



Newsletter  
of the

Society of Medical College Directors of Continuing Medical Education

Volume I, Number 4

October, 1987

## Fall Meeting Sets Imaginative Agenda for Future of CME

THE FALL MEETING, scheduled in conjunction with the annual meeting of the Association of American Medical Colleges, will convene on November 8 and 9 at the Washington Hilton Hotel, Washington, D.C.

The program will center around CME and the role of academic centers in view of changing physician practice patterns. According to James Leist, co-chairman of the program committee: "Recent major documents on the future role of academic medical centers have been largely silent about the potential role of CME. Because of this puzzling silence, the program committee decided it is time to discuss this topic in a major way."

Formal talks and informal discussion groups will provide members and guests an opportunity to explore the unique opportunities that may confront imaginative CME directors in the 1990's.

### Keynote Speaker

On Sunday morning, November 8, the opening address will be given by Simeon Margolis, M.D., Ph.D., Associate Dean for Academic Affairs, The Johns Hopkins University School of Medicine. His topic will be "Continuing Education Issues in the Academic Medical Center."

Dr. Margolis also serves as Professor of Medicine and Professor of Physiological Chemistry at Johns Hopkins. A prolific writer, he has contributed to several editions of A.M. Harvey's "Principles and Practice of Medicine" and has been editor of "The Practice of Medicine: A Self-Assessment Guide," which is a companion volume to the Harvey textbook.

Dr. Margolis has directed medical school courses in biochemical nutrition as well as in human pathophysiology. He is Associate Editor of the *American Journal of Clinical Nutrition* and is the recipient of many research awards.

### Panel Response

In responding to the keynote address, a panel of three prominent physicians will provide a thorough and visionary review of the potential for CME in academic medical centers in the next decade and beyond. They represent groups that have a significant interest in the maintenance of a healthy CME program in the years ahead.

*Speaking for the Medical Profession Itself:* Roy Schwarz, M.D., Assistant Executive Vice President for Medical Education and Science, American Medical Association.

*Representing CME Directors in Academic Medical Centers:* J.S. "Dutch" Reinschmidt, M.D., Associate Dean, Health Sciences University, Portland, Oregon. (Dr. Reinschmidt is a charter member and a former president of SMCDCME.)

*Speaking for the Health Sciences Community:* Eugene Mayer, M.D., Associate Dean and Director, North Carolina Health Education Centers Program.

### Member Participation

The early afternoon program on Sunday will feature small discussion groups led by SMCDCME members:

"Faculty and Administrative Support in CME"—Carole C. Malone and Robert R. Moutrie.

"Competition in CME: How Is It Changing?"—Ruth Feryok.

"Quality Assurance and CME"—Richard N. Pier-  
son, Jr., and Robert E. Kristofco.

"Guidelines for Enduring Materials in Support of CME"—Lawrence Creshkoff and Willard M. Duff.

The final afternoon session entitled "Leadership Challenges in Academic CME for the 1990's" will be led by the fall program co-chairmen, William E. Matory and James C. Leist.

### Joint Plenary Session on Research

On Monday afternoon, November 9, a joint plenary session of the Society and AAMC's Group on Medical Education will survey the major findings of SMCDCME's cooperative research project. Entitled "Overview of the Findings of the Study of Change in the Lives of Physicians," this program will feature Robert Fox, Wayne Putnam, and Paul Mazmanian, principal investigators for the project. S. Scott Obenshain, M.D. Assistant Dean for Clinical Education at the University of New Mexico and past chairman of the Group on Medical Education, will respond to their findings.

# President's Corner . . .

TO BE PRESIDENT of an organization as committed as SMCDCME is a privilege. I am constantly impressed by the ideas and the wisdom resident in our membership. While we are a small group, we certainly have talent in our midst. To all of you who have communicated ideas, either by telephone or in writing, thanks! Please keep it up, not only to keep me on the "straight and narrow," but to assist the Society's development during these important times.

It was good to hear that Nancy Bennett is now back at Harvard, after a good year in Europe, and is again serving as our Northeastern regional representative. Said Nancy in her letter: "From the notes I have received it certainly appears that the pace does not slow." She is correct; it may be summer, but apparently very few people have abdicated. The level of work going on for the Society is simply incredible. We'll soon be together again in Washington, D.C., and should hear of developments and progress on many fronts.

