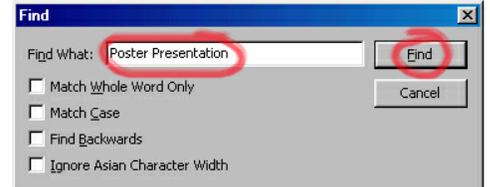
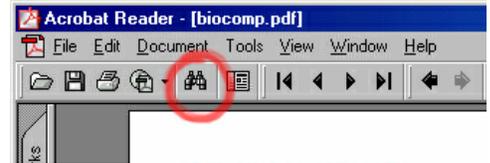


Helpful Information For Using Acrobat Reader®

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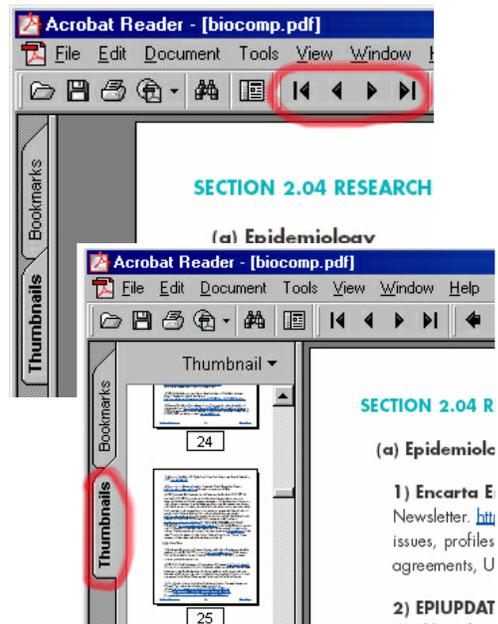
1. Locate the “Find” icon  at the top of the Acrobat Reader Window (as shown to the right).
2. Single left click the icon.
3. When the “Find” box appears, you may enter up to 26 characters and left click the “Find” button (as shown to the right).



NAVIGATING PDF FILES

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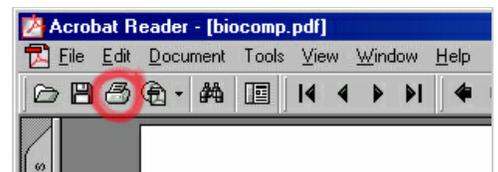
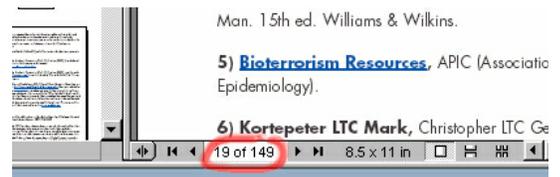
1. Locate the “Navigation” icons at the top of the Acrobat Reader Window (as shown to the right).
2. The  button moves forward one page.
3. The  button moves back one page.
4. The  button moves to the end of the document.
5. The  button moves to the beginning of the document.
6. Note: You may also view 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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1. Locate the “Page Indicator” section at the bottom left of the Acrobat Reader Window (as shown to the right). Make a note of the page number you are viewing.
2. Locate the “Print” icon  at the top of the Acrobat Reader Window (as shown to the right).
3. Left click this icon one time.
4. When the “Print” box appears (for your particular printer), follow the instructions for printing a single page.



[\$125] CME 101: Basics Seminar
7:30 am-1:30 pm, Wednesday
Lower B2 ψ Salon 9

CME 101: BASICS SEMINAR
(Program Management; Beginner; Audiotaped)

Bruce Bellande, PhD, Alliance for Continuing Medical Education, Birmingham, AL
Other Support-Executive Director, Alliance for Continuing Medical Education

Marc DesLauriers, PhD, American Academy of Neurology, St Paul, MN

Marcella Hollinger, MEd, Illinois State Medical Society, Chicago, IL
Other Support-President, CME Consulting Ltd

James Leist, EdD, Duke University, Durham, NC

Robert Raszkowski, MD, PhD, University of South Dakota, Sioux Falls, SD
Grant/Research Support-Pharmacia Corporation, Inc

Dennis Wentz, MD, American Medical Association, Chicago, IL

FRANCES MAITLAND MEMORIAL LECTURE
(Program Management; Beginner; Audiotaped)

Kevin Bunnell, EdD, Boulder, CO

Relevance-Newcomers are often unsure of what to expect of the CME profession, accreditation, etc. and what sessions may be most relevant for them as newcomers to the field.

Purpose-The purpose of this seminar is to provide newcomers to the CME industry 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, their roles and relationships; 2) define CME, its purposes and its relationship to promotional education; 3) review the ACCME Essentials, Standards and policies; 4) discuss issues in commercial support; 5) describe the AMA PRA credit system; 6) address key legal liability issues in CME, and 7) identify key characteristics and uses of the Alliance Guide for Professional Development.

Key Points-Short overview presentations will be made covering CME basics. The intent is to help focus newcomers on key areas so they can assess if they know basic information and if not, what other sessions during the Alliance meeting (such as the Basics Curriculum) they should attend which will give them more in-depth information. Participants who are new to CME are often overwhelmed. Participating in this seminar will help newcomers get a sense of what is the basic information they need to begin work within the CME field. Participants will be able to identify basic CME concepts and focus their participation throughout the rest of the Alliance meeting on expanding and deepening their understanding of these concepts.

Pearls-Learn the difference between accreditation and credit designation. Get an overview of the new accreditation system. Identify key legal concepts that can impact on their CME program. Review Standards for Commercial Support and issues related to use of commercial support.

Notes

Participating in this seminar will help newcomers get a sense of what is the basic information they need to begin work within the CME field.

CME 101: Basics Curriculum
Wednesday-Saturday ψ January 24-27

Wednesday

7:30 am [S125] CME 101: Basics Seminar
1:30 pm Provider Section Meeting for Your Work Setting
3:30 pm Provider Section Meeting for Your Work Setting
6:00 pm Streets of San Francisco Reception

Thursday

7:30 am Continental Breakfast, Poster Presentations, and Commercial Exhibits
8:30 am **Plenary Session (Welcome and Introduction)**-A Proposal for the Alliance to Pilot a Program for Best Practices
Plenary Session (Founder's Lecture)-To HAL and Beyond: Computers That Recognize and Respond to Emotion
10:00 am Refreshment Break, Poster Presentations, and Commercial Exhibits
10:30 am **Breakout Session**-Case Studies in Needs Assessment Techniques
12:00 pm **Networking Luncheon**
1:30 pm **Mini-Plenary Session**-ACCME 2001: Where We've Been, Where We Are, Where We're Going
or
Breakout Session-Case Studies in Preparing Learning Objectives
3:00 pm Refreshment Break, Poster Presentations, and Commercial Exhibits
3:30 pm **Mini-Plenary Session**-Hot Topics in CME
or
Breakout Session-Basic Marketing and Promotion
5:00 pm Adjourn

Friday

7:30 am Continental Breakfast, Poster Presentations, and Commercial Exhibits
8:30 am **Breakout Session**-Case Studies in Evaluation Strategies
10:00 am Refreshment Break, Poster Presentations, and Commercial Exhibits
10:30 am **Breakout Session**-The Knows of Meeting Planning
or
Breakout Session-Optimizing the Sponsor/Commercial Supporter Relationship
12:00 pm Adjourn

Saturday

7:30 am Continental Breakfast, Poster Presentations, and Commercial Exhibits
8:30 am **Plenary Session**-Communities of Learning: Putting Vision and Values to Work
10:00 am Refreshment Break, Poster Presentations, and Commercial Exhibits
10:30 am **Breakout Session**-101 Answers to Questions, Common Misinterpretations, and Urban Legends about ACCME Accreditation
or
Breakout Session-CME Advisory Committee/Board Selection, Training, and Development
12:00 pm Annual Business & Town Meeting Luncheon
1:30 pm **Mini-Plenary Session**-A 2001 Update to the AMA Physician Recognition Award Credit System and Town Meeting on the AMA PRA
or
Breakout Session-Applying the Essential Areas to Everyday CME Planning
3:00 pm Refreshment Break
3:30 pm **Breakout Session**-Getting Ready for the Site Survey
or
Breakout Session-The Value of a Business Plan in CME
5:00 pm Adjourn

*The hardest thing to get into the mind of the beginner is that the education upon which s/he is engaged is . . .
a life course, for which the work of a few years under teachers is a preparation.*

William Osler

[New] [\$135] CME 891: Advanced Seminar
8:00 am-12:00 pm, Friday
Lower B2 ψ Salon 9

**INTEGRATING CME WITH QUALITY AND SAFETY PROGRAMS
IN RESPONSE TO A NEW PUBLIC DEMAND FOR ACCOUNTABLE HEALTH CARE DELIVERY**
(Strategic Leadership; Advanced; Audiotaped)

Stephen Prather, MD, Accelerated Learning Workshops, Salt Lake City, UT

Relevance-With the advent of digital technology and the influence of the Internet, error tracking and reporting are currently being legislated as requirements for accreditation. The CME challenge will be to contribute to group education in the areas of error reduction and patient safety being conducted by other professional disciplines. This will require the integration of clinical curriculums with less traditional performance improvement within the delivery of CME.

Purpose-This seminar focuses on integrating CME design with error reduction, quality and safety education, leaving participants with action steps to be used within their organization.

Objectives-At the conclusion of this seminar, participants should be able to build strategies to integrate CME with error reduction, quality and safety education. They will define the barriers encountered, agree on needed solutions and outline the major steps each participant needs to take upon returning to their own CME programs.

Key Points-The advent of digital technology and the Internet have increased the complexity of health care delivery. The theory of complex adaptive systems offers an opportunity to understand models of group education that cross disciplines within a wide variety of health care professions. Finding strategies to offer this education while qualifying the physician participant for CME has become a requirement for the more integrated health care delivery. Clear action steps must be put in place in order for the CME professional to lead this new era of cross-disciplinary education.

Pearls-Leading the effort to integrate CME with other professional training programs will raise the level of respect for CME programs. The best efforts to decrease medical errors and improve patient safety must include CME. The challenge facing CME will be to integrate the changing of physician behavior in order to achieve higher quality and error reduction.

Reference-Prather SE. The new health partners: renewing the leadership of physician practice. San Francisco, CA: Jossey-Bass Inc, 1999.

Notes

*The CME challenge will be to contribute to group education
in the areas of error reduction and patient safety being conducted by other professional disciplines.*

**Plenary Session
8:30-10:00 am, Thursday
Lower B2 ψ Salons 8-9**

**INTRODUCTION
A PROPOSAL FOR THE ALLIANCE TO PILOT A PROGRAM ON BEST PRACTICES
(Strategic Leadership; All; CME 101: Basics Curriculum; Audiotaped)**

John Parboosingh, MD, Royal College of Physicians and Surgeons of Canada, Ottawa, ON, Canada

Relevance-2001: A CME Odyssey is a most appropriate theme for the 26th annual conference. The conference provides a stage for the presentation and discussion of best practices in CME. Although the term is widely used in industry and government, the concept of a program of best practices is a fairly recent one, probably first tested by Arthur Andersen Consulting. Best practice programs are introduced by organizations to facilitate information sharing and to assist their members in the adoption of practice innovations.

Purpose-This presentation provides an overview of best practice programs and how they can be used to facilitate the adoption of innovative CME practices.

Objectives-At the conclusion of the presentation, participants should be able to describe a best practice program and list the steps in the development of a pilot program in the Alliance.

Key Points-While best practices describe the optimum ways to perform a process, best practice programs go one step further by helping professionals to manage the adoption of new practices associated with that process. It shifts the culture of continuous improvement from describing outcomes as rates to highlighting the practices that achieved those rates. A program of best practices harnesses the enthusiasm and expertise of members who are prepared to be mentors and educational influentials to promote new practices among their peers.

Pearls-A major objective of the Alliance is to assist its members to enhance the quality of their educational products and services. The Alliance achieves this objective by creating the environment that fosters the sharing of information by members. It is predicted that a best practice program will make networking among members more effective by providing the currency for focused communication. A best practice program will be viewed as a member service, complimenting the other services currently provided by the Alliance. The following six educational activities at the 26th Annual Conference were selected on the basis that they showcase best practices in specific areas of CME.

- 1) **The Whole-Self Workday Toolkit** (Personal Skills; All; 10:30 am-5:00 pm, Thursday)
- 2) **T2, Case Studies in Needs Assessment Techniques** (Needs Assessment; Beginner; 10:30 am-12:00 pm, Thursday)
- 3) **T15, Case Studies in Preparing Learning Objectives** (Objectives Setting/Stating; Beginner; 1:30-3:00 pm, Thursday)
- 4) **T16, Enhancing Learning Through Reflection** (Educational Activities Design; Intermediate; 1:30-3:00 pm, Thursday)
- 5) **F7, Case Studies in Evaluation Strategies** (Evaluation; Beginner; 8:30-10:00 am, Friday)
- 6) **F12, Leadership Competencies for the 21st Century** (Strategic Leadership; Intermediate; 8:30-10:00 am, Friday)

In each case, faculty were invited to facilitate the creation of a nucleus group of Alliance members who are committed to changing their practice as a consequence of attending the educational activity. The faculty will assist the members of the newly formed community of practice to explore ways of adopting the new practice, where necessary, creating tools that facilitate the process of adoption. They will meet electronically and display their progress and products on the Alliance's web site, thereby attracting other members to commit to adopting the new practice. Communities of practice will be invited to submit proposed educational activities at the 27th Annual Conference in 2002. Alliance members will establish a program of evaluation to determine the impact of the pilot program on the adoption of new CME practices.

Reference-Acquisition best practices (http://www-far.npr.gov/BestP/FAQ_Practice.html).

Notes

*Best practice programs are introduced by organizations to facilitate information sharing
and to assist their members with the adoption of practice innovations.*

**Plenary Session
8:30-10:00 am, Thursday
Lower B2 ψ Salons 8-9**

**FOUNDER'S LECTURE
TO HAL AND BEYOND:
COMPUTERS THAT RECOGNIZE AND RESPOND TO EMOTION**
(Personal Skills; All; CME 101: Basics Curriculum; Audiotaped)

Rosalind Picard, ScD, MIT Media Laboratory, Cambridge, MA

Relevance-Computers are acquiring new forms, eg as clothing, jewelry, and swallow-able pills, and new capabilities (sensing and interpreting patterns of physiology, stress, emotional expression, etc) that change the way we think about their use in health and education.

Purpose-This presentation describes a vision of where computing is going in the future, especially in relation to the role of emotion in applications related to health and to learning.

Objectives-To present why it is beneficial for certain computers to gain affective abilities, how computers can begin to sense, recognize, and respond to emotional state information from users, and where affective computers may be of use in helping autistics, in communicating affect through distance learning, in gathering information about driver stress, in making smoother and less frustrating interfaces, and in helping educate people as to how to improve their emotional skills.

Key Points-Emotion influences not only facial and vocal expression, but also physiology, behavior, immune system functioning, creativity, perception, attention, memory retrieval, learning, decision-making and more. Emotion is often expressed to machines and to people through machines, but currently most machines ignore or limit the communication of this information (in email, for example, it is hard to tell if an abruptly worded message reflects an angry sender or a hurried sender). Under certain somewhat restrictive conditions, machines are as accurate as people at recognizing expressed emotions. When machines are given skills to recognize, communicate, and appropriately respond to emotions, say with active listening and a form of machine empathy and sympathy, then the results on users can be beneficial. Several aspects of these systems have been built at the MIT Media Lab, although fully emotionally-savvy machines remain many years in the future.

Pearls-Principles of successful human-human interaction apply to human-computer interaction; thus, the role of emotional skills is highly important and can have a large impact on the effectiveness of a computer interaction. Computers with emotional skills can potentially help meet certain human emotional needs. Computer recognition of emotional expression is in its infancy, but rates of 80-98% recognition accuracy have been obtained under certain constrained conditions.

Reference-Picard R. Affective computer. Cambridge, MA: MIT Press, 1997.

Reference-Stork D (Ed). HAL's legacy. Cambridge, MA: MIT Press, 1997.

Notes

Computers with emotional skills can potentially help meet human emotional needs.

Plenary Session
8:30-10:00 am, Saturday
Lower B2 ψ Salons 8-9

**COMMUNITIES OF LEARNING:
PUTTING VISION AND VALUES TO WORK**
(Strategic Leadership; All; CME 101: Basics Curriculum; Audiotaped)

Michele Hunt, MS, Vision & Values, Washington, DC

Relevance-The depth and speed of change, combined with the demanding pace of life, is leading people to ask compelling questions: What is important to us? What future do we want? Where do we want to contribute our gifts? How can we put our vision and values to work? What can we learn from one another? How can we create communities of learning? People who are asking these questions want to live with purpose and have a quality life.

Purpose-This session offers new insights into creating professional and personal lives based on values, with purpose, and leading to quality. People who create such lives are dream makers.

Objectives-At the conclusion of this session, people should be able to clarify a vision of success (based on values) and enroll others in that vision, as well as create the conditions, relationships, environment, and community for everyone to work together to make that vision a reality.

Method-Stories of eminent leaders (who are dream makers), organizations (which were transformed), and communities (that are brought together) are shared to illustrate important characteristics of such individuals.

Key Point-Dream makers know how to work with people, ie, they know how to treat and bring together various individuals.

Pearls-Anyone can be a dream maker. Dream makers see change as a chance for transformation. They understand that all people have unlimited potential and a deep desire to learn. Dream makers realize that people want to contribute their gifts to something meaningful. They recognize that people are living, breathing human beings with complex lives and conflicting demands. Dream makers motivate, inspire and nurture people to perform their best, as well as to learn from one another. They help build communities of learning.

Reference-Hunt MM. DreamMakers: putting vision and values to work. Palo Alto, CA: Davies-Black Publishing, 1998.

Reference-Du Pree, M. Leadership is an art. New York, NY: Doubleday, 1989.

Notes

Dream makers help build communities of learning.

**T1, Mini-Plenary Session
10:30 am-12:00 pm, Thursday
Lower B2 ψ Salon 7**

**CME CONGRESS 2000:
THE FUTURE FOR THE PROFESSION, THE PROVIDER VENUES, AND THE CME PROFESSIONAL**
(Strategic Leadership; All; Audiotaped)

Joseph Green, PhD, Duke University, Durham, NC
Other Support-President, Professional Resource Network, Inc

Barbara Barnes, MD, University of Pittsburgh, Pittsburgh, PA

Robert Fox, EdD, University of Oklahoma, Norman, OK

James Leist, EdD, Duke University, Durham, NC

Jocelyn Lockyer, MHA, University of Calgary, Calgary, AB, Canada

Donald Moore, Jr, PhD, Vanderbilt University, Nashville, TN

John Parboosingh, MD, Royal College of Physicians and Surgeons of Canada

Relevance-In April, 2000, CME Leaders from around the world gathered in Los Angeles to discuss the future of CME. There were five major themes: Linking CME to the Public's Health (Eisenberg), Leading Edge Learning Technologies (Greenes), Shifting the Culture of CME (Towle), Information Literacy in the Profession (Candy), Leading Edge Research Techniques (Fox). The results of that leadership conference must be shared with the rest of the CME providers so all share the same vision and direction.

Purpose-To review the results of the CME Congress 2000 with interested members of the profession who did not have the opportunity to participate.

Objectives-At the conclusion of the session, the learner will be able to describe the issues that were discussed in the five Congress themes, outline the proposed future of the profession, identify the impact of the proposed future on the venue where s/he works and utilize the Congress results to measure the individual learning that occurs in the remainder of the Alliance conference.

Key Points-The future practices of the CME providers must be focused on results that bring value to the learner and the organization in which the learner works. The opportunities for influencing the learners through effective CME are available, but the CME providers must exhibit creative leadership quickly. The priorities for the CME provider in the new millennium include producing better results, using effective technologies, personalizing CME using appropriate information, focusing on system changes and applying current research results.

Pearls-The future of the profession is different but bright if the various providers in different venues take individual leadership responsibility to shape the CME future with a shared valuable vision that adds value to health care.

References-Congress 2000 syllabus, *JCEHP's* December issue (expected to have articles about the five Congress themes), and tapes of five plenary sessions.

Notes

The CME provider's priorities in the new millennium include producing better results, using effective technologies, personalizing CME, focusing on system changes, and applying current research results.

**T13, Mini-Plenary Session
1:30-3:00 pm, Thursday
Lower B2 ψ Salon 7**

**ACCME 2001:
WHERE WE'VE BEEN, WHERE WE ARE, WHERE WE'RE GOING
(Accreditation; All; CME 101: Basics Curriculum; Audiotaped)**

Murray Kopelow, MD, Accreditation Council for Continuing Medical Education (ACCME), Chicago, IL
Other Support-ACCME Employee

Kathleen Regnier, MA, MBA, Accreditation Council for Continuing Medical Education (ACCME), Chicago, IL
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 new system of accreditation, with emphasis on what has been learned in the past year and how that knowledge can be applied in the future. The session will also allow providers a forum at which they can ask questions about the ACCME's requirements for accreditation.

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

Key Points-ACCME's new system of accreditation allows accredited CME providers more flexibility in how CME activities are planned, implemented and evaluated. The requirements of the system outline the parameters in which accredited providers need to be working. What the ACCME has learned about the new system, especially with regards to how providers are meeting these requirements, will be valuable to all CME providers.

Pearls-ACCME accredited providers are required to meet the expectations outlined in the new system. Knowing the status of the new system and what has been learned from those providers accredited under the new system will help providers continue to implement the new system in their practice of complying with ACCME requirements.

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

Notes

ACCME's new system of accreditation allows accredited CME providers more flexibility in how CME activities are planned, implemented and evaluated.

**T25, Mini-Plenary Session
3:30-5:00 pm, Thursday
Lower B2 ψ Salon 7**

HOT TOPICS IN CME

(Program Management; All; CME 101: Basics Curriculum; Audiotaped)

Bruce Bellande, PhD, Alliance for Continuing Medical Education, Birmingham, AL
Other Support-Executive Director, Alliance for Continuing Medical Education

Norman Kahn, Jr, MD, American Academy of Family Physicians (AAFP), Leawood, KS
Other Support-Employee of AAFP

Murray Kopelow, MD, Accreditation Council for Continuing Medical Education (ACCME), Chicago, IL
Other Support-Employee of ACCME

Sheldon Horowitz, MD, American Board of Medical Specialties (ABMS), Evanston, IL
Other Support-Employee of ABMS

Helga Rippen, MD, PhD, Pfizer Health Solutions, Santa Monica, CA
Other Support-Employee of Pfizer Health Solutions

Relevance-CME professionals are experiencing continuous change as a result of the changing healthcare marketplace. Many of these changes occur rapidly and therefore it is important to offer timely just-in-time information as a part of the annual conference program.

Purpose-The purpose of this educational activity is to keep CME professionals apprised of the latest changes impacting the provision of CME and the CME profession.

Objectives-By the end of this session, participants should be able to identify timely changes that have occurred and assess their impact on the provision of CME and the CME profession; determine the implications of recent changes on CME programs and activities, and develop appropriate strategies to respond to changes in CME practice.

Key Points-This session will focus on the following issues: 1) AAFP's newly enacted evidence-based CME requirement; 2) Re-establishing Boundaries in the New CME Enterprise: Disclosure, Conflicts-of-Interest, Proprietary Interest, and Globalization of CME; 3) the ABMS's Maintenance of Certification; and 4) the Tangled Web: Unraveling Education, Promotion/Advertising, Ethics and Regulation.

Pearls-Implications for CME providers of AAFP's evidence-based accreditation requirement; the status of the ACCME's Firewall policy; disclosure and conflict-of-interest policies; proprietary interests' policy; accrediting international CME activities; regulating gifts to physicians; ABMS's maintenance of certification standards; multiple uses of web for education-CME promotion and advertising-DTC; target audience utilization of web information; status of internet ethical principles; and regulating internet education.

Notes

Keep apprised of the latest changes impacting the provision and profession of CME.

**F1, Mini-Plenary Session
8:30-10:00 am, Friday
Lower B2 ψ Salon 7**

IMPROVING PERFORMANCE AND REDUCING MEDICAL ERRORS THROUGH CME
(Evaluation; All; Audiotaped)

Robert Pyatt, Jr, MD, Chambersburg Imaging Associates, Chambersburg, PA

Mary Dickson, MS, Southwest Washington Medical Center, Vancouver, WA

Brian Keaton, MD, Summa Health System, Akron, OH
Other Support-Advisory Board Member of mypatient.com

Relevance-With increasing demands for patient safety, error reduction, and quality, managing the CME enterprise has become even more challenging.

Purpose-This session provides new methods for CME to reduce measurable medical errors, improve quality, improve patient safety, and improve performance throughout the health care enterprise.

Objectives-Participants should be able to identify new methods to improve performance and reduce medical errors.

Key Points-There are a number of critical educational methods, needs assessments, and techniques that can be critical for design of a program with valuable outcomes.

Pearls-Using a blend of traditional, effective methods of CME, one can achieve reductions in medical errors, and improve performance. Especially valuable are team learning, mentoring, interactive skills sessions, and self-assessment/development.

Reference-Davis D. JAMA 1995; September.

Notes

Improved performance and reduced medical errors can be achieved through effective methods of CME, eg, team learning, mentoring, and interactive skills sessions, as well as self assessment and development.

**F14, Mini-Plenary Session
10:30 am-12:00 pm, Friday
Lower B2 ψ Salon 7**

**CME ON THE WWW:
EXAMPLES OF WHAT'S HAPPENING AND
THE IMPACT ON CME PROVIDERS, PARTICIPANTS, SUPPORTERS, AND FACULTY**
(Educational Activities Delivery; All; Audiotaped)

Jann Balmer, PhD, University of Virginia, Charlottesville, VA (Moderator)

Henry Slotnick, PhD, PhD, University of North Dakota, Grand Forks, ND (Reactor Panelist)
Other Support-Paid Member of the Advisory Board for mypatient.com

Harry Gallis, MD, Carolinas Health System, Charlotte, NC (Reactor Panelist)

Donald Moore, Jr, PhD, Vanderbilt University, Nashville, TN (Reactor Panelist)

Relevance-The development of Internet or web-based continuing medical education activities is increasing substantially. There are many questions about what types of web-based CME is available, how well does it work, do physicians like this new alternative for CME. There are conflicting reports in professional and trade magazines as well as in the lay press about the successes and failures of web-based ventures.

Purpose-This session is designed to demonstrate several web-based CME activities from several providers that exemplify the differences in educational design, layout, level of interactivity, etc. Following a demonstration of these web-sites, a reactor panel will comment on the use of adult learning theories, relationship to outcome measurements, and physician audience perception.

Objectives-Through participation in this session, the participant will have an opportunity to 1) examine some of the web-based CME activities currently available to physicians and other healthcare professionals; 2) compare and contrast the educational design, format and level of interaction for the demonstrated CME web sites, and 3) critically analyze the strengths and weaknesses of the web-based CME activities with respect to utilization of adult learning theory, outcome measures, and physician perception/satisfaction.

Key Points-The substantial increase in web-based CME encourages questions about the effects of educational design, the ability to track/foster positive physician outcomes, and the physicians' perceptions of this type of delivery system.

Pearls-The influx of web-based CME applications has the potential to substantially influence CME. Successful CME providers now need to have a repertoire of different educational delivery systems that meet the needs of individual physician learners. The decreases in available time foster the utilization of self-paced learning, self-assessments, and other educational interventions to help the physician remain current and knowledgeable. The influx of new delivery systems utilizing technologies can break down barriers of time, and geographic isolation.

Reference-Mann N. Learning along the way: a conversation with Sharan Merriman. *Convene*, 2000; March:56-58.

Notes

Successful CME providers now need to have a repertoire of different educational delivery systems that meet the needs of individual physician learners.

**S1, Mini-Plenary Session
10:30 am-12:00 pm, Saturday
Lower B2 ψ Salon 7**

BRIDGING THEORY TO PRACTICE

(Evaluation; All; Audiotaped)

Robert Fox, EdD, University of Oklahoma, Norman, OK
Consultant-Pharmacia and Upjohn Inc

Barbara Barnes, MD, University of Pittsburgh, Pittsburgh, PA

Paul Mazmanian, PhD, Virginia Commonwealth University, Richmond, VA

Jocelyn Lockyer, MHA, University of Calgary, Calgary, AB, Canada

Relevance-There is a growing chasm between those who study continuing professional development (CPD) and those who practice it. Research has not led to widespread practice change and persistent practice problems have not generated research projects. Understanding this problem empowers the CME community with a basis for making changes that allow knowledge to drive practice and practice to drive research.

Purpose-This session is designed to begin a dialogue among professionals working in CPD of physicians and other health professions that will lead to the development of a system for integrating research and practice.

Objectives-At the conclusion of this session, participants should be able to identify and describe the key factors that limit integration of research and practice; suggest new approaches to research that facilitate integration of research and practice, and explain how systems in support of incorporating research and better practices in CPD may be developed.

Key Points-Translating theory into practice requires an integrated perspective on the place of knowledge in the solutions to practice problems and the place of practice problems in the generation of knowledge; a model for research and development that is collaborative, based on relative needs of scholars and practitioners and focused on priorities, and a process that incorporates developmental activities that foster integrative interpretations among practice problems and research findings.

Pearls-Research and practice can be combined in developmental activities and processes that transform research into best practices. Systems can be formed to facilitate this process. Systematic feedback from the practice of CPD can also inform and guide research.

Reference-Fox RD. Using theory and research to shape the practice of continuing professional development. JCEHP, in press.

Notes

Research and practice can be combined in developmental activities and processes that transform research into best practices.

**S13, Mini-Plenary Session
1:30-3:00 pm, Saturday
Lower B2 ψ Salon 7**

**A 2001 UPDATE TO THE AMA PHYSICIAN RECOGNITION AWARD CREDIT SYSTEM
AND TOWN MEETING ON THE AMA PRA**

(Educational Activities Delivery; All; CME 101: Basics Curriculum; Audiotaped)

Dennis Wentz, MD, American Medical Association (AMA), Chicago, IL

Greg Paulos, MBA, American Medical Association (AMA), Chicago, IL

Julie Johnston, MBA, American Medical Association (AMA), Chicago, IL

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 opportunities for physicians to report physician self-directed learning to obtain AMA PRA Category 1 credit ultimately recognized for the AMA Physician's Recognition Award. 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 session, participants should be more knowledgeable about AMA PRA and the changes made to it in 2000, and be able to describe these changes to their physicians-learners and others.

Key Points-The AMA PRA system is changing to meet the self-directed needs of physician learners.

Pearls-The future of CME lies in our rapid adaptation to the Internet, and to the recognition of physician learning that is largely self-directed.

Reference-American Medical Association. Physician's recognition award informational booklet. July 2000.

Notes

The AMA PRA system is changing to meet the self-directed needs of physician learners.

**S25, Mini-Plenary Session
3:30-5:00 pm, Saturday
Lower B2 ψ Salon 7**

INTRASTATE SPONSORSHIP: WHAT MAKES US UNIQUE?

(Accreditation; All; Audiotaped)

Jeanette Harmon, MBA, Louisiana State Medical Society, Baton Rouge, LA

Barbara Huffman, MEd, Carle Foundation Hospital, Urbana, IL

Relevance-There are 48 states and 2 territories recognized by ACCME to accredit intrastate sponsors. Over 2000 providers are accredited through these 50 entities as intrastate providers for CME. Though essentially the same as interstate sponsors, there are some differences in the policies governing intrastate sponsors.

Purpose-This session is a town meeting format and is designed to raise issues of concern for intrastate sponsors of CME and generate ideas for becoming more successful with programming in smaller, geographic areas.

Objectives-At the conclusion of this session, the participants should be able to identify what recognition of state medical societies means to an intrastate sponsor, analyze how the intrastate provider interprets the ACCME policies and discover new ideas and issues impacting the intrastate sponsor of CME.

Key Points-There are specific ACCME policies that apply to intrastate sponsors. Policy changes, such as the national meeting requirement relative to percentage of physician attendance can be confusing, misunderstood and misused.

Pearls-Clarification of ACCME policy regarding intrastate sponsorship helps providers improve their product and identify their uniqueness in the CME system. Intrastate sponsorship provides advantages such as mentoring others, building a local CME committee, knowing local physicians needs and having a ready audience for outcomes based CME. Intrastate sponsors are encouraged to become more involved in organizations such as the Alliance or state organizations for networking and best practice idea building.

Reference-ACCME Policy on Intrastate Sponsorship.

Notes

There are specific ACCME policies that apply to intrastate sponsors.

Intensive
10:30 am-5:00 pm, Thursday
Lower B2 ψ ?

THE WHOLE-SELF WORKDAY TOOLKIT
(Best Practices Community; Personal Skills; All)

Patricia Spencer, PhD, Ariston Associates, Harvard, IL

Ray Coye, PhD, DePaul University, Chicago, IL

W R Van Nostrand, III, MD, The Health Conservancy, Tucson, AZ

Bernie Halbur, PhD, Alliance for Continuing Medical Education, Birmingham, AL
Other Support-Employed by the Alliance for Continuing Medical Education

Relevance-As CME professionals continue to be expected to do more with less, their daily work lives are becoming increasingly challenging and stressful. A variety of personal skills will be addressed which will enhance the abilities of CME professionals to cope with this environment.

Purpose-To provide an interactive session in which attendees explore skills (motivation, creativity, organization, relaxation, etc.) to enhance the quality of their personal work lives.

Objectives-At the conclusion of this intensive, participants should be able to: assess factors influencing their own and others' motivation; apply basic time management and meeting planning principles; practice aspects of collaborative communication; understand the importance and basic practice of nutrition and relaxation/meditation techniques, and use simple creativity enhancement tools.

Key Points-The daily work lives of CME professionals are filled with meetings, phone conversations, e-mails, interpersonal interactions, paperwork, problem solving and more. In this chaotic environment, the ability to meet these challenges while maintaining quality work life is enhanced by understanding such issues as: factors that motivate people, how to organize daily activities, how to enhance collaboration in communication, how to take care of the physical self, and how to stimulate creativity.

Pearls-*Motivation.* The door to motivation is locked from the inside. All we can do is create a conducive environment. *Meetings.* Pay attention to the four P's-purpose, participants, planning and process. *Time management.* Just because an item is urgent doesn't mean it's important. *Collaborative communication.* "Listen as though you might be wrong, especially when you know you're right." (A Nation of Lawyers). *Meditation.* "Like it or not, this moment is all we really have to work with." "Meditation is simply about being yourself and knowing something about who that is." (Jon Kabat-Zinn). *Creativity.* "Discovery consists of looking at the same thing as everyone else and thinking something different." (Albert Szent-Gyorgyi).

