

InterCom

Newsletter
of the

Society of Medical College Directors of Continuing Medical Education

Volume I, Number 2

April, 1987

Noted Educators To Appear on Spring Conference Program

THE SPRING CONFERENCE, scheduled to convene May 2-5, should attract a record attendance for at least three reasons: (1) a stimulating educational program, (2) a spectacular location in sunny Clearwater, Florida, and (3) recognition of one aspect of the Society's heritage.

Keynote address at the opening session, Sunday, May 3, will be given by Phil R. Manning, M.D., associate vice-president for health affairs in the Post-graduate Division, University of Southern California, Los Angeles. He will discuss "Recertification: Its Influence on the Future of CME."

A second illustrious highlight that morning will be an address by one of the most prominent authorities in the field of adult education. Cyril O. Houle, Ph.D., senior program consultant for the W.K. Kellogg Foundation, will discuss "Some Hypotheses About Continuing Professional Education."

Educational sessions will include six workshops dealing with topics relevant to the professional interests of SMCDCME members (see Preliminary Program, pages 5 and 5).

Anniversary Observance

This year marks the 20th anniversary of "The Retreat," a well-known institution among CME "old-timers." Long before there was a formal organization, CME people found great value in getting together to share problems and ideas for their solution. From the beginning, the fundamental rules for a retreat gathering have been: No formal papers and no agenda. Anyone is free to speak. Anyone is free to critique. Good news and bad news may be considered on an equal basis.

During the conference the Society is planning to honor the founder of the retreat: Jesse Rising, M.D. For many years, Dr. Rising was the CME Director at the University of Kansas. Currently he is in family practice at Bell Memorial Hospital, Kansas City, Kansas. Dr. and Mrs. Rising have been invited to attend the spring meeting as guests of the Society. Special recognition in the form of an honorary life membership will be given to Dr. Rising at the Sunday morning session.

A native of Sarasota, Florida, Dr. Houle holds degrees in education from the University of Florida, Gainesville, and the University of Chicago, Illinois. At the latter institution, he served as faculty member and administrator from 1939 to 1978, when he became emeritus professor.

At the Kellogg Foundation, Dr. Houle has provided assistance since 1976 in the programming areas of continuing education and lifelong learning. He is the author of *Patterns of Learning*, published in 1984, plus eleven other books and numerous publications.

Dr. Houle has served as a consultant and/or visiting professor at many governmental and private institutions in the United States and foreign countries. He is a member of the National Academy of Education and been awarded honorary doctorates by Rutgers, Florida State, Syracuse, New York University, DePaul, Roosevelt, Suffolk and the State University of New York.



Cyril O. Houle, Ph.D.

Time for Recreation

Responding to suggestions from the membership, the Host Committee has made sure that attendees have an ample amount of free time. After absorbing challenging educational information during the forepart of each day, members will be able to relax on the white-sand beach or pursue sports of their choice by mid-afternoon.

A sunset cruise on Sunday night, May 3, will include dinner and dancing for those who purchase tickets to this event. The following evening, everyone will enjoy a beach luau included in the registration fee. Spouses are cordially invited to attend all the recreational activities.

Further information is contained in the Registration packet distributed by the Host Committee.

President's Corner . . .

IN THIS ISSUE we welcome Phil R. Manning, M.D., founding president of SMCDCME, as Guest Editor (see page 3). We're also grateful to him for accepting the Executive Committee's invitation to present the keynote address at our spring meeting.

Dr. Manning's accomplishments are many. He has been active in continuing medical education for 32 continuous years and is the Paul Hoagland Professor of Continuing Medical Education at the University of Southern California. His current administrative responsibilities include the coordination of education for practicing physicians, nurses, dietitians, and hospital administrators, plus development of the community hospital as a teaching center.

His editorial itself is ample evidence of his ability to champion two exciting ideas: First, taking continuing medical education beyond the classroom into individualized learning for practitioners; and second, practice analysis in order to determine and specifically address individual learning needs. "It is my hope," Phil says, "that the field of medical information will evolve so that physicians may get short answers to specific questions about patients they are seeing."

