

## 1991 SPRING MEETING: A NEIGHBORLY SUCCESS

NEARLY ONE HUNDRED members traveled to Toronto for the Society's Annual Spring Meeting. It opened on Friday evening, April 26, with a memorable reception atop the CN Tower, the world's tallest free-standing structure, and offered what may well be the most spectacular scenic view in all of North America!

The first educational session on the following morning featured an address by Geoff Norman, professor of clinical epidemiology and biostatistics at McMaster University, entitled "Research Perspectives on the Nature of Clinical Reasoning: Implications for Clinical Reasoning." (See "Experience Is The Best Teacher," page 7).

Continuing a tradition begun a number of years ago, the Research Committee annually solicits papers for presentation at the Spring Meeting. The three selected for 1991 were as follows:

1. *The Effect of Continuing Medical Education on Changes in Family Practice Care of the Elderly*—Nancy Ryan, Susan Shannon, David Davis, and Phyllis Blumberg, McMaster University School of Medicine.

2. *Anticipated and Encountered Barriers to Change in CME: Important Tools for Planning and Evaluation*—Kathleen O'Kane Martin, Medical College of Virginia.

3. *Dakota CME Needs Assessment*—Robert R. Roszkowski, Henry B. Slotnick and Clayton E. Jensen, University of South Dakota School of Medicine.

Robert Fox, University of Oklahoma, reviewed "Opportunities for Research in CME," after which John Parboosinh, University of Calgary, reported on "A Maintenance of Competency Program (MOCOMP) Program for Specialists in Canada."\* The Royal College is working with national specialty societies to develop a structured CME program that encourages specialists to plan and document their CME efforts. It is hoped that such documentation will encourage physicians to regularly review and, where necessary, alter their CME plans. Central computing provides objective evidence of participation in a structured program and allows the presentation of aggregate data by specialty. One outcome may be

\*Parboosinh J, Gondocz T, Fox R, and Demers P., The Royal College of Physicians and Surgeons of Canada.



Martin Kantrowitz



R. Van Harrison

### Four Leaders Elected in Toronto

At the close of a noteworthy administration, Retiring President James Leist turned over the Society gavel to his successor, Jack Mason, who presented a plaque of recognition for Dr. Leist's significant contributions to continuing medical education.

Two Vice-Presidents and two Regional Representatives were elected at the Business Meeting on April 28.

**First Vice-President** Martin P. Kantrowitz, M.D. is Assistant Dean and Director of Continuing Education at the University of Mexico School of Medicine in Albuquerque. He is a Board-certified family physician and is Associate Professor in the Department of Family, Community and Emergency Medicine. He also serves as a Director of the innovative medical education program known as the Primary Care Curriculum.

Doctor Kantrowitz has been a member of SMCDM for more than a decade and has just completed a two-year term on the Executive Committee as Western Regional Representative. He has also been Vice Chairperson of the Research Committee. During the coming year he will serve as President-elect, according to the current delineation of the duties of his office.

In addition to SMCDM, Doctor Kantrowitz has been active in a number of CME organizations, including six years of service on the ACCME Review Committee. He presently serves on the Council of the Alliance for Continuing Medical Education.

He is the author and editor of a number of publications dealing with innovations in medical education as well as CME issues such as problem-based learning, needs assessment, and mini-residency training programs. He is a consultant to medical schools in the



## President's Comments

### SMCDCME: A BEEHIVE OF ACTIVITY

For the past three years much time, energy, and creative thought has been devoted to planning for the future of our Society. The tangible product of this effort has been derivation and implementation of a strategic plan that is currently serving as our developmental guide.

The primary goal of my term as President of this Society will be to continue the implementation of our strategic plan. Much has been planned, much is being done, and I feel this is a time for us to firm up our developmental base and consolidate our gains.

If this goal is to be accomplished, most—if not all—of you will have to contribute and participate. I am making a bold appeal for the continuation of both your active assistance and personal support as we continue to move our Society forward.

It's my feeling that we are very fortunate to be where we are today as the organization responsible for academic-based Continuing Medical Education. Some may ask, "Why are we fortunate?" The answer is we are in the right place at the right time with the resources and expertise to have a positive impact on the evolution of CME during the 1990's. We have a strategic plan, a large number of ongoing activities, and a substantial group of highly motivated people to implement the activities that constitute our plan. I have been a member of our Society for 14 years, and I know that sufficient enthusiasm, talent and energy are present within the membership to move our Society to new and higher levels of productivity and influence.

Space in this column is limited but I wish to make special mention of a few developments and activities.

#### Leadership

1. A new, enlarged sequence of leadership positions has been made part of our By-laws. We now have a First and Second Vice-President to assist the President in administering and leading the Society. Job descriptions for these positions have been written, and I plan to significantly involve these office holders in Society affairs. Because of the increasing complexity of our Society, one person cannot provide all the necessary energy and time.

I'm extending a special invitation to the new members to become involved in committee activities. Feel free to contact any of the committee chairpersons or your regional representative for more information. The contribution of your time, energy and talents will be most welcome.

Continuity of leadership in the Committees is also a primary concern to me. Therefore I have asked each of the Committee Chairpersons to identify a Vice Chairperson to assist them and to assure continuity of progress.

