INTERCOM

Official Newsletter of the Society of Medical College Directors of Continuing Medical Education

Volume 9, Number 2 April 1995

1995 Society Spring Meeting Orients Members to Change!

"Meet members in St. Louis" April 5-9, 1995
and look for updates on:

- the proposed multi-institutional research project
- FDA - Enduring Materials
- Opportunities for CME in Managed Care Relationships
- Structural Change in Committees/Responsibilities

FYI

Supreme Court Allows Honoraria for Federal Workers

In a move that has impact for medical school faculty at VA Medical Centers, the United States Supreme Court, on February 22, struck down a law that prohibited federal executive branch employees from receiving outside income from speeches and articles, even those related to the employee's official duties.

The high court ruled 6 to 3 that the honoraria ban imposed by the Federal Ethics Reform Act of 1989 violated the First Amendment rights of government workers because the prohibition applied to subjects that were not related to an individual's line of work.

Word has it that payors of speaker fees still need to take careful consideration that:

- conflict of interest situations (P&T committee, regular work for which the presenter is already being paid, etc.) are avoided
- the speaker still takes outside assignments on vacation days
- this applies to only full-time VA employees below the GS16 level with permission from their immediate supervisor •

In other news on the Hill impacting CME, watch for action in the House on "Fulfilling the Contract for America". Recent passage of bills in cost-cutting measures have rescinded a significant percentage of this year's HRSA funding. With cuts in Medicaid, funding in Medical School Education, particularly at the Graduate Medical Education level,is impacted •

CONTENTS

SUBMIT YOUR SCHOLARLY WORK TO RIME!

CME research and scholarly activity have been poorly profiled at recent meetings of the Association of American Medical Colleges. Come on, members, improve this rating!

The information about RIME submissions has been recently published by the AAMC.

Think about submitting:

- **a REVIEW paper.** These papers will synthesize existing research in areas of medical education and will define problems to be addressed by future research.
- **a RESEARCH paper.** These papers will promote dissemination and discussion of completed research.
- **a SYMPOSIA.** The symposia section will present contrasting perspectives on a topic of research interest to medical educators.
- **an ABSTRACT.** These documents will report completed investigations that contribute to medical education research and practice. Unlike research papers, the results of smaller scale projects, exploratory studies or components of larger projects may be submitted.

The deadline for abstracts is June 2, 1995, for all other submissions, it is May 1, 1995. The AAMC will take place in Washington DC Oct 27 - Nov 2 1995. For further information: contact RIME Conference/AAMC, 2450 N Street NW, Suite 475, Washington DC. 20037 - 1126 •

President's Message

George T. Smith, M.D.

"ORIENTATION TO CHANGE"

"Energizing for change," the Society's slogan, carried the Society and its membership through an exciting 1994-95 year. Spurred by major biomedical and technological advances, we, as health professionals, experienced significant difficulties in keeping abreast of changing competencies. The current movement into managed health care raised many new and different issues. At the same time, socio-economic pressures forced cultural changes in traditional practice modalities. The managed care environment shifted emphasis to the primary ambulatory care model with new and increasingly demanding competencies for the health professional.

The Society's activities in 1994-95 increased on national, regional and state levels. Significantly, a large number of the activities enhanced the Society's relationship with organizations that foster lifelong learning concepts in the health professions.

To each of our colleagues and members in the Society, to pharmaceutical and industry representatives, to friends and our kindred CME organizations, and to all others who helped make this year successful by "energizing for change," I extend my heartfelt thanks. Without each person's efforts and commitment, our activities and subsequent advancements would have been far less in scope and breadth.

INTERCOM is published on a quarterly basis by the Society of Medical College Directors of Continuing Medical Education, and is supported in part by an educational grant from the Department of Professional Education/Scientific Communications, Marion Merrell Dow, Inc., Kansas City, Missouri.

Subscription rate: $20 per year. Additional subcriptions to member institutions (at the same address), $10 per year.

Editorial Office: Office of Continuing Medical Education, University of Utah School of Medicine 50 North Medical Drive, Salt Lake City, UT 84132-1001.
EMail: lammle@med.deans.utah.edu
Telephone: (801)581-8664 FAX: (801)581-3647

Editors:
Rosalie Lammle
Jocelyn Lockyer, MHA
Associate Editors:
Van Harrison, Ph.D. : Organizations in CME
Lisa Kregel, MBA: Research
Martyn O. Hotvedt, Ph.D.: ACCME

It is difficult to enumerate the contributions of each and every member or colleague without omissions; therefore, I am attempting to be all inclusive in again extending my appreciation to the following list:

- Executive Committee of the Board of Directors
- Board of Directors
- Task Force on CME:
  - HCR - White Paper on CME
  - AMA Resolution—Recognizing the Importance of CME
  - Meeting with Congressional staff and HRSA representatives
- Task Force on CME Industry
- Pew Health Commission/Glaxo Pharmaceuticals—future directions for CME "think tank" group
- AAMC Working Group on CME
- Research Endowment Development Committee
- Accreditation Review Task Force
- Research Committee and Council
- Program Committee—Fall and Spring Meetings
- Strategic Planning Committee
- Awards Committee
- JCEHP Administrative Committee
- Nominations Committee
- Pharmaceutical Companies for their continuing research endowment and the support of the Fall and Spring Meetings.
- HRSA Staff
- The individuals who participated in our first formal Society Dinner in Boston on International CME
- Council of Academic Societies, membership representation for the development of mini-medical school for Congressional staffers
- Newsletter - INTERCOM - editorial staff
- Membership Committee
- Streamlining the Society as an organization—changing committee structure
- Producers of the Policy and Procedure Manual
- Members who initiated the Life Time Members Awards
- Individuals who strengthened linkages with the Alliance for CME, the Accreditation Council for CME and the AHME.
- My own staff
- National Secretariat (AAMC Office)
- Program Committee for both the Fall '94 and Spring '95 meetings.

