has been designed for those who are active in State and Regional CME organizations and those who wish to become active in such groups to gather together to share strategies and tools for improving CME programs in their respective regions. Concrete examples that can be adapted and/or adopted will be discussed in an informal round-table mode.

Objectives: At the end of this meeting, participants should be aware of the existing State and/or Regional CME Organizations, how to reach key people in these groups, resources for starting up their own groups to serve CME professionals in their own geographic region and for enhancing existing organizations.

Key Points: CME professionals can easily become isolated in their own organizations, and benefit from ongoing contact with CME colleagues with similar responsibilities. Building communication links with these colleagues, mentoring, and seeking to be mentored provide professional development opportunities and reality checkpoints for all of us. Ongoing state organizations are active in Illinois, California, Colorado, Texas, Oklahoma, and Tennessee. Active multi-state regional groups include the Southeast CME Symposium (GA, FL, AL, MS, LA, and AR), the Delaware Valley CME Professionals (DE, NJ, PA, MD, NY), and the CME Networking in the Northwest (WA, OR, ID, AK). In Canada, the Canadian Association for Continuing Healthcare Education (CACHE) has recently formalized itself as a national organization.

Expected Outcomes: State and regional organization members are asked to come prepared with a list of their regional groups' concerns and successful strategies. Various round tables will focus on such building block tools as such as mentoring, working with the accrediting agency that reviews your CME program, working with other CE organizations, developing bylaws, and distinguishing marketing your organization from professional outreach to educators.

Reference: The Alliance for Continuing Medical Education. Guide for Professional Development, 2001 (revised).

**Special Breakfast Session
7:00-8:30 am, Thursday
Coronado M-N**

ACCME Accreditation Surveyor Update Breakfast

(Special Training Session [By Invitation from ACCME]; Accreditation; Advanced: Audio Taped [Not for Sale])

Mary Martin Lowe, MA

Accreditation Council for Continuing Medical Education, Tel: 312/464-2500, E-mail: mlope@accme.org

Other Support: Employee, ACCME

Relevance: The ACCME's system of accreditation directly impacts all accredited providers of CME. ACCME's accreditation surveyors need to receive updates on their role in the accreditation process.

Purpose: This session will provide surveyors with clarifications, updates, and policy interpretations that are relevant to their role of collecting data on a provider's compliance with the ACCME's Essential Areas, Elements and Policies.

Objectives: At the end of this session, surveyors should be able to discuss recent ACCME policies adopted and correct interpretations of ACCME's requirements.

Key Points: Surveyors are asked to collect data on a provider's compliance with ACCME requirements. This responsibility is directly linked to their knowledge about the ACCME's accreditation requirements. Remaining current on ACCME's requirements is a responsibility that all surveyors apply in their role within the ACCME accreditation process.

Expected Outcomes: ACCME accreditation surveyors must be kept fully abreast of ACCME policies and the correct interpretations of how providers should comply with those policies. A forum for surveyors to discuss these issues with ACCME staff and their surveyor peers will help to assist them in meeting their responsibilities.

Reference: A system for accreditation of providers of continuing medical education: the ACCME'S® essential areas and their elements. ACCME's® Accreditation Policy Compendium.



**Special Luncheon Session
12:00-1:30 pm, Thursday
Coronado Ballroom H-J**

**Strategic Pathways to Achieve the Alliance's Vision, Values, and Mission:
Challenges and Opportunities in Maintaining Physician Competence**

(Special Luncheon Session [For Paid Registrants and Paid Exhibit Representatives]; Strategic Leadership; All;
CME 101: Basics Curriculum; Physician's Track; Audio Taped)

Bruce Bellande, PhD

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Don Moore, PhD

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Relevance: Alliance members will be significantly impacted by the recent adoption of the American Board of Medical Specialties (ABMS) definition of the competent physician, the six general competencies and the four essential areas, which govern the maintenance of certification (MOC) for practicing specialists. MOC mandates that physicians seeking re-certification engage in continuous self-assessment, maintain medical expertise, participate in lifelong learning and demonstrate practice performance improvement. Each of these four essential MOC components is incorporated in the current missions and activities of CME providers. Therefore, changes will be required in needs assessment, content, format and evaluation of CME activities as well as recognition of life-long learning experiences.

Purpose: This session will present the Alliance's vision, values, mission and Initiatives designed to empower CME providers to understand the MOC program and to synthesize and prepare for the impact and implications of MOC.

Objectives: At the conclusion of this session, participants should be able to articulate, analyze and synthesize the Alliance's Initiatives for Innovation, Collaboration and Accountability, ABMS's MOC, the experiences and strategies of national specialty societies in response to MOC, and the impact on and implications for CME providers.

Key Points: Alliance Initiatives have been developed to ensure that CME providers are involved in, contribute to and collaborate with CME accreditors and regulators of MOC. CME providers will be aware of and understand the MOC process. Challenges and opportunities that have been experienced by national specialty societies as they prepare for MOC will offer insights and relevant information for other CME providers as they prepare for MOC.

Expected Outcomes: CME providers will comprehend the ABMS MOC; be empowered with the knowledge to initiate planning for the MOC and acquire the requisite skills to assist physicians attain the MOC general competencies, and become actively involved in the Alliance's implementation of the Initiatives for Innovation, Collaboration and Accountability. For more information regarding physician competencies attend the breakout session, Physician Core Competencies: Challenges in Evaluation, 8:30-10:00 am, Friday, and the mini-plenary, The Implications of Physician Core Competencies on CME Program Planning for Specialty Societies, 3:30-5:00 PM, Saturday.

Reference: Alliance for Continuing Medical Education's Initiatives for Innovation, Collaboration and Accountability. ABMS's Maintenance of Certification Initiative.

P1, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

Evidence-Based Needs Assessment

(Needs Assessment; All; CME 101: Basics Curriculum; Physician's Track)

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Grant Research Support: Aventis Pharma

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Grant Research Support: Aventis Pharma

Relevance: High quality clinical practice guidelines (CPG's) that are developed by respected members of one's profession use evidence based research to provide a direction for best clinical practice. Needs assessments that incorporate the critical issues from CPG's can reveal actual learning needs of CME participants.

Purpose: This poster demonstrates how to extract key components from clinical practice guidelines, and develop a needs assessment based on true learning needs.

Objectives: Participants should be able to 1) identify static items that are crucial in the guidelines, and any important changes or revisions from previous guidelines; 2) generate questions based on the items, and 3) write a succinct needs assessment.

Key Points: An assessment of true learning needs should reveal the gap between a health professional's actual practice and clinically relevant evidence based studies. By writing a needs assessment based on CPG's, CME can be designed to reflect true learning needs.