Reference-Whetten DA, Cameron KS. Developing management skills. New York: Addison-Wesley, 1998.

Notes

Personal skills that can enhance the work lives of CME professionals include motivation, time management, collaborative communication, creativity, and meditation.

Intensive
10:30 am-5:00 pm, Saturday
12:00-1:30 pm, Lunch ψ 3:00-3:30 pm, Refreshment Break
Lower B2 ψ ?

WEB DEVELOPER:
DESIGN, DEVELOPMENT, AND DISSEMINATION ISSUES IN WEB ED ENVIRONMENT
(Educational Activities Delivery; All; Limited to 50; Audiotaped)

Chris Owner, PhD, Armed Forces Institute of Pathology, Washington, DC

Beverly Wood, MD, PhD, University of Southern California, Los Angeles, CA

Catherine Abbott, MS, Armed Forces Institute of Pathology, Washington, DC

Relevance-Use of the Internet to distribute knowledge and instructional materials is growing exponentially, and directly affects how 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: describe important instructional design strategies for Web CME; describe technical strengths and limitations that affect the design and development of Web CME; and list the advantages and limitations of the Web to disseminate CME materials.

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

Pearls-The trans-disciplinary design team that creates Web-education activities requires unique management strategies. Web activities must be designed for display in a wide variety of environments. Just because you build it (Web CME), doesn't mean they (your audience) will come.

Reference-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.

Notes

Just because you build it (Web CME), doesn't mean they (your audience) will come.

T2, Breakout Session
10:30 am-12:00 pm, Thursday
Lower B2 ψ ?

CASE STUDIES IN NEEDS ASSESSMENT TECHNIQUES

(Best Practices Community; Needs Assessment; Beginner; CME 101: Basics Curriculum; Audiotaped)

Sara May, EdD, American Academy of Pediatrics, Elk Grove Village, IL

Relevance-Having a working knowledge of a variety of needs assessment techniques and 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 must be better able to link needs assessment with desired results as part of System 98.

Purpose-This breakout session uses a case-based approach to needs assessment strategies. Participants are encouraged to bring CME activities or ideas for CME activities to the workshop for which they would like to discuss needs assessment strategies. Faculty also will have case studies that will be the basis of assessing when to use different types of needs assessment techniques. This workshop is linked to the workshop on Applying Essential Areas to Everyday CME Planning in that selecting appropriate needs assessment tools may be applied in the Everyday Planning Workshop.

Objectives-At the conclusion of this session, participants will be able to recognize and utilize a wider variety of CME needs assessment techniques; describe what types of needs assessment work best in what settings/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.

Pearls-Needs assessment is the linchpin in planning successful CME activities. CME planners should 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.

Notes

Needs assessment is the linchpin in planning successful CME activities.

**T3, Breakout Session
10:30 am-12:00 pm, Thursday
Lower B2 ψ ?**

EDUCATIONAL PRE & POST PHYSICIAN DATA TO DETERMINE CME EFFECTIVENESS

(Needs Assessment; All; Audiotaped)

David Thornton, BS, Synavant Inc, Fairview, NJ

Jackie Plotts, BS, Synavant Inc, Fairview, NJ

Relevance-With the new healthcare environment and measuring outcomes as one of the essentials of a CME program, objective technical data can help determine a program's effectiveness.

Purpose-This breakout session is intended to encourage CME professionals to formulate learning outcome objectives while planning education programs, and to use outcome measures (eg, technical data [change in physician behavior]) to evaluate their programs.

Objectives-The objective is to determine if your CME activity is effective in meeting the needs and changing the behavior of the participant for which the activity was designed.

Key Points-Outcomes-based CME draws heavily on the research findings about how physicians learn and whether or not this additional knowledge has had an affect on how physicians are treating patients.

Pearls-The assessment of behavior through the use of prescribing information is the first breakthrough for outcomes measurement.

Notes

*The assessment of behavior through the use of prescribing information
is the first breakthrough for outcomes measurement.*

T4, Breakout Session
10:30 am-12:00 pm, Thursday
Lower B2 ψ ?

**USING CHANGE READINESS INVENTORIES
TO IMPROVE HOSPITAL CME NEEDS ASSESSMENT**
(Needs Assessment; Intermediate)

Martyn Hotvedt, PhD, Lehigh Valley Hospital, Allentown, PA

Grant/Research Support-The Dorothy Rider Pool Health Care Trust and Pharmacia & Upjohn Pharmaceutical Company

Relevance-The improvement of needs assessment procedures, particularly at the hospital CME level, is crucial for the ongoing improvement of CME programs and the ultimate continuing improvement of the physician's ability to provide quality patient care.

Purpose-This breakout session provides the opportunity for hospital based CME providers to develop a new tool in improving their CME needs assessment capabilities.

Objectives-At the conclusion of this session, the participants should be able to describe how and why they would use the change readiness inventory for a high priority clinical area at their hospital.

Key Points-Change readiness inventories provide a much more in-depth analysis of individual learners' beliefs and present knowledge of specific clinical areas, and better understanding of the barriers that will need to be overcome in order to produce practice change.

Pearls-Adult learners have more incentive to learn and change in areas they believe to be important. The change readiness inventories can help both the CME provider and individual physicians to better understand the complex issues involved in discovering what physicians' real educational needs are.

Reference-Fox RD, Bennet ML. Learning and change: implications for continuing medical education. BMJ 1998; 316:466-468.

Notes

Change readiness inventories can help both the CME provider and individual physician.

**T5, Breakout Session
10:30 am-12:00 pm, Thursday
Cancelled**

**A WORKING MODEL TO INCORPORATE INSTRUCTIONAL DESIGN
WITH PERFORMANCE IMPROVEMENT CME**
(Educational Activities Design; Intermediate; Audiotaped)

Barry Kamin, MEd, St Anthony Hospitals, Denver, CO

Thomas Wachtel, MD, MMM, St Anthony Hospitals, Denver, CO

Relevance-An ever-increasing body of educational research is demonstrating the need to design and deliver performance improvement training in a setting and manner allowing for enhanced cognitive scaffolding and synthesis by practicing professionals. Also, the market-driven need to link continuing education and performance improvement provides impetus to develop educational interventions with demonstrated fast-cycle linkage between performance and feedback.

Purpose-This breakout session is designed to provide (1) a brief overview of educational research demonstrating linkage between learning theory and knowledge acquisition and (2) model a working multi-layered approach to creating a performance-based scorecard for individual practitioners and a hospital department.

Objectives-At the conclusion of this session, participants will have been provided information addressing (1) demonstrated linkages between learning theory and structuring CME activities; (2) the creation of a performance-based quick-cycle method for providing feedback on performance, and (3) the need for individual (and group) continuing education and being able to summarize the elements for creating a similar program within a hospital or group practice.

Key Points-The need to link performance and education is inarguable. As the body of knowledge addressing learning strategies is refined and the external pressures on physicians to perform more efficiently and effectively continues to mount, it is necessary and worthwhile to explore and share models successfully demonstrating these linkages. This model provides enough flexibility to be incorporated within many medical disciplines and across several settings.

Pearls-Designing educational activities with needs demonstrated by individual and group performance, in a time frame and setting closely linked with recency of experience, provides a high degree of motivation for individual learners to engage in activities and attend to findings generated through this process.

Reference-Chassin MR, Galvin RW. The urgent need to improve health care quality: institute of medicine national roundtable on health care quality consensus statement. JAMA 1998; 280:1000-1005.

Notes

The need to link performance improvement and CME is inarguable.

**T6, Breakout Session
10:30 am-12:00 pm, Thursday
Lower B2 ψ ?**

**WEAVING A WEB:
THE CREATION OF InteractED,
A DISTANCE LEARNING SITE FOR CONTINUING MEDICAL EDUCATION
(Educational Activities Delivery; All)**

Richard Miller, PhD, Radiological Society of North America, Oak Brook, IL

Dana Davis, MEd, Radiological Society of North America, Oak Brook, IL

Relevance-Distance learning is facilitated by education programs distributed over the Internet and is of particular use to those physicians who do not have regional educational resources. Rapid advances in the practice of medicine increase the need for physicians to have access to the latest clinical techniques that are presented by leaders in the field.

Purpose-The aims of this breakout session are to present our experience in creating an effective educational web site and to discuss the development of needs assessment surveys and outcomes-measurement models. Maximization of distance learning requires an appreciation of the diversity inherent in an expanded worldwide audience during rapid technological advances associated with growth of the Internet.

Objectives-Participants will be able to explain the technical limitations of the Internet; match Internet capabilities with target-audience needs, and identify evaluation models to measure behavioral changes from educational programs developed for the Internet.

Key Points-The evolution of the Internet into a valuable tool for the dissemination of educational programs through improvements in both hardware and software increases the potential of internet-based programs to meet the needs of physicians in professions that require high-resolution images essential for diagnostic purposes. Case-based programs, including high-resolution radiographic images, provide a valuable learning experience to address the needs of target audiences and must remain a priority during the configuration of programs for distance learning via the Internet. The electronic platform requires innovative approaches to determining physician needs as well as outcomes-measurement models.

Pearls-Technical limitations of Internet hardware and software programs must be addressed during the development of educational programs. Also, it is important to develop a needs assessment model for Internet users and to produce programs that include an evaluation model for measuring outcomes.

Reference-Christensen CM, Armstrong EG. Disruptive technologies: a credible threat to leading programs in continuing medical education. JCEHP 1998; 18: 69-80.

Notes

It is important to develop a needs assessment model for Internet users and to produce programs that include an evaluation model for measuring outcomes.

**T7, Breakout Session
10:30 am-12:00 pm, Thursday
Lower B2 ψ ?**

**USING BARRIERS TO INNOVATION ADOPTION
TO DESIGN EFFECTIVE GENETICS CME FOR PHYSICIANS**
(Evaluation; All)

Carol Barash, PhD, Ethics and Policy Consulting, Boston, MA

Relevance-Though genetics knowledge is advancing rapidly, application of this information has not increased at the same pace. Substantial resources have been committed to CME for physicians (specifically about the application of genetics knowledge to clinical medicine), yet these efforts have demonstrated only limited success in changing practice behaviors, an impact that is essential to the full integration of genetics thinking into practice.

Purpose-This breakout session provides an innovative approach to designing CME, which better ensures the integration of new knowledge into practice, including but not limited to genetics.

Objectives-At the conclusion of this breakout session, participants should be able to know how to 1) identify barriers to the full effectiveness of their CME programs, as well as identify opportunities for the adoption of CME; 2) identify necessary ingredients of a successful educational intervention; 3) identify elements of an effective strategy for such an intervention, and 4) design a CME program/educational intervention based on identified barriers and opportunities.

Key Points-Interactive problem-solving and practice simulation based learning are strategies that are increasingly used to help physicians learn new material and enable them to change their behavior, thereby adopting new knowledge in practice.

Pearls-Understanding how clinical heuristics serve as barriers and opportunities to the integration of innovation is an approach that is demonstrating its superiority for achieving effective CME. For example, new genetics knowledge is integrated into daily practice when the possibility of genetics involvement is continually brought to mind, entertained, pursued, and rigorously tested for validation or falsification. In other words, unless a clinician's medical decision making process triggers suspicion that a genetics factor may be present and facilitates a thorough testing of that genetics hypothesis, new genetic knowledge, acquired through newly emerging educational programs, will not be fully integrated into practice in which the benefits of this new knowledge will not be realized. Newly emerging genetics education programs offer the content necessary to raise suspicion of genetics involvement. Content alone is insufficient to ensure that innovation will be adopted into practice.

Reference-Barash, CI, Hayflick S, Kindfield, AH. Triggering 'need to know': barriers to learning genetics, submitted 4-00.

Notes

*Though genetics knowledge is advancing rapidly,
application of this information has not increased at the same pace.*

T8, Breakout Session
10:30 am-12:00 pm, Thursday
Lower B2 ψ ?

ACCREDITING CME TO MEET THE NEEDS OF FAMILY PHYSICIANS
(Accreditation; All; Audiotaped)

David Baldwin, MPA, American Academy of Family Physicians, Leawood, KS
Other Support-Employed by AAFP

Carol Tierney, American Academy of Family Physicians, Leawood, KS
Other Support-Employed by AAFP

Relevance-AAFP has 89,400 family physician members in 50 states, Uniformed Services, D.C., Puerto Rico, the Virgin Islands, and Guam. To maintain AAFP membership, family physicians must accrue 150 CME credit hours in a 3-year period, 75 must be AAFP Prescribed credit hours. The balance may be AAFP Elective credit hours. AAFP CME Accreditation is based on criteria designed to ensure the relevance of CME content for family physicians. Providers designing CME to meet the needs of family physicians will benefit by participating in the AAFP CME accreditation process.

Purpose-This breakout session provides an overview of the AAFP CME accreditation process of activity review that has been designed to ensure CME content is relevant to the unique educational needs of family physicians.

Objectives-Upon completion of this session, participants should be able to identify CME requirements for family physicians who are members of the AAFP; describe sources of CME for AAFP members (courses, enduring materials, journal CME, individual member requests); define eligibility criteria for AAFP Prescribed and Elective credit hours; identify the rules and regulations governing AAFP-accredited CME; understand procedures required to apply for AAFP CME credit hours on an activity-by-activity basis; compare CME systems that accredit activities and those that accredit institutions, and discuss the relationship of AAFP Prescribed credit hours and AMA PRA Category 1 credit hours.

Key Points-AAFP members must accrue 150 CME credit hours in a 3-year period, 75 of which 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.

Pearls-CME providers find it advantageous to seek AAFP CME accreditation to stimulate greater participation of family physicians. The AAFP encourages CME providers to incorporate the input of an Active or Life member of the AAFP to ensure that the unique aspects of family practice are addressed in the planning and development of CME courses designed for family physicians.

Reference-AAFP CME Information Booklet.

Notes

*CME providers find it advantageous to seek AAFP CME accreditation
to stimulate greater participation of family physicians.*

**T9, Breakout Session
10:30 am-12:00 pm, Thursday
Lower B2 ψ ?**

USES AND APPLICATION FOR THE ALLIANCE'S GUIDE FOR PROFESSIONAL DEVELOPMENT
(Program Management; All; Audiotaped)

Marc DesLauriers, PhD, American Academy of Neurology, St Paul, MN

Patrick Moran, MD, St Mary's Hospital, Grand Junction, CO

Relevance-The Guide's competencies have been used as a basis for allocating and categorizing Annual Meeting courses for the past 2 years. This breakout session offers an opportunity to attendees to see how the Guide is being used by others and to get suggestions for how it can be applied to their own work directly.

Purpose-To introduce specific applications of the Guide for Professional Development to all levels of CME personnel and related activities.

Objectives-At the conclusion of this breakout session, participants should be able to 1) identify and explain all three components that make up the Guide for Professional Development; 2) discuss specific applications of the Guide to CME professionals, at all levels of their work, and 3) identify the Guide's relationship to other ACME resources.

Key Points-The Guide for Professional Development is applicable to all levels of CME activities. The Guide for Professional Development is an excellent resource for planning and evaluation for CME professionals.

Pearls-The Guide for Professional Development helps the CME professional better assess strengths and weaknesses of their programs and themselves in relation to their CME work. Use of the Guide will lead to a broadened perspective on how to prioritize aspects of CME programs that require modification and change.

Reference-Alliance's Guide for Professional Development 1999.

Notes

The Guide for Professional Development helps the CME professional better assess strengths and weaknesses of their programs and themselves in relation to their CME work.

T10, Breakout Session
10:30 am-12:00 pm, Thursday
Lower B2 ψ ?

INTELLECTUAL PROPERTY, COPYRIGHT ISSUES IN INTERNET CME
(Program Management; Intermediate; Audiotaped)

Jann Balmer, PhD, University of Virginia, Charlottesville, VA

Relevance-The substantial increase in the availability of web-based education, resources and now CME have brought the issues of intellectual property, and copyright to the forefront. The dominance of this medium has forced many CME providers to re-evaluate their positions on copyright law and its implications for the CME activities that it sponsors.

Purpose-This breakout session is designed to provide a forum for discussion on the issues of intellectual property, the rights of authors, sponsors, and institutions. A review of the current situation will be followed by a candid discussion of the issues for many CME providers, underwriters, and authors.

Objectives-Through participation in this session, participants will have an opportunity to: identify the current laws as they relate to the development and implementation of CME; highlight the current issues and obstacles in clarifying the parameters for determining copyright and appropriate licensing agreements, and create a list of questions for further discussion of these issues at their own institution.

Key Points-CME providers, authors and underwriters can no longer avoid the issues of copyright and intellectual property for CME. The dominance of the WWW as a vehicle for education has brought these issues to the forefront and requires that each CME provider investigate the parameters for their own decisions relative to these issues.

Pearls-The issues of copyright and intellectual property sound very complex and daunting. The development of questions and issues can be translated into effective policies for quality CME via the internet and ultimately all venues. This session provides the forum to initiate this discussion for the protection of authors, CME providers and physician learners.

Reference-Balmer J. Legal issues in CME. Copyright Issues, Alliance Almanac, 1999

Notes

*CME providers, authors and underwriters can no longer avoid
the issues of copyright and intellectual property for CME.*

T11, Breakout Session
10:30 am-12:00 pm, Thursday
Lower B2 ψ ?

PROFESSIONAL DEVELOPMENT PROGRAM FOR CE FACULTY
(Strategic Leadership; Intermediate; Audiotaped)

James Williams, MD, McMaster University, Hamilton, ON, Canada
Grant/Research Support-Aventis Pharma

Susan Shannon, PhD, McMaster University, Hamilton, ON, Canada
Grant/Research Support-Aventis Pharma

Loretta Masaro, BAsC, Aventis Pharma
Grant/Research Support-Aventis Pharma

Relevance-Maintenance of certification and the change to professional development programs have created a demand for high quality educational programs to meet new accreditation standards. We need faculty leaders with CME training to meet this demand.

Purpose-This breakout session provides an overview of current issues for faculty in continuing professional education planning.

Objectives-Participants will be able to identify current issues for faculty at their institution; identify education leaders, and start the planning process for CME faculty development.

Key Points-To implement best practices in CME, faculty need professional development programs to enhance their understanding of educational insures and research evidence from the educational literature.

Pearls-CME faculty are interested in learning about educational theory, program design and planning. They want to make their CME programs more effective.

Reference-Ullian JA, Stritter FT. Faculty development in medical education, with implications for continuing medical education. JCEHP 1996;16:181-190.

Notes

CME faculty are interested in learning about educational theory, program design and planning.

T14, Breakout Session
1:30-3:00 pm, Thursday
Lower B2 ψ ?

**PATIENT STORIES AND THE DISEASE EXPERIENCE:
THE ESSENCE OF NEEDS ASSESSMENT**

(Needs Assessment; All; Audiotaped)

Robert Fore, EdD, Mercer University, Macon, GA

Relevance-The ACCME's Essential Area 2: Educational Planning and Evaluation requires the use of needs assessment data to plan CME activities. Stories collected directly from patients concerning their personal experiences from symptoms through diagnosis and treatment can be a powerful approach to identifying CME needs.

Purpose-This breakout session provides a starting point for patient/disease-based needs assessment by tracing one patient's personal experience with breast cancer in addition to providing valuable feedback from Internet-based support groups.

Objectives-At the conclusion of this session, participants should be able to describe an effective approach to patient/disease-based needs assessment; locate sources of patient concerns and experiences via the Internet, and outline strategies to incorporate patient stories into needs assessment and link them to CME activities.

Key Points-The medical education continuum from undergraduate, graduate to continuing medical education should be based on patient needs. Many physicians enter practice without ever having been a patient or having experienced a life-threatening illness in a loved one. Patients are a wealth of information, which is often ignored or overlooked in the CME planning process. This breakout session will serve as a potent reminder of how the ultimate mission of CME is to improve patient outcomes.

Pearls-Talk to patients. Turn to support groups for information and suggestions. Each patient has a story to tell about what his/her physician needs to learn. Value the human experience of illness as a fertile ground for needs assessment. Listen to physicians when they tell you that "everything changed when I became the patient."

Reference-Fore RC, Fore RE. Survivors' guide to breast cancer: a couple's story of faith, hope & love. Macon, GA: Smyth & Helwys Publishing, 1998. www.helwys.com/fore.html

Notes

Patients are a wealth of information, which is often ignored or overlooked in the CME planning process.

T15, Breakout Session
1:30-3:00 pm, Thursday
Lower B2 ψ ?

CASE STUDIES IN PREPARING LEARNING OBJECTIVES

(Best Practices Community; Objectives Setting/Stating; Beginner; CME 101: Basics Curriculum; Audiotaped)

Barbara Huffman, MEd, Carle Foundation Hospital, Urbana, IL

Relevance-Not everyone who administers a CME program has an educational background. The use of learning objectives may be a new concept and they do not see the relationship of learning objectives to design and eventually evaluation of a CME activity.

Purpose-This breakout session will use a case-based approach to analyze learning objectives. Participants are encouraged to bring CME activities to the workshop 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 session is linked to the breakout session on Applying Essential Areas to Everyday CME Planning in that writing learning objectives may be applied in the Everyday Planning Session.

Objectives-By the end of this session, 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.

Pearls-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, NY: David McKay Company, 1956.

Notes

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

**T16, Breakout Session
1:30-3:00 pm, Thursday
Lower B2 ψ ?**

ENHANCING LEARNING THROUGH REFLECTION
(Best Practices Community; Educational Activities Design; Intermediate; Audiotaped)

John Toews, MD, University of Calgary, Calgary, AB, Canada

John Parboosingh, MD, Royal College of Physicians and Surgeons of Canada, Ottawa, ON, Canada

Relevance-Reflection is reported to be an essential element of adult learning. Approaches to encourage reflection could be more intentionally built into CME courses/practice to enhance learning.

Purpose-This breakout session provides an overview on the role of reflection in CME and offers practical ways to encourage reflection through CME programming and practice.

Objectives-At the conclusion of this breakout session, participants should be able to design programs that increase the amount of potential learning through reflection.

Key Points-There is a firm body of educational literature on the role of reflection in learning. Educational theorists, such as Donald Schon and more recently Jennifer Moon, offer perspectives that can be used to enhance reflective learning. Application of this knowledge to programs/practices has the potential to increase the educational potential of CME. Inclusion of reflection in the new Royal College of Physician and Surgeons of Canada Maintenance of Certification program will be used as one of the examples.

Pearls-Enhancing reflective learning should be a step in the design of any CME program or practice. It is possible to plan CME programs/practices that are designed to increase reflective learning and thus give the participant greater learning for effort.

Reference-Moon J. Reflection in learning and professional development: theory and practice. London: Kogan Page Ltd, 1999.

Notes

Enhancing reflective learning should be a step in the design of any CME program or practice.

**T17, Breakout Session
1:30-3:00 pm, Thursday
Lower B2 ψ ?**

**EVALUATION OF A CME PROGRAM
USING PRE AND POST-TEST AND SIX-MONTH FOLLOW-UP**
(Evaluation; All; Audiotaped)

Ted Purcell, MS, University of Massachusetts, Shrewsbury, MA
Grant/Research Support-Genentech and Wyeth-Ayerst

Richard Aghababian, MD, University of Massachusetts, Worcester, MA
Grant/Research Support-Genentech and Wyeth-Ayerst

Relevance-With the ACCME's revised Essential Areas and Elements emphasizing more in-depth program evaluation of practice application and health status improvement CME providers must employ more sophisticated evaluation methods than have typically been previously used.

Purpose-This breakout session provides an overview of a program evaluation used to measure the effectiveness of a CME program at improving provider knowledge.

Objectives-At the conclusion of this session, participants should be able to design a pre, post and follow-up evaluation tool; develop a data analysis plan; describe how to use the data obtained; and summarize how this method can be used to evaluate a CME program.

Methods-Evaluation of CME programs has for many years focused on customer satisfaction and obtainment of learning objectives. The ACCME's new essentials will require CME providers to demonstrate that the learning objectives are changing provider knowledge and ultimately provider behavior and healthcare outcomes. The use of a pre and post-test and longitudinal follow-up provides more in-depth data to the CME provider as to the effectiveness of the program.

Results-The development of a pre and post-test and six-month follow-up instrument will be demonstrated and results discussed. Final data analysis is still being conducted.

Pearls-CME providers need to become more sophisticated in their program evaluation efforts. Pre and post-test and longitudinal follow-up can be used to conduct more in-depth evaluation. These tools can be developed from program learning objectives.

Reference-ACCME Essential Areas and Elements, Element 2.4.

Notes

Pre and post-test and longitudinal follow-up can be used to conduct more in-depth evaluation.

T18, Breakout Session
1:30-3:00 pm, Thursday
Lower B2 ψ ?

ASKING QUESTIONS EFFECTIVELY TO DETERMINE COURSE OUTCOMES
(Evaluation; Intermediate; Audiotaped)

Jocelyn Lockyer, MHA, University of Calgary, Calgary, AB, Canada

Relevance-Questionnaires remain one of the most effective and inexpensive sources of data to determine course outcomes. Effective use by CE professionals can quantify changes that result from educational interventions as well as informing future programs.

Purpose-This breakout session will provide an overview of the educational strategies that are likely to yield good outcomes for MDs and patients, discuss effective questionnaire design and administration and review questions that have been used successfully to evaluate outcomes.

Objectives-At the conclusion of the session, participants should be able to describe what educational interventions merit an outcome assessment; how questionnaires can be designed to obtain useful data and have high completion rates, and the types of questions that others have used to determine outcomes.

Key Points-Knowing how to develop and evaluate CME to assess its outcome is a fundamental skill for all CE professionals. Research in CME tells us that CME that is interactive, longitudinal, based on a focused needs assessment and uses enabling strategies is most likely to change physician and patient outcomes. Questionnaires that are brief (1-2 pages), easily completed, pre-tested and have compelling cover letters will have higher completion rates and yield better data. Contemporary researchers have used commitment to change contracts, pre/post course questionnaires, and reflection exercises to assess the impact of courses. This session will focus on how to combine what we know about CME outcome with effective survey design and questions with proven effectiveness to explore how we can get the most from our evaluation resources.

Pearls-Effective use of survey techniques can improve course outcome evaluation.

Reference-Davis D, et al. Impact of formal continuing medical education: do conferences, workshops, rounds and other traditional continuing education activities change physician behavior or health care outcomes? JAMA 1999; 282(9):867-874.

Notes

Effective use of survey techniques can improve course outcome evaluation.

**T19, Breakout Session
1:30-3:00 pm, Thursday
Lower B2 ψ ?**

**A PARTNERSHIP ODYSSEY:
HOW A PUBLISHER AND A MEDICAL SCHOOL
TRAVEL TOGETHER IN JOURNAL-BASED CME**
(Accreditation; Intermediate; Audiotaped)

Jeanne Cole, MS, Jefferson Medical College, Philadelphia, PA

Thomas Pizor, Medical Economics Company, Montvale, NJ

Beth Brillinger, Jefferson Medical College, Philadelphia, PA

Relevance-Given System 98's emphasis on outcomes, and the prevalence of medical literature used as primary source of information for physicians, a tool to measure physician's behavior change, based on journal-based CME, is needed.

Purpose-Present several methods utilized for assessing outcomes of journal-based CME, along with results of a pilot survey done with participants in an ongoing journal-based CME activity.

Objectives-Understand theory of change. Discuss study design and methods of 2 different types of evaluation (journal feedback study and CME follow-up study). Assess effectiveness of these studies as measurements of change. Recommend improvements to process.

Key Points-Both partners in a journal-based CME activity conduct follow-up studies on journal articles. While they may have different primary objectives, both provide useful information for improvement of the product, and both contribute to compliance with evaluation essentials.

Pearls-Change occurs along a continuum, and an outcome of any one CME activity can occur along that continuum. Use of a follow-up survey can become a part of the change process.

Notes

A tool to measure physician's behavior change, based on journal-based CME, is needed.

**T20, Breakout Session
1:30-3:00 pm, Thursday
Cancelled**

HOW TO CREATE A VISION AND MISSION STATEMENT FOR YOUR STAFF
(Program Management; Intermediate; Audiotaped)

Diana Winslow, BSN, American Academy of Family Physicians, Leawood, KS

Relevance-Mission statements have become a part of business culture. An effective mission statement will affect productivity, quality, customer satisfaction, employee morale, and budget.

Purpose-Facilitate an interactive group on developing organizational mission statements.

Objectives-Describe the five steps of developing a mission statement. Develop a sample mission statement.

Methods-Thirty minute didactic session, followed by sixty minute interactive small group sessions and then an entire group discussion.

Pearls-Handouts and tips for participants to refer to when developing a mission statement with their staff on return to their organization.

Reference-Davis, Hellervik, Gebelein, Sheard, Skube. Successful manager's handbook. Personnel Decisions, Inc, 1992.

Notes

*An effective mission statement will affect
productivity, quality, customer satisfaction, employee morale, and budget.*

**T21, Breakout Session
1:30-3:00 pm, Thursday
Lower B2 ψ ?**

**MANAGEMENT OF THE CME OFFICE:
KEYS TO SUCCESS**
(Program Management; Intermediate; Audiotaped)

David Dawdy, MD, Children's Hospital, Columbus, OH

Karen Heiser, PhD, Children's Hospital, Columbus, OH

Mary Whitacre, BA, Ohio State Medical Association, Hilliard, OH

Relevance-The CME Office itself must streamline and demonstrate administrative value for dollars expended. CME must learn how to do more with fewer resources.

Purpose-This breakout session presents a variety of strategies and tools proven to enhance CME process and increase efficiency.

Objectives-At the conclusion of this session, participants should be able to identify the critical importance of establishing organizational credibility; describe a process for streamlining their CME process, and choose from a variety of electronic, organizational, and structural tools to enhance their CME office efficiency and creativity.

Key Points-The use of carefully designed policies and procedures, electronic communications, and an executive committee/subcommittee structure can facilitate the optimal use of the talents and resources of both CME staff and the CME Committee (CMEC), thereby increasing staff satisfaction as well as cost effectiveness.

Pearls-The starting point for enhancing CME effectiveness is establishing organizational credibility with the CEO, Medical Director, and MEC. The CMEC then has both the authority and the responsibility to continuously improve operations. Specific pearls include (1) clearly written and consistently enforced policies and procedures save time and improve documentation; (2) use an executive committee to do the repetitive work; (3) use CMEC to plan and look at outcomes; (4) use subcommittee to monitor and execute special projects; (5) share resources with other CME providers; (6) use electronic and phone meetings to get the work done, and (7) use face-to-face meetings to plan, execute, and re-evaluate.

Notes

The starting point for enhancing CME effectiveness is establishing organizational credibility with the CEO, Medical Director, and MEC.

**T22, Breakout Session
1:30-3:00 pm, Thursday
Lower B2 ψ ?**

USING THE BALDRIDGE CRITERIA TO IMPROVE AN EDUCATIONAL ORGANIZATION
(Strategic Leadership; Intermediate; Audiotaped)

Lynn Ward, EdD, VA Employee Education System (St Louis Center), St Louis, MO

Robert Cullen, PhD, VA Employee Education System (Cleveland Center), Brecksville, OH

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 experience of EES in applying the Baldrige criteria to our unit 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, identifying the opportunities for improvement and achieving better run organizations congruent with missions and strategic plans.

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 use all data, feedback, and knowledge attained to continue to improve.

Pearls-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. Performance improvement must be systematic and 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.

Notes

The Baldrige criteria can be used to evaluate the overall health of an organization.

**T26, Breakout Session
3:30-5:00 pm, Thursday
Lower B2 ψ ?**

**INTEGRATIVE MEDICINE:
NEEDS ASSESSMENT FOR AN EMERGING FIELD**
(Needs Assessment; All; Audiotaped)

Richard Liebowitz, MD, University of Arizona, Tucson, AZ

Melissa Shandley, BA, University of Arizona, Tucson, AZ

Relevance- Patient use of and demand for CAM (complementary and alternative medicine) continues to increase. This puts pressure on health care providers to effectively guide the integration of conventional medicine with CAM. Strategic assessment of CME needs informs the development of valuable educational offerings that will ultimately improve health care outcomes.

Purpose- Participants will gain an understanding of the emerging field of integrative medicine and how to meet the CME challenge it presents through effective needs assessment.

Objectives- By the end of this breakout session, participants will be able to develop a strategy for assessing the integrative medicine educational needs of their provider population and learn how to translate these needs into effective CME activities.

Methods- Participants will be given a brief overview of the philosophy of integrative medicine. An assessment tool developed by the Program in Integrative Medicine will be used to illustrate the challenges of determining educational needs. Discussion will also focus on the benefits of including integrative medicine issues into a needs assessment for any CME activity. Small group discussion will give participants an opportunity to share ideas for assessment strategies and ways to customize the process for their particular culture to insure successful programs.

Pearls- The need for integrative medicine CME activities is increasing and the range of potential programs is vast. A strategic needs assessment is vital to the development of a well-focused, relevant program.

Reference- Eisenberg DM, Davis RB, Ettner SL, Appel S, Wilkey S, Van Rompay M, Kessler RC. Trends in alternative medicine use in the United States, 1990-1997: results of a follow-up national survey. JAMA 1998; 280(18):1569-75.

Notes

*The need for integrative medicine CME activities is increasing,
and the range of potential programs is vast.*

**T27, Breakout Session
3:30-5:00 pm, Thursday
Lower B2 ψ ?**

PREPARING FACULTY TO EFFECTIVELY FACILITATE SMALL GROUP DISCUSSIONS
(Educational Activities Design; Advanced; Audiotaped)

Michael Saxton, BS, Pharmacia & Upjohn Company, Peapack, NJ

Robert Fox, EdD, Professional Development Associates, Norman, OK

Relevance-Continuing professional development professionals are currently asked to engage in multiple methods of education consistent with recent research on what works in CME. One of those methods is the use of small group-case based discussions.

Purpose-The purpose of this breakout session is to orient participants to the basic theoretical and practical principles for preparing faculty to be effective small group leaders.

Objective-At the end of this breakout session, learners will be able to use effective needs assessment strategies to identify faculty needs in terms of facilitating small group discussions; help faculty understand the basic principles of small group process, and develop multiple session small group courses that are based on principles of problem based learning.

Key Points-Programs that are effective at motivating physicians to learn need to incorporate information about clinical experience into the teaching process. Small group problem-based courses use Shawn's learning from experience model to do this. As such, they are more effective ways of creating direct links between new knowledge and practical experience in the clinical setting.

Pearls-Programs that emphasize problem based learning and small group learning are more motivating for learners and more directly applicable to practice and therefore more effective at bringing about change.