Secretary-Treasurer Bob Cullen has distributed the program for the Fall Meeting. Be sure to look in that mailing for copies of the RFP for Professional Management of the Society. The membership asked that they be given the first opportunity to review this, in the hopeful event there are medical schools who might wish to submit a bid. I believe that a school with the capacity and the resources would be a natural place to house the Society's administrative offices at this point in time. Please read the outline of required services carefully, and if interested, return your proposal to Bob Cullen. If you have thoughts on areas that are not included, give any of the Executive Committee members a call.

I hope you have read the Sounding Board article entitled "A Matter of Influence" by Steve Goldfinger in the May 28 issue of the *New England Journal of Medicine*. It contains much food for thought in its two pages. We owe abounding thanks to industry—pharmaceutical and other fields as well—for without industry support of our programs, there would be far less continuing medical education. Unfortunately, as a group, we still do not enjoy solid funding from our medical schools. A few have recently done better but often only when their academic medical center, in considering its referral and marketing needs, decides that CME can be of help! I agree with Steve that "the time has surely come for us to develop a set of guidelines for our participation, as faculty and as audience, in continuing medical education programs funded by industry." This is one of

the purposes of our Committee on Cooperation with Industry which is well on its way in a discussion of these issues (see page 6).

Unfortunately, Dr. Goldfinger is right when he states: "The most acceptable kind of educational backing is the least available: donations to providers of CME that are unrestricted with respect to program topics, speakers, or the backgrounds of the invited registrants." In my experience, the number of companies with which this is now possible remain all too few.

We recently sought support for a program that seemed exciting to us and to representatives of a company. The program was planned totally with regard to the needs of the participants and the content of the over-all program. We proceeded, based on the glowing initial review. Then the bad news came: The amount of support would be related to the number of speakers specifically known to the officials of that company. It was disconcerting to learn that the marketing department was controlling the final decision of the company's allocation of dollars for CME. Lest you think I've had my head in the sand, I realize that we have an obligation to work cooperatively, and we trust our Committee on Cooperation with Industry will arrive at a win-win situation. However, we must not forget that the Essentials were developed over time with our input, and they are not only basic but *vital* guidelines. Take time to pull the references to Steve's article, because they have some important relevance to the situation we deal with in this country.

Finally, since this is my last opportunity to comment before we meet in Washington, I was interested to read Memorandum 87-17, dated April 10, 1987, from the Association of American Medical Colleges, whose hospitality and arrangements we are about to share.

In October 1986, the AAMC mailed a constituent survey to 1,711 of its members, "to solicit their views on the Association's organization and structure, the services provided to members, and priorities for the future." Admittedly, I did not see the original questionnaire, but I was amazed that in the resulting report (and I have read it three times) CME was not mentioned once in any of the major areas. It did not appear in the list of priorities for the future, nor among the "most serious problems facing medical education." Perhaps the item "Preparing MD's for the Future" could be construed as implying a role for CME, but it certainly is not clear. My inescapable conclusion: We have some homework to do! Are we not representing our CME case very well to our deans, faculty, hospital and university officials, and practicing physicians? We must quickly consider what actions can and should be taken.

Here's hoping the summer has been a good season for all of you and that there were a few days of relaxation in the midst of lots of hard work! I'm looking forward to seeing you on November 8.

Dennis K. Wentz, M.D.

## What—and Where—Is Creativity?

OVER THE SUMMER vacation I read a stimulating book, *Creativity in Business* by Michael Ray and Rochelle Myers. The authors are business faculty members at Stanford University.

It set me thinking again about *creativity*. What is it? Can you define it? What is its relationship to success in business? What is its relationship to success in one's career? Does it affect development and growth? Does it influence aging?

Or, in the language of one of the contributors to Richard Caplan's book reviewed elsewhere in this newsletter, "Where is creativity? Is it in the mind or in the brain? Does it lie in our goals, our attitudes, our thinking strategies? Does it come as part of 'original equipment' coded in our genes or as a spinoff of tolerant parents and nonrepressive surroundings? If all of these contribute in their distinctive ways, then with what mix and meld? Is creativity part of intelligence, or something oblique to intelligence? In short, how do we place creativity as a human trait in relation to . . . intelligence, . . . inheritance . . . learning . . . and constructs like mind versus brain?"

### What Difference Does Creativity Make?

Any of the above areas seem to be good exercises for the mind on a leisurely summer day. But the more critical question that arises for practitioners is, of course, what practical difference does it make? What can creativity contribute to profit margin (or, as my institution likes to call it, "margin for excellence")?

As Ray and Myers describe the matter, "One of the main problems in U.S. business today is that there are too many ideas, not too few. Dozens of solutions appear and disappear in chaotic piles of data, crowds of expert opinion, and a jumble of contradictory statistics and reports on every aspect of every issue. The pressure of limited time is increased by indecision and, beneath it all, the nagging suspicion that others will find your efforts insufficient and the results poor."