Expected Outcomes: CME based on an assessment of true learning "needs", rather than learning "wants." To achieve this end, CME providers would base the needs assessment and subsequent program on valid and reliable teaching issues, rather than what they prefer to teach.

Reference: Lockyer J. Needs assessment: lessons learned. J Cont Educ Health Prof 1998; 18(3):190-192.

P2, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

**Practice-Based Continuing Education at Tumor Conferences
and Quality Assurance Rounds at a Cancer Center**
(Needs Assessment; All; CME 101: Basics Curriculum; Physician's Track)

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Relevance: Theories of adult education and social learning stress the importance of practice-relevance, collegial interaction, peer pressure, and critical self-reflection in influencing health professional learning and change. Tumor conferences (TC) and quality assurance (QA) rounds, an integral part of everyday oncology practice at comprehensive cancer centers, provide an opportunity for physicians to critically reflect on their own and group practice and assess performance through case-based discussions with colleagues and other health care professionals.

Purpose: The purpose of this study was to explore the value of TCs and QA rounds at our cancer center as a source of objective learning needs of oncology health care professionals and as an opportunity to improve patient care.

Objectives: This poster presentation will allow participants to 1) consider how QA rounds and case-based conferences provide an opportunity for critical self-reflection and enable timely, relevant and practice-based continuing education, and 2) determine how these and similar rounds and conferences may be used to provide objective learning needs for continuing education and stimulate new ideas to improve the quality of patient care.

Methods: Records from TCs and QA rounds for two sites (breast and gynecologic cancer) during 1999 and 2000 were reviewed to determine compliance with treatment policy and to document questions raised by participants regarding patient management. These questions were translated into learning needs for incorporation into continuing education activities.

Results: Of 158 gynecologic and breast cancer cases reviewed in QA rounds, 157 (99%) complied with applicable treatment policies. Recurring themes revolving around patient management issues and the need to re-assess current policies, identified and translated into objective learning needs, will be outlined.

Expected Outcomes: This poster presentation will provide participants with an opportunity to consider how quality assurance rounds, case based conferences and other similar rounds at their own institution may be used to provide objective learning needs for health care professionals and adapted to meet their own unique continuing educational needs.

Reference: Bennet NL, Davis DA, Easterling WE, et al. Continuing medical education: a new vision of the professional development of physicians. Acad Med 2000; 75:1167-1172.

P3, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

The Impact of Managed Care on Primary Care Practitioners: Results from a Needs-Assessment Survey
(Needs Assessment; Intermediate; CME 101: Basics Curriculum; Physician's Track)

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Grant Research Support: The Foundation for Better Health Care

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Relevance: Given the widely reported strained relations between MCOs and physicians, this study is relevant as a mechanism for understanding how PCPs believe MCOs impact physicians' care for patients.

Purpose: This study was conducted to identify the effect of managed care on PCPs' practice habits.

Objectives: To gain a better understanding of the dynamics between PCPs and MCOs that will help develop CME activities incorporating these issues.

Methods: A Needs Assessment survey was distributed during a 2-day CME program for PCPs. The survey consisted of several questions, with one specifically addressing managed care: "How has managed care impacted your practice of medicine?" The activities were held in 2 cities, Detroit and Baltimore, and each activity consisted of 9 sessions covering 8 disease states. Approximately 500 Needs Assessment survey forms were distributed at each meeting. In Detroit, 50 participants answered the question, while in Baltimore, 127 answered it. These results were subsequently transcribed, and 7 primary themes were identified. In addition, a literature search was performed in PubMed to compare the themes with current literature on the physician-MCO relationship.

Results: The following themes emerged. 1) Primary care practitioners feel restricted when prescribing medicine. 2) The second theme shows that excessive paperwork is a direct effect of managed care and tends to occupy clinicians' time more than ever before. 3) The third theme deals with reimbursement issues and shows that PCPs are increasingly dissatisfied with the low rates paid by managed care organizations. 4) The fourth theme communicates that managed care rules and restrictions of attending to a larger volume of patients have led to shorter visits, possibly leading to less effective care, to patient dissatisfaction, and to deterioration of the doctor-patient relationship. 5) The fifth theme denotes that the referral process is both limiting and difficult for PCPs. This problem is detrimental to patients because they are often unable to see a specialist promptly. 6) The sixth theme points out that managed care has led to an overall decrease in the quality of care and patient satisfaction. 7) Finally, the last theme deals with patient advocacy. These clinicians are forced to spend more time advocating on behalf of the patient in order to execute a routine treatment plan.

Expected Outcomes: CME professionals should acquire an understanding of the PCP-MCO relationship dynamic and should be motivated to design these issues into their CME activities.

Reference: Mechanic D. Managed care and the imperative for a new professional ethic. *Health Aff* 2000; 19(5):100-111.

P4, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

**A Look at the Allied Health Market: A Focus Group Approach in
Learning How Non-Physicians May Augment a Physician's Learning Objectives**
(Needs Assessment; Intermediate; CME 101: Basics Curriculum; Physician's Track)

Nickolas Cocalis, BS

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Relevance: There are tremendous resources that are used to deliver quality education to both physicians and allied health professionals. However, many organizations do not bridge the gap in incorporating these two groups into one unified market in which these two populations can learn from each other.

Purpose: This poster analyzes the educational profile of the allied health professional and their role as "educational satellites." Furthermore, this poster will explore the allied health professionals' motivations in participating at educational activities, while debriefing their supervisor (i.e., the physician) on what they have learned.

Objectives: After viewing this poster, the participant will be able to 1) defend the role of the allied health professional within a physician-based organization; 2) examine the allied health professionals' need to learn for themselves and their physician supervisors, and 3) prescribe a buy-in plan to integrate these two populations into a harmonious, symbiotic relationship.

Key Points: The allied health professional is an integral part of the physician's organization and can act as a strong compliment for a physician's learning range.

Expected Outcomes: Through the use of a focus group format, organizations may gage into exploring new markets that augment a physician community. Physicians will benefit from learning by incorporating their staff into the learning process. Thus, a physician's time can be organized and managed in other areas of his or her practice.

P5, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

Individualizing CME Activities for Large Groups of Physicians
(Educational Activities Design; All; CME 101: Basics Curriculum; Physician's Track)

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Grant Research Support: Aventis Pharma

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Grant Research Support: Aventis Pharma

Relevance: Providers must consider time and money when developing CME programs. Physicians have little time available for group educational activities and medical organizations must spend efficiently the small amount of money they have for the organization of these events. Despite these constraints, large group CME programs should address as much as possible the individual learning needs of the participants if the purpose is to improve physicians' knowledge, skills and attitudes in order to change clinical practice.

Purpose: This poster demonstrates how to design a large group weekend program that is cost efficient and addresses at the same time individual learning needs of the participants.