Reference-Schon D. Educating the reflective learner. 1987.

Notes

Programs that are effective at motivating physicians to learn need to incorporate information about clinical experience into the teaching process.

T28, Breakout Session
3:30-5:00 pm, Thursday
Lower B2 ψ ?

WEBCASTING: THE INS AND OUTS OF PRODUCING LIVE, INTERACTIVE, ONLINE CME
(Educational Activities Delivery; All; Audiotaped)

Judith Ribble, PhD, Medscape Inc, New York, NY
Other Support-Employed by Medscape Inc

Robert Enteen, PhD, Healthcasting.com, Teaneck, NJ
Other Support-Employed by Healthcasting.com

Relevance-Webcasting is rapidly revolutionizing distance learning in CME by allowing live activities to be viewed via the Internet and then archived for future viewing. As production costs decrease and transmission speed increases, webcast CME can benefit larger numbers of physicians in remote settings.

Purpose-This breakout session provides a detailed, practical introduction to webcasting technology and allows participants to explore the possibility of introducing an innovative format into their CME workplace.

Objectives-At the conclusion of this workshop, participants should be knowledgeable concerning webcasting terminology, technology, usage trends in medicine, and resources; and should be able to compare technical, logistical, and formatting options for designing a webcast component of live events.

Key Points-Webcasting technology offers an array of communications features that can greatly improve the reach, convenience, and speed of disseminating educational information relating to advances in medicine. The educational delivery process, from participant registration through evaluation of behavior changes and issuing of certificates, can be handled efficiently and documented accurately online. Geographical and temporal limitations can be eliminated. Per participant production costs can be decreased. Reinforcement of learning through archived events can improve retention of knowledge from events such as five-day board review courses.

Pearls-Forms, checklists, resource lists, glossary, and materials developed during the workshop will be useable immediately by participants who wish to create a plan for developing and conducting webcast CME events for their respective institutions.

Reference-Enteen R. Get going with webcasting: sight + sound + interactivity. Medical Marketing & Media. February 2000:74-86.

Notes

Webcasting is rapidly revolutionizing distance learning in CME.

**T29, Breakout Session
3:30-5:00 pm, Thursday
Lower B2 ψ ?**

**PLANNING MORE EFFECTIVE CME FOR PHYSICIANS
USING CHART AUDIT AND PATIENT SATISFACTION SURVEYS**
(Evaluation; All; Audiotaped)

Gary Sibbald, MD, Toronto General Hospital, Toronto, ON, Canada

Darlyne Rath, MScT, University of Toronto, Toronto, ON, Canada

Relevance-There is an increasing focus on the use of patient outcomes as a way of determining the CME needs of individual physicians and health professional teams. Identification of the needs using chart audit and patient satisfaction surveys will act as an incentive for change in practice and to design relevant CME activities.

Purpose-This breakout session will briefly review the literature and the important aspects of two measurement tools (chart audit and patient satisfaction surveys). Participants will have time for critique of the selected tools and will be given a copy of the overheads and examples of the tools.

Objectives-At the conclusion of the session, the participant will 1) comprehend the basic information about the importance and use of chart audit and patient satisfaction surveys; 2) participate in the critique of examples of both measurement instruments; 3) appraise the application of both tools in the clinical setting, and 4) assess handouts on important aspects of the design of patient satisfaction surveys.

Key Points-1) Practice audits and patient satisfaction surveys are underutilized as tools for improving patient care. 2) Practice audits and patient satisfaction surveys can serve as needs assessments for relevant continuing education programs. 3) Patient care issues should include input from the consumer, the patient, and health care providers.

Pearls-The process of review of a physician's individual practice or health professional team is an effective way to identify gaps in information and needs and services related to the delivery of effective, efficient patient care, as well as the design of continuing education programs. Conducting a chart audit and patient satisfaction survey will produce data that is indicative of performance. The results can be powerful motivators for change in practice behavior.

Reference-Davis D, Fox R. The physician as learner. Chicago, IL: American Medical Association, 1994.

Notes

*Conducting a chart audit and patient satisfaction survey
will produce data that is indicative of performance.*

**T30, Breakout Session
3:30-5:00 pm, Thursday
Lower B2 ψ ?**

**OUTCOMES MEASUREMENT:
ARE YOU READY?**

(Evaluation; All; Audiotaped)

Leanne Andreasen, MBA, Mayo Clinic Scottsdale, Scottsdale, AZ

Jodi Lee Beert-Saenz, Mayo Clinic Scottsdale, Scottsdale, AZ

Maree Stone, Mayo Clinic Scottsdale, Scottsdale, AZ

Relevance-It is the responsibility of CME providers to develop assessment tools for measuring physician knowledge and learning. This commitment necessitates evaluating what knowledge the physician had about the topic(s) before attending the CME program; what they learned from the program, and if they retained this knowledge and incorporated that learning into their clinical practice. ACCME requires that accredited sponsors assess the educational value of their programs through outcomes measurement.

Purpose-Demonstrate useful, sensible tools to measure multiple levels of outcomes. Start your own outcomes process the next day!

Objectives-At the conclusion of this breakout session, participants should be able to identify the difference between levels of outcomes measurement; implement them into their program evaluations; and analyze the findings.

Key Points-Utilization of pre- and post-conference evaluation tools will be emphasized, as well as how an organization should be able to use this in their practice setting. This session will provide the attendee with knowledge of how the levels of outcomes contrast.

Pearls-Examples of program evaluations utilizing levels 1, 2, and 3 outcomes measurement along with the results will be provided. This will enable the learner to develop or modify their current evaluation tool. Registrants are encouraged to submit examples of evaluation tools that will be assessed during the workshop. High audience involvement will be encouraged.

Reference-Davis DA, Thomson O'Brien MA, Freemantle N, Wolf FM, Mazmanian P, Taylor-Vaisey A. Impact of formal continuing medical education-do conferences, workshops, rounds and other traditional continuing education activities change physician behavior or health care outcomes? *JAMA* 1999; 282:867-874.

Notes

Examples of program evaluations utilizing outcomes measurement will be provided.

**T31, Breakout Session
3:30-5:00 pm, Thursday
Lower B2 ψ ?**

**THE CME SELF-STUDY PROCESS:
ONE APPROACH TO CONTINUOUS IMPROVEMENT**
(Accreditation; All; Audiotaped)

Joseph Green, PhD, Duke University, Durham, NC
Other Support-President, Professional Resource Network, Inc

Relevance-Describing this continuous improvement process is directly relevant to all CME organizations facing the new ACCME accreditation process.

Purpose-This breakout session is designed to share a process for using the ACCME Self-study as a useful tool for continuously improving all aspects of your CME organization.

Objectives-At the conclusion of this session, participants should be able to identify key stakeholder groups for your CME organization; develop a matrix of stakeholders and desired information; use effective methods to gather information, and describe a process including information in the Self-study format.

Key Points-The most important point is to develop a system that allows your CME organization to systematically improve various aspects of its organization every year, rather than only in response to the ACCME accreditation process.

Pearls-Select only a few target study areas per year, and seek information from your most important stakeholder groups in the most efficient way possible that allows for reflection and improvement.

Reference-ACCME Accreditation Process (Formerly Known as System 98).

Notes

*Develop a system that allows your CME organization
to systematically improve various aspects of itself every year.*

**T32, Breakout Session
3:30-5:00 pm, Thursday
Lower B2 ψ ?**

BASIC MARKETING AND PROMOTION
(Program Management; All; CME 101: Basics Curriculum; Audiotaped)

Suzanne Ziemnik, MEd, American Academy of Pediatrics, Elk Grove Village, IL

Relevance-A basic function of CME providers is to develop promotions for their educational offerings and to implement marketing strategies to ensure that they reach their target audiences in the most cost efficient manner resulting in the desired number of participants.

Purpose-The purpose of this breakout session is to present basic information on marketing and promoting CME activities.

Objectives-By the end of this session, participants should be able to 1) develop conference marketing plans; 2) write more effective brochure copy; 3) identify and utilize mailing lists more efficiently; 4) utilize other promotional strategies beyond the conference brochure including internet-based strategies; 5) discuss the results of the Annual Physician Preference Study, and 6) implement more logical pricing strategies.

Methods and Results-A highly interactive, learner driven approach sharing practical tips will be used to accomplish workshop objectives. CME providers will immediately be able to apply the fundamentals of marketing and promotions in their own settings implementing a variety of easy to use tools (including sample promotions, forms, checklists and references) and strategies to enhance the quality and effectiveness of their marketing and promotions. Attendees will also be prepared to develop a clearer rationale for the pricing of their CME activities.

Pearls-The most effective mailing lists are those internal lists of past inquiries and attendees of CME activities. Code every mailing list and track the responses from each mailing list used to promote the CME activity. It is a mistake to rely on a "one shot" mailing to reach your marketing goals. The degree to which we raise fees is not as important as attendees total cost of participation since registration fees typically only represent 18% of the total cost. The Internet can significantly expand your promotional reach using minimal resources.

Notes

The most effective mailing lists are those internal lists of past inquiries and attendees of CME activities.

**T33, Breakout Session
3:30-5:00 pm, Thursday
Lower B2 ψ ?**

DEVELOPING YOUR SENSE OF HUMOR FOR MORE EFFECTIVE CME
(Personal Skills; All; Audiotaped)

David Kaufman, EdD, Dalhousie University, Halifax, NS, Canada

Ivan silver, MD, MEd, University of Toronto, Toronto, ON, Canada

Linda Snell, MD, McGill University, Montreal, PQ, Canada

Relevance-Humor can play an important role in enhancing various stages of the teaching/learning process, and several theories have been proposed to explain its effects. Various techniques are available to further develop one's sense of humor and to use humor in CME.

Purpose-This breakout session demonstrates techniques for developing one's sense of humor and using various techniques for the purpose of increasing personal effectiveness in CME.

Objectives-By the end of this session, participants should be able to practice various techniques for developing their personal sense of humor; demonstrate various methods for using humor in their teaching, and explain the rationale for using humor in the teaching/learning process.

Key Points-When used appropriately, humor can enhance learning and increase learner satisfaction. Various techniques will be demonstrated, and participants will experience and practice these in large and small groups. Examples include use of video vignettes, cartoons, stories, and jokes. Topics discussed will include the rationale for using humor, humor theories, and inappropriate humor. Resources will be provided for self-directed learning, such as references to books, journal articles, and web sites.

Pearls-Work on developing your own sense of humor and on improving your delivery. Use different types of humor in different contexts, and for different purposes. Collect your own resources over time. Don't overuse humor, and be careful not to use inappropriate humor.

Reference-Klein A. The healing power of humor. New York, NY: GP Putnam & Sons, 1989.

Notes

When used appropriately, humor can enhance learning and increase learner satisfaction.

**T34, Breakout Session
3:30-5:00 pm, Thursday
Lower B2 ψ ?**

**CME IN THE JEFFERSON HEALTH SYSTEM:
INSIGHTS ON SUCCESSFUL INTEGRATION AND COLLABORATION
IN A COMPLEX INTEGRATED HEALTHCARE DELIVERY SYSTEM**
(Health Care Delivery Systems; All; Audiotaped)

Timothy Brigham, PhD, Thomas Jefferson University, Philadelphia, PA

Henry Mayer, MD, Main Line Health System, Bryn Mawr, PA

Relevance-As healthcare systems align and become larger, collaborative, system-wide efforts and processes are necessary in order to offer the highest level of education for all physicians.

Purpose-This breakout session will provide insight into the planning, politics and processes that are required to bring a large multi-hospital/institutional system together in the CME arena.

Objectives-The participants should be able to identify opportunities and barriers to collaboration within their integrated healthcare system. They should be able to design strategies to maximize their strengths and overcome restraining forces.

Key Points-An effort to integrate CME across a complex integrated health system, that included an academic institution and three premier community hospital systems, resulted in development of a collaborative CME team that developed shared goals and projects while maintaining institutional integrity and distinction.

Pearls-Successful collaboration between groups emerging from distinct cultures depends on clear and cooperatively structured goals while simultaneously tending to group dynamics including managing controversy and conflict.

Notes

*Successful collaboration depends on
cooperatively structured goals and managing group dynamics.*

**F2, Breakout Session
8:30-10:00 am, Friday
Lower B2 ψ ?**

LESSONS LEARNED IN DEVELOPING A WEB-BASED NEEDS ASSESSMENT

(Needs Assessment; Intermediate; Audiotaped)

Wanda Johnson, BS, Endocrine Society, Bethesda, MD

Johnnie White, BS, Endocrine Society, Bethesda, MD

Relevance-The World Wide Web is increasingly important in delivering education to physicians and can also be used as a source to gather data on physicians' educational needs and learning preferences.

Purpose-This breakout session will provide participants with an understanding of the planning process and implementation of a web based needs assessment with limited financial resources using Microsoft Access for data analysis.

Objectives-At the conclusion of this session, participants will have a model for planning a web based needs assessment and will be able to understand the factors involved in obtaining useful data.

Methods and Results-In 1999 a basic survey questionnaire was developed and posted on the Society's web site. Using an incentive of free conference registration to the Society's Annual Meeting, the survey was promoted using a broadcast email announcement to the members and by an article in the Society's newsletter. During a 90-day response period, almost 500 physicians (members and non-members) completed the survey. The responses were compiled in an Access database and provided useful demographic information and useful information on preferred educational formats that will assist in developing educational programs for our audience. The 1999 survey results will be compared to results from a 2000 survey to identify trends. One expected benefit that was not realized was useful information on topical educational needs. The 2000 survey will be restructured to better obtain useful information, the results of which will be reported in the session.

Pearls-Needs assessment data is only as good as the survey questions. Thorough consideration must be given to the structure and relevance of questions used in a web format versus a paper format.

Reference-Lockyer J. Needs assessment: lessons learned. JCEHP 1998; 18(3):190-192.

Notes

The World Wide Web is increasingly important in delivering education to physicians.

**F3, Breakout Session
8:30-10:00 am, Friday
Lower B2 ψ ?**

**SOFTENING TECHNOLOGY:
GUIDELINES FOR THE INCORPORATION OF
HUMANIZING ELEMENTS INTO WEB-BASED LEARNING**
(Educational Activities Design; All; Audiotaped)

Richard Liebowitz, MD, University of Arizona, Tucson, AZ

Melissa Shandley, BA, University of Arizona, Tucson, AZ

Denice Warren, BS, University of Arizona, Tucson, AZ

Relevance-As technology-based learning materials become increasingly available for health professionals, it is important that curriculum developers intentionally incorporate humanizing elements into the instructional design. Currently, most web-based CME content is imported from other media without taking advantage of the interactive capabilities of the Web, and without considering the growing body of literature that suggests didactic CME does not effect change in physician behavior.

Purpose-This breakout session will encourage the meaningful integration of content and format on the Web by applying a set of humanizing guidelines for on-line curriculum development.

Objectives-By the end of this session, participants will be armed with strategies for making technology more soft and human-centered. Through deliberate, thoughtful planning we can create case studies that reflect and respect the diversity of the real world.

Methods-We have developed detailed guidelines for humanizing web-based learning materials in medicine. Such guidelines include 1) deliberate choice of language, 2) use of pictures and names for characters, 3) diversity goals for virtual patient populations, 4) built-in interaction with peers, 5) over-the-shoulder advice from experts, 6) coupling the message with the messenger, 7) incorporating personal development, and 8) delivering content in the context of clinical scenarios. Models developed specifically for the Program in Integrative Medicine will be used as examples.

Pearls-In creating technology-based learning materials for healthcare professionals, it is important to not merely focus on delivering content, but also less tangible elements such as community, compassion, empathy, teamwork, humanity, healing, and caring.

Reference-Davis DA, et al. Impact of formal continuing medical education: do conferences, workshops, rounds and other traditional continuing education activities change physician behavior or health care outcomes? JAMA 1999; 282:867-874.

Notes

We have developed detailed guidelines for humanizing web-based learning materials in medicine.

**F4, Breakout Session
8:30-10:00 am, Friday
Lower B2 ψ ?**

**DOES GENDER MAKE A DIFFERENCE?
CHE FOR THE FEMALE PHYSICIAN**
(Educational Activities Design; All; Audiotaped)

Jane Tipping, MAEd, Educational Consultant, Markham, ON, Canada

Jill Donahue, HBa, Aventis Pharma, Whitby, ON, Canada

Relevance-The population of female physicians is growing such that the percentage of female primary care physicians will soon be greater than the percentage of male primary care physicians. The format of most CHE is still formatted according to a population that has been predominantly male. This research questions the assumption that the two genders are the same in their approaches to learning.

Purpose-To increase awareness of different learning needs of female versus male physicians. Types of learning activity, location and timing of activity, and motivation for learning all differ between the sexes.

Objectives-At the conclusion of this session, participants will be able to: list the life and workstyle conflicts female MD's typically experience; discuss implications of these conflicts to CHE planning, and develop a strategy to create CHE that meets the needs of female physicians.

Key Points-Females and males approach learning differently. Presently, most CHE is generic and appears to ignore these differences. Many female physicians experience lifestyle conflicts that make it difficult for them to attend traditional CHE. We need to create CHE that is supportive to both genders.

Pearls-To be determined following presentation of research results in conjunction with audience participation.

Reference-Belenky, et al. Women's ways of knowing: the development of self, voice, and mind. Basic Books 1986.

Notes

We need to create CHE that is supportive of both genders.

**F5, Breakout Session
8:30-10:00 am, Friday
Lower B2 ψ ?**

**PROBLEM BASED LEARNING (PBL) FOR CME:
STRATEGIES FOR DELIVERING OUTCOMES
BASED ON CME PROGRAMMING AT THE LOCAL, REGIONAL, AND NATIONAL LEVELS**
(Educational Activities Delivery; All; Audiotaped)

Howard Zeitz, MD, University of Illinois at Rockford, Rockford, IL

Richard Christiansen, MD, University of Illinois at Rockford, IL

Thomas Elliott, MD, St Mary's/ Duluth Clinic Health System, Duluth, MN

Relevance-With the development of the ACCME's new accreditation system focusing on outcomes, CME providers must develop approaches to CME that permit measurement of outcomes.

Purpose-This breakout session provides an overview of PBL for CME, an outcomes based approach to CME that can be used for CME delivery at the local, regional and national level.

Objectives-At the conclusion of this session, participants should be able to describe the characteristics of a unique PBL approach to CME; explain how PBL for CME can be used in different geographic settings (local, regional, national); and create a plan for measuring short-term and/or long-term outcomes following a PBL for CME intervention.

Key Points-PBL for CME is based on research findings about how adults in general and physicians in particular learn and change. PBL for CME is an educational intervention, which allows the CME provider to measure both short-term and long-term outcomes. An important pre-requisite is a strong faculty development program, which will help faculty develop the necessary skills to conduct PBL for CME programs.

Pearls-CME professionals can adapt the approach described in this workshop for use in their own work setting, regardless of the type of CME programs (local, regional or national) they conduct.

Reference-Zeitz HJ. Problem based learning: development of a new strategy for effective continuing medical education. Allergy Asthma Proc 1999; 20:317-321.

Notes

PBL for CME is based on research findings about how adults in general and physicians in particular learn and change.

**F6, Breakout Session
8:30-10:00 am, Friday
Lower B2 ψ ?**

OVERCOMING PHYSICIANS' BARRIERS TO IMPROVING THEIR COMMUNICATION SKILLS
(Educational Activities Delivery; All; Audiotaped)

David Kaufman, EdD, Dalhousie University, Halifax, NS, Canada

Relevance-Communications is a core skill in every aspect of professional and personal life, and comprises a set of competencies that can be learned. Yet after years in practice, some physicians assume that they are skilled in communication, and feel that this area is a low priority for them.

Purpose-This breakout session will demonstrate how an introductory lecture-discussion can be used to motivate physicians to enhance their skills in communication.

Objectives-At the conclusion of this session, participants should be able to: discuss the principles of effective listening; apply several communication principles to specific areas of their personal or professional life, and discuss how the approach used in this workshop could be applied or adapted to their own setting.

Key Points-There are generic communication skills useful in all aspects of personal and professional life (eg, listening). Using cartoons allows participants to view their common behavior in a humorous light, and to examine these in a non-threatening manner. It is important to first focus on basic skills, which are easily understated and have been experienced by everyone.

Pearls-Effective communication with patients can lead to improved patient satisfaction and health outcomes, and to improved relationships in personal life. Small improvements in key areas, such as listening and providing constructive feedback, can have a major impact.

Reference-Kurtz S, Silverman J, Draper J. Teaching and learning communication skills in medicine. Abingdon: Radcliffe Medical Press, 1998.

Notes

There are generic communication skills useful in all aspects of personal and professional life.

**F7, Breakout Session
8:30-10:00 am, Friday
Lower B2 ψ ?**

CASE STUDIES IN EVALUATION STRATEGIES

(Best Practices Community; Evaluation; Beginner; CME 101: Basics Curriculum; Audiotaped)

Betty Rohr, Radiological Society of North America, Oak Brook, IL

Roberta Arnold, MA, Radiological Society of North America, Oak Brook, IL

Richard Miller, PhD, Radiological Society of North America, Oak Brook, IL

Relevance-Many beginners do not have a good working knowledge of evaluation strategies, particularly as it applies to outcomes. Having this knowledge will become more important as CME providers must be better able to show how their CME activities have effected change.

Purpose-This breakout session will use a case-based approach to evaluation strategies. Participants are encouraged to bring CME activities to the workshop for which they would like to discuss their current evaluation techniques or how to implement other evaluation strategies. Faculty also will have case studies that will be the basis of exploring different evaluation strategies. This session is linked to the breakout session on Applying Essential Areas to Everyday CME Planning in that selecting appropriate evaluation strategies may be a part of the Everyday Planning session.

Objectives-At the conclusion of this session, participants will be able to: recognize and utilize a wider variety of CME evaluation strategies; describe what types of evaluation strategies work best in what settings/situations; assess organizational resources needed to conduct various types of evaluation, identify opportunities for conducting outcomes evaluation within their organizations.

Key Points-Evaluation is more than a happiness index, and CME planners should be comfortable using a variety of evaluation strategies. They also should have a working knowledge of outcomes evaluation.

Pearls-Evaluation is more than just an immediate post-program questionnaire. An evaluation strategy should be considered as part of the activity planning process, not as an afterthought. Evaluation is tied to the learner's need and should measure whether the need has been met. Outcomes evaluation is one type of evaluation strategy. Evaluation data is a great source of planning information for future CME Activities.

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

Notes

Evaluation is tied to the learner's need and should measure whether the need has been met.

**F8, Breakout Session
8:30-10:00 am, Friday
Lower B2 ψ ?**

**APPLYING PROCHASKA'S STAGES OF CHANGE TO CME:
HOW TO ASSESS READINESS TO CHANGE IN YOUR LEARNERS**
(Evaluation; Intermediate; Audiotaped)

Kathryn Parker, MA, Center for Addiction and Mental Health, Toronto, ON, Canada

Sagar Parikh, MD, Center for Addiction and Mental Health, Toronto, ON, Canada

Relevance-With the focus on evaluating CME centered on observable changes in behavior, CME providers must measure a learners readiness to change when examining the value of CME.

Purpose-Our purpose is to explain Prochaska's Transtheoretical Model of Change and illustrate how it may be used to design more effective CME, by addressing the concept of readiness to change in their own CME programs.

Objectives-By the end of this session, participants should be able to 1) discuss the descriptors of each of Prochaska's stages of change, and 2) be able to construct a needs assessment and an outcome tool which aims at measuring readiness to change.

Key Points-A major goal of CME is to enhance the performance of the learner. CME initiatives, however, do not always change performance, even in the presence of sophisticated CME formats and capable learners. Performance may not change because the learner is not ready to change. Assessing readiness to change in CME is an important outcome of CME.

Pearls-Readiness to change is a measurable construct. Prochaska questions improve needs surveys and allow for more sophisticated outcome measures.

Reference-Parker KP, Parikh SV. Applying Prochaska's transtheoretical model of change to CME: from needs assessment to evaluation. Ann RCPSC 1999; 32(2).

Notes

Assessing readiness to change in CME is an important outcome of CME.

**F9, Breakout Session
8:30-10:00 am, Friday
Lower B2 ψ ?**

**ACCME'S STANDARDS FOR COMMERCIAL SUPPORT:
A ROAD MAP FOR THE FUTURE
(Accreditation; Advanced; Audiotaped)**

Murray Kopelow, MD, Accreditation Council for Continuing Medical Education (ACCME), Chicago, IL
Other Support-ACCME Employee

Jennifer Dunleavy, MSA, Accreditation Council for Continuing Medical Education (ACCME), Chicago, IL
Other Support-ACCME Employee

Relevance-Compliance with ACCME's Standards for Commercial Support is required for ACCME accreditation. The ACCME needs a system of accreditation that supports all of the various types of providers.

Purpose-The purpose of the breakout session is to share both the ACCME and providers' perceptions of the ACCME's Standards for Commercial Support in 2001. The session will be an open dialogue with participants on issues the ACCME should clarify or conquer with respect to the Standards. The goal of this interactive session is to go beyond just answering questions to uncovering new questions that need to be raised. **Accredited providers and industry representatives are encouraged to participate in this session for a thorough discussion of issues.**

Objectives-At the end of this session, participants should be able to identify the issues surrounding the Standards that should be reviewed by the ACCME and accredited providers in the future.

Key Points-The environment in which accredited providers practice CME is very different now than when the Standards were drafted by the ACCME in 1991. There are many more types of providers now and many different kinds of organizations that are involved in the planning and implementation of CME activities. ACCME's compliance data have continued to show that some providers have difficulty with the ACCME's Standards for Commercial Support. If there are factors in the changing environment of CME which are contributing to providers' difficulty with complying with the Standards, the ACCME wants to be proactive in creating a system which is in response to the needs of all of its constituents.

Pearls-Identifying issues related to the Standards that can be raised and dealt with in the future will benefit providers, commercial supporters and the ACCME's accreditation system.

Reference-ACCME'S® Essential Areas and Their Elements; ACCME's® Accreditation Policy Compendium.

Notes

The environment in which accredited providers practice CME is very different now than when the Standards for Commercial Support were drafted by the ACCME in 1991.

**F10, Breakout Session
8:30-10:00 am, Friday
Lower B2 ψ ?**

99 TIPS FOR MARKETING YOUR PROGRAM

(Program Management; All; Audiotaped)

Lynn Marie Thomason, MLS, University of South Dakota, Sioux Falls, SD

Grant/Research Support-Pharmacia & Upjohn, Astra-Zeneca, Janssen Pharmaceutica, Wyeth-Ayerst, and Aventis

Toby Kane, BS, Paulsen Marketing Communications, Sioux Falls, SD

Other Support-Office of CME, School of Medicine, University of South Dakota (Client of Paulsen Marketing)

Relevance-CME providers must market their programs effectively in order to capture their audience's attention and ultimately meet the goals they have set for participation.

Purpose-This breakout session will provide participants with practical, cost-effective means of improving their marketing efforts from concept to completion.

Objectives-Discuss marketing of a CME event from beginning to end. List practical tips that should improve registration. Cite examples of marketing efforts that have been successful. Learn to market CME events effectively with limited resources and budget.

Key Points-Good marketing does not have to be a high-cost, high-labor process. It requires both practical planning and creative thinking.

Pearls-This session recognizes that CME providers often work within limited resources but want maximum outcomes. The most relevant, timely brochures become merely billboards in the desert without proper marketing.

Reference-Lomas J. CHEPA working paper series, 1993.

Notes

Good marketing . . . requires both practical planning and creative thinking.

**F11, Breakout Session
8:30-10:00 am, Friday
Lower B2 ψ ?**

**IMPLEMENTING THE PRINCIPLES OF ORGANIZATION DEVELOPMENT
AND CONTINUOUS QUALITY IMPROVEMENT (CQI) INTO CME DAY-TO-DAY OPERATIONS**
(Program Management; All; Audiotaped)

Jeffrey Curtiss, PhD, MedAscend Inc, Atlanta, GA

Relevance-The implementation of ACCME's Systems 98 and a decrease in funding for CME has placed providers in the challenging position of offering high quality programs at significantly reduced costs. These two qualifying factors bring to the forefront the need for CME providers to continuously assess current operations in order to develop initiatives to increase efficiencies and effectiveness.

Purpose-This breakout session provides a practical model for CME providers to consider when implementing a model of performance improvement as part of the day-to-day operations of the CME department.

Objectives-At the conclusion of this session, participants should be able to describe the components of an organization development assessment model; select appropriate assessment protocols; formulate methods for implementing a performance improvement process; evaluate tools to use when developing improvement plans, and develop performance indicators to measure satisfaction with CME services.

Key Points-The implementation of a model for continuous quality improvement is essential to the day-to-day operations of CME providers. The use of a flexible model allows the CME provider to customize an approach based upon the tools of CQI and principles of organization development. Focusing upon CQI provides opportunities for CME staff to bring forth ideas to improve operational efficiencies and effectiveness.

Pearls-Developing and implementing a model of CQI can assist in the accreditation process. A focus on performance improvement stimulates the CME staff to become significantly involved in the day-to-day improvement efforts. Implementing performance indicators provides continuous feedback related to satisfaction with CME services.

Reference-French WL, Bell, Jr CH. Organization development. Englewood, NJ: Simon & Schuster, 1995.

Notes

Developing and implementing a model of CQI can assist in the accreditation process.

**F12, Breakout Session
8:30-10:00 am, Friday
Lower B2 ψ ?**

LEADERSHIP COMPETENCIES FOR THE 21ST CENTURY
(Best Practices Community; Strategic Leadership; Intermediate)

Floyd Pennington, PhD, University of Florida, Gainesville, FL

Relevance-To lead CME operations in a rapidly changing environment CME staff must develop strong leadership skills relevant to the demands of leaders in the 21st century.

Purpose-This breakout session provides an overview of six key leadership skills required to be successful in the first part of the 21st century.

Objectives-At the conclusion of the session, participants should be able to self assess their leadership skills in six key leadership areas.

Key Points-The ability to think in terms of systems and knowing how to lead systems. The ability to understand variability of work in planning and problem solving. Understanding how we learn, develop, and improve, and leading true learning and improvement. Understanding people and why they behave as they do. Understanding the interdependence and interaction between systems, variation, and learning and human behavior. Knowing how each affects the other. Giving vision, meaning, direction, and focus to the organization.

Pearls-Effective leadership requires that organizations have the leadership skills available to be an effective operating unit. Leadership skills can be learned. Leadership skills competently applied in CME units will transform CME operations.

Reference-Scholtes P. The leaders handbook. McGraw-Hill Companies, 1998.

Notes

Leadership skills competently applied in CME units will transform CME operations.

F15, Breakout Session
10:30 am-12:00 pm, Friday
Lower B2 ψ ?

**THE FACTS ABOUT CLINICAL TRIAL ASSESSMENT AS AN EXAMPLE OF A TECHNIQUE
FOR ASSESSING ATTITUDES IN PHYSICIANS TO CLINICAL TRIAL PARTICIPATION**

(Needs Assessment; All; Audiotaped)

Scott Scire, BS, Pharmacia and Upjohn Inc, Danville, CA

Grace Squillaci, MBA, Pharmacia and Upjohn Inc, Westchester, IL

Robert Fox, EdD, University of Oklahoma, Norman, OK
Consultant-Pharmacia and Upjohn Inc

Relevance-More and more physicians are being asked to participate in clinical trials yet there are barriers to their involvement. Part of the reason is that they have a set of misconceptions or beliefs that are inappropriate for participation in a clinical trial. This is a common problem for CME in other areas, such as aging, women's healthcare and sexual education.

Purpose-The purpose of this breakout session is to provide learners with the opportunity to see how to develop instruments that relate to and assess the attitudes of physicians as a factor that inhibits or facilitates the change process and how this can specifically relate to the clinical trial accrual process.

Objectives-At the conclusion of the session, participants will be able to identify the important considerations in developing factually based assessments as part of needs assessments projects for change strategies, to describe procedures for using experts and learners in the process and to identify strategies that enable such assessments to be used as part of an overall needs assessment strategy.

Key Points-Among the many reasons that physicians fail to change their behavior when it is appropriate (one of the most prominent) is the presence of stereotypes or attitudes that are in fact presumed to be factual but are not. This breakout session will emphasize how the role of attitudes and stereotypes can be used and how attribution theory is used in developing assessments and interventions related to changing attitudes of physicians toward particular activities.

Pearls-Broad-based needs assessments are necessary for effective education. One of the most important strategies for a broad-based assessment is to identify the role that attitudes and barriers play in the process.

Reference-Fox RD, Bennett NL. Continuing medical education: learning and change: implications in continuing medical education. BMJ 1998; 316:466-468.

Notes

Broad-based needs assessments are necessary for effective education.

F16, Breakout Session
10:30 am-12:00 pm, Friday
Lower B2 ψ ?

**IS THERE A PLACE FOR TRADITIONAL DIDACTIC CME INTERVENTIONS
IN THE MODERN PROVIDER'S TOOLBOX?
ACCOMPANYING PHYSICIANS THROUGH THE PROCESS OF BEHAVIOR CHANGE**
(Educational Activities Design; All; Audiotaped)

Rejean Laprise, PhD, Aventis Pharma, Laval, PQ, Canada
Grant/Research Support-Aventis Pharma

Jill Donahue, HBa, Aventis Pharma, Whitby, ON, Canada
Grant/Research Support-Aventis Pharma

Stephen Hotz, PhD, University of Ottawa, Ottawa, ON, Canada
Grant/Research Support-Aventis Pharma

Relevance-With the new outcomes-based CME approach driven by the ACCME's and Canada's new accreditation systems, CME providers are pressed to move away from traditional CME programs that deliver information in a non interactive format such as didactic lectures and conferences. In fact, systematic literature reviews failed to show effective changes in physician performance following these types of activities. However, these syntheses do not take into account that individuals go through a series of stages before changing their behaviour.

Purpose-This breakout session will enable participants to identify appropriate CME formats for each stage of behaviour change, including traditional lectures and conference.

Objectives-At the conclusion of this breakout session, participants will be able to use the Prochaska's model of behavior change to improve outcomes in CME, and plan a series of CME activities that will address the specific needs of attending physicians and move them along the process of behaviour change using the different CME formats they have in their toolbox.

Key Points-Changing clinical habits of physicians requires the use of a series of different intervention formats. Physicians' clinical performance and health care outcomes are not always appropriate measures of CME effectiveness.

Pearls-There is a place for traditional CME interventions in the modern provider's toolbox. These activities should still be used and attendance be rewarded by accreditors as they allow physicians to move one step further in the process of behaviour change. However, CME providers should also offer other CME formats if they want to modify clinical practices and health care outcomes.