Rigorous education, characteristic of MBA curricula, has been inadequate. The authors refer to many

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respected critics, who say that "MBA's specifically, and American business generally, had (by 1980) become too analytical, too dependent on numbers, too conservative, unconcerned with people, shortsighted, and as a whole shamefully uncreative."

### Conclusions We Can Draw

In this brief editorial there is only enough room to raise the issue, and to make two "assertions." Alan Knox, professor of adult education at the University of Wisconsin, once defined assertions as statements which were powerful and almost certainly true, but not backed by "a jumble of . . . statistics and reports."

Here then is my first assertion: As much as any human enterprise, and perhaps quite a bit more than some, continuing medical education has a vital link to creativity. That leads to a question: How can we study creativity, promote it, nurture it?

And here is the second assertion: Creativity in our work reflects as much who we are as it reflects or influences what we do. Ray and Meyers organize their book around a captivating series of heuristics. Their final heuristic is borrowed from an ancient religious teacher: "Be in the world, but not of it!" For some this may be a major redirection in our personality. As Rochelle Myers states it: "We're not suggesting that you redecorate the apartment you're currently living in, but that you move to another town."

Wouldn't it be more valuable to your company or organization, they ask, and more fun for you, if you considered the working world as a celebratory arena rather than a bloody one?

They suggest several benefits to this approach. It stimulates the best of your analytic skills. It deepens your intuition. It eliminates destructive competition. It develops skills serially and painlessly. Finally, it develops concentration, efficiency, accuracy and humor.

For all of us, I propose a toast to creativity: to concentration, decisiveness, efficiency, accuracy and humor.

—Harold A. Paul

### People Patter . . .

Susan Krister has been appointed as Conference Coordinator at Case Western Reserve University, reporting to CME Director Robert Cullen. In addition to her CME responsibilities, she will assist Dr. Cullen with administrative duties relating to his office as Secretary-Treasurer of SMCDMCE. Ms. Krister succeeds Jean Kerr Korman who had been with the CME Department for the last six years. She relinquished her position in mid-August in order to pursue graduate study toward a law degree at Cleveland State University.

Terry Mast, Ph.D., is the new CME Director succeeding Charles Osborne at Southern Illinois University School of Medicine. He has already requested an application for membership.

# Research Round-Up

By Dave A. Davis

TEN YEARS AGO, when I was younger, and the CME program at McMaster University was even younger than I was, somebody posed my first memorable CME question: "Does CME work?" Not much fun for a guy 20 minutes into the job. The question keeps coming back in a variety of ways, and I have developed a quick answer. Now I say, "Of course it works. CME *does* change knowledge, skills, or attitudes—especially if we take the time to define learner needs well and then design a series of good interventions (not just classroom lectures). The series of repeat interventions is important for real learning to occur..." You know the line.

By the late 80's, most of us have moved beyond that *big* question. To be sure we still hear it occasionally. It's a question like "What is truth?"—a question that vexes first-year philosophy students and seems to delight faculty executives. Friends don't ask us any more if CME works, but Deans do!

## Fivefold Rationale

Many questions remain, however, which are more fascinating and probably more important. The one I'd like to tackle in this space is "Why should we do CME research?" Said another way: "Why should we in SMCDCME study CME?" A number of reasons come to mind.

First, there is academic interest. Almost any human activity can be observed, studied and thereby improved. If the medical schools and the people who work in them don't study, define, and modify CME, who will? Despite the enlightened few hospitals, pharmaceutical houses, and professional associations around, it's the medical schools that need to study CME. We, more than others, need to determine what CME interventions work best, for which physicians, in what settings, and among which topics.

Second, studying CME broadens it. Study will strengthen our links to undergraduate education and to medical practice. It will push us *out* into the real world of medical practice. In that world, we can expect a whole series of encounters where we can observe and make inferences about the relation of physician learning to clinical practice. I see this as a "push" *into* cognitive and problem-solving processes with individual physicians. There is where CME learning and change really start.

Third, as we study CME we have a superb opportunity—indeed, an obligation—to test various *models* for CME research. Most biomedical research is based on logical deduction and inference. The randomized clinical trial of epidemiology is an example. Such methods may not be adequate to answer critical questions in CME research. We need to explore the techniques of the medical sociologist—like "grounded

theory." We need to explore other fields such as the ethnographic approaches of the anthropologist. Perhaps we can even develop a new unified model for CME research.