Objectives: CME providers who will attend this poster presentation should be able to include in their large group programs a learning activity that addresses individual learning needs. They will learn the process of developing this activity as well as to track and measure learning outcomes for the individual physician within the group.

Methods and Results: In primary care, the multi-faceted results of the new HOPE Study will dramatically change clinical practices in the treatment and management of cardiac patients. Several key messages must be conveyed to the primary care practitioners. However, not all physicians have the same learning needs in this area and a traditional large group activity is unlikely to address individual participants' needs. To assess individual learning needs, an evidence-based questionnaire was sent to all physicians who registered for a large group weekend program. Following a short didactic session, the participants were allocated to smaller groups based on their individual needs as revealed by their answers to the pre-event questionnaire. A post-test was administered to participating physicians immediately and 4 months after the program. Pre- and post-test scores were compared for each individual to evaluate the effectiveness of the personalized learning activity.

Expected Outcomes: CME providers can offer lower cost individualized learning activities to large groups of learners and therefore improve their likelihood to influence clinical practices.

Reference: Larson E. How can clinicians incorporate research advances into practice? JGIM 1997; 12(2):20-24.

P6, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

Physicians' Perceptions of Effective Small Group CME

(Educational Activities Design; All; CME 101: Basics Curriculum; Physician's Track)

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Relevance: Many CME programs are moving from more traditional formats to small group activities in order to increase interaction and promote collegial exchange that can facilitate a change in practice performance. However, there is little research regarding what makes for effective small group CME.

Purpose: The goal of this study is to assess physicians' perceptions of effective small group CME using a qualitative methodology, and to compare their responses to students' perceptions of small group teaching.

Objectives: By the end of this poster presentation, participants will have a better understanding of physicians' perceptions of effective small group CME, including the importance of facilitator characteristics, group atmosphere, session format, and nature of the pedagogical materials used. Participants will also have a better understanding of how physicians' perceptions of these attributes compare to those of undergraduate medical students.

Methods: Practicing physicians were invited to participate in a focus group on What Makes for Effective Small Group CME? Four focus groups, with 8-12 physicians per group, will be held in April 2001, to ascertain physician perceptions. Six focus groups with students have already been completed. Focus groups with physicians will be used as they make explicit use of group interaction to produce new insights and observations.

Results: The results of the focus groups will be analyzed using ethnographic analysis. Data will be available by June, 2001. It is anticipated that physicians will highlight the importance of facilitator characteristics and the use of participants' experience in the session. It is also likely that the practical use of relevant case material will be identified. In comparison to students, we expect that physicians will place less importance on the structure of the cases used and the group atmosphere. However, we anticipate that the need for clinical relevance and group interaction will be the same for both groups.

Expected Outcomes: After viewing this poster, attendees will be cognizant of physician perceptions of effective small group CME. It is also hoped that they will appreciate the benefits of using focus groups to better understand physicians' learning preferences and consider the application of these findings to their own settings.

Reference: Steinert Y. Twelve tips for effective small group teaching in the health professions. *Medical Teacher* 1996; 18:203-207.

P7, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

Building an Online Foundation for Professional Development: A Systems Approach
(Educational Activities Design; All; CME 101: Basics Curriculum; Physician's Track)

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Relevance: As a community of adult educators and CME practitioners, we are developing new understandings about our profession. How do we translate our new learning into the practice of CME?

Purpose: To demonstrate an online learning system developed through application of current theory and research in the field of continuing professional development.

Objectives: This poster is intended to stimulate participants to explore new ways to facilitate more effective approaches to continuing professional development.

Key Points: In response to an Academy proposal to establish a "CME home" for its members, a personalized online system to assist pediatricians to direct, focus, and manage their lifelong learning, was launched in October 2000. *PediaLink*TM is designed to facilitate and record user progression through the stages of learning, from the identification of practice needs, to planning how to acquire the relevant competencies and, finally, introducing and evaluating changes in practice.

Expected Outcomes: Attendees will have an understanding of one model of a systems approach to facilitating individual professional development. *PediaLink*TM enables users to learn from critical incidents in practice and to use the results of knowledge tests and measurements of performance to enhance the quality of care provided to patients.

Reference: The future of pediatric education II. Organizing pediatric education to meet the needs of infants, children, adolescents, and young adults in the 21st century. *Pediatrics* 2000; 105 (suppl 1, part 2):202-203.

P8, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

The Theory of Perspective Transformation and Its Applicability to CME
(Educational Activities Design; Intermediate; CME 101: Basics Curriculum; Physician's Track)

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Relevance: In the field of adult education, Jack Mezirow published his theory of perspective transformation, which has become one of the most important contributions to the recent Adult Education literature. He identified 10 phases a learner goes through before he/she incorporates a new perspective. There are many lessons from this theory that we can apply to our work in CME.

Purpose: This poster will outline the key concepts of the theory of perspective transformation and highlight the relevancy of this theory to the design of CME interventions.

Objectives: After interacting with the poster, the participant will be able to 1) identify parallels between issues faced by practitioners in CME and contributions of the theory of Perspective Transformation, and 2) assess the application of key concepts of the theory to needs assessment, design and evaluation.

Key Points: When planning CME one should consider that to incorporate a new perspective, a learner may go through ten phases that begin with a disorienting dilemma.

Expected Outcomes: CME practitioners may benefit from insights gained from this popular theory from the field of Adult Education. In particular, the practitioner will be able to use this theory to better address the needs of learners and apply what is learned to program design.

Reference: Mezirow J. *Fostering critical reflection in adulthood. A guide to transformative and emancipatory learning.* San Francisco: Jossey-Bass, 1990.

P9, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

**A Community/University/Industry Based Partnership to Improve Osteoarthritis Care:
An Example of MD, Health Professional and Public Educational Programming**
(Educational Activities Design; Advanced; CME 101: Basics Curriculum; Physician's Track)

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Other Support: Partnership between a Regional Health Authority (Chinook Health Region), Industry (Merck Frosst Canada & Company), Academia (University of Calgary), and Public (Arthritis Society)

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Relevance: There is a need to revise our current approach to improving patient wellness. What is the impact of social marketing within the context of the health care system and how can new approaches and innovative partnerships empower communities to employ better techniques for improving health and wellness to as many people as possible using educational and non-educational strategies.

Purpose: This poster presentation is designed to share and discuss with CHE leaders, the outcomes of a project steeped in partnerships that provided a health region with a multidisciplinary approach to health education.

Objectives: This poster presentation should provide "food for thought" on how optimal solutions to population health and clinical problems can be achieved by involving other health professionals and patients in solutions; creating programs to support patient self-efficacy; and ensuring that physicians and health professionals have the appropriate knowledge and skills to support and understand community based initiatives

Key Points: Through integration of partnerships, a community health region was able to identify and address the needs of their community; implement a multiple educational strategy; and evaluate the outcomes as they pertained to the overall health and vigor of a health care community managing pain associated with OA.