My colleagues, individually and collectively, I salute your efforts as effective educational facilitators in a changing world. I look forward to continuing these many projects with you!

IN CONTINUED RECOGNITION AND APPRECIATION to MARION MERRELL DOW, INC. GLAXO, INC. ABBOTT LABORATORIES GENETECH, INC. CIBA-GEIGY CORPORATION for Grant Support to The Society's Donor Restricted Research In Continuing Medical Education Fund

Contemporary Organizations in CME: The ALLIANCE

by Van Harrison, Ph.D.
Office of Continuing Medical Education
University of Michigan School of Medicine

(Editor's note: This article and the one that follows on Page 4 are the third and fourth in a series intended for individuals in academic CME and related institutions.)

The Alliance for Continuing Medical Education (ACME, the Alliance) educates and supports continuing medical education professionals and promotes leadership in the development of CME in order to improve health-care outcomes and the performance of health-care providers. The Alliance provides educational opportunities, professional development, information exchange, and supportive member services and helps shape and influence policy in the field of continuing medical education.

Members. This professional society is for people from all settings offering continuing education for physicians and other health-care professionals, e.g., medical schools, large and small hospitals, state medical societies, large and small specialty societies, pharmaceutical companies, device manufacturers, publishers, CME entrepreneurs, communication companies, computer software companies, and others. Members are primarily located in the United States and Canada, but many reside in other countries.

The Alliance has four membership categories. A person can be an individual member. Hospitals, medical schools, academic medical centers, specialty societies, and other medical institutions may join as institutional members. An institutional membership covers a minimum of three individuals, but there is no maximum number that may be included with full membership. The membership belongs to the institution and the institution may change the individuals participating through its membership. Corporations are eligible to join as corporate members, with one full voting membership. Members in good standing who retire from active professional live are eligible to become Emeritus members. All members are eligible to vote, to serve on committees, and to hold office in the organization.

Special interest groups. A Special Interest Group (SIG) is a group of members with similar interests who meet at the time of the annual conference to discuss issues and ideas on many areas relating to CME. New groups are formed whenever there is a need. The current SIGs are:

- Hospitals and health networks
- Managed-care organizations
- Specialty societies
- State medical societies
- Research
- Veterans Administration
- International members
- Canadian members
- Pharmaceutical companies
- Communication companies

Publications and activities. The Alliance offers the following publications and materials:

- *The Almanac*. A monthly newsletter containing news and opinions about the CME arena.
- Continuing Medical Education: A Primer. A textbook on the elements of CME and how to be a successful CME manager.
- *Journal of Continuing Education in the Health Professions*. A quarterly scholarly journal on the scientific and policy aspects of continuing education in the health field.
- *Continuing Education in Health Care—An Educational Video Series*. Seven video modules and a loose-leaf workbook.
- *Professional Self-Assessment Program*. A written self-assessment guide to help individuals assess individual strengths and weaknesses and identify current educational needs in a wide range of competencies grouped into six areas of responsibility, such as management and strategic leadership.
- *Research and Development Resource Base in CME*. A regularly updated database of approximately 4,000 articles on CME, available to members at a reduced charge.

The Alliance sponsors the following meetings:

- Annual Conference. Usually held in January, plenary sessions are devoted to policy issues and a large number of workshops address practical topics.
- Single Topic Courses. Each year, one or more single topic courses, such as Needs Assessment, are presented at various sites around the United States. In 1995, the program will feature evaluatin and outcomes research.
- Regional/Local Meetings. State and regional meetings are sponsored by subsets of the Alliance for members and non-members from the same geographic area who are engaged in CME.

For more information.
the Alliance for CME is located at
60 Revere Drive, Suite 500
Northbrook, Illinois 60062.
For additional information about the Alliance, call (708) 480-9085 •

Contemporary Organizations in CME: AHME

by Van Harrison, Ph.D.
Office of Continuing Medical Education
University of Michigan School of Medicine

The Association for Hospital Medical Education (AHME) is a national, non-profit professional organization involved in the continuum of medical education, including undergraduate, graduate, and continuing medical education. AHME was founded in 1956. It represents over 300 community teaching hospitals. (AHME representatives generally are located in hospitals that are part of the Council of Teaching Hospitals, one of the three governance councils within the Association of American Medical Colleges.)