#### Publications

2. Harold Paul is to be commended for the excellent job he has done with the Publications Committee. He has now stepped down as Chairman, but he will continue as the Editor of *Intercom*. Terrill Mast is the new Chairman of this Committee, and he will be ably assisted by Gloria Allington as Vice-Chairman. Harold wishes to resign as the Editor of *Intercom*, effective with the 1992 Spring Meeting. I have asked the Publications Committee to identify a new editor by the Fall meeting to allow for some overlap of responsibility and assure a smooth transition of this important responsibility. I would be remiss if I did not also mention the fine job performed by Dene Murray in the production of the newsletter.

#### Strategic Plan

3. George Smith headed-up the massive effort of developing the strategic plan. The plan is excellent. However, it needs to be updated and extended into the future. As you may know, George is currently busy serving as Chairman of the planning group for the 1992 CME Congress that will take place next April in beautiful Birmingham. We're looking for a person who has an interest and some experience in strategic planning to be the Vice-chairman of this important committee. Nominees and/or volunteers are encouraged to contact George for additional details on the responsibilities related to this position.

#### Relationships

4. Our relationships with other organizations, particularly the AAMC, ACME and CAS, need to be further explored and enhanced. Bob Cullen, Dale Dauphinee and Jim Leist have related well to Lou Kettle of the AAMC staff, and the Society enjoys a growing presence and recognition in the organization.

David Davis, a long-time member of our Society, is the current President of ACME. He and I have already talked informally about ways to improve mutual understanding between our organizations.

A possible indication of the increased awareness by others of our Society is found in the Chairman's message in the April 1991 issue of the *GEA Correspondent*. "As popular as the concept of the 'medical education continuum' is, other groups currently represent areas of the continuum much better than GEA. This is certainly true for continuing medical education, where the Society of Medical College Directors of Continuing Medical Edu-

cation, a thriving group of medical school directors of CME, organize comprehensive programs with great success."

There are many more ongoing important Society activities that deserve comment but I will defer additional details for now. Suffice it to say, we have a full plate of activities and again, I wish to emphasize the need to firm up and consolidate all our endeavors. Those of you who regularly attend our business meetings are keenly aware of the ever-increasing complexity and scope of the activities that are reported upon.

#### Dues Increase

These intense levels of activity also require the expenditure of additional funds. I wish to especially thank those who attended the Business Meeting in Toronto and approved the dues increase to \$250 for voting members and \$125 for the other membership classifications. This is the first dues increase in four years and will enable us to continue to grow and become a more mature professional Society.

#### Hard Work Ahead

Most of us are currently immersed in a broad array of Society activities, and it will require a lot of hard work to accomplish our objectives. I wish to interject that hard work is good for one's soul and should not be unpleasant. If hard work is unpleasant, it's because someone caused it to be that way. Our Society is fortunate because it is composed of competent, dedicated people who are a pleasure to work with. I say this because my experience has been that consensus-building and achievement are hallmarks of committee activities in our Society. This process is very healthy because all persons have the opportunity to state their positions and ideas. Consequently, resolution is reached in a friendly, constructive manner, with all views having been considered. In my experience, this characteristic is not present in all organizations and is perhaps our greatest strength.

On a personal level I wish to report that I enjoyed attending a birthday party for Phil Manning on May 3, 1991. The black-tie affair was held at the Cosmos Club in Washington, D.C. One of the organizers was a long time friend of Phil's, Dr. Marion Ball, who is responsible for computing at the University of Maryland, Baltimore campus. Other Society members in attendance were Tom Piemme, Ralph Sanchez, Pat Storey and Dennis Wentz. The invitation said this was Phil's seventieth birthday, but I personally think he's closer to fifty.

This is the first of my President's Comments and I have tried to be brief, specific and to enhance your interest in the continued development of our Society. An agenda for action is before us, and your assistance and support have been solicited. I know you, the membership, will continue to respond.

*Jack L. Mason*

#### New Journal Editor Appointed

William Campbell Felch, M.D., has been selected from an imposing list of candidates to become Editor of the *Journal of Continuing Education in the Health Professions*, beginning with the first issue in 1992. The *Journal* (formerly called *Mobius*) is published jointly by SMCDCME and the Alliance for CME. The Search Committee, chaired by Nancy Bennett, Harvard University, was composed of representatives of both sponsoring organizations.

Dr. Felch will succeed Malcolm S.M. Watts, M.D., who will have completed six years of service at the end of this year. Both gentlemen will work closely together this summer and fall in order to achieve an orderly transition.

For the founding of ACME, Dr. Felch served as Chairman of the Steering Committee and then became the first Executive Vice President in 1978. In that capacity he also published the monthly newsletter, *The ACME Almanac*, in which he delighted his readers with essays that demonstrated his unique editorial talent.

Last January Dr. Felch relinquished his duties with ACME. As he concluded 12 years of significant service, he was lauded not only for his contributions to ACME but also for his vision in advancing continuing medical education nationally. ACME has established the William Campbell Felch award in his honor to encourage the proposal of projects devoted to the advancement of CME.

Dr. Felch's illustrious career began with his graduation from Princeton University, after which he earned his M.D. degree at Columbia College of Physicians and Surgeons in 1945. He completed his internship and residency at St. Luke's Hospital, New York City. Following two years of military service, he became a partner in 1951 in an internal medicine practice in Rye, New York, where he practiced until 1989. He became a Diplomate, American Board of Internal Medicine, in 1953 and a Fellow of the American College of Physicians in 1956.

Dr. Felch has amassed such a remarkable list of academic appointments and professional activities that only a few can be mentioned here. In 1973-74 he became President of the American Society of Internal Medicine, after which he served for 11 years as Editor of *The Internist* (1975-86). He also served for five years on the Editorial Advisory Board of the Joint Commission on Accreditation of Hospitals (1979-84), one of them as Chairman. He is the author (with Adrienne Rosoff) of *Continuing Medical Education: A Primer* (1986) and has written more than 150 papers on social, economic and political aspects of health care. He is a member of the Institute of Medicine of the National Academy of Science.