Workshop Report— Future Directions Task Force

Here are recommendations resulting from one of the Fall Workshops convened in New Orleans by the Future Directions Task Force. The session on Professional Development of Society Members was chaired by Oscar Thorup, and reported by Carol Malone. The representative of the Task Force was Dave Davis. The workshop made five recommendations:

1. Develop a resource package for new members to include:
 - a. A retreat scheduled to coincide with the annual spring meeting.
 - b. Workshops on the administration of CME.
 - c. Development of a Resource Directory to include:
 - (1) Bibliography of publications.
 - (2) List of experienced members who can serve as advisors to new members.
2. Devise a method of identifying new members or first-time attendees at conferences to make them feel at home and to involve them in Society activities.
3. Assign regional representatives the responsibilities of:
 - a. Contacting medical schools that are not represented in the Society to solicit their membership.

- b. Identifying experienced members in their regions who can be placed on the advisory list.
4. Utilize the newsletter to keep members informed about:
 - a. Current issues (i.e. tax reform).
 - b. New publications.
5. Appoint an ongoing working group to:
 - a. Provide information for the newsletter.
 - b. Be responsible for a segment on professional development at both the Spring and Fall meetings.

Implementation Under Way

Some of the foregoing suggestions have already been implemented. The January newsletter carried an article on the new tax law. It also included a Book Review. This issue features a Software Review. Regional representatives have been asked to review the membership status of schools in their region and to present a status report at the Executive Committee meeting in May.

Furthermore, on the basis of the task force recommendations, a number of workshops have been scheduled on the program in May. Also, an orientation luncheon for new members will be hosted by the Membership Committee.

A newly constituted Newsletter and Communications Committee will have its first meeting in Clearwater.

The recently appointed Long-Range Planning Committee (successor to the Future Directions Task Force) will doubtless make its own recommendations. Whatever is decided, it appears obvious that the excellent report of the Task Force can be implemented almost immediately in its entirety.

In addition, steps have already been taken to build more stability and depth into the Program Committee. Other functions for the Membership Committee are under consideration.

Finally, through a new Procedure Manual to be developed (at the suggestion of the Executive Committee), we will attempt to spell out ways to provide administrative support in order to keep up momentum and continuity even though committee membership changes.

POSITION WANTED: Associate Dean for CME

Ph.D. psychology; more than 20 yrs. experience in medical education (evaluation) research including CME; seeks senior level position in academic administration. Eight years experience with educational program planning for physicians. Working knowledge of ACCME Essentials. For CV, write:

P.O. Box 535
Glenview IL 60025

GUEST EDITORIAL . . .

By Phil Manning, M.D.

Associate Vice President of
Health Affairs, University of
Southern California

The calendar tells me that on August 5, I will have been in continuing medical education (CME) for thirty-two years. I thought it might be useful to reflect on my changing views of CME over these decades. When I started I was convinced that the best that medical schools had to offer to practicing physicians was excellent continuing education in the classrooms. We conducted studies showing that physicians do indeed learn facts from attending such programs but then, as now, it was difficult to demonstrate that changes in behavior occur following a standard CME course. Many experiments have demonstrated that unless a program is focused on specific behavioral goals, it cannot produce measurable behavioral changes in practice.

Paul Sanazaro crystallized the situation when he observed that attempts to prove that classroom continuing education can cause changes in practice behavior have obscured our vision of what traditional continuing education can actually accomplish.

TRADITIONAL CME keeps physicians broadly aware of the state of medical practice—what is possible, what physicians should be doing generally, and especially what changes in practice they should contemplate. Professor Cyril Houle summarized this best: "While continuing education will not cure all the problems of the professions, without it no cure is possible."¹ Therefore we should pay strict attention to the positive aspects of CME offerings and not be unduly disturbed that changes in practice or practice behavior are rarely demonstrable.