Members. Those eligible for AHME membership include: individuals who devote a substantial amount of their professional time toward improved patient care, and individuals employed in directing or coordinating hospital-based programs of medical education at the undergraduate, graduate, or post-graduate level. AHME members include: directors of medical education, chiefs of departments, medical directors, program directors of undergraduate, graduate, and continuing medical education, administrators, and coordinators of medical education. Institutional membership is available for hospitals and other medical education institutions, allowing the institution to appoint up to five representatives to AHME. Individual membership is available to any eligible individual. Sustaining members are foundations, companies, or institutions whose interests and activities involve medical education at the hospital level. These institutions may appoint one representative, but those representatives are not eligible to vote or hold office. Affiliate members are other medical education organizations and associations that support the goals of AHME. Their representatives have no vote and are not eligible for office.

Working groups. Over 200 AHME members with involvement in CME have formed an Interest Group in CME (IGCME). An IGCME Steering Committee was appointed in the Spring of 1994 and has meetings twice a year. The Steering Committee coordinates all activities of AHME that are related to CME and is developing some specific projects to improve hospital CME. In addition to the IGCME, AHME also has a Council of Administrative Directors of Medical Education (CADME) that deals with administrative issues common to all medical educational professionals and the Council of Transitional Year Program Directors (CTYPD) that develops and shares ideas among Program Directors of accredited Transition Year programs.

Activities. AHME holds two conferences per year, one in the fall in conjunction with the annual meeting of AAMC and one in the spring held independently. Topics related to CME are included in both conferences. The newsletter "AHME News" provides members with updates on AHME's educational programs, council activities, original articles, job announcements, liaison reports from other related organizations, and related information about medical education. The "AHME Congressional Record" is a publication that provides legislative and regulatory updates from the medical educator's perspective, including both factual information and analyses of legislation that may impact medical education. The "Purple Book", published yearly, provides one-page descriptions on Transitional Year programs for residency programs. Members participate in and receive results of surveys on a variety of topics, such as salaries, house staff benefits, and recruitment strategies. Upon request, AHME will recommend qualified peers to be consultants in identifying and recommending solutions to problems in medical education in areas such as appeals of unfavorable residency review committee decisions, individual program review, resident recruitment, development of patient education programs, financial aspects of graduate medical education, and review of proposed medical school affiliation agreements.

Liaison activity. AHME is one of the sponsoring organizations of the Accreditation Council for Continuing Medical Education (ACCME), and has voting representation on the Council and the Accreditation Review Committee. In addition, AHME representatives reflect the views, needs, and concerns of teaching hospitals in their roles as liaisons with the Accreditation Council for Graduate Medical Education, the American Hospital Association, the Educational Commission for Foreign Medical Graduates.

For more information.
AHME is located at
1222 19th Street, N.W., Suite 300,
Washington, D.C. 20036-2401.
For additional information about AHME, call
(202) 857-1196.

Research Notebook

Global CME Community
Global CME Research Questions

by
Lisa Kregel

How is CME at our institution funded?
How much support do we receive from the government?
How much from industry?
Do individual physicians pay for CME, and how much?
How do we get physicians to participate in any CME?
Who decides what CME physicians need; how do we assure that physicians learn what they need to learn?
Why is attendance, and not performance, the only thing government tries to measure?
How do we know that CME improves patient care?
How do we measure changes?
How do we evaluate physician learning?
How do we evaluate the quality of a physician's work?
How do we identify physicians needing remedial education?
How do we get those physicians to participate in appropriate CME?
When resources are scarce —for example, an isolated rural hospital without MRI or CAT facilities — what if anything do we try to teach health providers about new technologies?
How do we effectively deliver distance education?
What teaching methods are most effective with adult learners?
Do some methods work better for specific skills than others?
How do faculty members learn to teach CME?

Do the above questions sound familiar? Just last week, I struggled to provide some answers to these and a number of other questions from a team of four faculty members from the Xinjiang Medical College in the city of Urumqi, Xinjiang, Peoples Republic of China. Mr. Gao Li, Mr. Kang Fuxin, Mrs. Feng Yanjun, and Mr. Zheng Yuzian. The team visited Cleveland for the first two days of a twenty day trip to the United States for the purpose of learning about our approach to Continuing Medical Education. Included in their itinery are Chicago visits with the AMA, the Accreditation Council, and the Collaboration with Industry Task Force. Translation assistance was provided by a post-doctoral researcher in neuroscience, a native of Xinjiang.

Their Cleveland host, **Robert Cullen**, Executive Director of the Veterans Administration Regional Medical Education Center (RMEC) program, carefully exposed his guests to CME in a variety of settings, including the Cleveland RMEC, then CWRU's School of Medicine, followed by University Hospitals of Cleveland (CWRU's largest affiliate hospital), and the Parma Community Hospital.

When we sat down to talk at the Medical School, I explained that I knew little about medical education in China—that I would try to answer some of their questions about university-based CME. (For one brief moment on hearing their very specific questions about our approach to CME, I thought I might have an ACCME review team in disguise!) I explained that we too are really just beginning to look for answers to many of these questions—that CME as a discipline is relatively young in North America.

Upon asking what CME was like in China, I was told that CME in China is still a new idea. Our visitors described an experimental project begun in 1992 in which a small and fairly balanced group of rural, urban, and university physicians were baseline tested in specific knowledge and skill areas. They now are participating in pilot CME activities. The study ends in 1997, with a repetition of the knowledge and skill tests. A third component of the program, an assessment of attitudes, is giving them some difficulty. They are using ratings by patients and peers in the work place, and are struggling to make meaning of the data. I expressed my opinion that their project stands at the forefront of CME research.