Dr. Felch can be reached at P.O. Box 222159, Carmel, CA 93922; telephone 408/624-6405; FAX 408/624-1507.

## Leaders Elected (Continued from page 1)

United States and internationally in the areas of curriculum change in medical education and educational and organizational aspects of CME.

**Second Vice-President** R. Van Harrison, Ph.D., is Director and Assistant Professor, Office of Continuing Medical Education, Department of Postgraduate Medicine at the University of Michigan Medical School in Ann Arbor. He also serves as Faculty Associate, Survey Research Center, Institute for Social Research.

Dr. Harrison's training as a Social Psychologist emphasized organizational behavior. For several years his primary research interests have been the evaluation and improvement of physician performance, and the operation of medical school CME units. An earlier research interest concerned job stress and worker health.

Dr. Harrison has directed the CME office at the University of Michigan since 1983 when he became a member of SMCDCE. Since 1984, he has served on the Research Committee and has coordinated the Society's biannual survey. He has just completed four years of service as the Midwest Representative on the Executive Committee (1987-1991). He has been an accredited reviewer for the ACCME and is currently a reviewer for the journal *Medical Care* and for the annual Research in Medical Education Conference. He has authored or co-authored 16 journal articles, three books, and five chapters in books.

**Midwest Regional Representative** William F. Gust, M.D., is the Director of the Center for Continuing Education at the University of Nebraska Medical Center in Omaha, a post he has held for seven years. He is an Associate Professor of Internal Medicine and is Director of the Hypertension Clinic there. He also serves as the Associate Chief of Staff for Education at the Omaha Veterans Affairs Medical Center.

Doctor Gust is involved in many national educational and professional organizations, including service as a Vice-President of the American Heart Association's National Board of Directors. Local activities include the Omaha Rotary Club, a live weekly radio call-in program entitled "Community Health Line," and a monthly television program "The Wellness Connection."

Doctor Gust has been a member of the Society for ten years, currently being the University of Nebraska's voting member. He has served on the Program and Nominating Committees, and was the host for the Spring 1989 Society meeting held in Omaha. He is currently the Chairperson of the By-Laws Committee.

**Western Regional Representative** Rosalie Lammle has coordinated and directed the CME program from the Dean's Office at the University of Utah School of Medicine in Salt Lake City since 1980.

### Western



Rosalie Lammle

### Midwestern



William Gust

Before moving to Salt Lake City, she assisted the Director of the Small Business Administration office in the State of Alaska Division of Energy. Prior to her marriage and the raising of four children, she had completed three years of Pre-Med study at the University of British Columbia at Vancouver.

In addition to her family responsibilities, Mrs. Lammle has held a number of community volunteer posts, as well as paid positions with small businesses in Anchorage, Toronto, and Vancouver. Currently, as time permits, she is a part-time student at the University of Utah.

### Eight Certificates Awarded . . .

During the Spring meeting Louis J. Kettel, M.D., Vice-President, Division of Academic Affairs, AAMC, received a Certificate of Achievement in recognition of his leadership in supporting the activities of SMCDCE and CME nationally.

Five Society members also received Certificates of Achievement for their leadership as follows:

Gloria Allington—Strengthening the membership selection process and increasing the membership and participation in Society activities.

Paul Mazmanian—Vision in CME Research and advocacy of research as a responsibility of CME professionals.

Harold Paul—Promoting the quality publications of the Society including the Society's newsletter, *Intercom*, and the Journal of Continuing Education in the Health Professions, published jointly with the Alliance for CME.

Martin Shickman—Beginning a new era in Industry/CME relationships through the Cooperation with Industry Committee.

George Smith—Formulating the future vision for the Society through Strategic Planning.

In addition, Certificates of Appreciation were presented to Martin Kantrowitz and R. Van Harrison for their service as Regional Representatives prior to their recent election as Vice-Presidents.

## FALL PROGRAM TO FOCUS ON ETHICAL ISSUES AND CONFLICTS OF INTEREST

By Paul Lambiase, Program Chairman

Do ethics solve conflict? Can ethics create conflict? What are your ethics? What are your institution's ethical policies? Has your medical school or organization developed its own ethical and conflict-of-interest policies in regard to CME activities??

Over the past decade, many professional organizations have visibly enacted Rules of Professional Conduct, Principles of Ethics and Conduct and guidelines identifying conflicts of interest. Why has it become so important to have these issues clearly spelled out? How different are we from our forbearers that we need to have externally imposed ethical guidelines in order to conduct our businesses in societally acceptable fashion? What pressures are placed upon our institutions, and upon us as individuals, that force us to more clearly define our own values so that we can both work effectively and feel good about looking in the mirror each morning?

The Society's Fall Meeting program should help point to answers for these. Sessions will open with a presentation and discussion about basic human values and honesty. Correlation will be made to education in general and to the CME environment in particular. This will be followed by a series of specific case studies involving CME situations selected to be controversial, to be as broadly applicable to our group as possible, and to involve audience participation.

A second focus of the program will be on ethical concerns involved in CME research. Following an introductory presentation, two individual cases will be discussed. The first will be in the area of informed consent issues, and the second will be appropriateness, extent and potential repercussions of information disclosure. Again, presentations will be intended as catalysts for interactive discussion.