Beginning about twenty years ago, because of the work of George Miller, John Williamson, and Thomas Meyer and others, I became interested in developing educational opportunities designed to address specific problems in individual practices. This requires study of the physician's practice and collection of data that will disclose educational needs.

I became impressed with pioneer work in this field by Paul Sanazaro and Clement Brown and was disap-

InterCom is published on a quarterly basis by the Society of Medical College Directors of Continuing Medical Education. Supported in part by an educational grant from Marion Laboratories, Kansas City, Missouri.

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pointed when none of their fundamental studies became operational. I believe that a major reason for this is that most of the studies, while proving a principle, were far too complicated to be used in everyday practice. The concept of analyzing the products of practice such as prescriptions, laboratory slips, and other patient data seems to offer mechanisms that could become almost automatic needs-assessment tools.^{2,3}

FROM OUR preliminary studies, and the studies of Avorn and Schaffner,^{4,5} I believe that it will also be possible to expand and slightly reorganize billing data to create an automatic data base for needs assessment. Although third-party payers may not wish to assume the costs of data input for educational purposes, it would be to everyone's advantage to conduct further field studies that determine which data in current use could be used to create a needs-assessment data base.

Currently several specialty boards are investigating the types of data that could be used to assess a physician's practice for recertification purposes. I believe strongly that this approach to recertification will present opportunities to provide specific education based on the deficits that are determined.

Of course we must avoid a punitive approach in our efforts to raise standards of quality in patient care. Punitive measures could cause hostility, even driving some physicians "underground," thereby destroying a choice opportunity to learn from the real events in practice.

IN ADDITION TO conventional classroom CME, and specific information in response to practice data, there is a third type of continuing education. It consists of supplying short answers to specific questions that arise from individual patients. At the present time, most physicians solve this educational need by looking up answers in specific textbooks and journals or by calling a colleague. Covell and co-workers studied the self-reported information needs of 47 physicians during a half day of their office practice.⁵ Most questions which arose were specific to patient needs. Surprisingly, perhaps, only 30% of the questions were answered during a patient visit, usually by another physician or another health professional. There was a striking frequency to the questions, averaging about two questions for every three patient visits. In a pre-study questionnaire physicians had stated that such a need arose on the average of once a week. Physicians estimated that they used written reference material more than 60% of the time, but they actually used such references only about one quarter of the time. Reasons for not using written materials included: out-of-date texts in the office, poor organization of journal articles, and inadequate indexing of books and drug information sources. Physicians obtained information from a colleague in more instances

Continued on Page 7

Program, Spring Con-

SATURDAY, MAY 2

12:30 - 5:00 pm Pre-Registration

1:00 pm Committee Meetings

1. Executive
2. Long-Range Planning (formerly entitled Future Directions Task Force)
3. Research
4. Closer Relationship with the Pharmaceutical Industry
5. Newsletter and Communications
6. Program Planning

SUNDAY, MAY 3

8:00 am Registration and Continental Breakfast

General Session

Moderator: Harold A. Paul, M.D., Rush Medical College
President of SMCDMCE

Program Overview: Pierre J. Bouis,Jr., M.D.
University of South Florida College of Medicine

8:40 am Keynote Address: *Recertification—Its Influence on the Future of CME*
Phil R. Manning, M.D.
University of Southern California School of Medicine

9:30 am Retreat Anniversary Reminiscences: Jesse Rising, M.D.
Bell Memorial Hospital, Kansas City

10:15 am Break

10:30 am Presentation of Research Papers
(Topics to be announced)

11:30 am Address: *Some Hypotheses About Continuing Professional Education*
Cyril O. Houle, Ph.D., Kellogg Foundation, Battle Creek

12:20 pm Presentation of Honorary Life Membership

12:30 pm Orientation Luncheon for New Members

12:30 pm Lunch On Your Own

1:30 pm Workshops:

1. *CME Advisory Committees: Do They Work For Us, Against Us, or With Us?*
Pierre J. Bouis, Jr., M.D., University of South Florida School of Medicine
Charles E. Osborne, Ed.D., Southern Illinois University School of Medicine
Robert Younghouse, Jr., Ed.D., University of Illinois at Chicago
2. *Continuing Education in Bioethics and Physician/Patient Communication*
David H. Smith, Ph.D., University of South Florida College of Medicine
3. *Excellence in Leadership: Selected Tools of the Art*
James C. Leist, Ed.D.,
The Bowman Gray School of Medicine, Wake Forest University
Carol C. Malone, M. Ed. Adm., University of Alabama School of Medicine.

ence, May 2-5, 1987

2:30 pm

Adjourn

6:30 pm

Dinner Cruise (optional)

MONDAY, MAY 4

7:30 am

Continental Breakfast

8:00 am

General Session

Moderator: Pierre J. Bouis, Jr., M.D.

Innovative and Useful Evaluation Designs

John Parboosingh, M.D., University of Calgary

8:30 am

State-wide Needs Assessment Surveys:

The West Virginia Experience

Robert Kristofco, West Virginia University School of Medicine

9:00 am

ACCME Annual Review

Frances Maitland, Accreditation Council for CME, Lake Bluff, Illinois

9:30 am

A Mandatory CME Program in Risk Management:

One Year's Experience

Robert C. Fore, Ed.D., Florida Medical Association, Inc., Jacksonville.

10:00 am

Break

10:15 am

Workshops:

1. *Excellence in Leadership: Selected Tools of the Art*

James C. Leist, Ed.D., The Bowman Gray School of Medicine, Wake Forest University

2. *Continuing Education in Bioethics and Physician/Patient Communication*

David H. Smith, Ph.D., University of South Florida College of Medicine

3. *Working with Pharmaceutical Companies and Maintaining the Educational Objectives*

Joseph A. D'Angelo, Jr., Tulane University, and Others

11:30 am

Presidential Address:

Looking Ahead—Analysis and Prescription

Harold A. Paul, M.D.

12:00 Noon

Annual Business Meeting

1:30 pm

Adjourn

6:30 pm

Beach Luau

TUESDAY, MAY 5

8:30 am

Continental Breakfast

9:00 am - 12:00 Noon

Retreat

Moderator: Carol C. Malone, M.Ed.Admin.

ADJOURN

Possible Cooperation with Pharmaceutical Companies Being Explored

For some months the Society has had an Ad Hoc committee which has been exploring how to cooperate with pharmaceutical companies in appropriate and useful ways.

A meeting was held in Chicago at Rush Medical College on January 27. Attending on behalf of the Society were Harold Paul, Dennis Wentz, Joseph D'Angelo and Richard Newman, outgoing chairman.

Unfortunately an enormous blizzard on the East Coast prevented representation by several of the invited drug firms. However, Lee Yerkes, Director of Professional Education for Marion Laboratories, Kansas City, provided valuable participation. He reviewed the CME activities currently being supported by his company and described the clinical interests and possible resources available.

The day-long meeting allowed ample time for substantial and wide ranging discussion. Several possibilities for cooperative arrangements were envisioned.

SOFTWARE REVIEW

CYBERLOG, The Journal of Applied Medical Software: A Clinical Approach to the Management of Type II Diabetes.

Bergenstal, Richard M. MD; Joynes, Judy O. RN; and Cooper, Nancy, RD. Volume I, Number 2, 1985.

The *Journal of Applied Medical Software* is an attractive, well-edited combination of educational tools. There is an excellent text that includes clinical reference material relating to each aspect of the subject matter. There are computer diskettes containing a series of tutorials on pathophysiology, diagnosis, treatment, monitoring, nutrition, diet planning and more. The diskettes also contain a useful set of "Tools" for assessing lab values, determining caloric requirements, selecting an oral antidiabetic agent, and more. Finally, also on diskette, there is a set of case studies on which one is scored to "measure clinical effectiveness and efficiency."