Expected Outcomes: With an aging population in our future and patient wellness as paramount, the education of an entire community on methods for enhanced disease management practices may serve as a model for the future development of similar projects in other regions of the country. This project may prove to show other benefits such as reduced health care costs via reduced physician visits, hospitalizations, need for long term therapy and appropriate use of prescription medications.

P10, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

Improving Outcomes of Arthritis Patients in Newfoundland

(Educational Activities Delivery; All; CME 101: Basics Curriculum; Physician's Track)

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Relevance: There is a growing need to support rural family physicians with the management of arthritis patients. In Newfoundland and Canada a shortage of rheumatologists and geographic isolation presents significant challenges in supporting these rural physicians. Nevertheless, primary care physicians manage the majority of musculoskeletal problems in Newfoundland while studies in Ontario and the US (e.g., Glazier et al 1996, 1998) reported that arthritis training is sub-optimal at the undergraduate and postgraduate levels. Understanding how to enhance rural primary care physician management of arthritis through innovative CME strategies will improve arthritis patient outcomes, and provide a replicable support model for other practice environments.

Purpose: This poster presentation will provide CME professionals and practicing physicians with an overview of several innovative strategies for enhancing the quality and effectiveness of informal self-directed CME support for rural physicians. An evaluation of the strategies suggests that they are effective in improving the health outcomes of arthritis patients by enhancing physician's knowledge of arthritis diagnosis and management.

Objectives: Through this poster session, participants will be able to identify and describe research findings applicable to the development of informal CME distance learning strategies for enhancing rural primary care physician management of arthritis.

Key Points: Both patient outcomes and physician's ability and confidence in managing arthritis problems are important evaluative measures in defining the success of informal CME distance learning strategies. The strategies, which are eventually used to support rural physician's information needs, should be relevant to the practice environment.

Expected Outcomes: To report the comparative effectiveness of several informal self-directed CME strategies which utilize traditional face-to-face peer consulting and information and communication technologies to support rural physicians in the diagnosis and management of arthritis patients.

Reference: Covell DG, Uman GC, Manning PR. Information needs in office practice are they being met? *Ann Intern Med* 1985; 103:596-599.

P12, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

Outcomes of an Innovative Educational Format:
Teaching the Management of Acute Chest Pain in the Emergency Department Using a CD-ROM Patient Simulator
(Educational Activities Delivery; All; CME 101: Basics Curriculum; Physician's Track)

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Grant Research Support: Merck Frosst Canada & Co.

Relevance: Case-based interactive learning formats such as small group workshops promote learning and change practice performance. There is increasing use of electronic media in continuing medical education. Formats such as CD-ROM are now being used in combination with traditional workshops and offer an opportunity for realistic patient simulations that can be discussed in a group setting. Few studies, however, evaluate the effectiveness of this combination. Acute chest pain (ACP) is a common and rapidly evolving clinical area. Clinicians managing ACP need frequent updates in knowledge and skills, and the applications of these in the emergency department (ED) context where speed and accuracy in decision-making are vital. Patient simulations might help emergency physicians improve knowledge and change practice.

Purpose: The goal of this study was to demonstrate that an educational format consisting of a small group workshop incorporating a CD-ROM as a patient-simulator would improve emergency physicians' knowledge and practice performance in managing ACP in the ED.

Objectives: After viewing this poster, attendees will be familiar with an innovative educational format combining CD ROM and small group workshops and will be cognizant of a new method of assessing self-reported change in practice performance.

Methods: The educational intervention was an interactive small group workshop incorporating cases presented on CD-ROM. It was presented 6 times at a conference on emergency care, to physicians who practice in ED's. The outcome measures were satisfaction with the educational format (post-workshop questionnaire), knowledge about ACP in ED (case-based multiple-choice questions administered 3 months after the workshop) and self-reported changes in specific practice performance with contributing factors (questionnaire 3 months after the workshop).

Results: Participants were highly satisfied with the format and felt that the CD-ROM added to the educational process. The results of the 3-month post workshop questionnaire will be available in June 2001. We anticipate that the participants' knowledge will improve and that they may report change in practice related to the intervention.

Expected Outcomes: Adding a new educational medium to a proven educational format may improve satisfaction, learning and practice performance.

Reference: Curran VR, Hoekman T, Gulliver W, Landells I, Hatcher L. Web-based continuing medical education (II): evaluation study of computer-mediated continuing medical education. *J Cont Educ Health Prof* Spring 2000; 20(2):106-119.

P13, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

Optimizing Patterns of Practice in the Management of Cardiovascular Disease
(Evaluation; All; CME 101: Basics Curriculum; Physician's Track)

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Relevance: Improving cardiovascular outcomes in Nova Scotia (ICONS) is a unique health care initiative that began in 1997 as a partnership between the QEII Health Sciences Centre Division of Cardiology, the Nova Scotia (NS) Department of Health and Merck Frosst Canada & Co.'s (MFCC) Patient Health Management (PHM) Department. The goal of ICONS is to optimize care for Nova Scotians with heart disease. Doctors, nurses, pharmacists and other health professionals, as well as patients and their advocacy groups are involved from across NS. Baseline patterns of practice (Oct. 15/97-Oct.14/98) for the in-hospital management of patients with congestive heart failure (CHF), atrial fibrillation (AF), and acute coronary syndromes (ACS) [unstable angina (UA) and acute MI (AMI)] were collected from all provincial hospitals in NS. MFCC's PHM CME department identified several needs from the baseline analysis. They were 1) to feedback regional baseline patterns of practice in a timely manner; 2) to gain a consensus from regional health care providers on key care gaps and targets for improving outcomes, and 3) a commitment to change to improve practice patterns.

Purpose: This poster presentation will provide CME professionals and practicing physicians with a greater understanding about the impact that the ICONS consensus building workshops have had on practice patterns (of physicians attending the workshops) for the management of cardiovascular disease.

Objectives: Through this poster presentation, participants should be able to identify and describe key components of the ICONS workshops, as well as findings from the implementation of these small-group CME learning sessions so participants can then develop similar programs.

Methods and Results: Three evidenced-based consensus-building workshops, based on provincial and regional practice patterns, were developed for the conditions of interest. The College of Family Physicians of Canada accredited each for 1.5 MAINPRO-C credits in Apr/00. During the workshop, participants discuss their ideas for improving patterns of practice. Many of these ideas have developed into regional and provincial interventions. After each workshop, participants are asked to complete an evaluation form. Two to 3 months later, participants are requested to complete a post-reflective exercise. These forms will be analyzed for findings. As of Feb 2001, 5 CHF, 4 AF, and 4 ACS workshops were conducted. The analysis will include the number (and percent) of physicians 1) who attended the workshops; 2) who feel the workshop objectives were met; 3) who feel the workshop had a positive impact on their patterns of practice and thus changed their practice, and 4) who stated they sought out any new information since the workshop.