With the recently revised ACCME guidelines for commercial support of CME has come the requirement that all accredited sponsors have a policy on conflict of interest that is applicable to CME activities. All approved CME activities need to conform to the approving providers' policies. It seems very appropriate that as we begin to formulate or modify our institutions' conflict-of-interest policies we engage in an open dialogue with our peers on the broader issues involved in establishing them. One of the intentions of this program is to create an environment where we can raise those issues of concern to us and our organizations. I urge each of you to consider those circumstances of special interest or importance and come to the Fall Meeting prepared to discuss them.

As usual the Fall Meeting will be held in conjunction with the AAMC Annual Meeting. Planned sessions of our Society will occur from noon on Friday, November 8, through 8:00 p.m. on Monday, November 11.

In response to a significant outcry from the various committees attempting to meet nearly simultaneously in Toronto this past April, we have extended the time allocated to committee meetings from one half-day to two half-days. However, we are significantly constrained by the amount of meeting space allocated to us because of the heavy demand by all AAMC affiliates. A schedule of committee meeting times should be available by the time this article appears in the July issue of *Intercom*.

A number of proposals are being submitted for joint GEA/SMCDCME sessions to be held Monday afternoon and Monday evening. The Monday afternoon sessions will be selected and announced some time in June. The joint GEA/SMCDCME Monday evening session will be held from 6:30 to 8:00 p.m. In keeping with our over-all program theme, this session will be devoted to **Conflicting Interests: Commercial Support of Medical School Faculty in the CME Arena**. Again I encourage each of you to plan to attend and participate in discussion of this important topic.

Registration materials for the Fall Meeting will be mailed to all members this summer. It is important to note that Society members *need to register for both the Society meeting as well as the AAMC Annual Meeting*. There has been confusion in the past about who needs to pay the AAMC registration fee. It has been made clear to the Society, as well as to all other AAMC affiliates, that anyone attending their own professional society meeting held under the auspices of AAMC **must** pay the AAMC Registration Fee. We realize this involves paying two registration fees and may place a burden on many of you. Further clarification of this will be forthcoming with the Society registration materials. A brief summary of the preliminary schedule appears on page 12.

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Leadership and Organization Development  
Jocelyn Lockyer, Research Notebook

## Computer Corner

By Arnold Bigbee  
Section of Continuing Education  
Mayo Foundation

This column provides a review of Peopleware, a good software package designed for managing meetings. We have been using it annually since 1985, for a range of 60 to 80 meetings involving 7,000 to 10,000 registrants.

Peopleware allows you to enter information once and then to use it for many purposes. For example: Regarding the meeting, enter

title  
dates  
location  
fee  
credit hours

Regarding the registrants,

name  
address  
amount paid

Then, you may produce

nametags  
credit certificates  
confirmation letters  
receipts  
attendee lists  
mailing labels  
sign-in rosters  
cheque/credit card lists  
income/expense summaries

The package saves time, eliminates repetitive tasks, and is efficient. Retrieval is quick. The CME office may tailor reports to suit its own information needs.

The system requires people with a comprehensive level of computer knowledge to set it up. We have the assistance of a computer-systems support group at Mayo and would not have been able to set up and maintain the software without their expertise. In a few instances of complicated problems, our computer specialists had phone visits with Peopleware staff members to implement a resolution. The Peopleware people are prompt, pleasant and helpful in providing information via long-distance. Offices that have a resident "computer buff" will probably have an easier task to keep the Peopleware system running smoothly.

Peopleware is a reliable system that does what it says it will do at a reasonable price. Anyone considering meeting management software should explore its usefulness to them.

*(Editor's Note: Peopleware is a registered trademark of Peopleware, Inc., Bellevue, WA 98004. An updated version was due to be released shortly after the deadline for submission of this column.)*

## INSTITUTE FOR NEW INVESTIGATORS...

Because many people who work in CME have had little experience with research in the field, an Institute for New Investigators will convene at the Westin Resort in Vail, Colorado, August 1-3. The goal of the Institute is "to facilitate the learning necessary for CME professionals to contribute new knowledge and understanding to the field of continuing education."

Research in continuing medical education is somewhat like research in other areas, but it is also very different in many respects. Despite the growing emphasis on the critical value of CME research, most of those involved have had little opportunity to learn how to build a successful research enterprise. It is this need that brought about the Institute for New Investigators, which materialized through the cooperation of the American Medical Association and the Canadian Medical Association.

The Institute program will emphasize learning in small groups and will feature individual tutorials conducted by some of the most productive researchers at work in CME. Faculty members include Nancy Bennett, David Davis, Robert Fox, Karen Mann, Paul Mazmanian, and John Parboosingh.

Each registrant will be asked to bring the beginning of a project. At the conclusion of the Institute, participants should have valuable information and research skills as well as a strategy for completing their own initiatives.

The registration fee of \$350 (U.S.) includes tuition, opening reception, breakfasts, and luncheons. Attendance is limited to the first 50 applicants. To obtain registration forms from the AMA, telephone 312/464-4668 or FAX 312/464-5842.