At the conclusion of the day, I supplied each visitor with a CWRU CME tote bag filled with brochures, enduring materials, copies of the ACCME essentials, the second edition of The Primer, and a CWRU School of Medicine mug. They presented me with beautiful a silk handkerchief that I must be sure to remember to pack when I someday visit China to learn about CME.

I also promised to send copies of some of the existing literature. Attention Authors: if you have copies of your CME publications that you might spare, please consider sending a set to Dr. Gao Li, Vice President and Professor of Physiology, Xinjiang Medical College, 8 Xinyi Road, Urumqi Xinjiang, 830054, P.R.C.

Research Notebook is coordinated by
Lisa M. Kregel, Director, Program in CME
Case Western Reserve University
School of Medicine Room W175
10900 Euclid Avenue
Cleveland OH 44106-4922
216-368-2408/800-274-8263
FAX 216-368-2828

On Enabling The New Faculty Member Who is Organizing Grand Rounds

by
Rosalie Lammle
Director, Continuing Medical Education
University of Utah School of Medicine

Scenario: The responsibility of organizing and implementing a recurrent program of grand rounds or in-house conferences has been assigned to the new faculty member who has called the Continuing Medical Education (CME) office for assistance. The new faculty member has come to you for help and has in hand a number of printed rules, including the AMA Physician's Recognition Award, the Essentials, and Standards. What assistance can you as the CME facilitator provide that will make a difference in the planning of this activity? A significant amount!

Discussion: You, as the CME director, may have a handbook ready for this new planner, one that has been refined over time, containing an orderly progression of 'how-to's'—such as this article attempts to do—approved by the CME committee, and accepted within your institution. If so, read no further. But if you are looking for an overview of how in-house programs can meet Category 1 standards in an exemplary way, read on! This article is intended for **organizers of a planned program of grand rounds/ in-house recurrent conferences, and draws from the experience of several institutions.**

- **Define responsibilities.** Clarify with the planner that the CME unit is responsible for CME within the accredited institution, including the designation of Category 1 credit. The CME unit must be able to demonstrate its involvement in all aspects of the accredited institution's CME program, including compliance with the ACCME Essentials and Standards. The CME unit either directly carries out the responsibilities for the institution's CME programs or develops an accountable system involving other institutional units that help carry out the responsibilities. It may be that a system is developed that assigns some responsibilities associated with the Essentials and Standards to other units; however, the CME unit retains overall responsibility, oversight, and operational direction, including determination of what is delegated, development of operational materials, training other units to perform their delegated functions, monitoring the performance of roles, assuring documentation of key activities associated with the Essentials and Standards, and evaluation of the entire operation. The fundamental authority in the system is the power to designate credit hours. Systematic planning early in the development of the activity can make everyone's job much easier and having new faculty understand the above principles smooths the way.
- **Listen** to the goals that the new faculty member defines and looks to accomplish. **Throughout the planning process, particularly, as the faculty member describes his/her overall goals, interweave principles found in the Essentials and Standards.**
- **Work within the faculty member's frame of reference,** appreciating that the faculty member may already be 'tuned' to academic standards and institutional policies. Appreciate the unique individuality of each planner and departmental and divisional differences—grand rounds in large teaching hospitals are usually discipline specific. Acknowledge creativity; respect academic freedom. Reassure faculty that they have the freedom to be independent in choice of content and subject matters—that their academic and clinical judgment in choice of topics, presenters and delivery methods is important to scientific integrity, and to the reputation and the success of the program.
- **Keep good notes.** They will serve you well at re-accreditation time.
- **Assess the current structure of the activity, its format** and **organization.** Discuss what works and what doesn't. Encourage establishment of **a planning committee with representation of the target audience,** one that provides continuity for the next planner, whose members are faculty who have enthusiasm for innovation in teaching and learning, and who demonstrate a commitment to the education of themselves, their students and their peers. Committee members should provide balance in supporting the planner with suggestions and/or solutions to educational problems.

  Know what the internal hierarchy expects in terms of success and audience reaction. What are their indicators of success— items such as an increase in numbers, feedback, behavioral change, an active forum for discussion, or an increased interaction with other departments and/or community physicians. Look to data sources.
- **Define the audience and their expectations**—select a representative sampling of the audience, give them a draft outline of the proposed curriculum for a six month period, and ask what would an adequate program provide—what they would add or change? (What would an *exemplary* program provide?) Consider the reasons that physicians attend grand rounds. To list a few: to stay current with their peers and the state-of-art, to consult, to identify knowledge deficits, to solve immediate or projected patient problems, and to meet/socialize with colleagues, and mandated requirements.
- **Encourage planners to be specific as they define audience needs**—draw out the description of the underlying problems/deficits related to improved patient care. Jot these down and their sources (key informants, interview, clinical recall, chart audits, focus groups, surveys, previous evaluations.) Know that descriptions for the rationale for topic selection, the educational level appropriate to the sophistication of the audience, and the expected outcome comprise valuable information that needs to be communicated to the presenter for preparation of his/her educational material.
- **Brainstorm–identify sources of educational need.** Include items such as previous course evaluations, comments from faculty experts, M & M data, patient charts, QA data, practice problems identified by colleagues/audience members, core curriculum (refresher) topics that are essential to the practice of the clinician, and new information/methods/techniques/management strategies. (Clear definition of educational needs will significantly assist the planner who

approaches a funding agency for support for his/her overall program.)