Expected Outcomes: The ICONS Consensus Building workshops, in conjunction with other regional feedback sessions and interventions, have positively impacted on physicians' patterns of practice in the management of patients with CHF, AF and ACS in NS. By combining effective educational strategies to build consensus around identified care gaps, CME professionals can positively enhance practice patterns by building communities of best practice.

Reference: Cox JL. Optimizing disease management at a health care system level: the rationale and methods of the improving cardiovascular outcomes in Nova Scotia (ICONS) study. *Can J Cardio* 1999; 15(7):787-796.

P14, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

Evaluation as Reinforcement of Learning in a Risk Management Event
(Evaluation; All; CME 101: Basics Curriculum; Physician's Track)

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Relevance: CME activity evaluation often consists of “happiness scales” where learner satisfaction is assessed. A more robust approach to evaluation can provide valuable information to educators, and can also serve to reinforce learning.

Purpose: This poster presentation will provide an example of a staged evaluation process. The process allowed physicians to shape patient relations strategies based on a risk management presentation, then provided follow up to check their use of the strategies and to reinforce the learning.

Objectives: After viewing this poster presentation, participants should be able to recognize activities appropriate for follow up evaluation; learn to shape manageable follow up evaluation tools based on learner defined goals, and develop evaluations that allow for goal development and subsequent follow up.

Methods and Results: Seventy-five physicians attended a presentation called “Managing Patient Expectations” sponsored by the Risk Management department of Carle Foundation Hospital. At the end of the session, they filled out an evaluation form that included a place for them to list two patient management strategies they learned at the event. These strategies were compiled, categorized and developed into a follow up evaluation tool. The evaluation itself became a learning tool. It was sent to physicians who attended the event, who were asked to describe their current use of the strategies listed. Thirty-eight responded (51%). Results showed a high rate of self perceived goal attainment among those physicians. The tool has also been used in other patient management presentations to reinforce the learning provided there.

Expected Outcomes: Evaluation does not need to be a one-shot-per-event measurement tool. CME providers can use learner-defined goals to shape follow up evaluations that check compliance and reinforce learning. CME providers can create innovative evaluation tools that serve to reinforce education, as well as to check goal attainment.

Reference: Baker SK. Managing patient expectations: the art of finding and keeping loyal patients. Jossey-Bass, 1998.

P15, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

Statistical Significance Versus Practical Significance: Implications for Analyzing CME Data
(Evaluation; All; CME 101: Basics Curriculum; Physician's Track)

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Relevance: To evaluate and deliver quality educational activities, CME providers must remain current on best practices in statistical design and analysis. Continuing medical education literature reveals a widespread reliance on statistical significance testing as the sole means of determining result importance. However, this method has been demonstrated by an increasing number of theorists to be inadequate in solo for determining either the importance of results or the likelihood of obtaining similar findings in future samples drawn from the target population. Researchers must also assess the practice significance of results.

Purpose: The purpose of this poster presentation is to explain the advantages and disadvantages of statistical significance testing in the context of analyzing data from CME activities. No prior knowledge of the procedures to be discussed will be assumed. Data collected from representative CME activities will be employed to demonstrate empirically how tests of statistical significance might be properly used in conjunction with other relevant measures in evaluating and subsequently improving CME activities.

Objectives: After attending this session participants should a) better understand the mechanics of statistical significance testing; b) be able to identify the usefulness and limitations of statistical significance testing; c) recognize common errors made when interpreting results from statistical significance tests, and d) understand the importance of reporting effect sizes and, when applicable, the extent to which results can be generalized.

Key Points: Tests of statistical significance must be applied thoughtfully, not mechanically, with a full understanding of their strengths and weaknesses. Statistical significance and practical significance are not synonymous. A number of factors can influence the observed significance level (p value) of a test. Other measures can serve to enhance results from statistical significance tests when applied in tandem.

Expected Outcomes: Participants should become more knowledgeable as to the function and role of statistical significance testing in evaluation and research and thereby apply the testing procedure appropriately in analyzing data from CME activities.

Reference: Krueger J. Null hypothesis significance testing: on the survival of a flawed method. *American Psychologist* 2001; 56(1):16-26.

P16, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

Outcomes from a Two-Day CME Activity for Primary Care Practitioners (PCPs)
(Evaluation; Intermediate; CME 101: Basics Curriculum; Physician's Track)

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Grant Research Support: The Foundation for Better Health Care

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Relevance: This look-back study that measures long-term effectiveness and change of behavior resulting from a 2-day CME activity for primary care practitioners (PCPs) is relevant as an attempt to explore the utility of case-based learning and the effectiveness of CME in general as a mechanism for enhancing practice patterns.

Purpose: This study was conducted to ascertain the long-term effects and changes in practice following a 2-day CME activity for PCPs.

Objective: To measure outcomes and change-of-behavior following a 2-day CME activity for PCPs.

Methods: Approximately 3 months after the delivery of a 2-day CME program for primary care practitioners, a survey was sent via fax and e-mail to all the meeting participants who noted on their activity evaluation that they would participate in a post-activity survey. The activity was held in 8 cities across the US, starting in May 2000 and culminating in December 2000, and consisted of 9 sessions covering 8 disease states. The post-activity survey asked participants the following questions: 1) "Which of the following educational sessions, if any, offered knowledge that has been of practical use to you?" (The choices were obesity, arthritis, asthma, diabetes, major depressive disorders, dyslipidemia, menopause, migraine, HIV/AIDS, intermittent claudication), and 2) "Please give an example of how you applied, or are applying, in clinical practice what you learned from one of the above-named sessions?" The comments received from the survey were collected, transcribed, analyzed to identify themes, and evaluated.

Results: Results from the activity held in the first 3 cities (Houston; St Paul, MN; Philadelphia) show the following trends. Many participants used the information provided at the meeting to make changes in their practice patterns. Many participants are prescribing differently, and they acquired additional, helpful facts about medications for a specific disease state. Participants noted they received a useful update about one or more disease states. In addition, participants in one city stated an increased or regular use of the Body Mass Index (BMI) as a result of their participation in the meeting. Note: The FBHC is in the process of collecting the data for the remaining 5 cities and will complete this by July 2000.

Expected Outcomes: Through appraisal of this poster, CME professionals should enhance their understanding of the importance of evaluating CME activities through post-program surveys and/or other methodologies.