It does not take the new user very much time to get acquainted with the computer program. Interspersed graphics portray certain fundamental dynamics in physiology. The program should have excellent application in CME as well as residency and medical student education. Review it. If you have a computer, get your own copy.

To the prospective CME user, the product may seem expensive. However it appears to be an excellent and, for many, a better alternative to costly conferences. There is a way for several users to obtain legitimate CME credit from a single issue. Check it out!!

Among them were:

1. Establishment of an educational consortium of medical schools, organized and sponsored by SMCDMCE. Such a consortium might be able to offer services as an intermediary agency to a variety of clients who seek assistance in CME programming. The consortium might also be utilized to plan nationally based meetings. These would be presented at regional sites, but would be able to take advantage of combined buying power to contract effectively with hotels, publishers and mailing houses.
2. Production of a resource directory of participating medical colleges. The directory would list available services—videotape production, for example—with names of contact persons and prices of such services.
3. Cooperative funding for a Research Foundation.

If possible, another exploratory meeting will be scheduled in the next few weeks. Comments from the membership are welcome. They may be addressed to any member of the Executive Committee.

CME Congress Planned for 1988

Plans are under way for a Congress on Continuing Medical Education to be held in Los Angeles, April 27-May 1, 1988. If present plans materialize, the Spring Meeting of our Society will be part of that Congress as well as RICME III (the third Biennial Conference on Research in Continuing Medical Education). Other partners in the Congress may include the Alliance for Continuing Education, the Association for Hospital Medical Education, the Council of Medical Specialty Societies, the Accreditation Council for Continuing Medical Education, and the Council on Medical Education of the American Medical Association.

Status Report on *Mobius*

One of the letters to the editor congratulated the Society on initiating *InterCom* and specifically asked for a status report on *Mobius*, the journal on continuing health professional education, published by the University of California Press.

Mobius continues . . . but it has an immediate need for supplemental editorial support. The Alliance for Continuing Medical Education has begun to explore additional sources of funding. SMCDMCE has offered to cooperate.

Exploratory conversations have begun between *Mobius* executives, ACME, and a private publisher, (the second one who has expressed an interest).

As we go to press, it appears that a new contract is imminent in which SMCDMCE will be a partner.

Guest Editorial

(continued from page 3)

than they reported (53% versus 32%). Unfortunately physicians are often unable to contact a colleague immediately to discuss a specific clinical problem.

Technology should simplify this problem. National data bases are being used by physicians. Telecommunication technology, utilizing electronic mail or telephone voice mail, permits the physician to contact a colleague more conveniently to answer a specific query in an efficient and timely manner.

Preliminary studies by Wayne Putnam when he visited the University of Southern California indicate that even physicians who have personal computers in their offices and/or homes do not use the national databases and electronic mail as often as they could. We believe that the access to national data bases must be simplified. Also, information must be organized so that it is possible to get short answers to specific questions. Even when all of this is achieved, there will remain many barriers to the use of this type of communication within a busy practice setting.

WHAT SHOULD we in CME be doing? We need to improve traditional classroom programs, mainly by improving the skills of our lecturing faculty. It is useless to continue whipping a dead horse by continuing to conduct studies designed to prove or disprove that courses change practice behavior. Instead we should be conducting research and field studies in the study of practice and in the use of the computer and telecommunications technology to provide answers to a physician's questions at the time and place he is caring for patients.

I am thus convinced that CME has not yet come into its own. To realize our full potential, we should expand the concept of continuing education to be much more than merely a classroom exercise. It should become a rigorous discipline that fosters the study of practice and facilitates the acquisition of short pertinent answers to specific questions about individual patients. Such continuing education could make a major contribution to excellence in patient care in the decades ahead.

