Quality improvement efforts have been important within the UAMS College of Medicine and its affiliated hospitals for years. They have never been more important than right now – for patient safety, patient satisfaction, efficiency, and employee satisfaction. We all enjoy our jobs more when we contribute to the smooth functioning of our workplace.

Often, data collected during a quality improvement project will reveal the need for education of members of the healthcare team. Scheduling special educational sessions can be difficult. Everyone is busy and our physicians are especially busy.

Please consider using some percentage of your regularly scheduled conferences to help move your quality improvement projects forward. Team up your CME Planning Committee with your departmental QI Leaders. How can these people help each other? That “hole” in the Grand Rounds schedule could be filled with a presentation that is based on the areas in which the QI data indicate your physicians need additional training. After the education session, if the QI data improves, you have a great means of demonstrating the value of your CME activity. The article on page 3 from Pulmonary and Critical Care Medicine is a great illustration of linking CME and Quality Improvement.

National Quality Assurance and Research Data Sources

Links:

- American Association of Medical Colleges (AAMC): Ensuring Health Care Quality
- Agency for Healthcare Quality (AHRQ): Quality and Patient Safety
- Institute for Healthcare Improvement (IHI)
- National Institute for Quality Improvement and Education (NIQIE)
What do you like best about your work to support the CME activities offered through UAMS?

I enjoy meeting new people and I have been given the honor of designing the brochures myself, which I love.

What is your advice for planning successful CME events?

The best advice I can give is “START EARLY”.

What is the most surprising thing that has happened or that you have observed during your CME work?

Last May, when I arrived at the Dermatopathology conference, my department chairman was dressed in a shirt and tie that matched my conference advertising and signage motif. It was a wonderful surprise!

What do you like to do for fun and relaxation?

I enjoy spending time with friends and my pets, reading, volunteer work, and swimming. But my favorite pastime is roller skating in the rain.

What is an interesting fact about you?

I am a docent at the Little Rock Zoo, where some of my job duties include making ice treats for the animals (like otter pops) and babysitting lemurs. After spending time with the animals, I have learned how to pick things up with my toes.
Addressing Barriers to Change

By Lea A. Mabry, M.Ed.

Physicians often leave a CME activity excited by what they have just learned, determined to implement changes to their practice. However, once they are back in the clinic, they find that there are often one or more barriers preventing them from changing their practice. Enthusiasm quickly wanes and, discouraged, most will give up trying to implement the new practice.

Research has shown that if the learner can anticipate the barriers, then they often find ways around them. Therefore, if CME presenters include identification of potential barriers and provide suggestions for strategies to overcome them into their presentations, then participants are better equipped to change practice behaviors. Utilizing panel and participant discussions, designed to identify potential barriers and develop strategies around them, is another method to address potential barriers and increase participation in the activity.

Although not an inclusive list, possible barriers to changing practice behaviors are:

- Lack of time to assess or counsel patients;
- Lack of administrative support/resources;
- Insurance/reimbursement issues;
- Patient compliance issues;
- Lack of consensus on professional guidelines;
- Costs of equipment, facilities, care, etc.

CME planners are facilitators of behavior change in physician practice. As such, take time during the planning stages to research and identify the barriers and develop strategies to address them. This can have important implications in delivering a CME activity that will have a positive impact on patient care.
With back to school sales in abundance and buses on every corner, the academic year is back into full swing. An abnormally hot summer has made 90 degrees feel like a cold front. Hopefully, fall should be just around the corner.

The CME office has started off with another great year! We are almost two months into the 2010-2011 academic year and business is continually growing, especially in the RSS world. After reviewing all of the applications and renewals this year, I was very pleased with the Needs Assessments and Performance Gaps. The documentation has been really good and will help us a lot when re-accreditation time comes around. Thank you for that!

As the only accredited provider of CME in the state of Arkansas, demand is on the rise. Check out these RSS stats:

<table>
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<tr>
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<tbody>
<tr>
<td>Applications/renewals</td>
<td>63</td>
<td>65*</td>
</tr>
<tr>
<td>Number of RSS activities</td>
<td>72**</td>
<td>84**</td>
</tr>
<tr>
<td>Total Credits awarded</td>
<td>51,337.75</td>
<td></td>
</tr>
<tr>
<td>Physician credits awarded</td>
<td>39,181.75</td>
<td></td>
</tr>
<tr>
<td>Non-physician awarded certification of attendance</td>
<td>12,156</td>
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</tbody>
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*Some activities from the previous year did not renew, however, new applications exceeded those not renewing by two.

**Since up to three similar categories of activities can be bundled into one application/renewal, the actual number of RSS activities is higher than the number of applications/renewals received.

If you are thinking of starting a conference or want to get CME credits for an existing conference, please contact me!

Lindsay Ratliff, MBA
The Family Medicine Intensive Review Course (IRC) is one of UAMS’s longest running continuing medical education conferences. The 32nd IRC was held June 3-6, 2010 in the UAMS Jackson T. Stephens Spine and Neurosciences Institute, Fred W. Smith Conference Center. The IRC was sponsored by the UAMS College of Medicine, Department of Family and Preventive Medicine (DFPM), Division of Continuing Medical Education. The conference included opening remarks by the College of Medicine Dean, Dr. Debra Fiser, and was moderated throughout by the DFPM-CME medical directors. More than 125 conference attendees included primary care physicians, advanced practice and registered nurses, physician assistants, pharmacists, dieticians, and long term care providers. An additional 140 participants joined a portion of the conference via interactive video at distance sites throughout Arkansas.

Following the conference, UAMS alumnus and newcomer to the IRC, Dr. Noland Hagood of Arkadelphia, noted, “The IRC provided an impressive scope of topics and incredibly knowledgeable presenters. It is a significant benefit to have this high quality conference so easily accessible for physicians in Arkansas. I’ll certainly plan to return for future conferences.” For participants, securing 25.5 CME/CE hours over four days was possible because of the depth of expertise available through UAMS faculty as well as practicing specialists throughout the state. Topics ranged from pediatric literacy to end-of-life care with a little of everything in between – tobacco cessation, cervical cancer screening, pharmacology, infectious disease prevention, psychiatry, and more. The optional, half-day pre-conference addressed strategies for improving health literacy in patients. For these sessions, specific emphasis was given to chronic disease states with high prevalence among Arkansans.

Support for the 32nd IRC was provided by the Arkansas Department of Health: Chronic Disease Branch, Diabetes Prevention and Control Section, and Heart Disease and Stroke Prevention Section.

For information about upcoming DFPM-CME programs, please visit www.cme.uams.edu or mark your calendar now for the 14th Annual Family Medicine Update to be held October 8-9, 2010.