Reference: Slotnick HB. Acad Med 1999; 74:1106-1117.

P17, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

**The Use of Pre- and Post-Test Questions in Measuring Immediate Knowledge Transfer
in a CME Activity for Primary Care Practitioners (PCPs)**

(Evaluation; Intermediate; CME 101: Basics Curriculum; Physician's Track)

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Grant Research Support: The Foundation for Better Health Care

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Relevance: This study is relevant as a measure of the effectiveness of using pre and post-test questions as a methodological tool for gauging immediate learning outcomes in CME activities.

Purpose: The goal of this study is to measure whether learning occurred immediately following 90-minute activities in the course of a 2-day CME program.

Objectives: To measure the effectiveness of using vignette-based pre and post-test questions to gauge immediate learning outcomes.

Methods: Pre and post-test questions in the form of clinical vignettes were distributed for each session of a 2-day CME program for primary care practitioners. The activities were held in 5 cities across the US (Cincinnati, San Francisco, Atlanta, Detroit, Baltimore), and each activity included 9 sessions covering 8 disease states. Results were derived for all 5 cities. The pre and post-test questions were collected and scanned through a computer-assisted data analysis program called SphinxSurvey Lexica. Subsequently, the results were verified through a manual hand-count. The statistical method of "relative risk" was used to assess the results. The relative risk is a ratio of the proportion of questions answered correctly post-instruction divided by its corresponding pre-instruction proportion. Theoretically, learning occurs if this ratio is greater than 1.0000; that is, if the post-instruction proportion of correct answers is greater than the pre-instruction proportion.

Results: The vast majority of sessions (8 of 9) showed that participants learned key information immediately following the activity. Using pre and post-test questions in the form of clinical vignettes offers an effective methodology for measuring immediate learning outcomes.

Expected Outcomes: CME professionals should reinforce their commitment to using pre and post-tests and should find the "relative risk" statistical measurement useful as part of a design methodology.

Reference: Schlomer RS, Anderson MA, Shaw R. Teaching strategies and knowledge retention. J Nurs Staff Dev 1997; 13(5):249-253.

P18, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

Tabbing Your Way: Using the New System Retention Checklist
(Accreditation; All; CME 101: Basics Curriculum; Physician's Track)

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Relevance: In the Essential Areas and Policies, the ACCME has identified certain elements of structure, method, and organization that contribute to the development of effective continuing medical education. The Essential Areas and Policies are the practices that a provider must implement for accreditation.

Purpose: Accredited providers are required to retain activity files/records during the current accreditation period or for the last 12 months, whichever is longer. This poster presents a CME retention checklist organizational tool that demonstrates and documents compliance with the ACCME Essential Areas and Policies.

Objectives: As a result of viewing this poster presentation, participants should be able to integrate the New System Retention Checklist and Organizational Tabs as a management and compliance tool in their own CME settings.

Key Points: The New System Retention Checklist and Organizational Tabs serve as a multi-purpose tool which provides a blueprint for ensuring documentation of needs assessment, learning objectives, program design, and evaluation.

Expected Outcomes: This organizational tool will assist providers in documenting and maintaining activity files in compliance with ACCME Essential Areas and Policies. Samples of the New System Retention Checklist and Organizational Tabs will be available for participants who wish to modify and/or incorporate it into their CME practice settings.

Reference: ACCME's Essential Areas, Elements, and Decision-Making Criteria. ACCME, July 1999.

P19, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

Using Technology in the CME Survey Process

(Accreditation; All; CME 101: Basics Curriculum; Physician's Track)

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Relevance: Physicians practicing in the 21st century face increasing time constraints, dwindling resources and the need to relinquish non-essential activities. Implementing technology into the accreditation survey process enables program providers and evaluators a more expedient method to assess compliance with the Essential Areas for accreditation.

Purpose: With the onset of the new age of technology and advanced computers, we are able and compelled to consider different options for conducting continuing medical education (CME) programs, meetings and surveys. This poster presentation is a summary of one CME re-accreditation survey conducted via videoconference. This poster presentation was developed to facilitate dialogue among CME providers and evaluators that may lead to adoption by state medical societies of a uniform system for conducting re-accreditation surveys.

Objectives: Participants will be able to identify the benefits and challenges of conducting an accreditation survey via videoconference, determine which of their accredited organizations may be in the best position to serve as a prototype using this method, and incorporate good preplanning techniques to ensure the success of an effective survey.

Key Points: Implementation of technology into the re-accreditation survey process requires 1) recognition that imposing technology changes the dynamics of human interaction; 2) effective pre-planning and communication; 3) a process that will encourage openness resulting in a substantive interview, and 4) recognition that this method may not be conducive for all surveys.

Expected Outcomes: Preparation, observation and systematic feedback will help put this method into common practice. Systems can be developed to facilitate and maintain this process on a regional or national level.

P20, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

**Profile of CME Activities, Providers and Participants in Spain:
Two Years' Experience of the Spanish CME Accreditation System**
(Accreditation; All; CME 101: Basics Curriculum; Physician's Track)

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Relevance: The profile description of CME activities, providers and participants can really contribute to properly re-orient the CME offer and policy.

Purpose: This poster is aimed to illustrate the main results of the 2-years' experience of the Spanish CME accreditation system in terms of CME activities and participants characteristics.

Objectives: The description of the participants specialty, different sources of financial support, type and length of CME activities, credits assigned to the certified CME activities, and characteristics of the providers of CME activities will serve as a tool to improve the CME offer and its design.

Key Points: Description of the number, type and length of CME activities submitted for certification; number and specialty of participants; CME credits x certified CME activity, and CME providers and financial support.

Expected Outcomes: The analysis of the principal characteristics of CME providers and participants can definitely contribute to re-orient the CME offer in Spain; facilitate the implementation of an adequate commercial support policy, and shed light on the feasibility of a professional requirements system implementation.

Reference: Pardell H, Ramírez J, Pallarés L. The implementation process of the Spanish system of CME accreditation. 24th Alliance for Continuing Medical Education Annual Conference. Atlanta, GA: January 27-30, 1999.

P21, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

**Feasibility and Acceptance of the Voluntary Re-Certification Initiative
of the Catalan Medical Association, Spain**

(Accreditation; All; CME 101: Basics Curriculum; Physician's Track)

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Relevance: The Catalan Medical Association voluntary re-certification system (DAC-FMC) is the first re-certification system implemented in Spain, having demonstrated the feasibility and acceptance of such a system, even in a context traditionally reluctant to professional evaluation.

Purpose: This poster is aimed to illustrate the main results of the first year' experience of the DAC-FMC system, implemented by June 2000.