## COMMITTEE CHAIRPERSONS AND

### VICE-CHAIRPERSONS, 1991-92

	Chairperson	Vice-Chairperson
<b>Awards</b>	Julian S. Reinschmidt	
<b>By-Laws</b>	William F. Gust	
<b>Cooperation with Industry</b>	Martin D. Shickman	Ruth M. Glotzer
<b>Finance</b>	Robert E. Kristofco	
<b>Membership</b>	Marge E. Adey	
<b>Nominating</b>	James C. Leist	
<b>Program</b>	Paul J. Lambiase	Deborah Holmes
<b>Publications</b>	Terrill A. Mast	Gloria Allington
<b>Research</b>	Robert O. Bollinger	Jocelyn Lockyer
<b>Strategic Planning</b>	George T. Smith	
<b>SIG:</b>		
<b>Administration/Management</b>	Joseph A. D'Angelo, Jr.	
<b>SIG:</b>		
<b>Education</b>	J. Brian O'Toole	Michele Burpeau-DiGregorio

# RESEARCH NOTEBOOK\*

## EXPERIENCE IS THE BEST TEACHER

How do doctors learn? At the Spring Meeting in Toronto Geoff Norman brought some new insight to this question. He described the two major competing paradigms of the physician as a "general problem solver" and as a "reflective scientist."

Many of our educational strategies depend either in the first instance to teach a problem-solving method and how to develop elaborate systems of rules, or in the second instance to enhance the physician's knowledge of the scientific principles that underlie medical practice. But both of these models fail in some way to explain how expertise is acquired and used.

Experts in one area of medical practice are not often experts in other areas; expertise does not generalize well. Experts gather less data than novices; expertise does not depend on having more complex rule systems to fulfill. Experts often remember less of the scientific background than novices; expertise does not depend upon encyclopedic knowledge.

Then what does expertise depend upon? Dr. Norman's answer to this would be "experience." The expert has a greater catalog of examples to draw upon. The expert can say, "I've seen this before." The non-expert must work through elaborate casual networks to come to a conclusion. The expert simply matches the current situation to a compiled set of previous experiences. This is quicker, requires less input, and requires less recall of basic principles.

The implications of Dr. Norman's work with CME teachers, "the qualitative distinction between two types of knowledge—experiential and conceptual," is potentially revolutionary. In a recent article summarizing this theory he says, "If this is so, then the number of problems, their sequence in the curriculum, and the information extracted from each become of paramount importance. The answers are not in yet; we do not know how to assess the order or number of problems necessary to achieve competence in a domain. But it is clear that the number is far larger than one of each type."

The challenge to the designer of CME is to provide the underlying theoretical framework for the subject area and then to present in an efficient way a substantial body of indirect experience. The pedantic lecture provides no opportunity for this kind of learning. It would seem that many of the new technologies in instruction, such as live video links and computer simulation, can provide an ideal way to provide this experience.

1. Schmidt HG et al, *A Cognitive Perspective on Medical Expertise: Theory and Implications*. Academic Medicine, 1990, 65:611-621.

—Robert O. Bollinger, Ph.D., Director of CME,  
Wayne State University School of Medicine

## A RESEARCH TOOL

### The Multi-Station Examination Using Standardized Patients

Standardized patients (SP) are lay persons trained to reproducibly present a patient problem to a number of examination candidates. In the multi-station format, the candidate encounters several SPs during the course of an examination. This technique gives valid and reliable measurements of clinical competence and has been used in evaluation of medical students, postgraduate specialty trainees, foreign medical graduates seeking inclusion in internship programming, and family physicians.<sup>1</sup>

The multiple station examination has the potential for other applications by CME departments, both within traditional group CME programming and the newer, more innovative personalized format. In the CME research setting, it has been used to assess the competence of individual physicians.<sup>2</sup>

In the CME Department at the University of Manitoba, the multi-station examination using standardized patients has been used for educational needs assessment for practicing physicians referred by a licensing authority and unlicensed physicians seeking to re-enter clinical practice after long absences.

These two groups of physicians have recently begun to make increasing demands on our CME Department. They both seek personalized CME programs based on real measured educational need. The multi-station examination using standardized patients has been very useful. Using this technology, one can mock up a day in the practice of the working physician. For the unlicensed colleague seeking to re-enter practice, the profile of the practice pattern the physician wishes to construct can be simulated. By programming the patients to present a wide range of clinical problems and to ask candidates to demonstrate their skills with respect to data collection, interpersonal skills, test selection, diagnosis, and management, feedback can then be provided on the physician's abilities across a wide range of clinical problems and through several dimensions of clinical skills and knowledge.

Although those interested in measurement make much of the reliability of the multi-station examination using standardized patients, it is the face validity of this format which these more experienced physicians appreciate. The physicians believe the information produced about their skills which comes out of the assessment. They receive a report which they feel is accurate, and they enter a personalized educational program designed by themselves to meet their own educational needs. This is CME programming destined to be successful.

As is usually the case, the potential for applications of new technologies is limited only by the limit of our own

## Multi-Station Examination (Cont. from page 7)

creativity. Such is the case with the multi-station examination using standardized patients. CME research and evaluation within the context of needs assessment, impact of programming, and as a program in itself are all potential applications. Many questions are still left to be answered with respect to these applications and SP based multi-station examinations.

1. van der Vlueten CPM et al, *Assessment of Clinical Skills with Standardized Patients: State of the Art, Teaching and Learning in Medicine* 1990, 2(2):58-76.
2. Norman GR et al, *Comprehensive Assessment of Clinical Competence of Family/General Physicians Using Multiple Measures*. Proceedings of the 28th AAMC Annual Research in Medical Education Conference, 75-81.

—Murray L. Kopelow, M.D., Head, Dept. of CME, Faculty of Medicine, University of Manitoba

## BOOK REVIEW

*Interviewing as Qualitative Research: A Guide for Researchers in Education and the Social Sciences*. I.E. Seidman. New York: Teachers College Press, 1991.