- **Consider conducting a survey** to determine the audience's perception of need—keep it simple; two or three questions will enhance response rate. Poll the physicians who are most committed to that educational program, i.e., those currently attending or planning to attend. Poll also key informants, senior clinicians and nursing personnel, department heads in pathology, infectious diseases, pharmacy, dietary, and emergency medicine. Discuss factors contributing to non-attendance—people whose needs are not being addressed.

- **Define overall goals and more specific objectives,** including learning objectives--consider ways to incorporate the measuring of success/adoption/failure of these and to what degree in the evaluation.

- **Discuss appropriate methods for delivery of the subject matter, formats, selection of appropriate faculty and methods for communicating audience need to the faculty.** Provide examples of innovative formats—ones that engage the audience in discussion and interaction.

- **Discuss the means by which disclosure of significant financial or research interests, bias, and/or support will be made to the audience.**

- **Determine a reasonable time frame to accomplish an educational plan**, discuss ways to measure success and plan an evaluation method. Then **evaluate** within that specified time. Arrange to have a CME committee member or staff member assist with evaluation. Know that evaluation can occur at a number of levels, from the number of participants in attendance to the degree of their satisfaction, to the degree that they are able to translate new knowledge or competence into performance and/or to better patient outcomes. Be thinking about performance data that might demonstrate a change.

- **Reference local support/resources,** ideas, models, and support for planners. Pass along information on successful models within the medical school, on innovative teaching, on faculty development, and on expert faculty. Make administrative aspects easier by providing tested models and useful forms, including sample letters to presenters, a form for disclosure, and examples of handouts. Know the classroom set-ups and equipment intimately; your technical support personnel, and how to access learning aids (blackboards, flip charts, projectors and screens, video/audio/satellite feed and computer assisted learning devices.) Know institutional policy with regard to equipment use, American Disability (ADA) guidelines—record these in your policy manual.

- **Establish a system to deal with finances, including a budget** consistent with the course plans. Define sources of income and outlay of expenses. Set up an account within the CME office for funds coming from grants-in-aid. Define a system for reimbursing faculty expenses in accordance with institutional policies and procedures.

- **Provide an agreement form** to be used between the grantor and the CME unit on behalf of the in-house conference. Are the funds (given in support of presentations) handled in accordance with the Standards? Are course planners appropriately notified of the gifts/grants, and is the donor appropriately thanked?

- **Understand the methods used to publicize** the in-house meetings including announcements, newsletters, gopher listing on Telnet. Ask—is there a brief but adequate description of the activity, the presenter and academic credentials, support? Does the department assistant who is given the task of producing and distributing the flyers have adequate instruction, information and models? Do announcements, in addition to 'who, what, when, where, who-for and why', include the appropriate statement regarding support from industry? Do statements conform to the Essentials and Standards in terms of the accreditation and certification statements? Are credit hours designated? Is the sponsor, the accredited entity, appropriately identified?

- **Streamline methods for record-keeping, documenting attendance, reporting to key individuals, and for participation in educational activities.** Implement a storage system which contains a file on each activity for which credit is designated (the date, topic, objectives, presenter, disclosure, hours, attendees); one that provides easy retrieval of cumulative records. Maintain records for each activity that describe the planning process, evaluation, attendance, as well written agreements for related commercial support. Discuss with the key planners the methods for collecting and distributing this information—to whom are reports made. Know institutional and state reporting requirements. Document system management to maintain continuity with the staff both in the CME office and at the department level.

Above all,

- select methods that are efficient—there is much to do. In any one year, a medical school (with twenty or more departments) designating in-house recurring activities for credit can easily exceed 50 individual events per week.
- delegate, where appropriate, the planning and production of the activity to the internal unit in charge of the activity, and develop an internal monitoring system.
- evaluate. Summarize data. Incorporate the results into systematic planning.
- assume responsibility for educating the individuals in charge of activities about their roles and responsibilities regarding the Essentials and Standards.
- document compliance with the Essentials/Standards.
- keep responsibility with the accredited entity, the CME office, to oversee that the component activities of the program meet the Essentials and Standards.

With special thanks to Van Harrison, Ph.D. for his insight, his review, and his presentation at the 1994 Alliance meeting, from which significant material was selected for this article Thank you also to Patrick Moran, M.D., teacher, evaluator, and enabler •

Grand Rounds In a Community Hospital

by Patrick G. Moran, M.D.
CME Director
St. Mary's Hospital
Grand Junction, Colorado

Grand Rounds conferences are an age-old tradition in CME. My first contact with Grand Rounds was in medical school as I scanned the environment to learn what was there, and subsequently in residency, when I was often too tired to scan and too focussed on immediate problems to relate to the whole. As a practitioner in private medical practice, my impressions of Grand Rounds changed, and, as a CME facilitator, they changed even more. It has become an exciting learning activity. In our institution, a private teaching hospital in a community of approximately 100,000 people, Grand Rounds has always been a weekly event, currently held at 7:00 am on Tuesdays. Practically everything is brought to a hold in our hospital on Tuesday mornings until after Grand Rounds concludes—the OR even delays starting until after Grand Rounds is over. Physicians feel somewhat lost if they're not attending Grand Rounds; consequently, we have excellent attendance—usually 70-80 physicians. Nurses and other professionals attend, but not in great numbers since Rounds are perceived as a physician's activity.