Objectives: To analyze the use of the DAC-FMC system by the Catalan physicians, according to the initial expectations; acceptance of the DAC-FMC system and the feasibility of its implementation in the Catalan-Spanish context; capacity of the DAC-FMC system to reinforce the appropriateness of the Catalan Council on CME accreditation system, and the potential of the DAC-FMC to serve as a model for other Spanish regions and Spain as a whole.

Key Points: Description of the number and socio-demographic characteristics of the applicant physicians; number and type of CME certified activities submitted by the applicants, and the number and type of CME credits submitted by the applicants.

Expected Outcomes: A CME-based professional requirements system definitely reinforces the CME accreditation system. A CME-based voluntary re-certification system clearly contributes to foster the professional self-regulation framework.

Reference: Pardell H. The physicians' re-certification in Spain. Med Clin (Barc) 2000; 115:261-63.

P22, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

Experience with ACCME's New Accreditation Process from an Integrated Health Care Delivery System
(Accreditation; All; CME 101: Basics Curriculum; Physician's Track)

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Alejandro Aparicio, MD

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Relevance: CME providers all have to be reaccredited regularly. CME providers should use the accreditation self-study process as a means to improve their CME program.

Purpose: Advocate Health Care is an integrated health care delivery system. This poster describes the process and various methods adopted by Advocate Health Care that enabled it to receive accreditation with commendation under the new ACCME accreditation Essential Elements and Policies.

Objectives: After studying this poster, viewers should be able to 1) identify potential methods for CME program evaluation in their organization; 2) perform a self evaluation to recognize areas for improvement in their CME program, and 3) develop a strategy plan for continuous improvement

Key Points: CME providers should integrate continuous quality improvement as part of their CME program. When time for re-accreditation arrives, a summary of the progress should be included into your self-study report.

Expected Outcomes: Recognizing the purpose of self-study process will assist in improving a provider's CME program. You should integrate continuous quality improvement into daily practice of CME.

Reference: ACCME Essential Area Elements and Policies. ACCME Self-Study Report Documentation.

P24, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

CME Activity Documentation

(Program Management; All; CME 101: Basics Curriculum; Physician's Track)

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Relevance: Documentation of CME activities is vital to maintaining ACCME accreditation. With the changes in the Essential Areas came a change in how CME activities were documented. The Education Team of the AAAAI developed a checklist that is designed to give program developers guidelines in how to document a CME activity. Sharing this checklist with other CME professionals will help others comply with the ACCME Essential Areas.

Purpose: This poster is will help share the AAAAI's system of documentation with other CME professionals. This system of documentation covers all of the ACCME Essential Areas.

Objectives: After viewing this poster and handouts, participants should be able to understand what type of documentation will meet the ACCME Essential Areas. Also, participants will be able to understand the chronology of activity development. Participants should also understand how this checklist can be used to work with activity developers from non-accredited providers.

Key Points: Documenting activity development requires: 1) an understanding and interpretation of the ACCME Essential Areas, and 2) an understanding of joint-sponsorship situations.

Expected Outcomes: CME professionals who learn about the AAAAI system of documentation will have a better understanding of what is required by the ACCME in regards to activity documentation.

P25, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

Development of a Strategy for Outreach to Improve Compliance with the Essential Areas
(Program Management; All; CME 101: Basics Curriculum; Physician's Track)

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Relevance: Many individual providers are now forced to form health systems that include hospitals in diverse locations, similar to the model developed by the Navy medical department. The Naval School of Health Sciences is the institution accredited to sponsor Continuing Medical Education (CME) category 1 credits for activities produced by hospitals within our system. These activities are developed and performed at remote sites both in the U.S. and internationally. CME activities are created to meet the particular needs of health care providers in very diverse situations, ranging from faculty in large teaching hospitals with subspecialty care to field medical officers with only basic skills and only limited resources.

Purpose: Guided by the ACCME's recommendations for Needs Assessment and Learning Objectives (Essential Area 2), we developed an outreach program to bring "hands on" training to these diverse locations with diverse health care missions to assist the local activity directors to achieve compliance in the context of their particular locations and missions. This poster is designed to present our current outreach program.

Objectives: After viewing this poster, participants should be able to identify and describe the key factors that enhance education of the activity directors locally in developing CME activities.

Key Points: "Hands on" instruction is shown to be superior for educating physician learners. This outreach program is streamlined to give the physician activity directors the highlights of the ACCME essentials and strategies for achieving compliance with all areas.

Expected Outcomes: We expect that our outreach program can be readily integrated into practice for other health care systems, and that this will result in better CME activities over all with far less time for approval and implementation of CME activities, resulting in improved customer satisfaction.

P27, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

Guidelines for the Salt Lake Health Care System VA Contract Nursing Home Program
(Program Management; All; CME 101: Basics Curriculum; Physician's Track)

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Relevance: In order for structured living and in-home health staff to provide good patient care and customer service it is imperative that all members on a team understand their health care system processes for considering veterans for placement into the VA contract nursing home program. Sharing this knowledge empowers CME providers to provide timely and cost effective care and customer service.

Purpose: This poster presentation is designed to provide a visual view of CME practice findings. The display will contain ten (10) algorithms for providing contract nursing home services to veterans entering into the VA system from different locations (another VA, contract nursing home non contract service connected veteran, home, home health, homeless, not contract nursing home, private hospital, VA emergency care unit, VA hoptel, and VA outpatient).

Objectives: At the conclusion of this poster presentation, participants should be able to determine if a veteran is eligible for contract nursing home care within the Salt Lake Health Care System.

Key Points: The EES performance consultant was asked by the structured living staff to assist them with marketing their value within the VA health care system. After the preliminary assessment, it was evident that the team members had different levels of knowledge in understanding the information that they needed to appropriately place Veterans in the contract nursing home program. As a result, it was decided the team needed to discuss the procedures and processes used to consider Veterans for placement in the contract nursing home program. After one year of work, the team has developed ten (10) algorithms. Veterans being considered can come from another VA, contract nursing home non-contract service connected Veteran, home, home health, homeless, not-contract nursing home, private hospital, VA emergency care unit, or VA hoptel. The following benefits have been realized as a result of the project: the structured living staff have provided CME providers information that has reduced the time of calling inappropriate staff; the project gave CME providers a guide to better assist family and significant others regarding nursing home placement; the algorithms are used as an educational tool for all health care providers and students at the Salt Lake Health Care System, and the project was awarded first place in a performance improvement poster fair.

Expected Outcomes: The viewer should come away with practice findings that will increase their knowledge of eligibility of Veterans for the contract nursing home. These algorithms provide information to CME providers so they can appropriately utilize the contract nursing home program and increase their options for placement of Veterans.

Reference: VA policy for contract nursing home program.