REFERENCES

1. Houle CO. "The Lengthened Line." *Perspect Biol Med* Autumn, 1967; 11(1):37-51
2. Manning PR, Lee PV, Denson TA, Gilman NJ. "Determining Educational Needs in the Physician's Office." *JAMA* 1980; 244(10): 1112-15
3. Manning PR, Lee PV, Clintworth WA, Denson TA, Oppenheimer PR, Gilman NJ. "Changing Prescribing Practices Through Individual Continuing Education." *JAMA* 1986; 256(2):230-32.
4. Avorn J, Sourmeral SB. "Use of Computer-based Data To Analyze and Correct Inappropriate Medication Use." *J Med Syst* 1982; 6(4):377-86.
5. Schaffner W, Ray WA, Federspiel CF, Miller WO. "Improving Antibiotic Prescribing in Office Practice." *JAMA* 1983 250(13):1728-32.
6. Covell DG, Uman GC, Manning PR. "Information Needs in Office Practice: Are They Being Met?" *Ann Intern Med* 1985; 103:596-99.

Facts About Conference Host

The Office of Continuing Medical Education at the University of South Florida College of Medicine in Tampa is committed to enhancing relations with physicians not only in the Tampa Bay area but throughout the state.

The Office has undergone rapid expansion in the past three years, as the CME courses offered by the College of Medicine have received increasingly wide acceptance. This year the College (through the Office of CME) will sponsor approximately 160 accredited CME programs which will reach some 8,600 health care professionals.

The CME professional staff consists of Pierre J. Bouis, Jr., M.D., Associate Dean and Director, and two full-time CME Coordinators. In addition to their CME duties, both coordinators have other important responsibilities. Cheryl Beckler serves as office manager and is responsible for equal opportunity and affirmative action affairs. Joan Runnell carries responsibility for finance and special projects. There are also two full-time staff members who provide administrative, secretarial and technical assistance. The Office is now almost fully computerized to handle the growing need on the part of Florida physicians for CME documentation.

Financial resources for the Office come basically from two areas:

1. A percentage of registration income derived from CME programs each year is utilized for all staff and technical assistance plus computer equipment.
2. Funds for the business commitments of the Office, including coordinator travel, planning, implementation and national interaction, are derived from programs that are implemented directly by the Office. Therefore, no funds from departmental CME activities are used to promote the Office.

Florida has a mandatory CME statute for relicensure. Enacted in 1985, this statute requires a physician to attain 40 hours of Category I credit, 5 hours of which must be in risk management, every two years (20 hours of Category I each year). Physicians in the state are relicensed by the Department of Professional Regulation every two years. December 1987 will be the initial review of this CME requirement. All physicians will sign an affidavit that they have completed the CME requirements for relicensure. Some 10% (2,000 physicians) in the state will be randomly audited by the Department of Professional Regulation to provide documentation that they have met this CME requirement.

Those physicians who are not able to document their CME courses will have their license subject to suspension or revocation. Obviously, the CME offices of ACCME-accredited institutions in the State are not looking forward to December 1987, as some 2,000 physicians begin to frantically search for evidence of compliance and begin to call for documentation.



Spring conference headquarters will be the Holiday Inn Clearwater Surfside, a luxury resort on the Gulf of Mexico in the heart of Pinellas Suncoast.

**SOCIETY OF MEDICAL COLLEGE DIRECTORS
OF CONTINUING MEDICAL EDUCATION**
500 N. Michigan Avenue, Suite #1920
Chicago, Illinois 60611



**Spring Meeting Dates:
May 2-5, 1987
Clearwater, Florida**

Register Now!

Paul J. Lambiase
Administrative Director for
Continuing Professional Education
University of Rochester Medical Center
601 Elmwood Avenue, Box 677
Rochester, NY 14642

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PLEASE CHECK THIS MAILING LABEL! Are your name and address correct? If not, please notify Secretary-Treasurer Robert J. Cullen, Ph.D., Case Western Reserve Univ. School of Medicine, 2119 Abington Rd., Cleveland, Ohio 44106. Kindly help him keep the society's records accurate.