Qualitative research methods have been used with increasing frequency and authority by researchers in education and the social sciences over the past twenty years. With increasing acknowledgment by research communities that experimental design is only one among several sources of trustworthy knowledge, more resource manuals providing clear description and practical information about different qualitative methods are being published.

*Interviewing as Qualitative Research* is one such volume. The author, a professor in the School of Education at the University of Massachusetts at Amherst, focuses specifically on "in-depth, phenomenological interviewing," a process consisting primarily of open-ended questions that are built upon and explored as the participants (individuals being interviewed) reconstruct their experiences with the topic at hand.

Seidman's preferred approach is to interview each participant three times (90 minutes each) over the course of several weeks. Each interview focuses successively on reconstruction or early experiences with the topic, current experiences, and finally reflection on the meaning of these experiences. This structure provides a logical progression in content and allows participant and interviewer to focus on a manageable amount of material during each interview. The general structure may be modified, but it is critical that the process be repeatable and documentable and that participants be enabled to reconstruct their experiences within the context of the topic.

An early section is devoted to helping the researcher conceptualize an interview study and develop the re-

search proposal. A variety of methodological issues that are familiar to all researchers but which wear somewhat different garb in the context of qualitative methods are also addressed, including reliability, validity, sampling, and informed consent. Illustrative examples are provided throughout.

In discussing the identification, accessing, contacting, and selecting of participants, the author provides practical suggestions as well as advice on potential pitfalls. The skills of interviewing are clearly described and explained, and a long list of suggestions on the interview technique are offered. Finally, Seidman provides practical advice on how to manage, reduce, analyze and report the data that is collected.

*Interviewing as Qualitative Research* is concise and well written. It should be useful to CME researchers interested in physician clinical practice change, learning styles and preferences, and other questions that would be well informed by participant review and reflection.

—Deborah L. Jones, Ph.D., Director, CME Office, Jefferson Medical College

## ARTICLES WORTH READING

### Peer Review and Adverse Outcome Research

CME is ultimately a prophylaxis against adverse outcome. Three recent publications and an editorial have demonstrated that patients with adverse events are likely to be judged as receiving inappropriate or negligent care.

Brennan TA et al, *Incidence of Adverse Events and Negligence in Hospitalized Patients: Results of the Harvard Medical Practice Study*. New England Journal of Medicine 1991, 324(6):370-376.

Leape LL et al, *The Nature of Adverse Events in Hospitalized Patients: Results of the Harvard Medical Practice Study II*. New England Journal of Medicine 1991, 324(6):377-384.

Caplan RA, *Effect of Outcome on Physician Judgments of Appropriateness of Care*. JAMA 1991, 265(15):1957-1960.

Shroeder SA et al, *Do Bad Outcomes Mean Substandard Care?* JAMA 1991, 265(15):1995.

### NEW JOURNAL: Qualitative Health Research (Sage)

This quarterly publication has a mandate of furthering the development and understanding of qualitative research methods in health care settings. The first two issues in 1991 had articles focusing on the dynamics of medical education, undergraduate and resident learning, the use of computers in qualitative analysis, and other aspects of conducting qualitative research.

—Jocelyn Lockyer, M.H.A., Administrative Coordinator, CME, University of Calgary

**Membership Update**  
*New Members and Change in Status*  
*Approved at Business Meeting, April 28, 1991*

**VOTING MEMBERS**

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Associate Dean of Medicine for CME  
Brown University Program in Medicine  
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(401) 863-3337  
Also Women and Infants Hospital  
(401) 274-1100, x1585

**CHANGE IN STATUS**

**Robert J. Cullen, Ph.D.**

Cleveland Regional Medical Education Center  
From Voting to Contributing

## **DIRECTORY CHANGES**

**As of June 14, 1991**

### **SECTION ON COMMITTEE PERSONNEL**

Update Committee Chairpersons and Vice-Chairpersons according to new appointments for 1991-92 as listed on page 6.

Also make these changes:

Page 4— Cooperation with Industry: William Edelen is now with Marion Merrell Dow instead of Tufts University.

Page 9— Publications: Add Susan Duncan as a new member.

Page 10—Research: Delete the name of David G. Moores; he is no longer at Memorial University of Newfoundland.

### **SECTION ON MEMBERSHIP**

Page 1— Adey, Marjorie: Change address to University of Nebraska Center for Continuing Education, 600 S. 42nd Street, Omaha, NE 68198-5651; also change FAX number to 402/559-5915.

Page 2— Burpeau-DiGregorio, Michele: Change membership category from Associate to Voting.

Chapman, Thelma: Change category from Voting to Associate; also change office telephone to 202/806-5620.

Page 4— Duncan, Susan: Change title to CME Director.

Edelstein, Ronald. His initials should be Ed.D., not M.D., and his title should be Assistant Dean, CME.

Page 5— Gagnon, Rene: Change office telephone to 418/656-5958 and FAX number to 418/656-3442; also change room number to 1214.

Gerbert, Barbara: Change title to Associate Professor.

Page 6— Gust, William: Change address to University of Nebraska Center for Continuing Education, 600 S. 42nd Street, Omaha, NE 68198-5651; also change FAX number to 402/559-5915.

Gerald Haidak has been replaced by Henry Tulgan, M.D. His title is Associate Dean and Director of Medical Education. Telephone and FAX numbers remain the same.

Hale, Ralph: Change office telephone to 808/956-7457 and FAX number to 808/956-5506. (The first three digits of all telephones for the Manoa campus at the University of Hawaii have been changed from 948 to 956.)