The topic is usually generated by a physician offering the idea to me as the Director of Medical Education. I follow up, usually by contacting our QA/QI department to ascertain if they have any information about the area of care related to the topic. Sometimes I convene a focus group to elicit more needs assessment information. The topic is then presented to the Education Committee, and if approved, a design for implementation soon follows. Either a member of the Education Committee or I will prepare a set of objectives, and will contact a teacher (not always a physician) who we feel is most capable of presenting the topic. This person may be a member of our own medical staff, or visiting faculty from a medical school or private practice—an expert in the field with which the topic is concerned. Confirmation with the presenter is usually made in direct conversation, and followed up by letter. If outside funding supports the program, I contact the pharmaceutical representative to secure an educational grant and advise the presenter. In all cases, I follow up with the presenter to obtain handout material and arrange for his/her requirements, e.g., room set-up, AV aids—from 35 mm projectors to computer assisted instructional aids—and even live (or simulated) patients.

We've had wonderful programs dealing with a variety of topics—Attention Deficit Disorder, Air Pollution, Cervical Spine Fractures, Congestive Heart Failure, Urinary Incontinence, Recent Advances in Molecular Diagnosis, just to name a few. Regardless of the discipline, the best activities are those which are based on studies of actual patient care within our institution, e.g., studies that include data showing coded physician practice and include the physician(s) represented in the data as faculty presenting the information. The exciting part is that these 'moments for learning' for our physician staff are enhanced by the immediacy of the problems, their relevance, and opportunities for peer interaction

Although traditions and perceptions may change; I believe that grand rounds can only improve. With so many innovations in teaching at hand, there is increasing opportunity to incorporate new teaching strategies into program delivery. New strategies mean new ways of looking at old problems. It's great to be part of the action in continuing one's own education and the education of colleagues—join the club!

(Editorial Note. Substantial differences exist between grand rounds settings in large teaching hospitals versus small community hospitals. This article and the one preceding it, serve to remind the reader that the scope of Essentials and Standards needs to be broad to allow for variances in application and design.

Both articles are intended to assist the planners of Grand Rounds. There is no 'one right way'. Each institution has to take into account its mission, level of audience need, resources, structure, and regional differences.)

EDUCATIONAL SERVICE MATERIALS

The Continuing Medical Education Handbook: A resource for CME practitioners from the Annenberg Center. Steve Biddle and Barbara Huffman, with the support of the Upjohn Company, have published a collection of materials in use by CME providers. In the foreword, Sue Ann Capizzi promises that this collection will 'demystify' accreditation standards. Contact Steve Biddle at the Annenberg Center for more information.

Glaxo Educational Resource Center offers to the Society membership, at no cost, copies of two books compiled by Dr. David B. Nash, Director, Thomas Jefferson University Health Policy and Clinical Outcomes Office. **Future Practice Alternatives in Medicine**, a 400-page book with accompanying videotape, is a guide for physicians on career and professional issues in the ever-changing health care landscape. **The Physician's Guide to Managed Care**, a 242-page reference, offers an interpretation of emerging trends in the field of medicine. Members should contact Yvette Ruffin at the Glaxo Educational Resource Center at 1-800-824-2896 •

BOOK REVIEWS

by
Jocelyn Lockyer, MHA
Director, Continuing Medical Education
The University of Calgary Faculty of Medicine
Calgary, Alberta

Sage Publications has just released a new series of small, practical books aimed at people who work in academic environments. All of the books in the series use very informal language to provide examples and advice, forms, lists, suggestions for additional resources and tips on day to day tasks. One of the books particularly caught my attention as it covers the basics of writing for publication: Thyer BA, Successful Publishing in Scholarly Journals, Thousand Oaks, Sage Publications, 1994

Thyer's book is particularly helpful to those who want to get started writing and publishing but need a few helpful hints from an old pro. Topics addressed by the book include selecting an appropriate journal, preparation and submission of the manuscript, revising work especially after an article has been rejected, marketing the published article and even how to develop a personal program of productive publishing.

The chapter, Selecting an Appropriate Journal, is particularly illuminating. Thyer reminds "wanabe" authors that they need to think about their manuscript against their journal of choice. If one's manuscript is very practical and the journal is very theoretical, the chances of being accepted are small. In thinking about your manuscript for publication, determine whether the subject matter, theoretical development and methodology are consistent with other manuscripts in the journal. Think about where the journal is abstracted. It is important that people in your discipline can find the article when they do a search of MEDLINE or other data bases. Similarly, the citations the journal receives in other publications are important asthis points to both the potential for subsequent dissemination of the work and the ability that your colleagues have to track down those words of wisdom. Similarly, the number of subscribers that a journal has is important in assessing a journal's potential for readership.

Thyer cautions that journals which one receives as part of membership in an organization may not have a high readership, despite the number that are circulated. Last, he notes that how a journal treats its authors is important, particularly the assistance provided about articles it rejects or asks to be revised. Some authors will deliberately go to a journal which accepts only a small percentage of articles submitted to get a careful and thorough review so that the article can be resubmitted later to a less prestigious journal.