As a McMaster faculty member, I consider myself a relatively minor priest of the cult of randomized clinical trials. After all, in this institution (did I hear you say Disneyland North?) epidemiology is the air we breathe. Through participation in the change study I have worked closely with Fox, Putnam, and Mazmanian. If you think I have become partially converted to what I call "Foxnamian ethnographism," believe it! Even faculty members can learn.

There are bound to be some readers whose eyes glaze over when they see the word "model." For you I propose as a fourth advantage, the practicalness of CME research. Studying CME includes research in marketing, promotion and improved instructional design. Our product may not be broke, but we sure could fix it up a bit. Of course, we also need research into resource development. How can we generate improved program support?

Fifth, finally and perhaps most seriously, there are societal, professional, and health care demands to meet. The penetration of *appropriate* new knowledge is never complete, and the application of older effective principles by physicians is almost certainly sub-optimal. What are we going to do about it? That's the big question.

Maybe now that we and CME are all a bit older, we can begin to tackle these and other new questions critically, collectively and effectively. Stay tuned.

## ACCME Clarifies Intrastate Role

May an intrastate provider of continuing medical education sponsor nationally advertised programs on a regular and recurring basis?

Because of confusion regarding the correct answer to this question, the Society's Executive Committee has suggested that ACCME's official position on the matter be reported here. The regulation as reworded and approved last June reads as follows:

"A sponsor of continuing medical education which is accredited by its state medical society as an intrastate provider of CME is assumed to be serving the physicians in its own geographical area (defined as the home state plus bordering states). It is not appropriate for an intrastate-accredited sponsor to act as the sponsor for CME activities which are directly advertised to physicians nationally, on a regular and recurring basis. If the sponsor wishes to advertise its CME activities nationally, it must apply to the ACCME for accreditation or seek joint sponsorship with an ACCME-accredited sponsor. A sponsor which wishes on occasion (i.e., not more than once per year), to sponsor a nationally advertised program should apply on an ad hoc basis to its state medical society for approval."

## BOOK REVIEW

### *Exploring the Concept of Mind*

Edited by Richard M. Caplan. 1986. 150 pages.  
University of Iowa Press, Iowa City

There are several reasons why this book review should appear in this newsletter. First the editor of the book is a distinguished member and a former president of SMCDMCE. He has made, and continues to make, outstanding contributions to medical education. Second, the book itself is a stimulating introduction, though not a simple one, to several areas of lively interest for many students and their teachers.

Somehow in his very busy career Dr. Caplan has found time to become the founding director of the University of Iowa Program of Medical Humanities. This book represents the papers which were presented by a distinguished faculty in a symposium of that program. The book provides stimulating reading for any thoughtful person, though admittedly some of the chapters are not particularly easy to assimilate.

Disciplines represented by chapter authors include medicine, philosophy, psychology, literature and education. The jacket of the book lists the issues discussed: "creativity, intelligence, imagination, evolution, the relationship between mind and brain, the genetic versus the developed mind, and the way the mind speaks to pain."

The editor also provides a detailed overview in the introductory chapter. Other contributors are as follows:

- Hilary Putnam, Ph.D., Professor of Philosophy, Harvard University, discusses "How Old Is The Mind?"
- Julian Jaynes, Ph.D., Professor of Psychology, Princeton University, and author of the controversial book, *The Origin of Consciousness and the Breakdown of the Bicameral Mind*, entitled his chapter, "How Old Is Consciousness?"
- Antonio R. Damasio, M.D., Ph.D., Professor of Neurology and Chief, Division of Behavioral Neurology, University of Iowa, discusses some neurological models of the relationship of brain and mind.
- David B. Morris, Ph.D., former member of the Department of English at the University of Iowa, discusses "The Languages of Pain."
- D.N. Perkins, Ph.D., senior research associate at the Graduate School of Education, Harvard University, and author of the book, *The Mind's Best Work*, provides a fascinating discussion of creativity.
- Doris Grumbach, Ph.D., successful novelist and critic, discusses "The Literary Imagination."
- Maxine Greene, Ph.D., philosopher of education at Columbia University, discusses the question "Are Minds Developed or Created?"

Limitations of space do not allow a complete review of all concepts in this very rich book. Nor do they allow

for rejoinder, for questions, or engagements on substantial content with the notable authors. A reviewer should not be so brave!

However, it is important to note that each chapter is well documented and provides a provocative bibliography for further inquiry. Reading Maxine Greene's chapter, for example, will give a stimulating invitation to the contributions of Jerome Bruner, John Dewey, Jerry Fodor, Merleau-Ponty, and Alfred North Whitehead.