Hampton, Carol: The last word in the title of her office should be Professions, not Programs.

Page 7— Johns, Varner: Change address to 11565 Hillcrest Court, Loma Linda, CA 92354. Phone: 714/796-0743.

Page 8— Kantrowitz, Martin: Change FAX number to 505/277-2621.

Kopelow, Murray: In the listing of his department, insert the word "Medical" between "Continuing" and "Education"; also change "School of Medicine" to "Faculty of Medicine."

Lainhart, Romona: Delete her name and substitute the name of Suzanne L. Matthew as Assistant Dean for CME.

Page 9— Laxdal, Oliver should have been included in the Directory as an Emeritus member. His home address is 215 Copland Crescent, Saskatoon, Saskatchewan, Canada, X7H 2Z4.

Page 10—Mann, Karen: Change her title to Associate Dean of Undergraduate Medical Education.

Matory, William: In street address delete the period after W Street; also change telephone area code from 212 to 202.

Page 11—Miller, Robert: Add a second extension to phone number: 709/737-6653/83.

Page 12—Nelson-Rogers, Nancy: Delete her name; no longer a member.

Parboosinh, John: Change his initials from M.D. to M.B., which stands for Bachelor of Medicine.

Paul, Harold: Change area code of home telephone to 708; also add FAX number 312/942-2333.

Page 13—Piemme, Thomas: After Associate Dean for CME add "Chairman, Department of Computer Medicine."

Page 14—Reinschmidt, Julian: Title should be Associate Dean and Head, Division of CME; add room number: L 602.

Judith Ribble is no longer with the American College of Physicians. Her home address is 9010 Arydale Crescent, Philadelphia, PA 19128. Telephone: 215/487-0117.

Rudolf, Leslie E. is deceased; his successor is Karen Rheuban, M.D.

Page 15—Saul, Frank: Add office telephone: 419/381-5453 and FAX number: 419/381-4025

Smedley, Robert: Change membership category from Associate to Voting.

Page 16—Sumaya, Ciro: Change title to Associate Dean for Affiliated Programs and CME. Also add digits to zip code: 78284-7790; also change office telephone to 512/567-4424 and FAX number to 512/567-6962.

Page 17—Watts, Malcolm: Change office number to 415/476-9155 and add home number: 415/386-5637.

Wish, J. Barry: Change initial J. to Jay.

Page 18—Woolf, Colin should have been included in the Directory as an Emeritus member. His home address is 1166 Bay Street, Suite 1405, Toronto, Ontario, Canada, M5S 2X8.

Young, Reuhen: Add FAX number: 804/371-7431.

### **MAP OF REGIONS**

Missing are Nova Scotia/New Brunswick/Prince Edward Island and the island portion of the Province of Newfoundland and Labrador.

### ***People Patter***

Colin Woolf was awarded Emeritus status at the University of Toronto as of June 30, 1991.

Varner Johns, M.D., retired as President of the Audio-Digest Foundation as of June 30. (See Directory Changes for his home address and telephone). On June 23 during the AMA Annual Meeting, he accepted a plaque in behalf of the Foundation for its contribution of 2½ million dollars during the past 38 years.

SMCDCME also owes a debt of gratitude to Dr. Johns, who in 1987 was instrumental in arranging a gift of \$20,000 from the Foundation to the Society to set up a permanent endowment for the funding of an annual lectureship in CME.

## Spring Meeting (*Continued from page 1*)

to determine whether specialists who participate in MOCOMP introduce innovations into their practices differently than those who do not take part.

At the conclusion of the session Dr. Parboosingh and Dr. Fox acknowledged their debt to the Change Study text published by the Society.

In the afternoon some twenty members enjoyed a worth-while tour of McMaster University's Health Science Center at Hamilton, hosted by David Davis. He and three of his colleagues provided an in-depth description of the Physician Review and Enhancement Program (PREP) for physicians requiring remedial CME, which prompted a lively discussion of problem-based learning.

Sunday morning and a late afternoon session on April 28 were devoted to "Individual Leadership Practices," conducted by Edye Stoltz, National Leadership Institute in Adult and Continuing Education at the University of Georgia, Athens, and Charles Palmgren, consultant with ODR, Inc., Atlanta.

Following lunch, the Annual Business Meeting occupied two hours, rather than only one hour as scheduled. This led to emphatic recommendations that more time be assigned to this important session at future meetings.

On Monday morning the Annual Retreat again provided stimulating discussion of current topics. This year these included the following:

- Should SMCDCME have paid staff?
- Should a medical school be paying a hefty membership fee similar to dues for other national organizations (e.g. \$1000/yr.)?
- Should we look for outside support?
- Does CME generate referrals by physicians?
- What is the range of honoraria paid to university faculty speakers for a one-hour lecture?
- Do CME units report to their institutions the amount of honoraria paid to their own faculty?
- How are conflicts of interest being handled?

(A summary of the Retreat will appear in the October issue.)

The Canadian hosts of the meeting gratefully acknowledge program support from Audio Digest Foundation, Ciba-Geigy, Ltd., Marion Merrell Dow, Inc., The Municipality of Metropolitan Toronto, The Upjohn Company (U.S.) and the Upjohn Company (Canada).

## SITE OF 1993 SPRING MEETING: SEATTLE

The invitation from the University of Washington School of Medicine to host the 1993 Spring Meeting was accepted at the Annual Business Meeting in April.

J. Brian O'Toole, Director, Office of CME, has announced that the three-day session is scheduled for May 14-16 at the Seattle Sheraton Hotel.