The chapter, Preparing and Submitting the Manuscript, is equally helpful. He begins by telling the readers that manuscripts most likely to be accepted are those which look professional, follow the guidelines for authors, are well written and appropriate to the journal. He stresses the importance of having a title page, an abstract, an introduction, methods and procedures (including specific sections for subjects, research design, intervention, and outcome measures), results, discussion, and references.

His manuscript checklist reminds one to double-space all content, not to justify the right margin, review the title page to ensure that it has relevant information, the abstract is of the appropriate length, references are complete and all citations have a reference, tables are on separate pages and double spaced, and the required number of copies are provided along with a succinct letter of submission.

All in all, Thyer's book provides helpful basic guidance to people who want to write and don't have a mentor to guide them through the process.

Other books in the series include:
Improving Your Classroom Teaching
How to Work with the Media
Developing a Consulting Practice
Tips for Improving Testing and Grading
Coping with Faculty Stress
Confronting Diversity Issues on Campus
Getting Tenure
Getting Your Book Published
Successful Publishing in Scholarly Journals
Teaching in the Multicultural Classroom
Planning a Successful Conference
Dealing with Ethical Dilemmas •

Well...it has been fun!

Thank you, colleagues, for the opportunity to be editors of INTERCOM for the past three years. As Volume 9, Number 2 comes off the press, the' Troika' of **Rosalie Lammle, Jocelyn Lockyer** and **Deborah Jones** complete their three-year term promised to INTERCOM. Their era took the newsletter from four to twelve pages per issue.

INTERCOM was inaugurated in January 1987 to serve as a channel of communication with the members of the SMCDCME by the Society President **Harold Paul, M.D.** Harold served as Editor through April 1992. Filling Harold's shoes was not easy. With a little help from Terry Mast in giving the new editors a 'moniker', the "Troika-Triumvirate Team" joined forces: Rosalie Lammle as Managing Editor, shared editorialship with Jocelyn Lockyer and Deborah Jones and the responsibilities in soliciting articles, reviewing and writing. Supported by a large group of Associate Editors and creative educators, articles came in!

Many articles came in response to a survey of the membership. The 'Troika', after asking the membership for advice, set a goal of incorporating a broad range of practical topics—'how-to's', news, research issues, position papers, upcoming events, ACCME changes, societal reflections and opinions. Desktop publishing, email, the fax and telephone augmented the mail and face-to-face conversation in transmitting and producing material for featured articles, and the AAMC provided the membership mailing list.

The quarterly publication now reaches a subscription of over 300 continuing medical education professionals at universities, teaching hospitals, in industry and communications. The Editors feel their goals have been met and are pleased with the issues—we hope you all are!

The Editors thank INTERCOM's many contributors and readers. Especially, we thank Marion Merrell Dow for continued support of the Society newsletter, INTERCOM!

Please continue to send in the letters, articles, tips, opinions, projects, news items (to the same address for now...we'll keep you posted on changes!)

People

Martyn O Hotvedt, Ph.D. has been appointed Assistant Dean and Director of Continuing Medical Education at the University of South Carolina School of Medicine and Richland Memorial Hospital in Columbia South Carolina.

Murray Kopelow, M.D., University of Manitoba has accepted the position of Executive Secretary of the ACCME.

Ruth Feryok, due to institutional cost-cutting measures, layoffs and structural reorganization, is leaving the Office of CME at the University of California-Davis. Needless to say, Ruth will not be taking on the position of managing editor of INTERCOM.

Rafael C. Sanchez, M.D., was the recipient of the 1994 Willard M. Duff Recognition Award from the ACCME.

Linda K. Gunzburger, Ph.D., Curriculum & Educational Research & Development of the University of Health Sciences, The Chicago Medical School has been appointed by the SMCDCME Board of Directors to serve as the Women's Liaison Officer to the AAMC

Donald Moore, Ph.D. will be joining Bill Easterling, Jr., at the University of North Carolina-Chapel Hill •

In Memoriam

Members
of the
Society of Medical College Directors
of CME

regret the passing
of fellow member

Daniel C. Joiner, Jr.
1936-1995

Director
Continuing Medical Education
Medical Television, and
Medical Illustration
Emory University
School of Medicine

LITERATURE REVIEWS

GUIDELINES AND MEDICAL PRACTICE

by Jocelyn Lockyer, MHA

Two recent literature reviews contain important messages for continuing medical education providers who are charged with the dissemination of guidelines as part of their responsibilities.

Grimshaw, JM, and Russell, IT. Effect of clinical guidelines on medical practice: a systematic review of rigorous expectations. ***Lancet*** **1993; 342:1317-1322.**

Grimshaw and Russell identified 59 evaluations of clinical guidelines published prior to 1993. All of the publications meet their criterion for scientific rigor, namely that they had one of the following designs: balanced incomplete block, randomized cross-over, single randomized, or controlled before and after interrupted time series. Part of their analysis focussed on the effect of the guidelines on the process of care and showed that all but 4 of the 59 studies detected significant change in the process of care in the direction proposed by the guidelines. They also analyzed the 11 studies on patient care outcome, and all but 2 found some significant improvement. The authors concluded that explicit guidelines do improve clinical care.