Reference-Davis D, Thomson O'Brien MA, Freemantle N, Wolf FM, Mazmanian P, Taylor-Vaisey A. Impact of formal continuing medical education: do conferences, workshops, rounds and other traditional continuing education activities change physician behavior or health care outcomes? JAMA 1999; 282 :867-874.

Notes

There is a place for traditional CME interventions in the modern provider's toolbox.

F17, Breakout Session
10:30 am-12:00 pm, Friday
Lower B2 ψ ?

**STRATEGIES TO PROMOTE INTERPROFESSIONAL CONTINUING EDUCATION
FOR HEALTH CARE PROFESSIONALS**

(Educational Activities Design; All; Audiotaped)

Lee Manchul, MD, Princess Margaret Hospital, Toronto, ON, Canada

Bernard Marlow, MD, University of Toronto, Toronto, ON, Canada

Lynne Sinclair, MA, University of Toronto, Toronto, ON, Canada

Relevance-Economic, organizational and societal forces have provided impetus to develop interprofessional education endeavors that may improve patient care, patient satisfaction and health professional teamwork skills. Yet professional, administrative and financial barriers limit the implementation of interprofessional continuing education initiatives.

Purpose-This breakout session will review the rationale for interprofessional continuing education and allow participants to apply strategies to develop effective interprofessional CE programs.

Objectives-At the conclusion of the breakout session, participants will be able to provide a rationale for, identify barriers to, and identify strategies to overcome barriers to interprofessional CE, and apply these strategies in developing an interprofessional CE event.

Key Points-Literature suggests that improvements in interprofessional teamwork skills and patient care may result from interprofessional education initiatives. A fear of loss of professional identity and perceived lack of financial and administrative support have limited the development of interprofessional CE initiatives. A number of strategies have been suggested to overcome these barriers.

Pearls-It is suggested that health care professionals who work together should learn together, at least in those areas where professional competencies overlap. Strategies can be implemented to overcome the professional, administrative and financial barriers to effective interprofessional continuing education.

Reference-Headrick LA, Wilcox PM, Batalden PB. Interprofessional working and continuing medical education. BMJ 1998; 316:771-774.

Notes

*Health care professionals who work together should learn together,
at least in those areas where professional competencies overlap.*

F18, Breakout Session
10:30 am-12:00 pm, Friday
Lower B2 ψ ?

ENHANCING CME THROUGH THE USE OF SIMULATIONS AND GAMES
(Educational Activities Delivery; All; Audiotaped)

Ivan Silver, MD, MEd, University of Toronto, Toronto, ON, Canada

David Kaufman, EdD, Dalhousie University, Halifax, NS, Canada

Doris AuYeung, BSc, Merck Frosst Canada, Richmond, BC, Canada

Relevance-Simulations and games can enrich the process and outcomes of CME by increasing motivation, enhancing the learner/teacher relationship, and providing a link between theory and practice.

Purpose-This breakout session will provide an overview of how simulations and games can be used in both small and large group teaching.

Objectives-At the conclusion of this breakout session, learners should be able to use selected simulations and games with learners in their own setting, and discuss the rationale and research support for the use of simulations and games in education.

Key Points-There are hundreds of simulations and games available for different purposes. There is a substantial body of research on their effects. There are key principles to observe when using simulations and games.

Pearls-Different types of simulations and games should be used for different purposes, but a particular process should be followed in every case. Instructors can learn the structure of a simulation or game, and the subject matter content can be varied within that structure.

References-Randall JM, Morris BA, Wetzel CD, Whitehall BV. The effectiveness of games for educational purposes: a review of recent research. *Simulation and Gaming* 1992; 23(3):261-276.

Notes

Simulations and games can enrich the process and outcomes of CME . . .

F19, Breakout Session
10:30 am-12:00 pm, Friday
Lower B2 ψ ?

USING FOCUS GROUPS AS AN EVALUATION TOOL

(Evaluation; All; Audiotaped)

Jane Tipping, MAEd, Educational Consultant, Markham, ON, Canada

Relevance-Focus groups are a popular method for obtaining information not easily obtained through the more traditional evaluation methods of surveys and questionnaires.

Purpose-To increase practitioners' repertoire of tools by introducing participants to focus group methodology as applied to program evaluation.

Objectives-As a result of attending this breakout session, participants will have a sound conceptual basis for explaining the value of focus groups, be able to determine the strengths and weaknesses of this particular technology and discuss how to apply new knowledge to their own practices.

Key Points-Focus groups are an effective complement to more traditional methods of collecting information for program evaluation. The information they yield provides planners with practical insight into why participants think and feel as they do about any given topic. Information gathered holds a great deal of face validity and can generate innovative approaches to further planning.

Pearls-Focus groups can be cost efficient and practical if held while participants are still in attendance of any particular program. Participants appreciate the opportunity to express their views. Skill is required of the facilitator.

Reference-A bibliography of most current references will be provided to participants at the time of the conference.

Notes

*Focus groups can be cost efficient and practical,
if held while participants are still in attendance of any particular program.*

F20, Breakout Session
10:30 am-12:00 pm, Friday
Lower B2 ψ ?

THE KNOWS OF MEETING PLANNING

(Program Management; Beginner; CME 101: Basics Curriculum; Audiotaped)

Diane Oetting, Medical Association of the State of Alabama, Montgomery, AL

Relevance-Meeting planning is an important element of quality CME. For the beginner, this can be an overwhelming aspect of their job. This breakout session will help them to feel more comfortable with this aspect of their profession.

Purpose-This session will give beginning CME professionals the basics needed to plan a successful meeting.

Objectives-At the conclusion of this breakout session, participants should be able to define basic meeting planning terminology; know the formulas to utilize in planning, and distinguish among, and know benefits/challenges of, basic seating arrangements. In addition participants will learn the components of a contract and learn basic contract negotiation skills.

Key Points-Meeting planning is merely a process of steps, checklists and formulas used to bring all the parts of a meeting together in a symbiotic fashion.

Pearls-The key to a successful meeting is knowing what you need to know. The key knows are the language, the formulas, your audience needs, your numbers, your contracts, and your contacts.

Reference-The Convention Liaison Council Manual, Sixth Edition 1994.

Notes

*The key to a successful meeting is knowing what you need to know:
the language, the formulas, your audience needs, your numbers, your contracts, and your contacts.*

F21, Breakout Session
10:30 am-12:00 pm, Friday
Lower B2 ψ ?

OPTIMIZING THE SPONSOR/COMMERCIAL SUPPORTER RELATIONSHIP

(Program Management; All; CME 101: Basics Curriculum; Audiotaped)

Maureen Doyle-Scharff, BA, Pharmacia & Upjohn Company, Bellevue, MI
Other Support-Employee, Pharmacia & Upjohn Company

Lynn Marie Thomason, MLS, University of South Dakota, Sioux Falls, SD
Grant/Research Support-Pharmacia & Upjohn Company, Astra-Zeneca, Janssen Pharmaceutica, Wyeth Ayerst, and Aventis

Relevance-It is important for both sponsors and commercial supporters to have effective, efficient and economical collaboration to produce high quality CME Events.

Purpose-This breakout session provides practical examples of how a commercial supporter and provider work together as allowed by the ACCME Standards of Commercial Support.

Objectives-Define the roles of a provider and commercial supporter in a CME event. List practical ways for a provider and commercial supporter to work together. Avoid common misconceptions and pitfalls that can sabotage the relationship between the commercial supporter and provider. Describe the process of collaboration between a provider and a commercial supporter that led to Dimensions of Depression winning the 1999 Most Outstanding Industry-Supported Certified CME Activity award.

Key Points-The relationship between provider and commercial supporter can be beneficial to both parties and have the highest regard for the ACCME Standards of Commercial Support. The provider needs to understand the commercial supporters and vice versa.

Pearls-The provider is not just the CME rule enforcer. The commercial supporter is not just the donor of funds. Both make an investment in CME events and need to work together to assure both have a maximum return on their investment.

Reference-ACCME Standards of Commercial Support.

Notes

*The provider is not just the CME rule enforcer.
The commercial supporter is not just the donor of funds.*

F22, Breakout Session
10:30 am-12:00 pm, Friday
Lower B2 ψ ?

AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION (ACPE)
ACCREDITATION OF CONTINUING PHARMACEUTICAL EDUCATION
(Accreditation; All; Audiotaped)

Peter Vlasses, PharmD, American Council on Pharmaceutical Education, Chicago, IL

Relevance-Individuals and/or organizations involved with the provision of CME may be asked by participants to have programs accredited for continuing pharmaceutical education credit. Knowledge of the ACPE accreditation process is needed.

Purpose-This breakout session will provide an overview of the ACPE accreditation process, discuss the continuing pharmaceutical education standards, evaluation and process for improvement activities.

Objectives-At the conclusion of this breakout session, attendees should be able to describe the review process for accreditation of providers of continuing pharmaceutical education programs, and discern whether seeking ACPE accreditation or seeking co-sponsorship with an ACPE-accredited provider is the best course of action for their organization.

Key Points-ACPE is accountable to the profession of pharmacy and state boards of pharmacy for the quality of continuing pharmaceutical education.

Pearls-Mandatory continuing pharmaceutical education is now required in 49 states.

Reference-ACPE Criteria for Quality and Interpretive Guidelines (www.acpe-accredit.org).

Notes

Mandatory continuing pharmaceutical education is now required in 49 states.

F23, Breakout Session
10:30 am-12:00 pm, Friday
Lower B2 ψ ?

**MEDICAL LEADERSHIP PROGRAM:
A HOSPITAL/CME PARTNERSHIP**
(Strategic Leadership; All; Audiotaped)

Karen Heiser, PhD, Children's Institute for Pediatric Education, Columbus, OH

Alan Tingley, MD, MBA, Children's Surgery Center, Columbus, OH

Relevance-Physicians are increasingly assuming greater leadership roles in their organizations. Little in their training prepares them to function in this complex system in which they frequently have significant input but rarely control the majority of the resources.

Purpose-This breakout session provides an overview of an extensive Medical Leadership Program (MLP) that combines seminars with skills-based workshops. Measures to track individual and organizational outcomes are described.

Objectives-At the conclusion of this session, participants should be able to (1) define leadership; (2) identify the core content of a medical leadership program; (3) describe the resources (political, financial, educational) necessary to implement a multi-specialty MLP, and (4) discuss individual and organizational outcome measures.

Key Points-While hospital administrators have extensive training, most physician executives have not been formally prepared to deal with such complex areas as teamwork, leading change, conflict management and negotiation, spreadsheets and financial indicators. The American College of Physician Executives, along with multiple universities, offers programs (Executive MBA/MHA) geared to physicians. However, these generally are expensive and require significant time away from the office. A Medical Leadership Program targeted to the particular needs of the organization is a valuable compliment to these more extensive offerings.

Pearls-Leadership produces useful change by aligning people, conveying core values, and sustaining organizational viability. Leadership programs must be guided by extensive needs assessment, must combine both knowledge and skills training (practice), and must demonstrate a value to both the individual and the sponsoring organization(s).

Reference-Peters RM. When physicians fail as managers: an exploratory analysis of career change problems. American College of Physician Executives, 1994.

Notes

Leadership programs must be guided by extensive needs assessment, must combine knowledge and skills training, and must demonstrate a value to the individual and the sponsoring organization(s).

F24, Breakout Session
10:30 am-12:00 pm, Friday
Lower B2 ψ ?

LOOK OUT, THEY'RE EVERYWHERE!
WORKING WITH DIFFICULT PEOPLE

(Personal Skills; All; Audiotaped)

Martha Silling, PhD, Northeastern Ohio Universities, Rootstown, OH

Lori Gourley, Northeastern Ohio Universities, Rootstown, OH

Relevance-The way an individual involved with CME handles conflict, as well as difficult people and situations, will affect his or her ability to resolve problems, build the collaborative bridges essential to our work, and integrate the different interests of our CME stake holders.

Purpose-This breakout session will provide strategies to communicate effectively with difficult people you may come across in planning and implementing continuing medical education activities.

Objectives-At the conclusion of this session, participants should be able to describe the attributes of difficult people they work with in CME, evaluate ways that people's natural differences in style and communication often cause conflict, and identify strategies available to confidently deal with difficult people and trying situations.

Key Points-You cannot change other people, only your behavior. You can learn to change your pattern of behavior and therefore, your interactions with difficult people. Communication skills are a critical component in dealing effectively with difficult speakers, participants, internal colleagues, and those individuals external to organizations (all of whom are critical to the success of a CME program).

Pearls-Those involved with CME typically come across a wide variety of people on a day-to-day basis. Individuals typically can identify a type of person they have the most difficulty getting along with. The difficulty is often based on differences in style and communication. By understanding the other person's behavior and your own reactions, you can modify your behavior to either improve future interactions or, at the very least, maintain professionalism and personal integrity.

Reference-Umiker WO. Coping with difficult people in the health care setting. ASCP Press 1994.

Notes

Communication skills are a critical component in dealing effectively with difficult people.

F25, Breakout Session
10:30 am-12:00 pm, Friday
Lower B2 ψ ?

**USING PROBLEM BASED LEARNING (PBL) WITHIN A HEALTH CARE DELIVERY SYSTEM
TO IMPROVE PEDIATRIC ASTHMA HEALTH CARE OUTCOMES**

(Health Care Delivery Systems; All; Audiotaped)

Howard Zeitz, MD, University of Illinois at Rockford, Rockford, IL

Patricia Musto, ND, Oakbrook Allergists, Oak Brook, IL

Relevance-With the development of the system approach to health care delivery and the ACCME's new accreditation system focusing on outcomes, CME providers must develop approaches to CME that are delivered within and throughout a health care delivery system, and designed with the intent of measuring changes in both physician behavior and patient health care status.

Purpose-This breakout session provides an overview of a specific outcomes based CME program designed for and delivered within a health care delivery system.

Objectives-At the conclusion of this session, participants should be able to describe the characteristics of a unique PBL approach to CME; explain how PBL for CME can be used within and throughout a health care delivery system; describe additional interventions which must be conducted to help a health care delivery system maximize outcomes following a CME intervention, and design a plan for measuring short-term and/or long-term outcomes following a CME intervention within a health care delivery system.

Key Points-PBL for CME is based on research findings about how adults in general and physicians in particular learn and change. PBL for CME is an educational intervention, which always allows the CME provider to measure short-term outcomes. When conducted within a health care delivery system, PBL for CME also allows the CME provider to measure both physician behavior change outcomes and patient health care outcomes.

Pearl-CME professionals can adopt the approach described in this workshop for use in their own work setting, both within and outside of a health care delivery system.

Reference-Zeitz HJ. Problem based learning: development of a new strategy for effective continuing medical education. Allergy Asthma Proc 1999; 20:317-321.

Notes

*PBL for CME is based on research findings about
how adults in general and physicians in particular learn and change.*

S2, Breakout Session
10:30 am-12:00 pm, Saturday
Lower B2 ψ ?

NEEDS ASSESSMENT AS A TOOL FOR IMPROVING COMMUNICATION

(Needs Assessment; Intermediate; Audiotaped)

Jane Tipping, MAED, Educational Consultant, Markham, ON, Canada

Catherine Painvin, MD, Workplace Safety and Insurance Board, Toronto, ON, Canada

Linn Holness, MD, Workplace Safety and Insurance Board, Toronto, ON, Canada

Relevance-As well as having appropriate tools for assessing learning needs of any given group of professionals, it is important to have a means for addressing barriers to learning. Perceptions of government agencies can often interfere with health care worker's willingness to address practice issues.

Purpose-This breakout session will engage participants in addressing dilemmas related to communication issues between Ontario physicians and the Workplace Safety and Insurance Board. The purpose of this is to address overtly what is often covert: namely attitudinal barriers.

Objectives-At the conclusion of this session, participants will be able to discuss how barriers can be identified, decide how communication issues may be addressed and determine how to work with both content and attitudinal issues in needs assessment.

Key Points-Often as CE planners, we are aware that attitudinal barriers exist towards learning. These barriers can be personal, organizational or political. Due to heavy workloads or perhaps a perception of difficulty, we do not address these barriers directly. It is in making attitudes, thoughts and perceptions overt that action can be taken. Needs assessment used in this sense can be an effective tool for improving communication.

Pearls-Many worthwhile CME interventions are not met with the enthusiasm or support they deserve due to learner's resistance to change. If the resistance is addressed directly, enhanced programming can result. Especially in the case of government initiatives, communication must be open between parties to ensure a win/win situation for all involved.

Notes

*Often as CE planners, we are aware that attitudinal barriers exist towards learning . . .
but we do not address these barriers directly.*

S3, Breakout Session
10:30 am-12:00 pm, Saturday
Lower B2 ψ ?

EVIDENCE BASED MEDICINE (EBM) FOR FACULTY
(Educational Activities Design; All; Audiotaped)

Ellen Cosgrove, MD, University of New Mexico, Albuquerque, NM

Relevance-With an increased emphasis on bringing best practices from the literature to the clinical teaching area, CME must meet faculty need for new skills in literature search, critical literature evaluation, using EBM databases, and learning to teach EBM in the clinical setting.

Purpose-This breakout session provides an in-depth look at the development of an EBM course for faculty.

Objectives-At the conclusion of this session, participants should be able to discuss two alternate models of EBM faculty courses; list the key EBM resources helpful in constructing a course for faculty; consider the pros and cons of using faculty who are content-experts vs process-experts, and construct a model course for primary care faculty.

Key Points-EBM courses for faculty are a golden opportunity to combine best-practice CME (hands-on, small group, workshop format closely linked to clinical practice) with clinical best practice by giving faculty new skills in using data base and literature analysis with immediate clinical relevance to their specialty. Adding a course segment devoted to teaching tips enhances the value.

Pearls-Different data bases (Ovid, PubMed, Cochrane) require different search strategies. A course in EBM is most effective when the examples used to search are directly relevant to the faculty-member's field. Additional skills in literature analysis (such as calculating Actual risk from Relative risk data) are useful.

Reference-Sackett DL, et al. Evidence-based medicine. Churchill Livingstone, 1998.

Notes

*A course in EBM is most effective,
when the examples used to search are directly relevant to the faculty-member's field.*

S4, Breakout Session
10:30 am-12:00 pm, Saturday
Lower B2 ψ ?

INTEGRATING SELF-REFLECTIVE LEARNING INTO CE PROGRAMS
(Educational Activities Design; Intermediate; Audiotaped)

Melissa Andrew, MD, Queen's University, Kingston, ON, Canada

Relevance-Self-reflection is a crucial process in the development of expertise in professional practice. Its role in assisting practitioners to identify their own learning priorities represents a best practice in CE. Evolving programs of continuing professional development, such as Canada's Royal College Maintenance of Certification program, emphasize self-reflective activities as essential aspects of lifelong learning.

Purpose-This breakout session provides a rationale for the importance of self-reflection in CE learning and facilitates participants' integration of self-reflective techniques into their own CE programs.

Objectives-At the conclusion of this breakout session, participants will be able to describe what is meant by self-reflection and distinguish it from self-directed learning; discuss its relevance in lifelong learning and the development of expertise; list different types of self-reflective activities, and apply these in the design of CE interventions.

Key Points-Recent literature links an ability to self-reflect-in-practice to the development of professional practice expertise. Self-reflection is a necessary skill for self-directed learning. Self-reflective activities may be integrated into all types of CE and are a useful part of the CE program design armamentarium. These techniques may also be used to evaluate the educational impact of a program.

Pearls-Incorporation of opportunities to learn and use self-reflective techniques will enhance CE programs and stimulate lifelong self-directed learning and expertise development among participants. A wide variety of self-reflective techniques are available for use in small-group, large-group, and individual CE learning, including learning logs, patient interaction logs, role-playing with standardized patients, chart audits, and commitment to change contracts.

Reference-Slotnick, HB. How doctors learn: physicians' self-directed learning episodes. Acad Med 1999; 74:1106-1117.

Notes

*Recent literature links an ability to self-reflect-in-practice
to the development of professional practice expertise.*

S5, Breakout Session
10:30 am-12:00 pm, Saturday
Lower B2 ψ ?

**LOCAL OPINION LEADERS (OLs) AND THE DIFFUSION OF MEDICAL INNOVATIONS:
IMPLICATIONS FOR CME**

(Educational Activities Delivery; Intermediate; Audiotaped)

Donald Nelinson, PhD, Professional Postgraduate Services, Secaucus, NJ
Do intend to discuss an unapproved/investigative use a commercial product/device

Richard Tischler, Jr, PhD, RF Tischler Jr and Associates, Mt Airy, MD

Relevance-The rapid and cost-effective dissemination of innovations in medical practice is a major challenge to medical educators, healthcare and academic institutions, and the pharmaceutical industry. The use of local opinion leaders in various medical education initiatives has been proven to be an excellent means to accelerate the adoption of recent advancements or improvements in medical practice.

Purpose-This breakout session provides a rationale for the use of local OLs in CME, a review of the recent research, a case-based example, and a system for integrating into existing CME programs.

Objectives-Upon completion of this session, participants should be able to differentiate between medical experts and opinion leaders; describe how local opinion leaders can be used in a variety of CME activities to optimize information dissemination and behavior change; explain how local opinion leaders can be used to yield a significant ROI, and summarize an integrated model using local medical opinion leaders within a network model for the diffusion of innovation.

Key Points-Opinion leaders are different from experts in that their influence is at a local level and generated via relationships. There is a significant body of research supporting the use of OLs to change practice behaviors in both physician and non-physician communities. Identifying and utilizing local medical opinion leaders can be done in any CME program.

Pearls-Changing physician practice behavior is a desired outcome of CME. Working with local medical opinion leaders as faculty can accelerate the adoption of certain medical innovations. The identification of local medical opinion leaders can be accomplished through a standardized process. The use of local medical opinion leaders can be integrated in a wide range of CME strategies.

Reference-Soumerai SB, et al. Effect of local medical opinion leaders on quality for care for acute myocardial infarction. JAMA 1998; 279:1358-1363.

Notes

Identifying and utilizing local medical opinion leaders can be done in any CME program.

S6, Breakout Session
10:30 am-12:00 pm, Saturday
Lower B2 ψ ?

**DEVELOPMENT AND USE OF A CME WEBSITE FOR CENTRALIZED
NEEDS ASSESSMENT, PLANNING, EVALUATION, ACCREDITATION, AND REPORT GENERATION**
(Evaluation; All; Audiotaped)

Sylvia Scherr, MS, National Institutes of Health, Bethesda, MD

Michael Pollard, MS, Think XML, Rockville, MD
Other Support-President, Think XML

Relevance-Automation of information transmission and data management through the use of an Internet-based web site facilitates accurate, efficient and effective CME education needs assessment, program planning and delivery, and evaluation. Provision of conference management software increases participation and accuracy.

Purpose-Overview of a CME web site serving 13,000 physicians and 137 programs annually with automation of all activities including (1) reports to AMA, ACCME, JCAHO, and individual physicians, (2) needs assessment and evaluation of activities and overall program, (3) automation of reminders, calendars, notices, and surveys, (4) electronic program applications and post program documentation.

Objectives-At the conclusion of this breakout session, participants should be able to assess the utility of a CME web site for automation of CME sponsor's responsibilities; evaluate the costs and benefits of electronic web site construction and use; examine evaluation tools used across programs and over time, and identify resources for development of electronic and Internet mechanisms.

Key Points-Due to the ubiquity of personal computers and Internet access, electronic management of CME processes is now within the reach of all sponsors. Decreases in professional staffing resources and increases in accuracy and efficiency may offset the costs of web site development.

Pearls-Automation of CME functions facilitates comprehensive needs assessment, linkage of educational needs with desired results, communication of activities and objectives to learners before the activity, and evaluation of the effectiveness of activities and of the overall program. Automation also helps ensure that management meets its obligations and commitments in a timely and complete fashion.

Reference-Roy RT, Merrill JR. The Internet & healthcare education: HELIX. J Fla Med Assoc 1996; 83 (9):634-638.

Notes

Electronic management of CME processes is now within the reach of all sponsors.

**S7, Breakout Session
10:30 am-12:00 pm, Saturday
Lower B2 ψ ?**

**101 ANSWERS
TO QUESTIONS, COMMON MISINTERPRETATIONS, AND URBAN LEGENDS
ABOUT ACCME ACCREDITATION**

(Accreditation; All; CME 101: Basics Curriculum; Audiotaped)

Kathleen Regnier, MA, MBA, Accreditation Council for Continuing Medical Education (ACCME), Chicago, IL
Other Support-ACCME Employee

Kathleen Johnson, EdM, Accreditation Council for Continuing Medical Education (ACCME), Chicago, IL
Other Support-ACCME Employee

Dennis Lott, DEd, Accreditation Council for Continuing Medical Education (ACCME), Chicago, IL
Other Support-ACCME Employee

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

Purpose-This breakout session will provide answers to commonly asked questions and the correct information on often-found misinterpretations and urban legends.

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

Key Points-ACCME's new system of accreditation allows accredited CME providers more flexibility in how CME activities are planned, implemented and evaluated. Many of the old system's requirements are not present in the new system. Understanding the correct interpretation and meaning of the requirements is beneficial to all accredited providers.

Pearls-ACCME accredited providers are required to meet the expectations outlined in the new system. Knowing what the common misconceptions and questions are will assist providers in successfully implementing the new system, without extra work on things no longer required.

Reference-A system for accreditation of providers of continuing medical education. The ACCME'S® Essential Areas and Their Elements; ACCME's® Accreditation Policy Compendium.

Notes

Knowing about the common misconceptions and questions will assist providers in successfully implementing the new ACCME accreditation system.

S8, Breakout Session
10:30 am-12:00 pm, Saturday
Lower B2 ψ ?

CME ADVISORY COMMITTEE/BOARD SELECTION, TRAINING, AND DEVELOPMENT
(Program Management; Beginner; CME 101: Basics Curriculum; Audiotaped)

Jacqueline Parochka, EdD, Discovery International, Deerfield, IL

Relevance-There is general lack of information regarding how one goes about creating an advisory committee/board. Committee/board members are helpful in setting strategic directions, and providing input regarding CME program development. CME managers need to consider several factors when selecting persons to serve on the committee/boards. The right blend of people ensures that recommendations for program improvements are ongoing.

Purpose-This breakout session will emphasize important factors to consider when choosing persons to serve on committee and boards. CME managers will obtain a better understanding of selection criteria, the mechanisms for inviting persons to serve, follow-up procedures once commitment has been secured, the use of confidentiality agreements, and member orientation and training for ongoing service.

Objectives-At the conclusion of this session, participants should be able to describe the role of environmental scanning in selecting members; identify key criteria used in the process of selecting members; review various mechanisms used to secure members; discuss the importance of confirming member duties and responsibilities; define the role of orientation and training in getting and keeping members, and distinguish the differences between an accreditation task force and an advisory committee/board.

Key Points-The key points are using environmental scanning to select members, picking the right blend of persons, inviting members to serve, and providing ongoing orientation and training.

Pearls-CME committee and boards are important components for creating change in the CME program. Selecting persons to serve in this capacity is critical to creating the atmosphere for ongoing program improvements.

Reference-Rosof A, Felch W. Continuing medical education: a primer, 1992.

Notes

CME committee and boards are important components for creating change in the CME program.

S9, Breakout Session
10:30 am-12:00 pm, Saturday
Lower B2 ψ ?

PERFORMANCE IMPROVEMENT TOOLS FOR THE CME OPERATION
(Program Management; Intermediate; Audiotaped)

Floyd Pennington, PhD, University of Florida, Gainesville, FL
Other Support-Owner, CTL Associates, Inc

Relevance-Many CME professionals find themselves excluded from performance improvement initiatives in their parent organizations. Understanding how to use the basic tools applied in performance improvement initiatives will make the CME professional a value added member to performance improvement initiatives.

Purpose-This breakout session introduces seven tools CME professionals can use in performance improvement initiatives.

Objectives-At the conclusion of this session, the participant will be able to identify seven common tools utilized in performance improvement initiatives; determine their current capability to use the common tools, and have a basic understanding of how and when to use the common tools in performance improvement initiatives.

Key Points-Performance improvement is required of all accredited healthcare organizations. ACCME requires improvement initiatives of all approved CME providers. 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.

Pearls-Knowing how to use common tools used in performance improvement will add value to the CME professional and the CME operation.

Reference-The memory jogger plus. Methuen, MA: Goal/QPC, 1998.

Notes

Knowing how to use common performance improvement tools will add value to the CME professional and the CME operation.

S10, Breakout Session
10:30 am-12:00 pm, Saturday
Lower B2 ψ ?

STRATEGIC LEADERSHIP IN CME:
67 PEARLS FROM ROCKING CHAIRS ON THE PORCH
(Strategic Leadership; Advanced; Audiotaped)

Joseph Green, PhD, Duke University, Durham, NC
Other Support-President, Professional Resource Network, Inc

Robert Kristofco, MSW, University of Alabama at Birmingham, Birmingham, AL

James Leist, EdD, Duke University, Durham, NC

An audience response system provided by Duke University may be utilized during this breakout session.

Relevance-These pearls of strategic leadership for CME deal with visioning, developing core competencies, human capital, and building a productive culture that adds value to any CME setting.

Purpose-The purpose of this breakout session is to present pearls of leadership and discuss how they play out in various CME settings.

Objectives-At the conclusion of this session, the participants should be able to define the need for strategic leadership in CME; describe effective leadership in different CME settings, and discuss concrete steps of the strategic leadership process.

Key Points-Key points to be discussed in each of the three sections are need (marginalization of CME, disruptive technologies, and survival), effective leadership (leadership theory, personal qualities, and characteristics), and leadership process (sense of urgency, establishing a guiding coalition, and empowering others to act).

Pearls-Some of the 67 pearls include stopping and waiting for business to come to you; identifying who benefits and who pays; surrounding yourself with people who are better than you; and accepting and working through chaos.

Reference-Collins JC, Porras JI. Building your company's vision. Harvard Business Review 1996; September-October. Chapter in upcoming Alliance handbook by these three faculty, 2001.

Notes

Key points to be discussed are need, effective leadership, and leadership process.

**S11, Breakout Session
10:30 am-12:00 pm, Saturday
Lower B2 ψ ?**

**CME JEOPARDY . . .
WHERE THE CATEGORY IS PERSONAL SKILLS
(Personal Skills; All; Audiotaped)**

Stephen Biddle, MEd, Annenberg Center for Health Sciences, Rancho Mirage, CA

Relevance-Juggling the many requirements and responsibilities in CME is challenging. Managing projects, people, time, and money are just a few examples. Knowing what skill set is necessary in CME is important, but even more so are the tools needed to apply these skills.

Purpose-This breakout session provides an in-depth discussion about the personal skills required of CME professionals.

Objectives-At the conclusion of this session, participants should be able to identify personal skills required of the CME professional; describe tools and techniques useful in applying these skills, and develop a resource base for reference and assistance in achieving your own personal skills expectations.

Key Points-There is a special skill set in CME. Tools and techniques are available to help determine your strengths and weaknesses; this is an important step.

Pearls-Keep your boss informed. Know that it is okay to say no. Keep a phone log.

Notes

*Knowing what skill set is necessary in CME is important,
but even more so are the tools needed to apply these skills.*

S12, Breakout Session
10:30 am-12:00 pm, Saturday
Lower B2 ψ ?

PATIENT RELATION SKILLS:
A CME APPROACH TO IMPROVING PATIENT SATISFACTION
(Health Care Delivery Systems; All; Audiotaped)

Cindy Casserly, MA, Pharmacia & Upjohn, Edmond, OK
Other Support-Employee, Pharmacia & Upjohn

Tom Jones, Pharmacia & Upjohn, Little Rock, AR
Other Support-Employee, Pharmacia & Upjohn

Relevance-Healthcare environments are looking at patient/member satisfaction data to help determine and measure perceived quality of care. Improving healthcare provider communication with patients/members enhances the balance between the art and science of healthcare delivery and medical practice.

Purpose-This breakout session will explore the most common communication challenges healthcare providers have encountered in effectively communicating with patients and provide practical solutions to address these challenges.

Objectives-At the conclusion of this session, participants should be able to describe practical solutions that healthcare providers can use to address communication challenges with patients and recognize the importance of CME in improving patient-provider communication.

Key Points-This interactive session will support participants' use of adult learning and behavior change theory to enhance patient-provider communication skills. A consulting process will be reviewed which incorporates needs assessment, problem identification, and gap analysis strategies.

Pearls-Patient satisfaction and effective patient-provider communication has become increasingly more important in healthcare. Improving communication with patients is good medicine and good business.

Reference-Fox RD, Mazmanian PE, Putnam RW. Changing and learning in the lives of physicians. Praeger Publishing, 1989.

Notes

Improving communication with patients is good medicine and good business.

**S14, Breakout Session
1:30-3:00 pm, Saturday
Lower B2 ψ ?**

**APPLICATION OF THE LEARNING AND CHANGE MODEL
IN A MANAGED CARE SETTING:
A CASE STUDY
(Needs Assessment; All; Audiotaped)**

Christopher Larrison, BA, Pharmacia & Upjohn Company, Carmel, IN
Other Support-Employee, Pharmacia & Upjohn Company

Robert Fox, EdD, University of Oklahoma, Norman, OK
Consultant-Pharmacia & Upjohn Company

Relevance-Treatment guidelines are very difficult to develop but having physicians follow them (developing behavior change) is even more challenging. This breakout session will allow for discussions of problems that participants have in developing change and changes necessary to conduct similar needs assessment in their practices.

Purpose-This breakout session provides an opportunity to see practical application of the learning and change theory in a managed care setting to develop behavioral change.

Objectives-At the conclusion of this session, participants should be able to identify problems they face in developing behavior change; apply the learning and change theory to behavioral change; evaluate the change readiness inventory's use in developing behavioral change, and discuss changes necessary in their current projects to develop a strategy for planned change.

Key Points-The theory of learning and change is widely accepted in continuing professional development, although application of this theory in developing behavior change is difficult. An approach using the change readiness inventory will show one such application.

Pearls-Developing behavior change is very difficult. The use of an instrument that gives physicians a voice in the planned change is imperative and will also enhance the ability to make that change.

Reference-Fox RD, Mazmanian PE, Putnam RW. Changing and learning in the lives of physicians. New York, NY: Praeger Publications, 1989.

Notes

Developing behavior change is very difficult.