## Second National Industry/CME Provider Conference Scheduled, October 8-10...

"Relationships in Transition" will be the theme of the Second Conference on Industry-CME Provider Collaboration, which will convene at the Drake Hotel in Chicago, October 8-10. Invitations have been extended to representatives of CME providers and 120 commercial companies. Dr. David Kessler, Commissioner of the Federal Drug Administration, has been invited to present "The FDA Viewpoint."

A pre-conference workshop is scheduled in the afternoon, October 8, to discuss the ACCME Essentials and AMA's Physicians' Recognition Awards. During the following two days, positions and responses to the issues will be presented by representatives of the American College of Physicians, the American Medical Association, The Accreditation Council for CME, the pharmaceutical industry, the medical device industry, and practicing physicians.

The closing Plenary session on October 10 will address the questions: What issues remain? What are the next steps to take?

## CALENDAR

1. Three Workshops on Accreditation, sponsored by the Accreditation Council for Continuing Medical Education:
  - A. August 23-25, Seattle WA
  - B. November 15-17, Denver, CO
  - C. December 6-8, Atlanta, GA  
Contact: Frances Maitland, 708/295-1490
2. August 1-3, Institute for New Investigators, Vail, CO (see page 6).
3. Two Workshops sponsored by the Division of Continuing Education, Bowman Gray School of Medicine. Theme—"Strategic Leadership: Achieving Excellence in the 90's":
  - A. August 2-4, Myrtle Beach, SC
  - B. September 25-27, Nashville, TN  
Contact: Dr. Teck Penland or Linda Saunders, 919/748-4450
4. October 8-10, Second National Conference on Industry-CME Provider Collaboration, Chicago, IL (see above).
5. Third National Congress on CME at Birmingham Medical Forum, April 8-12, 1992. Sponsored by Division of CME, University of Alabama School of Medicine and Department of Veterans Affairs, Birmingham Regional Medical Center.

## PRELIMINARY PROGRAM, FALL MEETING

Washington, D.C.

November 8-11, 1991

### Friday, November 8

Noon-6:00 p.m. **Committee Meetings**  
(Detailed list of times to be announced)

### Saturday, November 9

7:30-10:30 a.m. **Committee Meetings**  
10:30-Noon **Regional Meetings**  
Lunch on your own  
1:00-4:00 p.m. **Opening Session**  
6:30-8:00 p.m. **Society-sponsored Reception**

### Sunday, November 10

8:30-Noon **Program Session**  
Noon-1:00 p.m. **Luncheon**  
1:00-3:30 p.m. **Business Meeting**  
4:00-6:00 p.m. **AAMC Plenary Session**

### Monday, November 11

9:00-11:30 a.m. **AAMC Plenary Session**  
6:30-8:00 p.m. **Joint GEA/SMCDCME Plenary Session**  
*Topic: "Conflicting Interests: Support of Medical School Faculty in the CME Arena"*

**SOCIETY OF MEDICAL COLLEGE DIRECTORS  
OF CONTINUING MEDICAL EDUCATION**  
515 North State Street, Chicago, Illinois 60610

**Fall Meeting:**  
**November 8-11, 1991**  
in conjunction with  
**the AAMC Annual Meeting**  
November 8 through November 14,  
Washington, D.C.

**PLAN TO ATTEND!**

PLEASE CHECK THIS MAILING LABEL! Are your name and address correct? If not, please notify Secretary-Treasurer Robert E. Kristofco, Associate Director of CME, University of Alabama-Birmingham, Rm. 127-CHSB, 20th Street South, UAB Station, Birmingham, AL 35294. Telephone 205/934-2687; FAX 205/934-1939.

### WANTED: **Editor for Intercom**

This newsletter will need a new Editor as of Spring 1992. Official duties will begin with the preparation of the July issue (to be mailed at the end of June).

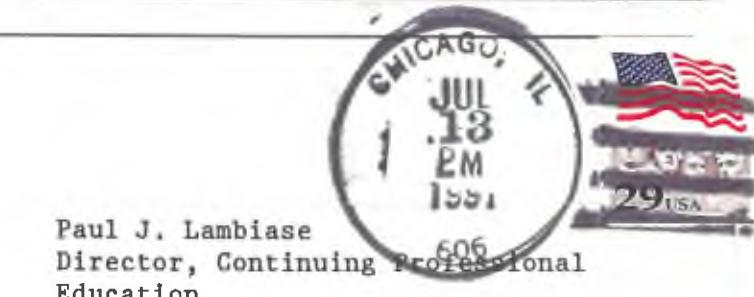
The Editor will conceptualize each issue, maintain communication with the associate editors, identify potential authors and invite them to prepare special articles.

In addition, we hope to have a Managing Editor available who will receive the articles, compose the newsletter, and manage publishing and distribution at the direction of the Editor.

Unfortunately, the salary level is not commensurate with background! The position is *not* salaried. The Editorship is totally voluntary, to be undertaken as a service to the Society and to the enterprise of continuing medical education. However, reasonable expenses are reimbursable.

If interested, please contact Terrill A. Mast, Chairman of the Publications Committee, for further information by September 1, 1991. The final selection of the Editor will be a decision of the Publications Committee and will be announced at the Fall Meeting in Washington, D.C. in November.

Terrill A. Mast, Southern Illinois University School of Medicine, P.O. Box 19230, Springfield, IL 62794-9230. (Telephone 217/782-7711; FAX 217/782-0988).



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First Class Mail!