The authors note that the successful introduction of clinical guidelines is dependent on many factors including the clinical context of the guidelines and the methods of developing, disseminating and implementing the guidelines. Different methods will be appropriate with different guidelines and in different clinical environments. Studies that report large improvements suggest the potential for guidelines to change patient outcome is enhanced when one is attentive to their development, dissemination and implementation. Studies that show small improvements and no improvement may reflect failure at any stage during the introduction or evaluation of the guidelines.

The bottom line in this article is that guidelines can work; however attentiveness to detail is critical to achieving a change in the outcome of care. CME providers can be helpful by ensuring that interventions are sufficiently robust and are intensified by individualized feedback so that change can occur.

Grilli R, Lomas J. Evaluating the message: The relationship between compliance rate and the subject of guidelines compliance. ***Medical Care*** **1994; 32(3)202-213.**

Grilli and Lomas reviewed 23 studies written between 1980 and 1991 which provided compliance rates with guidelines endorsed by official organizations. The authors gathered the compliance content and the reported compliance rate for each of 143 recommendations. The authors used Rogers' diffusion model to classify each of the recommendations on the basis of factors thought to influence diffusion: complexity, trialability, and observability. As well, they classified the recommendations based on specialty area and type of procedure.

Their analysis showed a mean compliance rate of 54.5%. Recommendations in the fields of oncology and cardiology achieved higher compliance rates of 62.2% and 63.6%, respectively. They attributed this to the fact that both fields are subspecialty fields with high academic interchange usually practiced in tertiary care environments. They contrasted this to guidelines for primary care practitioners in which physicians may practice in isolation and may not have as many resources.

Recommendations which were rated high on complexity had lower rates of compliance than those low on complexity. For example, vaginal delivery for breach presentation is highly complex; antibiotic prophylaxis for bacterial endocarditis is low on complexity. Recommendations judged high on trialability had higher compliance rates than those low on trialability. For example, adoption of the pap test for cervical cancer screening and surgical management of breast cancer were highly trialable. By contrast, fetal monitoring was considered low on trialability. Observability, however did not contribute to a difference in compliance rates.

The characteristics of the recommendations only accounted for 47% of the observed variability in compliance rates. The authors stated that the quality of the recommendations in relation to existing evidence was not examined. They postulated that the lack of compliance might represent better quality of care than adoption of guidelines. As well, their study did not consider factors such as the source of message, the channel of communication, the clinical setting or the receiving audience.

The authors' intent is to assist providers in determining what recommendations are most likely to succeed, i.e. those high on trialabilty and low in complexity. Consequently, an analysis of guidelines and their recommendations may prove beneficial prior to implementing dissemination strategies to identify potential pitfalls (barriers) that may impede adoptions.

Members, mark your calendars now to attend the

FALL MEETING of the SMCDCME will be held in conjunction with the 106th Annual Meeting of the Association of American Medical Colleges,

October 27-November 2, 1995
Washington, D. C.

Note: Regarding the "Call for GEA Mini-Workshops"
Due to scheduling changes, the AAMC Plenary Sessions will be held on Sunday afternoon and will pre-empt time previously available for mini-workshops of the Group on Educational Affairs (GEA.) AAMC staff have been advised that there can be no programming scheduled opposite the plenary sessions.

In years past the GEA has held peer-reviewed mini-workshop sessions on Sunday afternoon. Due to the change in schedule, the GEA Steering Committee determined that it would not send a call for mini-workshops this year because it is unclear how much time may be available during the annual meeting to schedule mini-workshops. Rather than soliciting and accepting a number of proposals, given the time and space limitations organizers will invite persons who have presented successful workshops in the past to present.

It is expected that this schedule change is for 1995 only; the GEA steering committee and AAMC staff hope to return to the previous schedule in further years. Call (202)828-0665 for questions or comments.

Looking for writers....

If you have an opinion that you would like to express research or new technology to report on, a teaching technique, and unique eduacational intervention or a helpful tip on successful implementation of an area of CME interest, send your article to one of the editors of INTERCOM. See page 2 for the appropriate editor to contact.

Call for Meeting Host!

1997 SMCDCME SPRING MEETING

For requirements, bids, and more information,
contact Paul Lambiase, Society Treasurer
University of Rochester School of Medicine and Dentistry
(716)275-4392
FAX (716)275-3721

The Alliance for CME presents

THE 1995 INSTITUTE: Physician and Patient Outcomes through CME

September 22-24, 1995
Chicago, Hotel Intercontinental

Results of a recent survey of the Alliance membership indicated an overwhelming need to enhance members' knowledge and skills in outcomes evaluation. In response to this need, the Alliance has developed the Fall Institute to give CME practitioners the opportunity to gain expertise in outcomes evaluation. Questions to be addressed include:

- What is outcomes evaluation?
- How do learning outcomes differ from patient care outcomes?
- What are some examples of common research designs for outcomes studies?
- How do I choose the educational interventions most likely to produce a change in physician behavior or patient health.
- How do I measure the impact of CME interventions.
- How do I get started on outcomes evaluation in my own institution?

For more information, contact:
Frances Maitland
The Alliance for CME
60 Revere Drive, #500
Northbrook, IL 60062
(708) 480-9085; FAX (708) 480-9282