**S15, Breakout Session
1:30-3:00 pm, Saturday
Lower B2 ψ ?**

**PROBLEM-CENTERED NEEDS ASSESSMENT:
THE EXPERIENCE OF THE UNIVERSITY OF WISCONSIN MEDICAL SCHOOL**
(Needs Assessment; Intermediate; Audiotaped)

George Mejicano, MD, MS, University of Wisconsin, Madison, WI

Henry Slotnick, PhD, PhD, University of North Dakota, Grand Forks, ND

Steven Passin, University of Wisconsin, Newtown Square, PA

Relevance-Needs assessment is both a requirement for ACCME accreditation and an instructional strategy useful in changing behavior. Even though recent literature suggests that physicians' estimates of their learning needs correlate poorly with actual needs, most CME planners focus only on perceived needs. Education activities are based more on wants than on needs. Techniques that improve needs assessment by focusing on actual needs will likely contribute to improved outcomes.

Purpose-If doctors cannot estimate well what they need to learn, they can identify with uncanny accuracy what problems they face in clinical practice. Thus, a needs assessment based on clinical problems doctors currently face holds the promise of providing higher quality needs assessment data and so results. This breakout session presents the results of such an activity.

Objectives-This breakout session will outline the procedures used to establish clinical problems that physicians encounter in their practices, review the theory and methods used to estimate each doctor's learning status relative to each problem, describe a survey methodology appropriate to describing the needs of the physician-learners served by the University of Wisconsin, summarize the findings from the survey, and interpret the results as they relate to planning CME offerings. Persons attending the breakout session will be able to answer the following questions: How is problem-centered needs assessment done? What kinds of issues must be considered in mounting a problem-centered needs assessment? How does problem-centered needs assessment relate to planning and implementing CME activities?

Methods-The first step was to identify topic areas in which clinical problems might be found. A prioritized list of topic areas was then generated using a nominal group process. Based on the topic list, a large number of clinical vignettes were then written by the authors. These vignettes were divided into two groups: essential and non-essential. The subsequent survey included all of the essential vignettes plus a randomly chosen sample of the non-essential vignettes. The survey was sent to over 1400 primary care physicians in the Midwest. A stratified random sampling was utilized in order to minimize expenses yet still collect data anticipated to be descriptive of each segment of learners served by the CME Office. A strategy was constructed and implemented to help boost the response rate. However, since the observed response rate failed to reach the anticipated threshold of 50%, a non-respondent study was implemented. Comparison of responses from non-responders and responders indicated no important differences, and so the sample can be considered representative of the population of physicians served by the CME Office.

Results-Profiles of clinical problems faced by primary care physicians will be reviewed. These profiles include the proportion of physicians at each learning stage. Planners utilized the data to select topics for CME activities. Instructors were told the proportion of physicians who might be expected to attend their sessions because they were considering an update in the area described by the vignettes, who might be expected to attend in order to update their knowledge and skills, and who recently updated and so would only be interested in hearing how others would handle similar problems. Problem-centered needs assessment holds the promise of documenting changes in the learning needs of populations of physicians. While the approach is much different than topic-based approaches, it can be implemented in a routine manner, and the findings are immediately understandable to speakers and planners of continuing education for physicians. Use of clinical vignettes ensures that needs assessment maps onto experiences encountered in clinical practice. Problem-centered needs assessment allows individual and population-based documentation of changes due to physicians' learning activities.

Reference-Slotnick HB. How doctors learn: physicians' self-directed learning episodes. Acad Med 1999; 74:1106-1117.

Notes

Problem-centered needs assessment allows individual and population-based documentation of changes due to physicians' learning activities.

**S16, Breakout Session
1:30-3:00 pm, Saturday
Lower B2 ψ ?**

**UTILIZING INSTRUCTIONAL DESIGN THEORY AND PRACTICE
IN DEVELOPING CME ACTIVITIES**

(Educational Activities Design; All; Audiotaped)

Damon Marquis, MA, MS, American Academy of Physical Medicine and Rehabilitation, Chicago, IL

Purpose-This breakout session will provide participants with an overview of a basic instructional design model with an emphasis on why the steps exist and factors that may influence these.

Objectives-At the conclusion of this session, participants will be able to describe the necessary steps in instructional design, discuss ways to address barriers and external influences for each step, and demonstrate how the steps can be met with the input of advisory groups and other education experts.

Key Points-The development of quality continuing medical education programming is enhanced and the end product is more likely to meet the needs of the learner if instructional design practice is utilized. Clear steps in the development process challenge the developer to ask appropriate questions throughout the process focusing on appropriate content, instructional methodology, goals of the sponsor, goals of the learner, and overall purpose for the activity.

Pearls-Effective design of an educational program will likely be the difference between a successful educational intervention and an ineffective one. Instructional design assists in targeting content and ultimately increasing the likelihood that participants will learn. Instructional design, as a profession, is key to improving continuing medical education.

Reference-Rothwell WJ, Kazanas HC. Mastering the instructional design process. San Francisco, CA: Jossey-Bass Inc, 1992.

Notes

Instructional design . . . is key to improving continuing medical education.

**S17, Breakout Session
1:30-3:00 pm, Saturday
Lower B2 ψ ?**

**SHARING BEST PRACTICES ACROSS CME SETTINGS:
EFFECTIVE LEARNING EXPERIENCES**

(Educational Activities Design; Advanced; Audiotaped)

Joseph Green, PhD, Duke University, Durham, NC
Other Support-President, Professional Resource Network, Inc

Relevance-Having CME organizations in multiple settings share best practices for effective learning experiences will provide all participants with information directly adaptable to their organization.

Purpose-This breakout session provides learners with the opportunity to hear examples of uniquely designed CME learning activities obtained from all types of CME settings.

Objectives-At the conclusion of the session, participants should be able to identify characteristics of best practice learning experiences; develop or use strategies to adapt many of these to their CME setting, and develop a plan to implement a limited number over the next year.

Key Points-Best practice effective learning experiences are those that maximize the potential to improve physician performance by enhancing faculty/learner interaction and providing reinforcement for learning in the practice setting.

Pearls-The examples for this breakout session were obtained from surveying a sample of CME providers in various settings about the learning experiences for which they were most proud.

Reference-Davis DA, Thompson MA, Oxman AD, Haynes RB. Changing physician performance: a systematic review of the effect of continuing medical education strategies. JAMA 1995; 274:700-705.

Notes

*Best practice effective learning experiences are those
that maximize the potential to improve physician performance . . .*

**S18, Breakout Session
1:30-3:00 pm, Saturday
Lower B2 ψ ?**

GRAND ROUNDS AS A CME ACTIVITY
(Educational Activities Delivery; All; Audiotaped)

Gary Sibbald, MD, University of Toronto, Toronto, ON, Canada

Jane Tipping, MAEd, Education Consultant, Markham, ON, Canada

Anne Taylor-Vaisey, MLS, Integrated Healthcare Communications Inc, Toronto, ON, Canada

Relevance-Weekly rounds (institutional, interdisciplinary, departmental, divisional) are common in health care institutions. These rounds are often assigned to individuals or services without an overall CME plan to enhance the educational design and pragmatic components.

Purpose-To outline the steps involved in accreditation for weekly rounds with an emphasis on adult education principles.

Objectives-By the end of this session, participants will be able to 1) compare and contrast focus groups and questionnaires as a needs assessment methodology; 2) discuss barriers to innovation and develop strategies for effective new programs, and 3) evaluate programs using a summated rating scale to document and improve facilitator effectiveness.

Methods-A stepwise plan was developed to change the emphasis of grand medical rounds at six teaching hospitals, University of Toronto. Retreats were organized to familiarize representatives with adult education principles and CE methodologies. A needs assessment was then conducted, using both questionnaires and focus groups. This was followed by suggestions for innovative rounds based on self-assessment and quality assurance programs. An instructional design manual was also created. Summated evaluation forms were validated and used for facilitator feedback.

Results-The multiple interventions described helped to develop high quality accredited rounds for teaching hospitals. Summated evaluations were able to help focus presenters on the educational design components of rounds.

Conclusion-The educational design of grand rounds can be improved by combining qualitative and quantitative needs assessments with innovative formats and a summated evaluation form.

Pearls-Qualitative and quantitative needs assessments provide complementary information for program design. Educational opinion leaders can be used to initiate changes in a program design. Innovative rounds can be used to demonstrate alternatives to didactic presentations. A summated evaluation form has greater validity and reliability. Summated evaluations can be used to assess the presenter's teaching effectiveness.

Reference-Davis D, Taylor-Vaisey A. Two decades of dixon: the question of evaluating CE in the health professions. JCEHP 1997; 17:207-213.

Notes

The educational design of grand rounds can be improved by combining qualitative and quantitative needs assessments with innovative formats and a summated evaluation form.

**S19, Breakout Session
1:30-3:00 pm, Saturday
Lower B2 ψ ?**

**USING A HEALTH SCIENCE CENTER E-MAIL SYSTEM
FOR EVIDENCE-BASED MEDICINE CME**
(Educational Activities Delivery; All; Audiotaped)

Ellen Cosgrove, MD, University of New Mexico, Albuquerque, NM

Relevance-Complex and weighty tomes of guidelines exist, as well as extensive evidence-based analysis of various diagnostic modalities. This approach is unique in distilling the essence of both the evidence-based and cost-effectiveness approaches into a convenient two-page format sent as an attachment to a CME e-mail. The information appears automatically and physicians can read it onscreen, print it, or save it to a file. The evaluation and questions documenting participation can be sent to the CME office by return e-mail or in print.

Purpose-This breakout session will report on a university CME department's efforts to communicate the evidence on both efficacy and cost for diagnosis of common problems to physicians practicing at the university hospital using the convenient format of e-mail.

Objectives-Participants will be able to discuss how to produce e-mail-based CME that meets accreditation guidelines, as well as the advantages and disadvantages using an automatic presentation format like e-mail for CME.

Methods-Diagnostic study utilization for common, costly diagnoses was tracked using a University Hospital Information System. Committees of physicians determined the target diagnoses, which offered the most opportunity for improvement in both medical practice and cost control. A series of brief CME activities synthesizing both the evidence and the reimbursement data were developed. These were presented to the practicing physicians via e-mail.

Results-Physician reaction to the e-mail format will be presented along with data on the effect of their practice.

Conclusions-Effective CME can be offered in the e-mail format to a closed-panel practice group.

Pearls-Educate physicians about their current practice patterns. Combine data on the evidence for efficacy with data on reimbursement. Use a convenient, automatic format for delivery. Evaluate the extent to which the CME intervention changed practice.

Reference-Mettler FA, et al. Primary care radiology. WB Saunders, 2000.

Notes

Effective CME can be offered in the e-mail format to a closed-panel practice group.

**S20, Breakout Session
1:30-3:00 pm, Saturday
Lower B2 ψ ?**

**A SOUTH CAROLINA (SC) PARTNERSHIP TO
INTEGRATE PHYSICIAN PERFORMANCE IMPROVEMENT AND CME**
(Evaluation; All; Audiotaped)

Jan Temple, PhD, Medical University of South Carolina, Charleston, SC

Relevance-Research and outcome-based approaches to CME are directions our organizations must invest in.

Purpose-This breakout session provides an overview of how one CME office effectively utilized partnerships in meeting its challenge to conduct research and establish outcome measures.

Objectives-At the conclusion of this session, participants should be able to apply approaches shared and lessons learned to their CME organization.

Methods-CME initiated a statewide partnership inclusive of state medical leaders that focused attention and maximized resources in heart failure. The overall intent was to enhance physician practice patterns. A state database coupled with peer reviewed organization research served as a formal needs assessment. Existing physician practice patterns were compared with recommended national guidelines. CME worked with physician specialty societies and project members to design and deliver educational interventions and follow-up.

Results-Networking and partnerships brought new insight and resources to CME in its effort to address research and document outcomes. Although the study is still underway, creating the statewide team of medical leaders focused on a single disease has instilled new vigor and enthusiasm in efforts to make a difference. Most importantly, trust and credibility for CME has resulted.

Pearls-This project demonstrated that creative networking could reap benefits. Partnerships were validated as a valued CME intervention that produced results.

Reference-Rigsbee E. Developing strategic alliances. Menlo Park, CA: Crisp Publications.

Notes

Research and outcome-based approaches to CME are directions our organizations must invest in.

**S21, Breakout Session
1:30-3:00 pm, Saturday
Lower B2 ψ ?**

APPLYING THE ESSENTIAL AREAS TO EVERYDAY CME PLANNING
(Accreditation; Beginner; CME 101: Basics Curriculum; Audiotaped)

Stephen Biddle, MEd, Annenberg Center for Health Sciences, Rancho Mirage, CA

Marcella Hollinger, MEd, Illinois State Medical Society, Chicago, IL
Other Support-President, CME Consulting, Ltd

Relevance-Being able to apply the ACCME Essentials 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 session is to teach participants how to follow a logical sequence for planning a CME activity.

Objectives-By the end of this session, participants should be able to 1) follow a logical sequence for planning a CME activity based on the ACCME Essential Areas, and 2) develop a CME activity using the planning process described in the ACCME Essential Areas.

Key Points-This is an interactive session in which small groups will be assigned to plan a CME activity in accordance with the ACCME Essential Areas. 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. This gives them the opportunity to be creative. Participants really welcome the immediate feedback they get from the small group reports. This breakout session will ask participants to apply information/experiences participants may have acquired in the breakout sessions on Case Studies in Needs Assessment, Learning Objectives or Evaluation. Participation in these breakout sessions is not a prerequisite for attending this session.

Pearls-Show the relationship between the Essential Areas and a logical, planning process for educational design. Provide an opportunity for practical application of the Essential Areas. Give participants opportunity to interact around a problem with which they are familiar. Allow participants to see that there can be several formats for addressing the same need.

Reference-System 98.

Notes

*Applying the ACCME Essentials in the day-to-day planning of CME activities
is a basic skill, which all CME professionals must master.*

**S22, Breakout Session
1:30-3:00 pm, Saturday
Lower B2 ψ ?**

**CASE STUDIES IN ACCME STANDARDS FOR COMMERCIAL SUPPORT:
WHAT COMMERCIAL SUPPORT COMPANIES NEED TO KNOW**
(Accreditation; All; Audiotaped)

Jann Balmer, PhD, University of Virginia, Charlottesville, VA

Lynn Marie Thomason, MLS, University of South Dakota, Sioux Falls, SD

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 breakout session 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.

Objectives-Through participation in this session, 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.

Pearls-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.

Notes

*Commercial support provides approximately 40% of the funding annually
for ACCME accredited activities for physicians.*

**S23, Breakout Session
1:30-3:00 pm, Saturday
Lower B2 ψ ?**

GOOD, BAD, AND UGLY MANAGEMENT PRACTICES

(Program Management; All; Audiotaped)

Robert Johnson, MA, Alton Ochsner Medical Foundation, New Orleans, LA

Relevance-This breakout session addresses management skills, the most critical element of an individual's and an organization's capacity for failure or success. It concentrates on personal management development, skills, and knowledge.

Purpose-This breakout session provides practical management ideas, techniques, and solutions using logical management thought and years of practical management experience that the participant can put to use immediately covering a variety of management issues.

Objectives-At the conclusion of this session, participants should be able to recognize ten good, bad, and ugly management practices; identify the role of a good manager; distinguish what makes a person a successful manager; and practice appropriate techniques of good management.

Key Points-Definition of management, leadership, and roles of a successful manager. Unless participants know how to manage they cannot be effective in their positions.

Pearls-This breakout session supports a humanistic approach to management practices which produces company structures and work environments that nurture dignity and respect between and among managers and their employees.

Reference-Drucker PF. The effective executive. Harper Business, 1985.

Notes

Unless people know how to manage, they cannot be effective in their positions.

**S24, Breakout Session
1:30-3:00 pm, Saturday
Lower B2 ψ ?**

UTILIZING HAND HELD DEVICES TO SUPPORT THE CME OPERATION
(Program Management; Intermediate; Audiotaped)

Timothy VanSusteren, PhD, University of Florida, Gainesville, FL

Relevance-Wireless technology can be used to gather, record and report information that can be used to document planning activities required by ACCME for accreditation purposes. CME professionals can use this technology to capture and store key planning decisions often made in informal conversations with colleagues.

Purpose-The purpose of this breakout session is to demonstrate how the Palm Pilot® (one example of a hand held device) can be used by CME professional to gather and record key planning information that can be used to document compliance with expectations of ACCME.

Objectives-At the conclusion of this session, participants should be able to discuss the capabilities of the hand held device as a management tool to facilitate and document key planning tasks and key decisions in designing CME activities.

Key Points-The hand held device can be used to gather and share information essential to planning category 1 CME activities.

Pearls-Wireless technology using a hand held device is one resource that can be used to increase efficiency in a CME operation.

Reference-No relevant references identified.

Notes

The hand held device can be used to gather and share information essential to planning category 1 CME activities.

**S26, Breakout Session
3:30-5:00 pm, Saturday
Lower B2 ψ ?**

**USING QUANTITATIVE AND QUALITATIVE TECHNIQUES
TO IDENTIFY, QUANTIFY, AND PRIORITIZE PROFESSIONAL DEVELOPMENT NEEDS**
(Needs Assessment; Intermediate; Audiotaped)

Tom McKeithen, Jr, MBA, Pharmacia Corporation, Orange Park, FL

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 session provides an overview of qualitative and quantitative methods, which may be used for needs assessment and program planning.

Objectives-At the conclusion of this session, participants should be able to describe several information gathering techniques for needs assessments; plan a needs assessment strategy for their institution or organization, and implement several tactics that will provide qualitative and quantitative information for needs assessments.

Key Points-Many continuing professional education organizations still rely on outdated techniques or methods for gathering needs assessment information. This breakout session will help organizations take a more data-driven approach towards establishing the needs of learners.

Pearls-How to plan a comprehensive needs-assessment strategy (using internal/external sources of information), how to arrange a focus group, how to conduct one-on-one interviews, how to plan and implement a survey, and how to do basic survey analysis.

Reference-Lockyer J, et al. Use of focus groups from different disciplines to identify clinical management and educational issues. *Teaching and Learning in Medicine* 1996; 8(4):223-226.

Notes

This breakout session will help organizations take a more data-driven approach towards establishing the needs of learners.

**S27, Breakout Session
3:30-5:00 pm, Saturday
Lower B2 ψ ?**

**THE UNITED KINGDOM (UK) EXPERIENCE:
CONTINUING MEDICAL EDUCATION (CME) TO CONTINUING PROFESSIONAL DEVELOPMENT (CPD)
THE NEED TO CHANGE
(Educational Activities Design; All; Audiotaped)**

Jill Williams, St George's Healthcare NHS Trust, London, England

Trish Jordan, DMS, Kent and Canterbury Hospital, Kent, England

Bebba Smithers, St Richards Hospital, West Sussex, United Kingdom

Relevance-The value of this breakout session is to share the UK experience regarding the growth of CME to CPD. Underlying this are the driving forces of the UK government directives of clinical governance/effectiveness and the importance of personal development plans (PDP).

Purpose-The purpose of this session is to identify a whole systems development approach to CPD and learn from shared practice between the United States (US) and UK systems.

Objectives-By the end of the session, participants will be able to discuss the different systems, as well as evaluate and adapt their knowledge of CPD comparable with the UK approach.

Methods-There will be a short presentation outlining UK government directives relating to clinical governance, lifelong learning, and CPD, followed by an interactive session. Using overheads, flipcharts, and handouts, participants will be engaged in a discussion of the systematic differences between the US and UK, as well as the creation and sharing of concepts of a whole systems development approach.

Key Points-Outcomes can only be based on quantitative systems currently being measured. Effectiveness of CPD can be difficult to measure directly. CPD must continue to be linked with evidence. CPD and audit trails need to relate and lead to improved, clinical effectiveness as a key outcome. However effective CPD can be characteristically proven by well-informed, highly skilled professionals.

Pearls-Participants will leave with an increased knowledge of CPD and PDP in the UK. This will enable them to compare systems and enrich their learning through the value of shared practice.

Reference-Grant J, Chambers E, Jackson G. The good CPD guide: a practical guide to managed CPD. Reed Business Information, 1999. The Joint Centre for Education in Medicine.

Notes

CPD must continue to be linked with evidence.

**S28, Breakout Session
3:30-5:00 pm, Saturday
Lower B2 ψ ?**

**DESIGNING AN EFFECTIVE CME VIDEOCONFERENCE PROGRAM:
LESSONS FROM THE FRONTLINE**

(Educational Activities Design; All; Audiotaped)

Piper Cafferata, Kaiser Permanente, Oakland, CA

Mark Taylor, MD, Kaiser Permanente Medical Center, San Rafael, CA

Scott Waters, MA, Kaiser Permanente, Oakland, CA

Relevance-Videoconferencing has proven to be a valuable medium for CME, but the technology is often not used for optimal physician learning.

Purpose-This breakout session offers practical suggestions (drawn from the experience of videoconference professionals) on how to maximize the effectiveness of videoconferencing for CME.

Objectives-At the conclusion of this session, participants should be better able to 1) develop a curriculum for CME videoconferencing; 2) design and script a videoconference involving a moderator and panelists; 3) train faculty on how to use the medium effectively, and 4) determine when to use patient demonstrations, cases, and interviews.

Key Points-Videoconferencing is a unique medium for providing CME and requires special expertise, which can be learned by presenters, CME planners, and production staff.

Pearls-Effective curriculum design for videoconferencing means knowing the strengths and limitations of the medium. Important elements of an effective CME videoconference include the use of a panel discussion format with moderator; advance scripting; faculty training; on-camera demonstrations; pre-taped interviews and doctor-patient vignettes; and effective use of graphics.

Reference-Sen Gupta TK, Wallace DA, Clark SL, Bannan G. Videoconferencing: practical advice on implementation. Aust J Rural Health 1998; 6:2-4.

Notes

Videoconferencing is a unique medium for providing CME and requires special expertise . . .

S29, Breakout Session
3:30-5:00 pm, Saturday
Lower B2 ψ ?

MAKING CME ADULT LEARNING COMPLIANT
(Educational Activities Delivery; All; Audiotaped)

Damon Marquis, MA, MS, American Academy of Physical Medicine and Rehabilitation, Chicago, IL

Relevance-Although physicians historically have been trained utilizing traditional passive learning techniques, this is not necessarily the best way to convey information if actual learning and application are to take place. Active education is essential in adult learning activities.

Purpose-This breakout session will provide participants with an overview of various teaching and training techniques designed to meet the needs of the adult learner as well as ways to manage participants in the educational setting.

Objectives-At the conclusion of this session, participants will be able to identify positive and negative learning situations; describe styles of education; explain the difference between passive and active learning; identify factors that influence learning, and explain ways to improve educational activities through improved education skills.

Key Points-Applying adult learning concepts to CME activities is key to increasing the likelihood that learning will take place. Although learners may have a greater comfort with one type of learning style, multiple learning styles may increase the likelihood of knowledge transfer. Educators have a major responsibility to ensure that their own style enhances the learning activity.

Pearls-Adult learning concepts apply to all adults (and most children). CME activities that are designed utilizing adult learning theory are more likely to lead to knowledge transfer. Even individuals more comfortable with passive learning respond well to active learning techniques. Educators can make or break a session with their own style.

Reference-Pike RW. Creative training techniques handbook (2nd Edition). Minneapolis, MN: Lakewood Press, 1994.

Notes

*CME activities that are designed utilizing adult learning theory
are more likely to lead to knowledge transfer.*

**S30, Breakout Session
3:30-5:00 pm, Saturday
Lower B2 ψ ?**

**SELF-SERVE CME:
CREATING AND SUPPORTING A MENU OF DISTANCE LEARNING RESOURCES**
(Educational Activities Delivery; All; Audiotaped)

Carol Havens, MD, Kaiser Permanente, Oakland, CA

Beth Streeter, MPH, Kaiser Permanente, Oakland, CA

Joyce Boswell, BS, Kaiser Permanente, Oakland, CA

Relevance-Distance learning programs, including videoconferencing, on-line CME, CD ROM, paper-based CME, and videotapes offer a desirable resource to physicians and present unique delivery challenges and opportunities for CME providers.

Purpose-The purpose of this breakout session is to highlight the particular issues and opportunities involved in designing, delivering and supporting a variety of distance-learning resources.

Objectives-At the conclusion of this session, participants will be able to identify dilemmas and opportunities of distance learning; determine the variety of venues available for distance learning and their unique strengths and weaknesses; develop approaches for ensuring organizational alignment, and determine the new administrative systems necessary to provide ongoing support.

Key Points-Distance learning resources meet an increasing physician need for flexible educational opportunities. Distance learning resources are best offered as part of a comprehensive learning plan. They can be developed from existing effective programs but require special administrative systems for ongoing support.

Pearls-Existing effective programs can be adapted to a distance learning format. Administrative systems can be developed to support large scale independent CME. Physicians can be inspired to take advantage of distance learning resources. Publicity is critical. Distance learning products can be low budget.

Notes

Existing effective programs can be adapted to a distance learning format.

**S31, Breakout Session
3:30-5:00 pm, Saturday
Lower B2 ψ ?**

EVALUATING RETURN ON INVESTMENT (ROI)
(Evaluation; Intermediate; Audiotaped)

Donna Schoonover, EdD, VA Employee Education System (EES), St Louis Center, St Louis, MO

Robert Cullen, PhD, VA Employee Education System (EES), Cleveland Center, Brecksville, OH

Relevance-Measuring ROI has become a critical issue in the educational field. Pressure to show the return on training investment is a major driver.

Purpose-We will discuss the steps in the ROI process using examples from VA/EES experiences in conducting ROI studies.

Objectives-Participants will learn about methodologies for conducting ROI studies, identify ways to isolate the effects of a program, identify ways to convert data to monetary values, and identify intangible measures. Participants will have an opportunity to present their own ROI experiences.

Key Points-Economic pressures are causing intense scrutiny of all expenditures, particularly training and development costs. ROI provides measurable results to support the implementation of successful programs and the discontinuance of ineffective programs.

Pearls-Not all CME offerings should have ROI evaluation; they must meet specific criteria. Extreme data items and unsupported claims should not be used in ROI calculations. All program costs should be included in the ROI analysis.

Notes

Return on investment provides measurable results to support the implementation of successful programs and the discontinuance of ineffective programs.

**S32, Breakout Session
3:30-5:00 pm, Saturday
Lower B2 ψ ?**

GETTING READY FOR THE SITE SURVEY
(Accreditation; Beginner; CME 101: Basics Curriculum; Audiotaped)

John Jurica, MD, MPH, Riverside Medical Center, Kankakee, IL

Relevance-Critical to the success of any CME professional is the ability to prepare for and participate in a site survey.

Purpose-The purpose of this breakout session is to assist participants in preparing for a site survey.

Objectives-By the end of this session, 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.

Methods-This is an interactive session. The first part will be short lecture on types of site surveys and what are appropriate and inappropriate actions one can take preparing for and participating in a site survey. In the second part of the breakout session, participants will work in small groups to develop an action plan for pre-survey preparation, participation in the survey event, and post-survey follow-up.

Key Points-Participants who are new to CME do not know what to expect during a site survey and therefore are unsure what may be the most effective ways to prepare for and participate in the event. Participating in this session will help demystify the site survey and help participants to be pro-active in their own behalf.

Pearls-Develop an action plan for preparing for and participating in a site survey. Assist those who have not experienced a site survey to get a sense of what will happen during different types of site surveys. Provide immediate feedback on practical tips for preparing for, participating in, and following up on site surveys.

Reference-System 98, ACCME Policies.

Notes

Critical to the success of any CME professional is the ability to prepare for and participate in a site survey.

**S33, Breakout Session
3:30-5:00 pm, Saturday
Lower B2 ψ ?**

THE VALUE OF A BUSINESS PLAN FOR CME
(Program Management; All; CME 101: Basics Curriculum; Audiotaped)

Jan Temple, PhD, Medical University of South Carolina, Charleston, SC

Odessa Ussery, MEd, Medical University of South Carolina, Charleston, SC

Pamela Benjamin, Medical University of South Carolina, Charleston, SC

Relevance-CME's reputation as an effective and efficient business operation is essential in today's highly competitive and rapidly changing profession.

Purpose-The purpose of this breakout session is to update one CME department's efforts to refine its business operations.

Objectives-By the end of the session, participants should be able to 1) identify components of a business plan; 2) create and/or modify contractual documents for their own application, and 3) do a self-assessment of their current CME business operation.

Methods-A needs assessment identified state of the art information and critical attention areas. A strategic planning session refined direction and priorities, which lead to the development of a business plan. Diverse contractual document templates and a procedures guide were created. A mid-year assessment identified needed modifications. Refinement of business practices resulted in a more focused, customer oriented, streamlined operation while reducing crisis management.

Pearls-Be consistent in business operations. Acknowledge timelines and consequences. Sign legal documents. Stress the importance of adopting business practices into CME. Reduce stress and crisis management.

Reference-Sahlman WA. How to write a great business plan. Harvard Business Review 1997:98-108.

Notes

Refinement of business practices resulted in a more focused, customer oriented, streamlined operation while reducing crisis management.

**S34, Breakout Session
3:30-5:00 pm, Saturday
Lower B2 ψ ?**

**A CONTINUUM:
FROM ASSESSING EDUCATIONAL QUALITY TO MANAGING CME RESOURCES**
(Program Management; Intermediate; Audiotaped)

Tamara Kary Erickson, MPA, Mayo Foundation, Rochester, MN

LuAnn Buechler, BA, Mayo Foundation, Rochester, MN

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 session will provide metrics to assess educational quality of proposed activities (prioritization), and tools to balance planner workloads in proportion to approved activities (workload assignments).

Objectives-At the conclusion of this breakout session, 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 prioritization process and workload assessment provide a measurable continuum for balancing service demand with available resources. The incorporation of a systematic method allows for greater equality and credibility when managing resources.

Pearls-As many breakout sessions focus on theory and discussion, this session will provide actual tools and examples of how to assess educational quality and workload assignments.

Notes

The CME prioritization process and workload assessment provide a measurable continuum for balancing service demand with available resources.

T12, Forum
10:30 am-12:00 pm, Thursday
Lower B2 ψ ?

QUALITY MANAGEMENT
(Health Care Delivery Systems; All; Audiotaped)

Robert Pyatt, Jr, MD, Chambersburg Imaging Associates, Chambersburg, PA

Robert Pendrak, MD, Phico Insurance Company, Mechanicsburg, PA
Other Support-Vice President, Phico Insurance Company

Relevance-Increasingly, quality management (QM), including risk management (RM), are entering the arena of the CME provider.

Purpose-This forum will present various methods to link QM & RM with CME, including error reduction and outcomes enhancement.

Objectives-At the conclusion of this forum, participants should be able to define the role of QM in the CME setting; list methods of linking QM with CME; demonstrate error reduction linkage with CME, and describe RM CME.

Key Points-The move to outcomes has an associated movement with QM and RM. QM can be designated for CME credit if the Essentials and Standards are fully documented. Integrating CME with QM can produce profound improved outcomes. Risk management CME programs are essential in today's healthcare environment.

Pearls-QM and CME are converging to a common destination, with improved outcomes a common goal. Earning CME credit while performing accredited QM is achievable. Learning teams can be a powerful method to improve outcomes and earn CME credit. Risk reduction through RM CME is invaluable.

Notes

*Quality management and CME are converging to a common destination,
with improved outcomes a common goal.*

T23, Forum
1:30-3:00 pm, Thursday
Lower B2 ψ ?

WHY, WHAT, WHO OF THE WORLD WIDE WEB
(Educational Activities Design; All; Audiotaped)

Carol Havens, MD, Kaiser Permanente, Oakland, CA

Suzanne Furuya, MPH, MBA, Kaiser Permanente, Oakland, CA

Relevance-The emergence of Internet CME in the last few years has been embraced by many as the new education panacea, resulting in either webifying existing CME programs or investing in new program development for the Internet. CME providers need to understand how to determine the most effective online format for their audience and budget.

Purpose-This forum offers practical suggestions, drawing from experience and the literature, on how to maximize the effectiveness of Internet CME.

Objectives-At the conclusion of this forum, participants will be able to 1) describe the different types of online formats suitable for Internet CME; 2) evaluate existing Internet CME programs and 3) develop a strategy for reviewing multimedia design vendors.

Key Points-Almost all CME content can be appropriate for the Internet, but the key is to determine the most effective online format to enhance physician learning. Internet learning should be part of a continuum of CME learning opportunities rather than a stand-alone educational activity. There is a plethora of Internet CME programs available on the Internet and users should be aware if effective educational methods are used such as case based studies, feedback and interactivity. Multimedia design companies offer many services, but it is critical to determine which service is of most value to your organization.

Pearls-CME providers don't have to be technically proficient to develop Internet CME but they do need to have a good understanding of Adult Learning Theory. Use a team approach by collaborating with other experts in the technical arena, content, etc. Set yourself up for success by ensuring your organization and audience have realistic expectations about the capabilities of Internet CME in changing physician behavior. Resources are needed to support Internet CME just as with any other CME educational activity so budgeting is required.

Reference-Peterson M. Continuing medical education on the internet: state of the art. JCEHP 1999; 19:242-249.

Notes

CME providers don't have to be technically proficient to develop Internet CME . . .

**T24, Forum
1:30-3:00 pm, Thursday
Lower B2 ψ ?**

**ONLINE CME:
THE SPECIALTY SOCIETY EXPERIENCE
(Educational Activity Delivery; All; Audiotaped)**

Kathryn Hecht, EdD, American Academy of Ophthalmology, San Francisco, CA (Chair)

Theresa Kanya, MBA, American College of Physicians, Philadelphia, PA (Faculty)

Marcia Jackson, PhD, American College of Cardiology, Bethesda, MD (Faculty)

Mark Wieting, MA, American Academy of Orthopaedic Surgeons, Rosemont, IL (Faculty)

Jann Balmer, PhD, University of Virginia, Charlottesville, VA (Reactor)

Relevance-Many players are getting involved with offering online CME. As a new means to deliver CME, there are few guidelines and little precedent to draw upon.

Purpose-Representatives from 3 societies to address the following: (1) What have you done? and (2) What are your successes and surprises? A CME professional will critique the panel: (1) What are common threads/outliers and (2) How do societies compare to larger web world of CME offerings. Discussion to follow.

Objectives-Attendees will be informed of the experiences of a like group of online CME providers and constructive, critical feedback. They will have an opportunity to share their own experiences as well as ask questions.

Key Points-Online CME is a new and rapidly growing field. Specialty societies are non-competitive national organizations uniquely situated to share and learn from each other.

Pearls-Will come from session presenters and discussion.

References-Madhok A. Distance learning and CME today. CME Briefing, Winter 2000.

Notes

As a new means of delivery, there are few guidelines and little precedent regarding online CME.