P28, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

Creative Ways to Recognize Faculty: Enhancing Personal and Professional Development
(Program Management; All; CME 101: Basic Curriculum; Physician's Track)

Jodi Lee Beert-Saenz, MS

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Relevance: It is increasingly important to find creative ways to recognize faculty presenters when additional time and money are not available options.

Purpose: This poster presentation will show through examples and discussion how an organization can use creative ideas to recognize and show our appreciation for faculty that have put forth extra effort to prepare and present multiple conferences throughout the year.

Objectives: At the conclusion of this poster presentation, participants should be able to identify creative ideas that they can use in their own work settings to recognize, express appreciation, honor, and distinguish presenters to their peers and their institutions.

Key Points: Enhancing personal and professional development is a key point in finding ways to creatively recognize faculty for their ongoing contributions as a faculty member.

Expected Outcomes: Educational organizations will be able to use the creative ideas that were identified in their own setting to show appreciation for the faculty that take time out of their busy schedules to prepare talks, slides and make presentations to physicians and allied health care professionals.

Reference: Ullian JA, Stritter FT. Faculty development in medical education, with implications for continuing medical education. J Cont Educ Health Prof 1996; 16:181-90.

P29, Poster Presentation
7:30 am-4:00 pm, Thursday
7:30 am-12:30 pm, Friday & Saturday
Coronado Ballroom K-L

Community Orientation in Clinical Practice

(Strategic Leadership; All; CME 101: Basics Curriculum; Physician's Track)

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Relevance: In the context of reform of health care systems, physicians are called upon to be more community oriented. Fulfilling these demands will require the physician to acquire new knowledge and skills. Objectives of continuing medical education (CME) programs will, therefore, need to be adapted to impart the knowledge and skills required. There have been a number of articles written on community orientation in practice. However, most limit themselves to discussion of the framework of practice, throwing little light of what might be expected from the individual physician who is community oriented.

Purpose: To define community orientation in clinical practice to provide a basis for developing a CME curriculum.

Objectives: To uncover the range of concepts in relation to the roles and actions of a clinician working within a community oriented framework.

Methods: Qualitative study using semi-structured interviews of medical teachers, non-teaching physicians and community organizations in Sherbrooke, Quebec and surrounding areas.

Results: Interview respondents described the community-oriented physician as one who integrates prevention into clinical practice, is attentive and responsive to the needs of his or her patients and assesses patients from a holistic point of view. Accessibility, humanism and commitment were identified as important qualities. The community-oriented physician is one who works as part of a team and who knows and uses community resources appropriately. Opinions were divergent about the role of communicator and leader in relation to the community, whether the physician should confine activities to individual patients or become involved in action at a community level. Equally, the role of the specialist physician in prevention and community involvement was controversial. Overall, it was noted that the respondents tended not to distinguish between the patient-oriented physician and the community-oriented physician.

Expected Outcomes: The poster will present the current concepts of stakeholders in relation to community orientation in medical practice. These concepts translate into a need for training for new competencies through CME activities. The confusion between patient and community orientation challenges those responsible for training programs to identify the practical applications of community concepts in clinical practice so that these may be integrated into training objectives and program activities.

Reference: Canadian Medical Association. The future of medicine. Canadian Medical Association Journal, Sept 2000; 163(3): 757-8.

R & R (Relaxation & Renewal)
Wednesday-Saturday

Be Well by Doing Good: Donate a Dollar a Day
(On Your Own; All; Central Registration Center)

Thirty-one million Americans remain food insecure.

Of all people requiring food assistance, 46% are children under the age of 17.

More than one in 10 Central Floridians are unable to completely provide for their own nutritional needs.

Are you interested in remaining well? If so, be well (yourself) by doing good (for others). Research found that people who regularly donate to others report fewer colds, better sleep, less stress, and fewer headaches, as well as an easing of aches and pain. So, give something back to Orlando (the city hosting you and the conference). Donate a dollar a day or \$4 total (at the Alliance's Central Registration Center) to The Second Harvest Food Bank of Central Florida (a private, non-profit organization that collects, stores, and distributes food to about 500 non-profit member agencies in 11 Central Florida counties [2008 Brengle Avenue, Orlando, Florida 32808, Tel: 407/295-1066, Fax: 407/292-4758]). For every dollar you give, The Second Harvest Food Bank is able to provide up to \$11 in food value, which will greatly benefit the more than 1 in 10 Central Floridians who are unable to completely provide for their own nutritional needs.

Perhaps of all the woes that threaten and plague the human condition, hunger alone can be curtailed,
attenuated, appeased and ultimately vanquished—not by destiny nor by the heavens, but by human beings.

Elie Wiesel, Winner of the 1986 Nobel Peace Prize

Exercise on the Go

(On Your Own; All; Guest Room, Resort Grounds and/or La Vida Health Club)

When you're on the go, do you find it challenging to exercise on a regular basis? Think of your days at the conference not as exercise down time but as time found. Instead of veg-ing out in your hotel room, 1) do sit ups and push ups, while you watch the morning news; 2) follow along with an exercise program on TV; 3) use the resort's hallways and outdoor paths as walking trails; 4) dance along to the music on your favorite radio station at the end of the day, and/or 5) go to the resort's La Vida Health Club. The health club houses a full line of Cybex equipment (including a Smith machine and a Cable Cross Over), Life Fitness treadmills, Stairmasters, and bicycles (regular & recumbent), is open daily (6:00 am-9:00 pm), can be reached at 407/939-3030, and costs only \$25 for your entire length of stay. You'll feel better and be more effective during the conference, if you exercise even when you're on the go.

Take a Massage Break

(On Your Own; Paid Registrants and Paid Exhibit Representatives; Coronado Ballroom K-L)

Are you interested in an alternative to the usual refreshment break? Stop by the R & R (Relaxation & Renewal) booth (sponsored by the Alliance) for a massage break. Foot massage machines and chair massages (for 5-10 minutes by certified massage therapists) are available to all paid registrants and paid exhibit representatives. These complimentary massages can help to relieve tension from too much walking and reduce stress from sitting too long in educational sessions. If you want an even longer massage break, contact the La Vida Health Club at 407/939-3030 about available massage therapies and associated fees.

Reflect on the Conference

(On Your Own; Paid Registrants and Paid Exhibit Representatives; Central Registration Counter)

To reflect on what you have learned, to plan change(s) in your practice, and to suggest how the conference can be improved, complete and turn in the 2002 Annual Conference Evaluation, the Commitment to Change Contract, and the 2003 Annual Conference Needs Assessment to Alliance staff at the Central Registration Counter. To be included in the drawing for a free registration for the 2003 conference, make sure to include your name and e-mail address. Last year's winner was Fran Navarro, BA, Senior Program Assistant, Family Violence Prevention Fund, San Francisco, California.