### Nature of Intelligence

I choose to discuss the contribution of a single chapter, "Where Is Creativity?" by Perkins. This chapter discusses the nature of creativity by first discussing the nature of intelligence. There are three general models. *Power models* seem to relate intelligence to inherent "power processes"; however, power theorists argue about whether or not such power can be improved by training. *Tactical models* deal with strategies, cognitive styles, metacognitive skills or knowledge. They give attention to the use of heuristics and the practice of specific strategies for solving problems. *Knowledge theories* do not accept the notion that intellectual competence is general across tasks. Citing research in chess, physics and mathematics, these theorists express the belief that a person develops a large series of patterns which are specific to the discipline being learned.

Perkins contends that creativity is intelligence with an accent. He points out that there is no proven relationship between intelligence and creativity within a given profession. He presents an interesting model for creativity which he calls the snowflake model because it has six key characteristics. According to the author, creativity depends (1) on aesthetic standards as much as practical ones. By this he observes that "creative people tend to value and invent ideas that are fresh, parsimonious, elegant, powerful or deep." Furthermore, creativity depends (2) on attention to purposes as much as results. It depends (3) on mobility (the ability for agile movement among all aspects of a given problem) rather than fluency (the ability to generate a large number of independent new ideas in a short time). It depends (4) on working at the edge of competence more than its center, (5) on being objective as much as subjective, and (6) on intrinsic motivation more than extrinsic motivation. In Dr. Perkins' opinion, an objective person looks at a given problem over and over, puts aside his or her ego, and tests ideas in practice--as in scientific experiments or marketplace settings.

This book is highly recommended. It is a stimulating starting point for further readings in philosophy, education, literature, psychology or neurobiology. It is a good springboard into such topics as creativity, the relation of mind to brain and the various difficulties and debates encountered in efforts at definition. Get a copy. You'll enjoy it.

— Harold A. Paul

## Committee on Cooperation with Industry Plans Resource Directory

Representatives of the Committee on Cooperation with Industry met with representatives of several companies in New Orleans on August 28, 1987. The meeting was the result of several months of planning by a subcommittee headed by Gail Bank, who served as chairman for the day.

"The purpose of the meeting is to provide a forum where key officers of selected pharmaceutical companies and selected members of the Society can exchange information on particular operating and business characteristics and continuing medical education objectives," said Dr. Banks in opening the meeting. "We hope in this way that we can identify and enhance opportunities for mutual cooperation."

Present on behalf of the society were Dennis Wentz (Vanderbilt), Harold Paul (Rush), Martin Shickman (UCLA), Joseph D'Angelo (Tulane), Paul Mazmanian (Medical College of Virginia), and Pierre Bouis (South Florida). From the pharmaceutical industry were William Edelen (Merrell Dow), John Herrick (Upjohn), Darcy Kay (Pfizer), James Layman (Miles), Robert Orsetti (Ciba-Geigy), Alan Schmidt (Sandoz), Robert Wilson (Curtin and Pease Peneco) and Lee Yerkes (Marion Laboratories).

In a morning of constructive conversation, the group delineated the following issues for consideration:

1. What are methods of assuring excellence in CME programming?
2. What are the best ways for CME directors to communicate with educators in pharmaceutical companies about matters of common interest?

3. What factors invite cooperation?

4. What factors militate against cooperation?

Earlier in the year the committee had proposed to schedule a national consensus-building conference with top pharmaceutical executives. In New Orleans the group decided it would be prudent to defer this until more groundwork has been done on basic issues.

The group expressed enthusiasm for the development of a resource directory that would serve as a reference listing available personnel and services in the medical schools. A section might also be devoted to organization and available services in the pharmaceutical industry.

A task force headed by Harold Paul will prepare a plan for development of such a directory. This will be presented to the group at its next meeting in January. All the pharmaceutical representatives agreed to cooperate on the committee, and Robert Wilson offered the services of his company in producing the directory.

Martin Shickman volunteered to review all relevant accreditation documents and position statements by the Society with a view to making available a single clear statement of common issues in accreditation and suggestions for avoiding problems.

The meeting was preceded by a dinner hosted by Tulane University on Thursday evening, August 27, at historic Antoine's Restaurant in the French Quarter.

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SOCIETY OF MEDICAL COLLEGE DIRECTORS  
OF CONTINUING MEDICAL EDUCATION  
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November 8 and 9, 1987  
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**AAMC Annual Meeting**  
November 6-10, 1987  
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**Register Now!**

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