**T35, Forum
3:30-5:00 pm, Thursday
Lower B2 ψ ?**

**COMMERCIAL SUPPORT:
A MOVING TARGET**
(Program Management; All; Audiotaped)

Morris Blachman, PhD, USCSOM-PRMH CME Organization, Columbia, SC

Steven Hasterok, MHA, USCSOM-PRHM CME Organization, Columbia, SC

An audience response system provided by Meridia Interactive Information Systems may be utilized during this forum.

Relevance-Ethical, legal, compliance and practical issues surrounding commercial support provide major challenges for CME providers. For example, the recent FDA court decision has changed the ways some game the system.

Purpose-This forum will explore ways CME professionals can proactively address and cope with the changing impact of recent developments in the commercial support arena.

Objectives-At the conclusion of this forum, participants should be able to reassess their own CME program to make changes and better cope with these challenges.

Key Points-The context of commercial support is continuously changing. CME providers need to rethink how they solicit and utilize commercial support funding.

Pearls-There are sources of funding that CME professionals have traditionally not considered.

Reference-Hosansky T. Bridging the ethical divide. Medical Meetings 1999; 26(8):30-32.

Notes

CME providers need to rethink how they solicit and utilize commercial support funding.

T36, Forum
3:30-5:00 pm, Thursday
Lower B2 ψ ?

SUCCESSFUL INITIATIVES OF LOCAL/REGIONAL CME ORGANIZATIONS
(Strategic Leadership; All; Audiotaped)

Mark Schaffer, EdM, Professional Postgraduate Services, Secaucus, NJ

Maria Chevere, Medical Education Speakers Network, Newport Beach, CA
(Southern California Medical Education Council)

Mary Fletcher, MA, Colorado Foundation for Medical Care, Denver, CO
(Colorado Alliance for CME)

Mark Gregg, MA, Texas Department of Health, Austin, TX
(Texas Alliance for Continuing Medical Education)

Pamela Marin, BA, Center for Advanced Medical Education, Lambertville, NJ
(Delaware Valley CME Professionals)

Ann Ogden, MEd, Southern Illinois University, Springfield, IL
(Illinois Alliance for CME)

Relevance-Many Alliance members have recognized the benefits of meeting on a regular basis with colleagues in their local areas. This panel discussion will explore different ways five local organizations have come into existence and offer advice to other CME professionals interested in forming their own local organizations. This discussion will also address some of the unique offerings existing local organizations provide their members.

Purpose-This forum will illustrate how various local organizations developed and will provide concrete examples of successful organizational and educational initiatives.

Objectives-At the conclusion of this forum, participants should have an understanding of techniques used to help these organizations to develop; recognize the benefits of local organizations, and have examples of notable CME initiatives.

Key Points-Local/regional organizations provide many resources to CME providers. These may take the form of opportunities for training, networking, and the ability to secure resources that might otherwise be unattainable.

Pearls-Local/regional organizations can draw on the talent within the geographical area to provide an abundance of resources to the members.

Notes

Local/regional organizations provide many resources to CME providers.

F13, Forum
8:30-10:00 am, Friday
Lower B2 ψ ?

**INTERNET PROTOCOL (IP) CASTING AND CD ROM BASED TECHNOLOGIES
FOR LOCAL AND WORLDWIDE DISSEMINATION OF CME**

(Educational Activities Delivery; All; Audiotaped)

Frederick Bobrow, Mount Sinai School of Medicine, New York, NY

Irv Gertner, MPH, Mount Sinai School of Medicine, New York, NY

Mark Swartz, MD, Mount Sinai School of Medicine, New York, NY

Relevance-With the increasing prevalence of distance learning via Internet, Intranet and CD ROM based delivery, CME must participate by using new dissemination methods in order to flourish, compete, and thrive.

Purpose-This forum will illustrate how CME can take advantage of interactive electronically assisted delivery mechanisms in order to increase audience and profitability.

Objectives-At the conclusion of this forum, participants will have an understanding of delivery mechanisms; comprehend principles of development, re-purposing, and packaging; have an awareness of methods that will enhance exposure and audience satisfaction, and apply these resources to an e-commerce model.

Key Points-Using technology to exploit existing CME content increases its potential reach into the community, useful life, and return on investment. Creation within the institution is feasible using in-house talent and off the shelf software. Content is being created internally each day via regularly scheduled CME programs. Regularly scheduled events can be developed into a virtual library that exists 24/7 in a controlled environment, enhancing exposure and profitability. Health care providers with unorthodox schedules can obtain virtual CME credit at their convenience.

Pearls-CME can take advantage of distance learning and interactive educational technology. Medical teaching institutions create content as a part of their daily activities. Additional delivery mechanisms can add new life to a previously transitory process. Increased awareness on a global stage as well as financial benefits can be realized.

Reference-Hall B. What it takes to be a world class enterprise user of e-learning: new studies, integrated systems, and the cost of e-learning. E-Learning 2000; 1:18-29.

Notes

*Using technology to exploit CME content increases
its potential reach into the community, useful life, and return on investment.*

F26, Forum
10:30 am-12:00 pm, Friday
Lower B2 ψ ?

CME INITIATIVES IN TEACHING BEHAVIORAL SCIENCES TO FAMILY DOCTORS
(Educational Activities Delivery; All; Audiotaped)

Jon Davine, MD, McMaster University, Hamilton, ON, Canada
Speaker's Bureau-Solvay Pharma, Janssen Pharmaceutica, and Wyeth Ayerst

Michael Evans, MD, University of Toronto, Toronto, ON, Canada
Speaker's Bureau-Smith Kline Beecham, Wyeth Ayerst, and Boeringher Ingelheim

Relevance-With family doctors providing much of the mental health care in a community, awareness of innovative CME approaches in behavioral sciences for family physicians are crucial for educators. As well, given the paradigm shift towards depression, anxiety, etc as chronic diseases that have significant interface with multiple physical illnesses, we need to re-think our approach to mental health in the primary care setting.

Purpose-We present CME initiatives in behavioral sciences for family physicians arising out of the Shared Care and Mental Health Tool Kit models, along with other innovative approaches.

Objectives-At the conclusion of this forum, participants will be exposed to the innovative models within both family medicine and psychiatry. There will be opportunities for discussion of how these models may be adapted to other settings.

Key Points-Family doctors actually provide the bulk of mental health care in a community. Both the Shared Care and Tool Kit models open up exciting new possibilities in CME, which fit in with a busy practitioner's day. Booklets and seminar series are other modalities presented. Participants will be exposed to results of qualitative research that explores how to best fill the gap between usual care and best care. Needs assessments and evaluation tools are also discussed.

Pearls-The Shared Care and Took Kit models can be adapted to many work settings. The McMaster University approach involves psychiatrists working directly in family doctors' offices and an awareness of tools needed to make high quality care easier. The educational methods discussed are also very adaptable. Other modalities of CME can be customized to better fit the primary care clinical environment and increase family physicians' skills in behavioral sciences.

Reference-Kates N, Craven M, Crustolo AM, Nikolaou L, Allen C. Integrating mental health services within primary care. GHP 1997; 19:324-332.

Notes

With family doctors providing much of the mental health care in a community, awareness of innovative CME approaches in behavioral sciences for family physicians are crucial for educators.

S35, Forum
3:30-5:00 pm, Saturday
Lower B2 ψ ?

BEST PRACTICES IN CME:
PERSPECTIVES FROM MEDICAL EDUCATION AND COMMUNICATION COMPANIES
(Educational Activities Delivery; All; Audiotaped)

Jacqueline Parochka, EdD, Discovery International, Deerfield, IL

Karen Overstreet, EdD, Meniscus Educational Institute, Conshohocken, PA

Relevance-There is general misconception and misunderstanding of the goals of and processes used by medical education and communication companies when designing CME activities. Many participants at the Alliance 2000 Annual Conference expressed unfamiliarity with this provider section, and it is hoped that this workshop will facilitate understanding and collaboration among various provider types.

Purpose-This breakout session will profile the medical education and communication section of Alliance membership and emphasize the standards and criteria used by this provider group when designing and delivering CME activities.

Objectives-At the conclusion of this session, participants should be able to identify profiled characteristics of medical education and communication companies; describe some of the ways these providers enforce the ACCME Standards for Commercial Support and AMA Gifts to Physicians, and compare activity development protocols of these nontraditional providers with those of traditional CME providers.

Key Points-The Alliance is a forum for discussion of CME issues related to all provider groups, both traditional and nontraditional. By providing a breakout session on these topics, the presenters intend to increase the understanding of a CME activity developed and offered by the medical education and communication company provider section. This knowledge should lead to increased opportunities for collaboration among different providers for the development of high quality CME activities.

Pearls-Medical education and communication companies are a vital and growing part of the CME community. These companies operate using the same standards for CME as do other types of providers. The editorial, production, clinical, and project management staff and other resources available to medical education and communication companies allow for innovative education design with enhanced editorial and creative input. This provider section seeks to collaborate with traditional providers to offer quality CME to help clinicians maintain competence and improve patient outcomes.

Reference-Parochka J, Cole J. Profile of medical education and communication company Alliance members. JCEHP 1998; 18:29-38.

Notes

Medical education and communication companies are a vital and growing part of the CME community.

**Provider Section Meeting
Medical Schools
1:30-3:00 pm, Wednesday
Lower B2 ψ ?**

**PROVIDER SECTION MEETING
MEDICAL SCHOOLS**

(Program Management; All; CME 101: Basics Curriculum; Audiotaped)

Carolyn Darrow, MPH, New York Medical College, Valhalla, NY

Floyd Pennington, PhD, CTL Associates Inc, McDonough, GA

Arnold Meyer, EdD, Temple University, Philadelphia, PA

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. Five years of interest in this provider section, demonstrated by colleagues, has encouraged the 3-member faculty to continue to assess the group's needs to identify current critical issues and provide 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-Participants should 1) understand various approaches to meet these challenges and demands; 2) learn the pros and cons of keeping abreast with new ideas, and 3) gain insight through shared experiences.

Key Points-Faculty intend 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.

Pearls-Participants should become aware of the current critical issues and concerns facing medical school based CME professionals and develop strategies to address them.

Notes

Medical school based CME professionals are constantly faced with new ideas and demands.

**Provider Section Meeting
Veterans Affairs
1:30-3:00 pm, Wednesday
Lower B2 ψ ?**

VA EMPLOYEE EDUCATION UPDATE AND DIALOGUE
(Strategic Leadership; Advanced)

Robert Cullen, PhD, VA Employee Education System, Cleveland Center, Brecksville, OH

Lynn Ward, EdD, VA Employee Education System, St Louis Center, St Louis, MO

Relevance-VA employee education must change continuously to address the needs created by changes in VA health care delivery.

Purpose-This provider section 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 employee education.

Notes

*VA employee education must change continuously
to address the needs created by changes in VA health care delivery.*

**Provider Section Meeting
Health Systems
1:30-5:00 pm, Wednesday
Lower B2 ψ ?**

**IMPROVING PERFORMANCE AND REDUCING MEDICAL ERRORS
IN HEALTH SYSTEMS THROUGH CME**

(Health Care Delivery Systems; All; CME 101: Basics Curriculum; Audiotaped)

Robert Pyatt, Jr, MD, Chambersburg Imaging Associates, Chambersburg, PA

Daniel Glunk, MD, Susquehanna Health Systems, Williamsport, PA

Richard Manch, MD, Banner Health Arizona, Phoenix, AZ

Relevance-With increasing demands for cost savings, error reduction and quality improvement, health systems are challenged managing the CME enterprise.

Purpose-This provider section meeting will allow the exchange of ideas between health systems.

Objectives-At the conclusion of this section meeting, participants should be able to identify new CME methods to improve performance and reduce medical errors throughout the system.

Key Points-There are methods in design and deployment of CME to reduce medical errors and improve organizational performance. Facilitating tools and the role of leadership will enhance CME value throughout the system.

Pearls-Traditional CME methods can be modified to improve performance and reduce medical errors. New techniques can help new target audiences. Outcome measures can be more tightly linked with CME.

Reference-1997 William Campbell Felch Award.

Notes

*Traditional CME methods can be modified
to improve performance and reduce medical errors in health systems.*

**Provider Section Meeting
Hospitals
1:30-5:00 pm, Wednesday
Lower B2 ψ ?**

**PROVIDER SECTION MEETING
HOSPITALS**

(Hospitals; All; CME 101: Basics Curriculum; Audiotaped)

Barbara Huffman, MEd, Carle Foundation Hospital, Urbana, IL

Winnie Brown, MPA, Truman Medical Center, Kansas City, MO

Martyn Hotvedt, PhD, Lehigh Valley Hospital, Allentown, PA

Marc DesLauriers, PhD, American Academy of Neurology, St Paul, MN

Purpose-The purpose of this provider section meeting is to establish communication with Alliance members from hospital based CME programs.

Relevance-The hospital provider section represents a sizeable 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 national conference.

Objectives-As a result of this meeting, the participant will be able to 1) identify at least one additional attendee from a hospital; 2) express to others topics of relevance to CME in the hospital setting, and 3) create a mini-plan for employing outcomes based educational programming at their institution.

Methods and Results-A needs assessment survey was sent to 355 providers. Fifty-seven (16 %) were returned. Their top three hot topics were 1) how to measure outcomes, 2) building partnerships with the quality improvement department, and 3) cost cutting and funding for CME. These three topics will be covered in round table discussions and through the use of thought leaders brought in as resource consultants for this session.

Pearls-Networking with a homogenous group of providers early in the conference allows for an exchange of information and problem sharing and solution building. Resource consultants can be helpful in providing an analysis of hot topics relevant to the needs of hospital based providers.

Notes

Resource consultants can be helpful in providing an analysis of hot topics relevant to the needs of hospital based providers.

Provider Section Meeting
MECCA
1:30-3:00 pm (Part 1), Wednesday
Lower B2 ψ ?

**BEST PRACTICES IN THE CME PRIVATE SECTOR:
FIREWALLS BETWEEN EDUCATION AND PROMOTION
AND THE MEDICAL EDUCATION AND COMMUNICATION COMPANIES' (MECCA'S)
ANNUAL BUSINESS MEETING**
(Strategic Leadership; Intermediate; Audiotaped)

Richard Tischler, Jr, PhD, RF Tischler Jr and Associates, Inc, Mount Airy, MD

Jennifer Smith, PhD, FCG Institute for Continuing Education, North Wales, PA

Relevance-Appropriate disclosure practices and the development of scientifically rigorous, fair-balanced education are the foundation of all successful CME businesses. The private sector CME provider has a responsibility to develop strong firewalls between education and promotion, thereby assuring appropriate, non-biased development and delivery of professional education. Outstanding examples of best practices will be presented. Furthermore, as private sector companies continue to merge, these firewalls take on new and important significance in a larger corporate environment.

Purpose-This provider section meeting will include 1) presentation and discussion of best practices to separate education from promotion in medical education companies, and 2) the annual MECCA business meeting.

Objectives-At the conclusion of this meeting, participants should be able to 1) discuss criteria for effective separation of CME providers from their affiliated communications company who assist in the marketing of pharmaceutical and medical device industry products; 2) cite two examples of best practices from CME companies that maintain sound firewalls and are able to demonstrate and document independence; 3) identify and address two issues that affect CME companies that are in the midst of corporate mergers, and 4) describe strategies to ensure the successful co-existence of promotional and educational cultures after a corporate merger.

Methods and Results-MECCA membership will be surveyed about best firewall practices and issues of concern for private sector CME companies. Results will be shared with MECCA by the program faculty. Faculty will highlight those best practices that have been researched and verified and will solicit further examples and discussion points from the participants.

Practical Pearls-Specific CME provider practices that will encourage exemplary compliance. CME firewalls benefit physicians, providers, and commercial supporters. Helpful pointers for corporate culture co-existence.

References-Accreditation Council for Continuing Medical Education's (ACCME's) Standards for Commercial Support of Continuing Medical Education. ACCME's Essential Areas, Elements, and Decision-Making Criteria; July 1999.

Notes

*The private sector CME provider has a responsibility
to develop strong firewalls between education and promotion . . .*

Provider Section Meeting
MECCA
3:30-5:00 pm (Part 2), Wednesday
Lower B2 ψ ?

PREFERRED PROVIDER STATUS ISSUES
AND COMMERCIAL SUPPORT CHALLENGES
(Strategic Leadership; Intermediate; Audiotaped)

Pamela Marin, BA, Center for Advanced Medical Education, Lambertville, NJ

Relevance-Many commercial supporters are turning to a system of preferred providers, which creates selective competition among CME providers. MECCA members will benefit from discussion of the parameters, benefits, and pitfalls of preferred provider systems. Further discussion will include commercial support challenges. Scenarios will be presented from the perspectives of the CME provider and commercial supporter, and MECCA members will debate appropriate responses. These scenarios will represent compliance challenges with the Standards for Commercial Support and the AMA Opinions.

Purpose-This provider section meeting will highlight issues regarding preferred provider status. Further discussion will include managing compliance in situations that challenge the ACCME Standards and AMA Opinions.

Objectives-At the conclusion of this meeting, participants should be able to 1) define preferred provider status; 2) describe pros and cons of preferred provider status; 3) discuss ramifications of competition among CME providers; 4) identify specific scenarios of difficult commercial support situations, and 5) examine appropriate responses to the identified challenging situations.

Methods and Results-MECCA membership will be surveyed to assess challenges in adherence to ACCME Standards and AMA Opinions. MECCA members will also be surveyed to assess which members have preferred provider status with commercial supporters. Faculty will use survey results to present case studies for both topics. MECCA members will be asked to contribute on a panel discussion.

Pearls-Overview of process to become a preferred provider. Benefits and challenges of preferred provider status. Specific CME provider practices that will encourage exemplary compliance with ACCME Standards and AMA Opinions. Compliance check-off list for difficult commercial support situations.

Reference-Accreditation Council for Continuing Medical Education (ACCME's) Standards for Commercial Support of Continuing Medical Education. ACCME's Essential Areas, Elements, and Decision-Making Criteria; July 1999.

Notes

MECCA members will benefit from discussion of the parameters, benefits, and pitfalls of preferred provider systems.

**Provider Section Meeting
Medical Specialty Societies
1:30-5:00 pm, Wednesday
Lower B2 ψ ?**

**PROVIDER SECTION MEETING
MEDICAL SPECIALTY SOCIETIES
(All; CME 101: Basics Curriculum)**

Suzanne Ziemnik, MEd, American Academy of Pediatrics, Elk Grove Village, IL

Relevance-Specialty society CME providers have unique issues related to CME which require the need for idea sharing and problem solving by individuals sharing the same concerns. Historically, the medical specialty societies provider section has offered a venue for gaining new insights to the late breaking CME issues as well as benefiting from the collective wisdom of other specialty society colleagues. This provider section meeting will continue this tradition in providing this valuable forum for collegial dialogue.

Purpose-The purpose of this provider section meeting is to provide a forum for informal interaction that encourages exploration of issues of interest to specialty society CME providers.

Objectives-The overall objective of the provider section meeting is to provide valuable information on a number of CME topics including the role of specialty societies in changing physician behavior, 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.

Methods and Results-A highly 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 burning issues in CME will be used to meet the objectives of the provider section meeting. 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.

Notes

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
PACME
3:30-5:00 pm, Wednesday
Lower B2 ψ ?**

**PHARMACEUTICAL ALLIANCE FOR CME (PACME) UPDATE:
CURRENT EVENTS, ISSUES, TOOLS, AND TRENDS
(Strategic Leadership; All; CME 101: Basics Curriculum)**

Linda Raichle, PhD, Merck & Company Inc, West Point, PA
Other Support-Employee of Merck & Company Inc

David Katterhenrich, MBA, Pharmion Corporation, Overland Park, KS
Other Support-Employee of 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.

Pearls-Although the pace of change in organizations and in technologies is accelerating, most of the fundamentals used to gauge quality still apply. This section 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.

Notes

This provider section meeting highlights some time-tested fundamentals, as well as introduces new tools and models for managing change in CME and industry.

**Provider Section Meeting
State Medical Societies
3:30-5:00 pm, Wednesday
Lower B2 ψ ?**

ACCREDITATION PROGRAMS OF STATE MEDICAL SOCIETIES (SMS)
(Accreditation; All; CME 101: Basics Curriculum)

Jeanette Harmon, MBA, Louisiana State Medical Society, Baton Rouge, LA

Diane Oetting, BA, Medical Association of the State of Alabama, Montgomery, AL

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 provider section 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 innovative and creative ideas 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.

Results-Participants will be able to adapt ideas to their own state accreditation system.

Conclusions-All accreditation systems have the same basic objectives and requirements that must be met by providers. Working together is much more efficient and will produce suggestions that can improve the CME accreditation systems in all states and provide a more uniform system.

Pearls-Interaction with other state medical society CME professionals. Practical suggestions for implementation of different aspects of an accreditation system. Discussion of problems and some possible solutions to common and unusual situations.

Notes

The state medical societies' accreditation systems face issues that are unique to them.

**Special Training Session
7:00-8:30 am, Thursday,
Lower B2 ψ ?**

ACCME ACCREDITATION SURVEYOR UPDATE BREAKFAST
(Closed Session; By Invitation from ACCME)

Mary Martin Lowe, MA, Accreditation Council for Continuing Medical Education (ACCME), Chicago, IL
Other Support-ACCME Employee

Kathleen Johnson, EdM, Accreditation Council for Continuing Medical Education (ACCME), Chicago, IL
Other Support-ACCME Employee

Jennifer Dunleavy, MSA, Accreditation Council for Continuing Medical Education (ACCME), Chicago, IL
Other Support-ACCME Employee

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 special training 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-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.

Pearls-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.

Reference-A system for accreditation of providers of continuing medical education. The ACCME's® Essential Areas and Their Elements; ACCME's® Accreditation Policy Compendium.

Notes

Remaining current on ACCME's requirements is a responsibility that all surveyors apply in their role within the ACCME accreditation process.

(Insert Here Poster Presentation Floor Plan)
(Insert Posters on Floor Plan next to P1-P28)
(Insert Exhibits on Floor Plan next to 101-600)

P1, Poster Presentation
7:30 am-4:00 pm, Thursday ψ **7:30-11:00 am, Friday & Saturday**
B2 ψ **Golden Gate Hall**

LITERATURE AS A CATALYST FOR CHANGE
(Needs Assessment; All; CME 101: Basics Curriculum)

Susan Shannon, PhD, McMaster University, Hamilton, ON, Canada
Grant/Research Support-Ontario Medical Association, AstraZeneca Canada Inc

James Williams, MD, McMaster University, Hamilton, ON, Canada
Grant/Research Support-Ontario Medical Association, AstraZeneca Canada Inc

Mary Phaneuf, BA, AstraZeneca Canada Inc, Mississauga, ON, Canada
Grant/Research Support-Ontario Medical Association, AstraZeneca Canada Inc

Relevance-Journal reading is the most widely and frequently used type of educational activity reported by physicians.

Purpose-This poster presents characteristics of articles that act as catalysts for behaviour change.

Objectives-This poster describes how journal reading influence physicians' behaviour.

Methods and Results-Two hundred randomly selected family physicians in Ontario were mailed a survey asking about the usefulness of the medical literature in their practice. The questionnaire was followed up with focus group discussion on how the medical literature is used as an educational activity.

Pearls-Physicians over state time spent in journal reading educational activities. Physicians need a personal learning plan to make journal reading an effective educational experience.

Reference-Broclain D, Mura P, Niver-Carre D, et al. Quasi-experimental study on the effectiveness of the readers' test in the medical journal La revue Prescrire. JCEHP 1998; 18:47-57.

Notes

*Physicians need a personal learning plan
to make journal reading an effective educational experience.*

P2, Poster Presentation
7:30 am-4:00 pm, Thursday ∩ **7:30-11:00 am, Friday & Saturday**
B2 ∩ **Golden Gate Hall**

EVIDENCE-BASED NEEDS ASSESSMENT
(Needs Assessment; All; CME 101: Basics Curriculum)

Loretta Masaro, BAsC, Aventis Pharma, Burlington, ON, Canada
Grant/Research Support-Aventis Pharma

Eileen Hanna, MEd, McMaster University, Hamilton, ON, Canada

Réjean Laprise, PhD, Aventis Pharma, Laval, PQ, Canada
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 identify static items that are crucial in the guidelines (and any important changes or revisions from previous guidelines), generate questions based on the items, and 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.

Pearls-Effective CME should be based on an assessment of true learning needs, rather than learning wants. To achieve this end, CME providers must also 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. JCEHP 1998; 18(3):190-192.

Notes

*... True learning needs should reveal the gap between
a health professional's actual practice and clinically relevant evidence-based studies.*

P3, Poster Presentation
7:30 am-4:00 pm, Thursday ∩ **7:30-11:00 am, Friday & Saturday**
B2 ∩ **Golden Gate Hall**

**INNOVATION IN PBL SMALL GROUP WORKSHOPS:
OBTAINING AN ONGOING NEEDS ASSESSMENT OF PARTICIPANTS
USING THE SCRIPT CONCORDANCE TEST (SCT)**
(Needs Assessment; All; CME 101: Basics Curriculum)

Robert Thivierge, MD, University of Montreal, Montreal, PQ, Canada
Grant/Research Support-Abbott Lab, AstraZeneca, GlaxoWellcome, Merck, Aventis, and Bayer

Martin Labelle, MD, University of Montreal, Montreal, PQ, Canada
Grant/Research Support-Abbott Lab, AstraZeneca, GlaxoWellcome, Merck, Aventis, and Bayer

Christian Maille, BSc, Aventis Canada, Laval, PQ, Canada
Grant/Research Support-Aventis and University of Montreal Faculty of Medicine

Relevance-PBL SG workshops are often prepared with cases to be discussed on a specific theme. A prior needs assessment is done to ensure that the material which will be developed will bear objectives and a content that will respond to the needs of the learners. In order to be more tied to the needs of the learners we have designed a new model for developing the cases which allows that at each question the level of response from each participant is compared to the level of response of an expert group. The similarities or discrepancies between the two levels become obvious and then will either focus on a need for interaction between the expert on-site and the small-group of learners or will only highlight the similarities and the non necessity to explore more with this group about that specific question. The PBL will then proceed to the next question related to that case and so on.

Purpose-This poster presents the capacity of a SCT as a tool to ensure a continuous needs assessment of the learners while participating in a PBL SG workshop. Our method ensures that the interaction and the learning moments will optimally focus on the specific items at larger discrepancies, when compared with the SCT filled by experts in the field.

Objectives-To obtain an ongoing instant needs assessment in front of each clinical vignettes and each derived clinical decision, and explore new ways to deliver PBL SG workshops.

Key Points-The SCT approach in PBL is easy to develop and apply in CME practice. It allows maximal feedback learning due to the constant focus on the learning needs of the participants.

Pearl-The use of the SCT offers an ongoing opportunity to address the personal needs of each participant.

Reference-Charlin B, Tardif J, Boshuizen HPA. Scripts and medical diagnostic knowledge. Acad Med 2000; 75:182-90.

Notes

The SCT approach in PBL is easy to develop and apply in CME practice.

P4, Poster Presentation
7:30 am-4:00 pm, Thursday ψ 7:30-11:00 am, Friday & Saturday
B2 ψ Golden Gate Hall

VALUE OF CONTINUING EDUCATION: A SURVEY OF US ONCOLOGISTS
(Needs Assessment; Intermediate)

Gil Golden, MD, PhD, Meniscus Educational Institute, West Conshohocken, PA

Karen Overstreet, EdD, Meniscus Educational Institute, West Conshohocken, PA

Relevance-There are currently almost 4,000 medical oncologists in the US. Physicians in this important and rapidly changing specialty require effective and practical CME to help them stay abreast of diagnostic and therapeutic innovations to provide the best patient care. However, CME developed without consideration of their learning preferences and the barriers that prevent implementation of learning may not fulfill the learning objectives and have little overall impact in clinical practice.

Purpose-The purpose of this study was to identify the learning preferences of US oncologists, as well as the factors that prevent them from using CME to change their practice.

Objectives-This study will provide an assessment of the educational needs of practicing oncologists, including their preferences for specific content and instructional format. To help CME sponsors develop activities to meet these needs, the barriers that inhibit the incorporation of learning into practice will be identified so that educational activities can be developed in a way to counteract these barriers to change.

Methods and Results-A survey was administered to physician members of the American Society of Clinical Oncology (ASCO) at the annual meeting in New Orleans, Louisiana, May 19-23, 2000. Quantitative survey results will be compiled and analyzed for measures of central tendency, standard error of the mean, and inferential statistical measures. Qualitative survey results will be summarized and discussed.

Pearls-Needs assessment should include data supporting the choice of educational format, as well as selection of a particular topic. Surveys of a specific target audience are practical and useful needs assessment tool. Even if participants in CME activities desire to change their practice as a result of an educational activity, factors in their practice setting may prevent them from doing so. Identifying factors that prevent physicians from implementing what they learn from CME activities may help sponsors develop more effective educational activities. The methodology of this study may be used as a best practice model by other CME sponsors to help assess the needs of additional specialties.

Reference-Wazana A. Physicians and the pharmaceutical industry. JAMA 2000; 283:373-80.

Notes

Needs assessment should include data supporting the choice of educational format, as well as selection of a particular topic.

P5, Poster Presentation
7:30 am-4:00 pm, Thursday ψ 7:30-11:00 am, Friday & Saturday
B2 ψ Golden Gate Hall

ENHANCING LEARNING DURING LARGE GROUP SESSION WITH AN ELECTRONIC RESPONSE SYSTEM (ERS) : AN ON-SITE NEEDS ASSESSMENT WITH AN ERS CAN HELP A SPEAKER TO TAILOR HIS PRESENTATION AND ENHANCE LEARNING FOR LARGE GROUPS
(Needs Assessment; All; CME 101: Basics Curriculum)

Francine Borduas, MD, Association des médecins omnipraticiens de Québec, Québec, PQ, Canada
Grant/Research Support-Merck Frosst Canada and Aventis Pharma

Michel Turgeon, MD, Centre médical Sainte-Foy, Sainte-Foy, PQ, Canada
Grant/Research Support-Merck Frosst Canada

Lyne Bouchard, BA, Merck Frosst Canada & Company, Kirkland, PQ, Canada
Grant/Research Support-Merck Frosst Canada

Relevance-In this research, the working hypothesis is that immediate feedback can enable a speaker to adjust his/her presentation in light of the participants' needs. Data gathered through the use of an ERS make it possible to identify the learning needs of physicians participating in an educational activity. With these data, the expert can gear his/her presentation toward the participants' specific needs. This creates optimal adult-learning conditions.

Purpose-The purpose of this poster is to present the results of a study aimed at evaluating the effect of using an ERS to identify participants' specific learning needs and to enable a speaker to adjust his/her presentation on an impromptu basis.

Objective-The objective of the study was to compare, using a control group, the impact of feedback on speakers and on participant performance, using an interactive, electronic technology.

Method-General practitioners participating in educational activities were randomized into two groups, one of which was a control group. In both groups, the learning objectives, which were established on the basis of a needs assessment, were discussed with the expert prior to the educational activity. During the activity, the participants completed a multiple-choice questionnaire, the purpose being to ascertain 1) certain knowledge considered significant with regard to the learning objectives and 2) their level of perceived personal effectiveness. The data, which were gathered via an ERS, were compiled and, in the case of experimental group, presented to the speaker just before his/her presentation.

Results-There was improvement in the knowledge and perceived personal effectiveness in both groups, which consisted of more than 200 general practitioners. The experimental group's performance in terms of cognitive gains and perceived personal effectiveness was slightly higher than that of the control group.

Pearls-The use of a feedback system based on ERS technology enables a speaker to identify and prioritize key messages and has a favorable impact on learning.

Reference-Knowles M. *Andragogy in action: applying modern principles of adult learning*. San Francisco, CA: Jossey-Bass, 1984.

Notes

The use of . . . ERS technology enables a speaker to identify and prioritize key messages and has a favorable impact on learning.

P6, Poster Presentation
7:30 am-4:00 pm, Thursday ∩ **7:30-11:00 am, Friday & Saturday**
B2 ∩ **Golden Gate Hall**

PHYSICIAN PRACTICE PROFILES: AGENT FOR CHANGE
(Educational Activities Design; All; CME 101: Basics Curriculum)

Susan Shannon, PhD, McMaster University, Hamilton, ON, Canada

James Williams, MD, McMaster University, Hamilton, ON, Canada

Peter Saunders, BPEd, IMS Health Canada, Mississauga, ON, Canada

Relevance-Best practice in CME needs precise measures of physician behaviour to evaluate the impact of educational programming and patient outcomes. Practice profiles are an effective appraisal of physician behaviour for program needs assessment, design, evaluation, implementation of individual CE, and delivery of personal learner feedback.

Purpose-To critically appraise the evidence for using practice profiles in the evaluation of CME.

Objectives-To describe the usefulness and limitations of practice profiles as an outcome measure.

Key Points-Practice profiles are a direct measure of physician performance of specific practice behaviors.

Pearls-Electronic records are the most accurate and accessible sources of practice profile data.

Reference-Donen N. Mandatory practice self-appraisal: moving towards outcomes based continuing education. J Eval Clin Pract 1999; 3:297-303.

Notes

Practice profiles are a direct measure of physician performance of specific practice behaviors.

P7, Poster Presentation
7:30 am-4:00 pm, Thursday ψ 7:30-11:00 am, Friday & Saturday
B2 ψ Golden Gate Hall

SELF-EVALUATION AND SELF LEARNING: A NEW LOOK AT AN OLD STRATEGY
(Educational Activities Design; All; CME 101: Basics Curriculum)

Alain Vanasse, MD, Université de Sherbrooke, Sherbrooke, PQ, Canada
Grant/Research Support-Merck Frosst Canada Inc

Marianne Xhignesse, MD, MSc, Université de Sherbrooke, Sherbrooke, PQ, Canada
Grant/Research Support-Merck Frosst Canada Inc

Paul Grand'Maison, MD, MSc, Université de Sherbrooke, Sherbrooke, PQ, Canada
Grant/Research Support-Merck Frosst Canada Inc

Relevance-Effective and acceptable practice evaluation and enhancement programs are not readily available yet the demand for this type of activity is likely to increase as practice evaluations become a recognized means of obtaining CME credits.

Purpose-This poster will describe a pilot practice evaluation and enhancement project based on continuous quality improvement (CQI) methodology, which has proved to be feasible in an academic medical setting.

Objectives-The objective of this pilot project was to evaluate the feasibility of implementing an adapted CQI cycle to be carried out prospectively during a clinical consultation. The topic under study was that of treatment objectives for pharmacologically treated hypertensive patients.

Methods and Results-Physicians were recruited within the family medicine department of the Faculty of medicine, Université de Sherbrooke. The evaluation process occurred during a single half day of clinic in November 1999 and consisted of a contextual, prospective self-evaluation that enables the physician to rapidly identify potential gaps between current best-practice knowledge and the application of this knowledge in practice in the context of a specific patient encounter. Data were collected with the aid of a short self-administered questionnaire for eligible patients and process evaluation was obtained using a second questionnaire at the end of the initial evaluation period. Peer comparison and CME focusing on identified gaps was provided by the research team 5 months later. Completion of a second self-evaluation is planned in October 2000 to assess changes in practice. 29 of the 44 physicians approached completed the first part of the cycle. Of the 262 patients seen by these physicians, 69 met the inclusion criteria for the topic under study. All participants agreed that 1) the chosen topic for evaluation was relevant; 2) the items were clear, and 3) the process in general was acceptable within a clinical practice setting, because it did not require much time to complete or the harassing task of retrospective chart audit. Most (83 %) of the participants reported that they would be interested in repeating such an evaluation process in the future.

Pearls-An adapted CQI cycle carried out prospectively during a clinical encounter has been reported to be acceptable by academic family physicians considering the minimum time investment required and the opportunity for immediate clinical intervention if necessary.

Notes

An adapted continuous quality improvement cycle carried out prospectively during a clinical encounter has been reported to be acceptable to academic family physicians . . .

P8, Poster Presentation
7:30 am-4:00 pm, Thursday ψ 7:30-11:00 am, Friday & Saturday
B2 ψ Golden Gate Hall

**BEST PRACTICES IN CME: AN INNOVATIVE PBL MODEL
BASED ON THE USE OF THE SCRIPT CONCORDANCE TEST (SCT)**
(Educational Activities Design; All; CME 101: Basics Curriculum)

Robert Thivierge, MD, University of Montreal, Montreal, PQ, Canada
Grant/Research Support-Abbott Lab, AstraZeneca, GlaxoWellcome, Merck, Aventis, and Bayer

Martin Labelle, MD, University of Montreal, Montreal, PQ, Canada
Grant/Research Support-Abbott Lab, AstraZeneca, GlaxoWellcome, Merck, Aventis, and Bayer

Michele Beaulieu, MEd, Merck-Frosst Canada and Company, Pointe-Claire, Dorval, Canada
Grant/Research Support-Merck Frosst and University of Montreal Faculty of Medicine

Relevance-Problem based learning (PBL) is well known to be an effective CME approach. Different models exist like the self-directed small groups peer-discussion workshops or like the case-based facilitator/expert small group workshops. A common denominator of these different types of PBL is that clinical cases are solved in an interactive way and using EBM-material to support and are aimed towards change in clinical practice for the learners.

Purpose-This poster presents how to go beyond the acquisition of knowledge and assess the reasoning and the organization of knowledge within the mind of each participant. The concept of scripts, on which we have based our approach, is derived from cognitive psychology.

Objectives-To elaborate a new approach to PBL and optimize the interaction between the participants and the expert of content.

Key Points-During the building of the cases, first a nucleus of developers elaborates the clinical vignettes and the script questionnaire related to each case. This questionnaire is then sent to a group of experts of the medical field related to the cases being developed. Their answers based on EBM are then considered the Expert-SCT. For each question, documentation and transparencies are prepared to support the answers. While running the workshop, the participants build their own Participant-SCT in dealing with each vignette. Then, both the Expert-SCT and the Participant-SCT are exposed to the group. The feedback and interaction begins and is sustained during the whole discussion triggered by each question.

Pearls-It is possible to dig into clinical reasoning while running a PBLSG and give feedback without threatening the learning process of each participant. The use of script concordance test (SCT) comparison between the participants and the experts was perceived as a very dynamic process. Humor and fun was also an added value.

Reference-Doucet MD et al. Comparison of PBL and lecture format in CME on headache diagnosis and management. Med Educ 1998; 32:590-6.

Notes

The use of SCT comparison between participants and experts was perceived as a very dynamic process.

P9, Poster Presentation
7:30 am-4:00 pm, Thursday ψ **7:30-11:00 am, Friday & Saturday**
B2 ψ **Golden Gate Hall**

ENHANCING GERIATRIC CARE THROUGH PRACTICING PHYSICIAN EDUCATION
(Educational Activities Design; All; CME 101: Basics Curriculum)

Patricia Barry, MD, MPH, Boston University Medical Center, Boston, MA
Grant/Research Support-John Hartford Foundation, Practicing Physician Education Project, Project Director

Bruce Robinson, MD, MPH, Sarasota Memorial Hospital, Sarasota, FL
Grant/Research Support-John Hartford Foundation, Practicing Physician Education Project, Deputy Project Director

Nancy Renick, MS, Practicing Physician Education Project, Pelham, NY
Grant/Research Support-John Hartford Foundation, Practicing Physician Education Project, Project Manager

Relevance-Studies show that the care of older adults in the US will soon take up more than 50% of primary care physicians' professional time, however most practicing physicians never received formal geriatrics training during their medical school or residency years. In addition, there is no evidence to support the effectiveness of traditional CME in changing physician behavior with respect to the care of older persons.

Purpose-This poster highlights two innovative CME approaches to changing physician behavior relative to the care of older patients.

Objectives-After viewing this poster presentation, conference participants should be able to 1) describe the methods used by the train-the-trainer and opinion leader models of CME designed to enhance the quality and efficiency of primary care doctors' office management of common geriatric problems, and 2) compare and contrast the value of non-traditional with formal continuing medical education activities.

Key Points-The models of CME described in this poster are based on two, different peer leadership approaches to CME. Rather than the traditional expert-led didactic, subject-centered approach to CME, both models stress peer-teaching, active learning, relevance to day-to-day practice, case-based problem solving and informal and relatively brief small group activities.

Pearls-There is a large untapped resource of CME providers in non-academic physicians willing to volunteer their time to educate their colleagues. Opinion leaders exist within communities and can be identified by their colleagues. Informal methods of CME show great potential in today's busy and complex healthcare environment.

Reference-Davis DA, O'Brien MA, Freemantle N, Wolf F, Mazmanian P, Taylor-Vaisey A. Impact of formal continuing medical education: do conferences, workshops, rounds and other traditional continuing education activities change physician behavior and health care outcomes. JAMA 1999; 282:867-874.

Notes

There is a large untapped source of CME providers in non-academic physicians willing to volunteer their time to educate their colleagues.

P10, Poster Presentation
7:30 am-4:00 pm, Thursday ∩ **7:30-11:00 am, Friday & Saturday**
B2 ∩ **Golden Gate Hall**

INDIVIDUALIZING CME ACTIVITIES FOR LARGE GROUPS OF PHYSICIANS
(Educational Activities Design; All; CME 101: Basics Curriculum)

Eileen Hanna, MEd, McMaster University, Hamilton, ON, Canada

Réjean Laprise, PhD, Aventis Pharma, Laval, PQ, Canada
Grant/Research Support-Aventis Pharma

Loretta Masaro, BAsC, Aventis Pharma, Burlington, ON, Canada
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 multifaceted 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.

Pearls-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.

Notes

CME providers can offer lower cost, individualized learning activities to large groups of learners and therefore improve their likelihood to influence clinical practices.

P12, Poster Presentation
7:30 am-4:00 pm, Thursday ∩ **7:30-11:00 am, Friday & Saturday**
B2 ∩ **Golden Gate Hall**

THE ANATOMY OF AN INTERNATIONAL SELF-ASSESSMENT PROGRAM
(Educational Activities Design; All; CME 101: Basics Curriculum)

Pedro Vera Garduno, Intermedica, Inc, Darien, CT
Grant/Research Support-Wyeth-Ayerst International

Thomas Garry, Dowden Publishing Company, Montvale, NJ
Grant/Research Support-Wyeth-Ayerst International

Sarina Grosswald, EdD, SJ Grosswald & Associates, Alexandria, VA

Relevance-As the practice of medicine becomes universal around the world, and concepts of CME are more widely accepted in other countries, design of a CME activity must be modified to fit the needs of physicians practicing in cultures other than those of North America.

Purpose-This poster describes how a self-assessment educational activity, a series of modules on estrogen deficiency, has been developed to reflect the needs of physicians in developed and developing nations around the world.

Objectives-Attendees should have a better understanding of similarities and differences in medical practice and CME in other nations, and should be better able to design educational activities to accommodate those differences.

Key Points-How authors and reviewers are recruited from representative countries. How their comments are integrated into the final program. How the concept of self-assessment CME is presented to physicians who are not familiar with this educational approach.

Pearls-How acceptance of estrogen replacement therapy differs in various countries. How CME can be relevant to a spectrum of needs. Self-assessment can be a welcome addition to any physician's learning skills if properly presented.

Notes

Design of a CME activity must be modified to fit the needs of physicians practicing in other cultures.

P13, Poster Presentation
7:30 am-4:00 pm, Thursday ψ **7:30-11:00 am, Friday & Saturday**
B2 ψ **Golden Gate Hall**

**INTEGRATING THE FINDINGS FROM CME RESEARCH WITH DESIGNING HIV EDUCATION:
A PROVIDER AND INDUSTRY PARTNERSHIP**
(Educational Activities Design; Intermediate)

Linda Raichle, PhD, Merck & Company Inc, West Point, PA
Other Support-Employed by Merck & Company Inc

Robert Orsetti, MA, Medical Education Collaborative, Freehold, NJ
Other Support-Employed by Medical Education Collaborative

Relevance-Identifying the most effective ways to educate physicians and measure the impact on behavioral change is paramount to the future of CME.

Purpose-This poster highlights CME activities which applied lessons learned from the CME research to designing, implementing and evaluating a series of educational activities to educate physicians about improved diagnostic and treatment options for the HIV patient.

Objectives-After viewing this poster, the participant should be able to apply needs assessment activities in the design of a symposium; negotiate effectively with project partners; provide interactive delivery; suggest various modes of presentation; and measure the outcomes of CME interventions.

Methods and Results-Through the use of a needs assessment instrument, relevant topics were identified by the potential audience; interactive case-based discussions using the audience response keypad system were employed at a series of 20 CME dinner symposia throughout the year; immediate pre- and post-assessment of HIV treatment options and practice environment were conducted; 3-month and 6-month post-symposia surveys revealed a change in diagnostic and treatment patterns for the HIV experienced patient.

Pearls-Partnership between the CME provider and industry supporter was evident throughout the planning stages of the program. Understanding and negotiating the needs of each partner was accomplished within the framework of CME. Using lessons learned from the research in CME, the activities were designed to foster effective learning-centered initiatives that demonstrated improved clinical management of the HIV patient.

Reference-Davis D, et al. Impact of formal continuing medical education. JAMA 1999; 282(9).

Notes

Identifying the most effective ways to educate physicians and measure the impact on behavioral change is paramount to the future of CME.

P14, Poster Presentation
7:30 am-4:00 pm, Thursday ψ **7:30-11:00 am, Friday & Saturday**
B2 ψ **Golden Gate Hall**

LEARNING IN CYBERSPACE :
ANALYSIS OF AN INTERACTIVE EDUCATIONAL EXPERIENCE ON THE INTERNET
(Educational Activities Delivery; All; CME 101: Basics Curriculum)

Jean-Maurice Turgeon, MD, Fédération des médecins omnipraticiens du Québec, Montreal, PQ, Canada
Grant/Research Support-Aventis Pharma

Denis Drouin, MD, Direction de la Santé publique de Québec, Beauport, PQ, Canada
Grant/Research Support-Merck Frosst Canada and Aventis Pharma

Paule Maltais, BSc, Aventis Pharma, Montreal, PQ, Canada
Grant/Research Support-Aventis Pharma

Purpose-To present the results of a pilot project concerning the dissemination of an interactive CME activity on the Internet.

Relevance-Major obstacles limit access to group-type educational activities, such as distance, determining the best time, the participants' and organizers' loss of earnings, and travel costs. The Internet is an excellent way to reach physicians in their own environment, when it is convenient for them. Few experiences involving interactive, computerized CME activities for general practitioners have been reported in the literature. An interactive workshop with case studies was made available on the Internet to enable general practitioners to learn over a distance at their convenience.

Objectives-To analyze quantitative and qualitative data on the time invested by the users, their perceptions of, level of satisfaction with, and progression through the different steps of the electronic version of an interactive workshop, and the difficulties encountered by the CME organizers in promoting and disseminating a computerized CME activity.

Method-An interactive workshop with case studies meeting CME accreditation criteria was modified and then placed on an accredited CME provider's Web site for dissemination on the Internet. Promotion of this activity for general practitioners was done by different means (publications, posters, and verbal announcements). The users' progress was measured and their feedback gathered by means of an evaluation form sent by e-mail. A questionnaire was sent to the users to complete the study. The organizers held a focus group with the general practitioners who used and who did not use the site, in order to identify the obstacles to promoting, disseminating and using this teaching tool.

Results-Promotion of the interactive, computerized workshop resulted in more than 100 general practitioners being reached in the first four months of dissemination. The users greatly appreciated this learning method. Most of them did the learning process in one or a few steps and successfully did the posttest in order to obtain training credits. Knowing what the obstacles are to disseminating such a teaching tool should make it possible to modify, if need be, the structure of the web site so as to reach a larger number of physicians or improve the promotion and dissemination of this teaching tool.

Pearls-The dissemination of a CME activity via cyberspace enables physicians to proceed at their own pace and at their convenience in order to improve their professional competence. This option poses a challenge to CME organizers and constitutes an attractive learning method for users.

Notes

The dissemination of a CME activity via cyberspace enables physicians to proceed at their own pace and at their convenience in order to improve their professional competence.

P15, Poster Presentation
7:30 am-4:00 pm, Thursday ψ 7:30-11:00 am, Friday & Saturday
B2 ψ Golden Gate Hall

**PEDS: DESIGN OF PARALLEL PROGRAMS FOR
COMMUNITY PHYSICIANS AND PHARMACISTS WITH SPECIALIST CONSULTANTS**
(Educational Activities Delivery; All; CME 101: Basics Curriculum)

James Williams, MD, McMaster University, Hamilton, ON, Canada
Grant/Research Support-Children's Hospital Hamilton Health Sciences Corporation

Susan Shannon, PhD, McMaster University, Hamilton, ON, Canada
Grant/Research Support-Children's Hospital Hamilton Health Sciences Corporation

Sharron Studd, McMaster University, Hamilton, ON, Canada
Grant/Research Support-Children's Hospital Hamilton Health Sciences Corporation

Relevance-Creating evidence-based content for CME programs is a time consuming and expensive undertaking. By designing parallel programs for more than one health profession using the same evidence-based content, maximum efficiency and effectiveness can occur.

Purpose-To describe the process of developing evidence-based CME programs for physicians and pharmacists.

Objectives-To develop evidence-based program content to include learning opportunities for physicians, pharmacists and other health professionals.

Key Points-The goal of all health professions is improved patient outcomes. Developing parallel programs, based on current evidence, for the different professions that make up the health care team members of the health care team, maximum efficiency and effectiveness can occur.

Pearls-Explore the educational needs of all the professions included in the health care team to maximally use evidence-based program content.

Reference-Badget RG, Okeefe MO, Henderson MC. Using systematic reviews in clinical education. Ann Intern Med 1997; 126:886-91.

Notes

*By designing parallel programs for more than one health profession
using the same evidence-based content, maximum efficiency and effectiveness can occur.*

P16, Poster Presentation
7:30 am-4:00 pm, Thursday ψ **7:30-11:00 am, Friday & Saturday**
B2 ψ **Golden Gate Hall**

PROFILE OF CME ACTIVITIES PROVIDERS AND PARTICIPANTS IN CATALONIA, SPAIN
(Educational Activities Delivery; All; CME 101: Basics Curriculum)

Helios Pardell, MD, PhD, Catalan Council on CME, Barcelona, Spain

Alex Ramos, MD, MEd, Catalan Council on CME, Barcelona, Spain

Arcadi Gual, MD, PhD, Catalan Council on CME, Barcelona, Spain

Relevance-The description of the profile of CME activities providers and participants can positively contribute to better design a CME offering and policy.

Purpose-This poster is aimed to show the characteristics of the CME activities providers and participants, based on the analysis of the first 200 accredited activities by the Catalan Council on CME.

Objectives-The description of the participants speciality, different sources of financial support, type and length of CME activities, different providers, and geographical distribution of them will serve as a tool to improve the CME offer and its planification and design, and the policy of commercial support

Key Points-Description of the participants speciality; analysis of the type and length of the CME offer; description of the CME providers, and the sources of financial support.

Pearls-The most accurate knowledge about the principal characteristics of CME providers and participants can decisively contribute to: reorient the CME offer; facilitate the implementation of a commercial support policy, and shed light on the feasibility of a professional requirements system implementation.

Reference-Pardell H, Ramos A, Oriol-Bosch A. Lessons learned from one year's experience of the Catalan Council on CME. Annual Meeting of the AMEE. Prague, August 30-September 2, 1998.

Notes

The description of the profile of CME activities providers and participants can positively contribute to better design a CME offering and policy.

P17, Poster Presentation
7:30 am-4:00 pm, Thursday ψ **7:30-11:00 am, Friday & Saturday**
B2 ψ **Golden Gate Hall**

EVALUATION OF A FACILITATION SKILLS WORKSHOP FOR PHYSICIANS

(Evaluation; All; CME 101: Basics Curriculum)

David Kaufman, EdD, Dalhousie University, Halifax, NS, Canada
Grant/Research Support-Merck Frosst Canada

Joan Sargeant, MEd, Dalhousie University, Halifax, NS, Canada
Grant/Research Support-Merck Frosst Canada

Vernon Curran, PhD, Memorial University of Newfoundland, St. John's, NF, Canada
Grant/Research Support-Merck Frosst Canada

Relevance-With the new emphasis on case-based approaches to CME, a core of specialists and family physicians need to be trained in facilitation skills.

Purpose-This poster provides a description of a facilitation skills workshop for physicians, and the results of an evaluation study of its impact on participants.

Objective-Participants should be able to design a similar workshop and evaluation study in their settings.

Methods and Results-Several questionnaires and tests were completed anonymously prior to, and upon completion of, the facilitation skills workshop. The results of the program evaluation study showed significant improvement in knowledge, skills and attitudes.

Pearls-Multiple CME activities should be used in a facilitation skills workshop to develop participants' knowledge, skills and attitudes.

Notes

Multiple CME activities should be used in a facilitation skills workshop to develop participants' knowledge, skills, and attitudes.

P18, Poster Presentation
7:30 am-4:00 pm, Thursday ∩ **7:30-11:00 am, Friday & Saturday**
B2 ∩ **Golden Gate Hall**

DESIGNING INNOVATIVE STUDIES TO ASSESS THE EFFICACY OF CME PROGRAMS
(Evaluation; All; CME 101: Basics Curriculum)

Réjean Laprise, PhD, Aventis Pharma, Laval, PQ, Canada
Grant/Research Support-Aventis Pharma

Loretta Masaro, BAsC, Aventis Pharma, Burlington, ON, Canada
Grant/Research Support-Aventis Pharma

Eileen Hanna, MEd, McMaster University, Hamilton, ON, Canada

Relevance-Although the random, controlled trial (RCT) is regarded as the gold standard in health sciences research, this study design is not always the most appropriate in continuing education. The choice of the best method is often a trade-off: it depends on the type of question being asked, the type of outcome to be measured, the access to the study subjects, the accuracy of the answer the researcher requires, and the time and money available. Other effective research designs can be used to answer many of the CE research questions.

Purpose-This poster presentation may help participants design innovative studies to describe, test and compare the efficacy of CME programs.

Objectives-At the end of the presentation, participants should be able to formulate a clear research question, explain the differences between qualitative and quantitative methods, come up with a research design to answer the question and list the limitations of the study.

Methods and Results-The adult learning theory predicts that CME events that allow individual practitioners to focus on their own learning needs should be more effective than those addressing the educational needs of the average practitioner. However, this assumption remains to be tested for large CME programs that include individualized interventions. The interactive poster presentation helps the participant design a study aimed at resolving this issue, using as a background the information coming from an actual study. This study evaluated the benefits of including a personalized activity within a large group weekend program based on individual needs assessment.

Pearls-In a discipline where it is often difficult to conduct state-of-the-art, random, controlled trials, other, effective research methods are available to answer many of the CME issues.

Reference-Fletcher RH, Fletcher SW, Wagner EH. Clinical epidemiology: the essentials. Baltimore, MD: Williams & Wilkins, 1996.

Notes

Effective research methods are available to answer many of the CME issues.

P19, Poster Presentation
7:30 am-4 :00 pm, Thursday ψ 7:30-11:00 am, Friday & Saturday
B2 ψ Golden Gate Hall

**IMPROVING YOUR SKILLS IN PREVENTIVE MEDICINE :
THIS CME WORKSHOP WORKS!**

(Evaluation; All; CME 101: Basics Curriculum)

François Goulet, MD, Collège des médecins du Québec, Montréal, PQ, Canada

André Jacques, MD, Collège des médecins du Québec, Montréal, PQ, Canada

Danielle Saucier, MD, Laval University, Ste-Foy, PQ, Canada

Relevance-To enhance the practice of physicians, CME providers must use interactive tools such as role-play and case-based small groups discussions in their traditional CME programs.

Purpose-To present the results of participants' evaluation of a workshop on Periodic Health Examination (PHE) offered to help family physicians to include evidence-based interventions to their practice.

Objectives-To assess immediately after the workshop if the participants have achieved the workshop's objectives, to determine the most important message they have retained and their anticipated changes to their practice.

Methods-A 90-minute workshop offered to small groups has been developed to help family physicians to include evidence-based interventions to their PHE. A questionnaire with open and closed questions was completed immediately after the workshop by the participants.

Results-Between September 1996 and December 1997, 40 workshops were held reaching 667 (16.7 participants/workshop) participants in all regions of the Province of Quebec. The evaluations (98.5% response rate) showed that the participants have reached the workshop's objectives (2.05 on a Likert scale -3 to +3). The most important messages retained were a better choice of tests (34,9%), doctor's self-involvement (27,2%) and counseling (16,4%). More women than men considered important counselling and communication skills but there was no statistical difference for the age. 78% of participants expect to make some changes to their practice. The anticipated changes were better screening of tests (38.9%), enhancement of their knowledge (18,9%), and insistence on counselling (12,8%). No difference was observed for sex.

Pearls-Effective CME is planned to achieve desired outcomes. Role-play and discussion with peers were effective methods used in this workshop to produce anticipated changes in the practice of family physicians.

Notes

Role-play and discussion with peers . . . produced anticipated changes in the practice of family physicians.

P20, Poster Presentation
7:30 am-4:00 pm, Thursday ψ 7:30-11:00 am, Friday & Saturday
B2 ψ Golden Gate Hall

**A PARTNERSHIP ODYSSEY: UNDERSTANDING THE IMPACT OF
JOURNAL BASED CME ON PHYSICIAN BEHAVIOR CHANGE**

(Evaluation; Intermediate)

Jeanne Cole, MS, Jefferson Medical College, Philadelphia, PA

Thomas Pizor, Medical Economics Company, Montvale, NJ

Timothy Brigham, PhD, Jefferson Medical College, Philadelphia, PA

Relevance-Given System 98's emphasis on outcomes, and the prevalence of medical literature used as primary source of information for physicians, a tool to measure physician's behavior change, based on Journal based CME, is needed.

Purpose-Present several methods utilized for assessing outcomes of Journal based CME, along with results of a pilot survey done with participants in an ongoing Journal based CME activity.

Objectives-Understand the theory of change. Discuss study design and methods of 2 different types of evaluation (Journal feedback study) (CME follow-up study). Assess effectiveness of these studies as measurements of change. Recommend improvements to process.

Key Points-Both partners in a journal based CME activity conduct follow-up studies on Journal articles. While they may have different primary objectives, both provide useful information for improvement of the product, and both contribute to compliance with evaluation essentials.

Pearls-Change occurs along a continuum; and an outcome of any one CME activity can occur along that continuum. Use of a follow-up survey can become a part of the change process.

Notes

*Given System 98's emphasis on outcomes . . .
a tool to measure physician's behavior change, based on Journal based CME, is needed.*

P21, Poster Presentation
7:30 am-4:00 pm, Thursday ψ **7:30-11:00 am, Friday & Saturday**
B2 ψ **Golden Gate Hall**

**CME CREDITS AND PROFESSIONAL REQUIREMENTS:
THE EXPERIENCE OF THE CATALAN MEDICAL ASSOCIATION, SPAIN**
(Accreditation; All; CME 101: Basics Curriculum)

Helios Pardell, MD, PhD, College of Physicians of Barcelona, Barcelona, Spain

Alex Ramos, MD, MEd, College of Physicians of Barcelona, Barcelona, Spain

Miguel Bruguera, MD, PhD, College of Physicians of Barcelona, Barcelona, Spain

Relevance-This initiative of CME-based professional requirements is the very first one implemented in Spain, serving as a model for further developments in this field.

Purpose-This poster describes the main traits of the Catalan Medical Association system of CME-based professional requirements.

Objectives-The outstanding conclusions of this poster include 1) the need to introduce a CME-based professional requirements system in Spain and other European countries, 2) the feasibility of its implementation (after having put into practice the CME accreditation system), and 3) the capacity of the system to serve as a model.

Key Points-Existing barriers for the implementation of a professional requirements system; strategies to overcome them; expectations for future developments in Spain, and expectations for future developments in Europe.

Pearls-A CME accreditation system can serve as a powerful incentive for continuing professional development. The implementation of a CME-based professional requirements system is a complementary tool to adequately achieve that goal.

Reference-Pardell H, Ramos A, Gual A. Internal evaluation of a CME activities accreditation committee. 25th Annual Conference of the Alliance for CME. New Orleans, LA: January 19-22, 2000.

Notes

A CME accreditation system can serve as a powerful incentive for continuing professional development.

P22, Poster Presentation
7:30 am-4:00 pm, Thursday ψ 7:30-11:00 am, Friday & Saturday
B2 ψ Golden Gate Hall

SYSTEM 98 ESSENTIAL CHECKLIST
(Accreditation; All; CME 101: Basics Curriculum)

Sarah Myren, BA, Mayo Foundation, Rochester, MN

Barbara McLeod, BA, Mayo Foundation, Rochester, MN

Linda Oelke, BA, Mayo Foundation, Rochester, MN

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-This poster presents a CME checklist that demonstrates and documents compliance with ACCME Essential Areas and policies.

Objective-As a result of viewing this poster presentation, participants should be able to integrate the System 98 Essential Checklist as a management and compliance tool in their own CME settings.

Key Points-The System 98 Essential Checklist serves as an interactive, multi-purpose tool linking planning tasks with the three Essential Areas, and provides a blueprint for ensuring documentation of needs assessment, learning objectives, program design, and evaluation. The checklist also serves as an effective tool in assisting physician course directors to assume active roles in complying with ACCME Essential Areas and policies.

Pearls-Copies of the System 98 Essential Checklist will be made available for distribution to participants who wish to modify it for use in their individual CME settings.

Reference-ACCME's essential areas, elements, and decision-making criteria. ACCME July 1999.

Notes

The System 98 Essential Checklist serves as an effective tool in assisting physician course directors to assume active roles in complying with ACCME Essential Areas and policies.

P23, Poster Presentation
7:30 am-4:00 pm, Thursday ψ 7:30-11:00 am, Friday & Saturday
B2 ψ Golden Gate Hall

**CME ACTIVITY APPLICATION REVIEW:
HOW TO USE YOUR CME COMMITTEE EFFECTIVELY AND EFFICIENTLY**
(Program Management; All; CME 101: Basics Curriculum)

Lyn Farquhar, PhD, Michigan State University, East Lansing, MI

Shannon Harkins-Padgitt, MLIR, Michigan State University, East Lansing, MI

Relevance-With the multiplicity of time demands placed on busy clinicians who serve on CME Committees, it is critical that an efficient and effective CME Application Review Process/Policy be developed.

Purpose-This poster provides an overview of an innovative electronic CME Application Review Process/Policy used by a Medical School CME office.

Objectives-After reviewing this poster, viewers should be able to 1) design a CME committee Application Review Policy and Process for use in their own CME office; 2) tailor a CME Application Review form for use in their own CME office; and 3) implement and utilize an electronic CME Application Review Process/Policy, as well as a traditional CME application review process, for use in live meetings.

Key Points-A thorough Administrative Review of each CME activity application for the CME Committee, enables the committee to focus on the content of the program, with confidence that program is compliant with the ACCME Essentials, Standards and ancillary policies.

Pearls-Administrative review and e-mail voting enables efficient use of CME Committees' time. Such documentation also enables the CME Office to ensure ACCME compliance for all CME programs while focusing faculty review efforts on objectives and content. Other ancillary desirable outcomes include complete program files matched to ACCME standards.

Notes

Administrative review and e-mail voting enables efficient use of CME Committees' time.

P24, Poster Presentation
7:30 am-4:00 pm, Thursday ψ **7:30-11:00 am, Friday & Saturday**
B2 ψ **Golden Gate Hall**

**REGIONAL SMOKING CESSATION PROGRAM FOR HOSPITALIZED PATIENTS:
RESULTS, TWO YEARS AFTER**
(Program Management; Intermediate)

Alain Vanasse, MD, Université de Sherbrooke, Sherbrooke, PQ, Canada
Grant/Research Support-Aventis Pharma

Paule Maltais, BSc, Aventis Pharma, Montreal, PQ, Canada
Grant/Research Support-Aventis Pharma

Martine Gilbert, Public Health Department, Rimouski, PQ, Canada
Grant/Research Support-Aventis Pharma

Relevance-In Quebec, the annual smoking cessation rate is 2-3%. The publication of an AHCP, evidence-based clinical guideline provides an opportunity to scientifically address the problem of smoking cessation. Hospitalization offers a unique opportunity for healthcare professionals to assist smokers in their cessation effort within the framework of a systematic, cooperative approach supported by the institution.

Purpose-To determine the short and medium-term cessation rates among smokers who participated in an in-hospital smoking cessation assistance program.

Objectives-To 1) evaluate the participation of healthcare professionals in CME workshops on smoking cessation in support of the program; 2) determine the smoking cessation rate with and without the nicotine patch among the patients who participated in the program; and 3) assess the participants' perception of and level of satisfaction with the program, and the factors that made it easier to quit smoking.

Method-A regional, smoking-cessation assistance program based on systematic, multidisciplinary intervention was implemented in six hospitals in 1998. CME workshops were set up for healthcare professionals. A system was used to determine the number of hospitalized smokers reached through the program, who wanted to quit smoking using the program and who quit smoking with or without the use of the nicotine patch. A telephone survey is presently under way among the participants to determine the medium-term smoking cessation rate and at what step the smokers are in their process of change. The survey identifies factors that made it easier to stop smoking.

Results-Most healthcare professionals at hospitals in question were informed of the program's existence. 30% of physicians in the region concerned participated in CME activities in support of the program. Since 1999, 626 hospitalized smokers have been reached through the program. Of them, 60% agreed to participate in the program, and 29% used nicotine patches while in hospital. Two weeks after discharge from hospital, 25% of the patients were still ex-smokers, and 24% continued to smoke. The smoking status was unknown in 51% of the patients. The results of the telephone survey will be available in the Fall, 2000.

Pearls-The feasibility and short-term efficacy of an in-hospital, smoking cessation assistance program based on a cooperative approach and involving the training of healthcare professionals have been demonstrated with this intervention project. Based on the medium-term efficacy and the analysis of the facilitating factors, consideration could be given to implement similar programs on a wider scale.

Reference-The smoking cessation clinical practice guideline panel and staff. The Agency for Healthcare Policy and Research Smoking Cessation Clinical Practice Guideline. JAMA 1996; 275(16):1270-1280.

Notes

*The feasibility and short-term efficacy of an in-hospital, smoking cessation assistance program . . .
have been demonstrated with this intervention project.*

R & R (Relaxation & Renewal) Series
7:00 am-7:30 pm, Wednesday
7:30 am-6:00 pm, Thursday-Saturday
2nd Floor ψ Club Room

R & R SERIES

(Classes and On Your Own Practices; All)

Overview-This R & R Series consists of seven experiential classes (for anyone at any level of skill scheduled throughout the conference) and [NEW] fifteen on your own practices (for your time off and when you return home), where you can breathe deeply, practice yoga, walk slowly, meditate, and just be. You'll leave the conference personally relaxed and professionally renewed.

Relaxation Room-All R & R classes (except the power walk) are held in the Club Room on the 2nd floor. This relaxation room also is available to practice some of the on your own exercises or as a quiet retreat during the day.

Class Etiquette-Here are 15 tips to ensure the best experience for all of you who attend the R & R classes.

- 1) Select the classes suitable to your current activity level.
- 2) Realize you will experience (not just talk about) relaxation and renewal.
- 3) Eat light and at least two hours before class.
- 4) Wear clothes that allow you to move freely and sit comfortably.
- 5) Remove your wristwatch and any large pieces of jewelry.
- 6) Bring your R & R water bottle with you.
- 7) Arrive on time, and stay for the entire class.
- 8) Remove your shoes for yoga and meditation classes.
- 9) Turn cell phones off, and put pagers on vibration mode, if you must leave them on.
- 10) Refrain from chewing gum.
- 11) Keep conversation to a minimum.
- 12) Listen carefully to the Yoga Doctor's instructions to reduce the risk of injury.
- 13) Work at your own level, and explore your own limits.
- 14) Focus on yourself rather than comparing yourself to others.
- 15) Understand that these classes (and the on your own practices) are in no way a substitute for medical care.

On Your Own Practices-And, take this opportunity to practice as many of the on your own exercises as possible during your time off at the conference. When you return home, incorporate some of those practices into your daily life. It will help you remain relaxed and renewed.

Notes

*Incorporate the two R's (Relaxation & Renewal) into each day
for a more easeful body, peaceful mind, and useful life.*

[NEW] R & R (Relaxation & Renewal) Series
Tuesday-Friday

TAKE THE LAG OUT OF JET LAG
(On Your Own; All)

Overview-Want to minimize some of the side effects of jet lag? Make the following easy adjustments after arriving in San Francisco. You'll feel and perform better throughout the conference.

Pearls-Here are seven tips for taking the lag out of jet lag.

- 1) Change your watch to Pacific Standard Time.
- 2) Drink plenty of water.
- 3) Adjust your eating and sleeping schedules to those in San Francisco.
- 4) Avoid alcohol and caffeine at least three hours prior to bedtime.
- 5) Dine early in the evening, and eat light meals.
- 6) Schedule heavy exercise during the day (not close to bedtime).
- 7) Make your hotel room as dark and quiet as possible for the best sleep.

And, remember that at its best travel can be transforming, stripping away pretense and creating an opportunity for renewal.

Reference-National Sleep Foundation.

Notes

At its best travel can be transforming, stripping away pretense and creating an opportunity for renewal.

[NEW] R & R (Relaxation & Renewal) Series
5:30 am-11:00 pm, Tuesday-Saturday
4th Floor ψ San Francisco Marriott's Health & Fitness Center

EXERCISE YOUR BODY

(On Your Own; All)

Overview-Add some exercise to your days during the conference by climbing the stairs instead of using the escalators and elevators or by going for a quick, 30-minute jog (see next page for jogging map). Also, take advantage of the San Francisco Marriott's Health and Fitness Center, which is recognized as one of the top ten hotel fitness centers in the country. The Center offers an indoor heated pool, whirlpool, elliptical fitness cross trainers, stationary bicycles, stair steppers, treadmills, Nordic Track, rowing machine, 11-station Cybex strength system, and free weights. For your convenience, locker rooms are fully equipped with lockers, steam rooms, dry saunas, showers, towels, hair dryers, and toiletries. The Health and Fitness Center is open from 5:30 am to 11:00 pm daily, located on the 4th floor of the hotel, and can be reached at extension 6641. **Best of all, it's complimentary to you as a hotel guest.** Your body will feel better for exercising it.

To ease stiff muscles, tension headaches, and lower back pain after a long day, the hotel also offers therapeutic massage services (including deep tissue and aromatherapy), as well as tennis and racquetball courts (off site). Contact The Health and Fitness Center for the current fees, a massage appointment, and/or a tennis or racquetball court reservation.

Relevance-According to a study, conducted in January 2000, by the Sporting Goods Manufacturers Association (SGMA), how we exercise has changed over time.

Methods-This survey monitored more than 100 sports and fitness activities among nearly 15,000 respondents. Using a benchmark 1987 study, SGMA noted dramatic increases and decreases in the popularity of certain activities.

Results-The highest rates of growth in exercise were experienced with treadmills (750% increase) and stair steppers (660% increase). In contrast, declines in popularity were found for exercise on rowing machines (57% decrease) and racquetball courts (46%).

Pearls-What matters most is not how you exercise but that you exercise your body on a regular basis!

Reference-Raia J. Fitness: how we exercise. *Convene* 2000; September:69.

Notes

What matters most is not how you exercise but that you exercise your body on a regular basis!

Insert Jogging Map

Insert Following Quote at Bottom or Where Possible on Jogging Map

A quick 30-minute jog can melt away the tension from a stressful day, as well as put more spring in your step.

[NEW] R & R (Relaxation & Renewal) Series
Wednesday-Saturday

**REFRESH YOURSELF WITH WATER
&
REFLECT ON THE CONFERENCE**
(On Your Own; All)

Relevance-In an effort to use your registration fee wisely, the Alliance is providing you with a custom designed (R & R [Refresh yourself with water & Reflect on the conference) water bottle (**cost under \$1**) rather than bottled waters (**cost of \$5.16/bottle**) for use during the conference. Drink 2-3 bottles of water a day. It may do a lot more than quench your thirst. Scientists say it might just be the simplest, coolest way to replenish body fluids and boost energy, as well as to look and feel healthier.

Pearls-Here are eight tips to refresh yourself with water, which is one of the body's most essential nutrients.

- 1) Clean the R & R bottle and cap with warm, soapy water before using it.
- 2) Choose water (over beverages with caffeine) to avoid dehydration.
- 3) Have water at room temperature (not chilled) for ease of assimilation.
- 4) Drink water when you arise, with your vitamins, and after brushing your teeth.
- 5) Down some water a couple hours before and after you exercise.
- 6) Fill your bottle at any of the water stations in **all** the meeting and function rooms.
- 7) Clean your bottle and cap after each refill.
- 8) Use water breaks to reflect on the conference. Tell us about your experiences this year and offer suggestions for 2002.
Then, turn in your completed evaluation and needs assessment forms, as well as your CME credit and attendance form, to the Alliance staff at the Registration Center before 5:30 pm, Saturday. You'll help us plan an even better program for next year's conference.

Reference-Tennesen M. A drink to your health. Health 2000; June:89-92.

Notes

Drinking 2-3 bottles of water a day might just be the simplest, coolest way to replenish body fluids and boost energy, as well as to look and feel healthier.

[NEW] **R & R (Relaxation & Renewal) Series**
7:00 am-7:30 pm, Wednesday
7:30 am-5:30 pm, Thursday and Saturday
7:30 am-12:30 pm, Friday
B2 ψ Golden Gate Hall A1

BE WELL BY DOING GOOD: DONATE
&
SAVE THE ENVIRONMENT: RECYCLE
(On Your Own; All)

Overview-Interested in remaining well? If so, be well (yourself) by doing good (for others). Give something back to San Francisco (the city hosting you and the conference).

Relevance-Doing good may help you as much as you help others. In a study of volunteers, researchers found that people who regularly donated just two hours of time to helping others benefited themselves. They reported fewer colds, better sleep, less stress, and fewer headaches, as well as an easing of aches and pains. Donating is one way of giving that can make you feel good and make a difference in the lives of others. And these days, more and more associations are focused on making meaningful contributions to the cities in which their annual conferences takes place. Purely social activities are giving way to projects, such as clothing and food drives for local schools and social welfare agencies. So, donate. You'll leave the conference feeling useful.

Pearls-The Alliance has prearranged five easy ways for donations to be made to the **St Anthony's Foundation** (121 Golden Gate Avenue, San Francisco, CA 94102-3899, Tel: 415/241-2600, Fax: 415/252-1635, Web Site: www.stanthonysf.org), a ministry with over fifty years of service dedicated to restoring health, hope, and human dignity to people living in this city by the bay.

- 1) **Donate a new bath towel and/or wash cloth** to the Clothing and Furniture Program, which helps many families create more stable homes with clothing, furniture, and other household items. And, if you didn't have room in your suitcase for another thing, purchase a new bath towel and/or wash cloth at one of the many stores (eg, Nordstrom's, Macy's, etc) within easy walking distance of the hotel on your afternoon off.
- 2) **Donate the toiletries from your hotel room** (with hotel's approval and support) to the Farm, Covenant House, and Seton Hall, which can be used by the over 100 individuals living in these residential settings and participating in drug and alcohol rehabilitation programs.
- 3) **Donate the Alliance tote bag** (given to you at the conference) to the Clothing Program, which provides 1700 individuals and families living on the streets with something to hold their possessions.
- 4) **Donate the R & R (Refresh yourself with water & Reflect on the conference) water bottle** (given to you at the conference) to the Dining Room, which can be used as serving cups.
- 5) The Alliance also will **donate all leftover food** to the Dining Room, which provides over 2100 nourishing meals each day.

Drop your donations in the boxes provided at the Registration Center anytime before 5:30 pm, Saturday. Everyone benefits from these donations-the recipients, San Francisco, you, and the CME community (as a helping profession).

Would you also like to do something to benefit the environment? Then, recycle your plastic name badge holder and string. **Drop them off at the Registration Center before 5:30 pm, Saturday.** Those holders and strings will be used at future Alliance meetings. You'll leave the conference having done one thing to save the environment.

Reference-Be well by doing well. New Choices 2000; July/August:36.

Reference-Making a meeting more meaningful. Convene 2000; March:16.

Notes

Donating may help you as much as you help others.

[NEW] R & R (Relaxation & Renewal) Series
12:15-12:45 pm, Wednesday
2nd Floor ψ Club Room

MIDDAY MEDITATION
(Class; All)

W R Van Nostrand, III, MD, The Health Conservancy, Tucson, AZ

Overview-Do you ever want some quiet time in the middle of the day but can't get away? Take a mini retreat during this half-hour silent meditation, lead by a busy emergency medicine physician who incorporates quiet time into this daily life. **In order to get the most out of this meditation and to not disrupt others, please arrive on time, and stay for the entire class.** You'll leave feeling like this time was both a retreat and a treat.

Relevance-Yoga suggests that a meaningful life comes not by going to some place outside yourself but by turning your attention toward inner silence. Incorporating a brief period of silence into your daily life is an act of self-care (not another task on your list of things to do). According to Buddha, your body is precious and is the vehicle for awakening. So, treat it with care.

Results-And, what's good for you may also be good for the health care system. In a recent large study, researchers at Maharishi University in Iowa discovered that the Canadian government shelled out 14% less on doctors' bills for people who meditated regularly over a six-year period than for their (presumably more stressed) counterparts.

Pearls-Observe one quiet minute while showering in the morning, at your desk as you begin work, before you eat your lunch, as you walk to your car to drive home, and/or after watching the evening news. The noise from the outside world and in your mind will begin to drift away during these moments of silence.

Reference-Brussat M, Brussat F. Spiritual Rx: prescriptions for living a meaningful life. Hyperion, 2000.

Notes

*Incorporating a brief meditation into your daily life is an act of self care
(not another task on your list of things to do).*

[NEW] R & R (Relaxation & Renewal) Series

5:15-6:00 pm, Wednesday

2nd Floor ψ Club Room

YOU AND THE YOGA DOCTOR: QUESTIONS AND ANSWERS

(Class; All; Audiotaped)

W R Van Nostrand, III, MD, The Health Conservancy, Tucson, AZ

Overview-As you work in the ever-changing field of CME, you constantly may be presented with challenges to do more. The busy schedules, phone calls, faxes, and e-mails all contribute to the push of an overworked life. Does it take a minor miracle to find a bit of time simply to be? If so, ask the Yoga Doctor about how to balance doing with being. You'll leave with practical ways for bringing more balance into your life-now.

Relevance-Balance doesn't just happen. Balance is about re-finding the middle way. It applies to your body, mind, and emotions, to all levels of your being. Balancing reminds you that anything you do, you can overdo or under do. If the pendulum of your life or habits swings too far to one side, it will swing inevitably to the other.

Pearls-You don't need to commit a great deal of time in order to balance your life. A daily routine of 20-30 minutes is quite sufficient at first. Be sure that you include a few minutes each of yoga poses, breathing techniques, meditation time, and selfless service. Practice at least once daily to balance doing with being in your life.

Reference-Millman D. The laws of spirit, powerful truths for making life work. Tiburon, CA: H J Kramer, 1995:9.

Notes

Ask the Yoga Doctor about how to balance doing with being in your life.

[NEW] R & R (Relaxation & Renewal) Series

7:30-10:00 pm, Wednesday

Lower B2 ψ Salon 9

RELAX AT THE MOVIE

2001: A SPACE ODYSSEY

(On Your Own; All)

Overview-After you've talked with colleagues and tasted some of San Francisco's renowned foods, unwind with a movie. In line with the conference theme (2001: A CME Odyssey), enjoy a private (for conference registrants, guests, and exhibitors only) showing (in the hotel) of 2001: A Space Odyssey. Stanley Kubrick's Academy Award winning film cannot be described but must be experienced. During the year 2001, a team of astronauts is being sent to Jupiter to investigate the appearance of a radio transmission. When the on-board computer begins to function strangely, the surviving member of the team is forced to abort the mission and is hurtled towards the unknown. You'll leave the movie relaxed for the evening but also recharged for the conference in the morning.

Notes

*In line with the conference theme (2001: A CME Odyssey),
unwind with a movie (2001: A Space Odyssey).*

R & R (Relaxation & Renewal) Series

6:30-7:30 am, Thursday

2nd Floor ψ Club Room

YOGA FOR YOUR BODY, BREATH, AND MIND

(Class; All; Audiotaped)

W R Van Nostrand, III, MD, The Health Conservancy, Tucson, AZ

Overview-Want to smooth your way from sleep to the conference? Begin your day with anyone-can-do-it hatha yoga, deep breathing, and guided meditation, as well as a discussion of two yoga sutras, lead by an emergency medicine physician who also is a certified Integral Hatha Yoga (basic, level 1) and Raja Yoga teacher. After this hour between dream and life, sleep and waking, darkness and sunshine, you'll leave ready for a full day of educational activities.

Relevance-Recent surveys reveal that more than eleven million Americans currently do yoga on a regular basis (in YMCAs, health clubs, private studios, living rooms, and retreat centers around the country).

Pearls-With regular yoga practice, you can breathe, sleep, digest food, and feel better. The best part is that some benefits of such practice are immediate. Yet the physical outcomes of yoga (reported in medical journals and the mainstream press) may be only the tip of the iceberg. Regular practitioners of yoga often report greater mental clarity, emotional evenness, perceived well-being, and effectiveness in work. According to the yoga sutras, such benefits come from practice and nonattachment. Sutra I-14 says that practice becomes firmly grounded when well attended to for a long time, without break and in all earnestness. Sutra I-15 defines nonattachment as the consciousness of self-mastery in one who is free from craving for objects seen or heard about.

Reference-Cope S. Yoga and the quest for the true self. Bantam Books, 1999.

Notes

With regular yoga practice, you can breathe, sleep, digest food, and feel better.

[NEW] R & R (Relaxation & Renewal) Series
7:30-8:30 am, Thursday
B2 ψ Golden Gate Hall

POWER YOURSELF UP WITH BREAKFAST
(On Your Own; All)

Relevance-It's not just breakfast. It's a lifestyle choice, from the first mouthful to the feeling you're doing something right.

Breakfast-Here is the selection for breakfast this morning.

- Orange juice
- Assorted English muffin breakfast sandwiches
 - Plain (including some wheat or honey wheat)
 - Scrambled eggs with cheese
 - Scrambled egg beaters
- Assorted pieces of whole fresh fruit
- Sweet butter, fruit preserves, and low-fat peanut butter
- Freshly brewed coffee, decaffeinated coffee, and assorted international and herbal teas
- Water station

Pearls-And, here are five guidelines to power up with a breakfast that will keep you going all morning long.

- 1) Make breakfast 25% of your day's food intake.
- 2) Choose a healthy protein source (eg, egg beaters or low-fat peanut butter).
- 3) Select a whole grain (eg, wheat or honey wheat English muffin).
- 4) Pass up excess fat (eg, sweet butter).
- 5) Chew food thoroughly.

Note-While Americans get most of their whole grain from bread and cold cereals, there are other healthy sources, including steel-cut oats, barley, wheat germ, and more exotic but increasing available grains like bulgar, quinoa, and millet.

Reference-How to go for the grain. Health 2000; October:62.

Notes

*A healthy breakfast is a lifestyle choice,
from the first mouthful to the feeling you're doing something right.*

[NEW] R & R (Relaxation & Renewal) Series
12:00-1:30 pm, Thursday
Lower B2 ψ Salons 8-9

REINVIGORATE YOURSELF WITH LUNCH
(On Your Own; All)

Relevance-While you reconnect (professionally) with colleagues, renew yourself (physically) with a tasty box lunch.

Lunch-Here are the box lunch selections.

Selection 1

- Asian vegetable wrap (Asian vegetables with a hoisin dressing in a tortilla wrap)
- Mediterranean bean salad
- Piece of whole fruit
- Assorted sodas (including diet and diet caffeine free options)
- Water station

Selection 2

- Ham and cheese wrap
- Potato chips
- Piece of whole fruit
- Assorted sodas (including diet and diet caffeine free options)
- Water station

Pearls-Here are ten suggestions for a reinvigorating lunch that will keep you going all afternoon long.

- 1) Make this 50% of your day's food intake.
- 2) Focus on a low-fat, protein source (eg, Mediterranean bean salad).
- 3) Include vegetables (eg, Asian vegetables).
- 4) Consume only a small serving of bread (eg, tortilla).
- 5) Forego any excess fat.
- 6) Limit sodium and sugar intake.
- 7) Eliminate caffeine, whether in coffee, soda, or chocolate (eg, water or diet caffeine free soda).
- 8) Eat mindfully, savoring the food's textures and flavors.
- 9) Take at least 20 minutes to eat.
- 10) Then, give your full attention to each and every person you meet at the networking luncheon.

Reference-Eating for energy. New Age Journal 2000; May/June:79.

Notes

*Reconnect (professionally) with colleagues,
and renew yourself (physically) with a tasty box lunch.*

[NEW] R & R (Relaxation & Renewal) Series

3:00-3:30 pm, Thursday

B2 ψ Golden Gate Hall

SAVOR THE SWEET TRUTH ABOUT YOUR SWEET TOOTH

(On Your Own; All)

Relevance-Ever wonder why the taste of something sweet is so alluringly pleasurable? Bite into any one of the cookies from the San Francisco Marriott's special selection, and you'll long for the taste to last forever. According to ancient philosophical texts, the experience of eating something sweet may be a metaphor for what sustains and what soothes you. The result may be a search for your next encounter with similar sensations.

Milk & Cookies Break-Here is the sweet selection for this refreshment break.

- Assorted cookies
 - Chocolate chip
 - Oatmeal raisin
 - Peanut butter
 - Mocha chip
 - Chocolate macadamia nut
- Assorted pints of milk
 - 2%
 - Whole
 - Chocolate
- Assorted sodas (including diet and diet caffeine free options)
- Water station

Pearls-A good way to savor this Milk & Cookies Break is being grateful for the sweets you are about to eat. Then, stay present and open to the tastes you encounter and the act of eating itself. When you eat a cookie without any expectation of the immediate sensation that the sweet can provide, you may experience the deeper truth about food. It is the tangible foundation of our existence.

Reference-Taylor M, Ginsburg L. The sweet truth. Yoga Journal 2000; September/October:47-50.

Notes

The experience of eating something sweet may be a metaphor for what sustains and soothes you.

R & R (Relaxation & Renewal) Series

5:15-6:00 pm, Thursday

2nd Floor ψ Club Room

WALKING MEDITATION WITH YOU AND YOUR COLLEAGUES

(Class; All)

W R Van Nostrand, III, MD, The Health Conservancy, Tucson, AZ

Overview-Ready to do something other than sit in a meeting room? Relax your body and focus your mind during this powerful practice of walking meditation (in the hotel), lead by an emergency medicine physician who also walks and meditates daily. With nowhere to go and nothing to do, your every step takes on new meaning. You'll leave renewed for the evening on your own.

Relevance-When you think of meditation, you may envision crossed legs and chants of OM. But meditation can be anything that helps concentrate your attention or increase your awareness of the body, mind, and spirit.

Pearls-In addition to this walking meditation, here are ten other ways to meditate.

- 1) Scan your body, tensing and relaxing each muscle from the toes to the head.
- 2) Draw or color to help you live in the present moment.
- 3) Try biofeedback to help you learn what makes your brain relax.
- 4) Focus on your breath to help clear your mind.
- 5) Gaze at a lighted candle, preferably one that doesn't pollute the air.
- 6) Use essential oils or soothing music to create a peaceful atmosphere.
- 7) Listen to the world around you, allowing thoughts to pass like clouds in the sky.
- 8) Concentrate on your body's movements, while working out.
- 9) Give up any and all expectations of yourself for a brief time period.
- 10) Walk a labyrinth to love your body and clear your mind (**see R & R Series [On Your Own], 1:00-5:00 pm, Friday**).

Reference-Schwenker A. Great ways to meditate. New Age Journal 2000; March/April.

Notes

Meditation can be anything that helps concentrate your attention or increase your awareness.

[NEW] R & R (Relaxation & Renewal) Series
6:00-8:00 pm, Thursday

CALM YOURSELF DOWN WITH DINNER
(On Your Own; All)

Relevance-Interested in yet another way to relax your body and quiet your mind? Some health experts believe that dinner can be a perfect time for mindful eating.

Pearls-After a hectic day of educational activities, here are ten ideas for calming yourself down with dinner.

- 1) Make this 25% or less of your total intake for the day.
- 2) Focus on lightly steamed vegetables.
- 3) Add a whole grain or brown rice.
- 4) Include a small serving of non-meat protein (eg, beans).
- 5) Add up to one tablespoon of healthy oil (eg, olive oil).
- 6) Avoid fried, creamy, and marinated foods.
- 7) Give thanks for the meal and this day.
- 8) Observe the food, noting its shape and color.
- 9) Then, eat in silence.
- 10) Afterwards, reflect on and note how this experience differed from your usual eating style.

Reference-Eating for energy. New Age Journal 2000; May/June:79.

Notes

Some health experts believe that dinner can be a perfect time for mindful eating.

R & R (Relaxation & Renewal) Series

6:30-7:30 am, Friday

2nd Floor ψ Club Room

YOGA FOR BUSY PEOPLE

(Class; All; Audiotaped)

W R Van Nostrand, III, MD, The Health Conservancy, Tucson, AZ

Overview-Want to increase your energy and reduce your stress in minutes? Refocus yourself with an hour of yoga postures, diaphragmatic breathing, and deep relaxation, as well as a discussion of another yoga sutra, lead by a certified Integral Hatha Yoga (basic, level 1) and Raja Yoga teacher, who also is a busy emergency medicine physician.

Relevance-While regular aerobic exercise and strength training can help increase energy and reduce stress, they may not be the complete answer. Some believe yoga is needed to keep the body, mind, and spirit of the busy person totally fit.

Pearls-So, begin to re-balance yourself with the simple suggestion offered in this yoga sutra (II-33): When disturbed by negative thoughts, opposite (positive) ones should be thought of. Then, turn to one of the easy-to-use-guides for getting re-balanced at the office. Such helpful guides include yoga stretches and other exercises for relaxation and renewal, which can be performed anywhere from the elevator to the conference room. Practicing such stretches and exercises can be your next best move.

Reference-Zeer D, Klein M. Office yoga: simple stretches for busy people. San Francisco, CA: Chronicle Books, 2000.

Notes

Some believe yoga is needed to keep the body, mind, and spirit of the busy person totally fit.

[NEW] R & R (Relaxation & Renewal) Series

10:00-10:30 am, Friday

B2 ψ Golden Gate Hall

EAT FOR ENERGY

(On Your Own; All)

Relevance-In today's fast-paced world, it's easy to get run-down. Fruits and grains contain many of the vitamins and minerals your body needs. So, eat for energy at this healthy break. You'll leave energized and mentally alert for the rest of the morning.

Eat for Energy Break-Here is the selection for this energy break.

- Whole fresh fruit
- Assorted, low-fat granola bars
- Freshly brewed decaffeinated coffee
- Assorted international and herbal teas
- Assorted bottled waters (including non-carbonated and carbonated)

Pearls-If you need a bit of energy to face the morning, both this healthy break and the following eight tips can help.

- 1) Rise and stretch (eg, sun salutation [short series of yoga poses]).
- 2) Eat more B-vitamin-rich foods (eg, avocados, barley, and lentils).
- 3) Introduce invigorating scents into your home.
- 4) Do a few minutes of low-intensity exercise (eg, jumping on a trampoline).
- 5) Sip on a cup of herbal peppermint tea.
- 6) Wear bold-colored clothing (eg, red or orange).
- 7) Go to bed early.
- 8) Consume three balanced, nutritionally dense, high fiber meals each day.

Reference-8 great ways to boost your energy. Natural Health 2000; September:31.

Notes

Fruits and grains contain many of the vitamins and minerals your body needs for energy.

R & R (Relaxation & Renewal) Series
12:15-1:00 pm, Friday
Lower B2 ψ Yerba Buena Grand Assembly

POWER WALKING WITH YOU AND YOUR PEERS
(Class; All)

W R Van Nostrand, III, MD, The Health Conservancy, Tucson, AZ

Overview-Want to exercise your body before beginning your free afternoon off on the streets of San Francisco? Recharge yourself on this forty-five minute power walk (inside the hotel) with your peers, lead by a physician who also is a regular walker.

Relevance-Power walking is one of the simplest and safest ways to stay in good health. And, this walk inside the hotel gives you all the benefits of walking outside plus safety from cars, a comfortable environment, and a smooth surface.

Pearls-Here are eleven pointers for making the most of your power walk.

- 1) Dress lightly, since the temperature in the hotel stays around 70 degrees.
- 2) Wear walking or running shoes and athletic socks.
- 3) Stretch for 5 minutes before and after your walk to avoid injury.
- 4) Start out slowly to give your muscles a chance to warm up.
- 5) After 5 minutes, pick up the pace (eg, can walk and talk at the same time).
- 6) Keep your head upright, abdomen tight, and chin level with the ground.
- 7) Bend your arms at the elbows to walk faster and prevent finger swelling.
- 8) Walk heel to toe, which helps your legs get maximum propulsion from each step.
- 9) Keep your stride length the same to not strain your hips and knees.
- 10) Meditate while you walk, focusing on your body or breath.
- 11) Drink plenty of water when you're done.

Reference-Iknoian T. Fitness walking. Human Kinetics, 1995.

Notes

Power walking is one of the simplest and safest ways to stay in good health.

[NEW] R & R (Relaxation & Renewal) Series
12:15-1:00 pm, Friday

MEDITATE IN NATURE
(On Your Own; All)

Overview-Interested in deepening your connection with yourself and the natural surroundings in San Francisco? Meditate in nature during your afternoon off. You'll conclude with a greater appreciation of yourself and for this city.

Relevance-You are free to be at peace with yourself and others, as well as with nature.

Pearls-Here are ten suggestions for this natural meditation practice.

- 1) Go out in nature (eg, Yerba Buena Gardens across from the hotel).
- 2) Scan the natural world around you.
- 3) Listen to the sounds in the environment.
- 4) Focus on colors and images.
- 5) Tune in to smells.
- 6) Feel the air on your skin.
- 7) Recognize nature is all around you and in you.
- 8) Allow yourself time to contemplate this connection to nature.
- 9) Express gratitude for that connection.
- 10) Jot down any observations about that connection.

Reference-Merton, T.

Notes

Nature is all around you and in you.

[NEW] R & R (Relaxation & Renewal) Series
1:00-5:00 pm, Friday
Grace Cathedral ψ 1100 California Street at Taylor Street

(RE)-DISCOVER THE LABYRINTH
(On Your Own; All)

Overview-Looking for the time and space to reflect on your life in a world which crowds it out? Walk one or both (outdoor and indoor) of the modern-day replicas of an eleven circuit, medieval labyrinth at the magnificent Grace Cathedral. Whether you've yet to discover or are ready to re-discover the power of the labyrinth, you'll find its single, winding path (with no tricks or dead ends) a metaphor for your life's experiences.

Relevance-The labyrinth has been awaiting (re)-discovery, longing to guide us, awaken us, as we walk this earthly path.

Directions to Grace Cathedral-Take the California Street Cable Car, which stops at California and Taylor. Grace Cathedral is two blocks from that stop (1100 California Street at Taylor Street, San Francisco, CA 94108).

Availability of the Labyrinths-While the outdoor, terrazzo labyrinth can be used around the clock, the indoor, wool tapestry one is generally available for walking when the cathedral is open (7:00 am-6:00 pm, Sunday-Friday; 8:00 am-6:00 pm, Saturday). However, it may not be accessible for walking during special services, events, or routine maintenance. To confirm that the indoor labyrinth is open, contact Grace Cathedral by phone (415/749-6358) or e-mail (veriditas@gracecathedral.org).

Suggestions for Walking the Labyrinths-The best way to learn about the labyrinth is to walk one. In fact, this practice has become increasingly popular in recent years, as labyrinths have sprung up around the world. Walking a labyrinth requires no special skill. As you review the following twelve suggestions, remember that each of us walks this path in a different way, bringing our own hopes, dreams, histories, and longings to the experience.

- 1) Sit and rest for a moment on the outside of the labyrinth.
- 2) Slip off your shoes.
- 3) Walk around the labyrinth once.
- 4) Collect yourself before you start.
- 5) Silently state a specific intention regarding your walk.
- 6) Start the walk in, letting go of the details of your life.
- 7) Find your own natural pace, passing others or allowing them to pass you.
- 8) Keep your mind and heart open to thoughts or feelings that arise.
- 9) Reflect on what you have learned, when you reach the center.
- 10) Take what you have learned with you on the walk out.
- 11) After the walk, reflect on those lessons (in silence, by writing, or via drawing).
- 12) Incorporate those lessons into your life and in serving others.

Learning More About Labyrinths-Labyrinths are a popular topic in national magazines and newspapers, as well as on television. They are returning to the mainstream in a major way. For additional information about labyrinths, check out the resource center, photo library, and archive at www.labyrinthos.net. For labyrinth products that can help the mind and body relax, go to www.labyrinthproducts.com.

Locating a Labyrinth Near You-Labyrinths have been established in cathedrals, churches, schools, retreat centers, hospitals, prisons, parks, hospices, airports, and community spaces around the world. For example, the California Pacific Medical Center in San Francisco developed one for walking meditation. To find a labyrinth near you, go to the Labyrinth Locator at www.gracecathedral.org/labyrinth/locator/body.shtml.

Reference-Artress L. Walking a sacred path: rediscovering the labyrinth as a spiritual tool. Riverhead Books, 1996.

Notes

The labyrinth has been awaiting (re)-discovery, longing to guide us, awaken us, as we walk this earthly path.

R & R (Relaxation & Renewal) Series

6:30-7:30 am, Saturday

2nd Floor ψ Club Room

LIVING YOUR YOGA: ANYTIME AND ANYWHERE

(Class; All; Audiotaped)

W R Van Nostrand, III, MD, The Health Conservancy, Tucson, AZ

Overview-Wonder how you can take yoga off the mat and integrate it into your daily life without turning your already-too-busy schedule upside down? Leave the conference with some simple yoga stretches, an alternate nostril breathing technique, a laughing meditation, and a key yoga sutra that you can practice on the job, in traffic, on a plane, or at home.

Relevance-Yoga is a great way not only to relax but to improve your performance in other activities. So, don't let any preconceived notions keep you from enjoying the benefits of this dynamic mind-body exercise.

Pearls-The best way to get started in yoga is to find a class that appeals to you. Find out where classes are being held in your area, and stop by to see how you like them. Yoga classes call on you to temporarily leave behind the outside world and focus inward. If it is difficult for you to attend scheduled classes, purchase one of the many yoga videos now available (eg, Introduction to Yoga, Yoga for Beginners, AM Yoga for Beginners, PM Yoga for Beginners, Yoga for Intermediates, Yoga for Flexibility, Yoga for Strength, Yoga for Relaxation, Yoga for Energy, and/or Yoga for Meditation). Whether you decide on classes, videos, both options, or neither of them, at least remember this key yoga sutra (I-33): By cultivating attitudes of friendliness toward the happy, compassion for the unhappy, delight in the virtuous and disregard toward the wicked, the mind retains its undisturbed calmness. These four keys (attitudes of friendliness, compassion, delight, and disregard) can help you remain peaceful, when you encounter the four locks (people who are happy, unhappy, virtuous, and wicked).

Reference-Satchidananda S (Translation and Commentary). The yoga sutras of Patanjali. Yogaville, VA: Integral Yoga Publications, 1985:16-19.

Notes

Yoga is a great way not only to relax but to improve your performance in other activities.

[NEW] R & R (Relaxation & Renewal) Series
3:00-3:30 pm, Saturday
Lower B2 ψ Yerba Buena Grand Assembly

**EAT RIGHT
FEEL RIGHT!**
(On Your Own; All)

Overview-Eat right by sampling some low-fat, crunchy snacks at this afternoon refreshment break. You'll feel right, as the annual conference concludes.

Break-Here is the selection for this eat right, feel right refreshment break.

- Individual bags of low-fat popcorn, pretzels, and baked Lays
- Freshly brewed coffee, decaffeinated coffee, and assorted international and herbal teas
- Assorted sodas (including diet and diet-caffeine free options)

Pearls-To reinforce this healthy message and for easy identification, the Alliance staff have been wearing Eat Right-Feel Right vests throughout the conference. These vests have a black background, with whole fruits (eg, oranges, strawberries, bananas, and apples), colorful vegetables (eg, broccoli, carrots, and mushrooms), dairy products (eg, cheese and milk), and grains (eg, bread), as well as the Eat Right-Feel Right message imprinted on them.

Notes

Eat right, and you'll feel right!

[NEW] R & R (Relaxation & Renewal) Series
5:15-6:00 pm, Saturday
Your Own Hotel Room

REPLENISH YOURSELF WITH DEEP RELAXATION
(On Your Own; All)

Overview-Want to replenish yourself after the hectic pace of the conference? Practice deep relaxation in the comfort and privacy of your hotel room, which involves slowly tensing and relaxing each part of the body, starting with the toes and working toward the head. You'll find it easier to fall asleep and return home more rested.

Relevance-For a lot of people simply (re)-introducing the idea of relaxation certainly can enhance their lives. In fact, if you can completely relax in the present moment, there's a possibility of a profound renewal. And, what better time to relax than at the end of the conference.

Pearls-According to Herbert Benson, MD, there is no educational requirement or special aptitude necessary to experience relaxation. Here are ten steps for becoming aware of your tension so you can relax it.

- 1) Place the do not disturb sign on the outside of your hotel room door.
- 2) Ask the hotel operator to hold all phone calls for the next half-hour.
- 3) Wrap a blanket or towel around yourself to stay warm.
- 4) Find a comfortable position seated in a chair or lying down on the bed.
- 5) Read over the following ten steps.
 - Step 1**-Tense and relax your toes, feet, and lower legs.
 - Step 2**-Tense and relax your knees and thighs.
 - Step 3**-Tense and relax your hands and arms.
 - Step 4**-Tense and relax your belly and breath.
 - Step 5**-Tense and relax your lungs and heart.
 - Step 6**-Tense and relax your back and shoulders.
 - Step 7**-Tense and relax your neck and head.
 - Step 8**-Tense and relax your face and eyes.
 - Step 9**-Recheck any major tension areas.
 - Step 10**-Relax those areas.
- 6) Go slowly through these ten steps.
- 7) Remember you will be moving from your feet to your head.
- 8) Feel the relief as you let go of any and all tension in your body.
- 9) Spend another 15-20 minutes in stillness.
- 10) Enjoy having nothing to do but relax.

Note-A massage, warm bath, or aromatherapy also may help to replenish you.

After this series of steps, select simple, sattvic (pure) foods for dinner that are believed to promote a relaxed state. Such foods include fresh juices and fruits, lightly cooked vegetables, nuts, seeds, legumes, whole grain bread, desserts made with natural sweeteners, and herbal tea.

And, remember to incorporate the two R's (Relaxation & Renewal) into each day for a more easeful body, peaceful mind, and useful life.

Reference-Muller W. Sabbath: restoring the sacred rhythm of rest. Bantam Doubleday Dell Publications, 1999.

Notes

If you can completely relax in the present moment, there's a possibility of a profound renewal.