



## STAFF

Jeannette M. Shorey, MD  
*Associate Dean for CME & FA*

Alicia Edmiaston  
*Director*

Lea Mabry, MEd  
*Assistant Director*

Karen Fleming  
*Special Project Manager*

Valerie Thomas  
*Registrar & Conference Mgr*

Lindsay Ratliff, MBA  
*RSS Administrator*

Marsha Taylor  
*Office Manager*

## RESOLUTION OF POTENTIAL CONFLICTS OF INTEREST: A Step Beyond Disclosure

by Alicia Edmiaston, Director

In 2004, the ACCME updated the "Standards for Commercial Support" and were further revised in 2007. The purpose of the new standards is to ensure that CME activities are planned and executed independent of and free from commercial bias. Therefore, persons or organizations in an economic relationship with a commercial interest must not influence the content of CME. The "Updated Standards" consist of the following six basic parts:

- Standard 1: Independence
- Standard 2: Resolution of Conflicts of Interest
- Standard 3: Appropriate Use of Commercial Support
- Standard 4: Appropriate Management of Associate Commercial Promotion
- Standard 5: Content and Format without Commercial Bias
- Standard 6: Disclosures Relevant to Commercial Bias

Recent articles in the CME Newsletter have addressed some of the six standards, but Standard 2, managing or "resolving" conflicts of interest, often eludes us as CME planners. It is the responsibility of planners or course directors to review the disclosure forms, identify relevant financial relationships and resolve any conflicts of interest for your CME activities.

Resolving a conflict of interest requires taking steps beyond completion of the disclosure form. The disclosure form, our Disclosure/Attestation Statement, is a means of identifying the existence of relevant financial relationships with commercial interests by those in a position to influence the CME content. This is only the first step in the resolution process.

The existence of a relevant financial relationship with a commercial interest does not always mean that the individual has a conflict of interest. A conflict of interest ONLY exists if the financial relationship with a commercial interest is current (within the past 12 months); AND there is an opportunity to affect CME content relevant to products and services of that commercial interest.

If it is determined that a relevant financial relationship does not create a conflict of interest, this needs to be documented and sent to the OCME for the activity file. The information also needs to be disclosed to the participants.

If a conflict is found to exist, it is the ultimate responsibility of the Course Director to resolve it. The ACCME has specific recommendations for mechanisms that are viable options in the resolution process. One of the methods is attestation, which must be augmented by other resolution methods. The method used must be documented so that the evidence of conflict resolution is clear. The documentation also must be submitted to the OCME for the CME file.

The OCME addresses various methods for conflict of interest resolution in our disclosure policy. An updated version of the UAMS CME disclosure policy is now available on the OCME website under Policy for Disclosure of Financial Relationships and Resolution of Conflicts of Interest. The policy includes definitions for ACCME terminology and outlines procedures that should be helpful to identify and resolve conflicts of interest. The steps you take in the resolution process must be clearly documented and sent to the OCME. Finally, the financial relationship and how the conflict was resolved must be disclosed to the participants.

Please feel free to contact the OCME if you need assistance with this process. Your diligence in identifying financial relationships and resolving potential conflicts of interest are vital to providing CME activities that are independent of commercial bias and assures adherence with accreditation regulations.

With the crack of the bats, colors sprouting in flower beds, and brown grass fading back to green, Spring has officially sprung and the CME Office is springing forward! The RSS applications for the 2009-2010 academic year have gone out. We are on the path for a fantastic year! Spring fever is going around. People are anxious to get their applications in and approved so their conference(s) can receive CME credits.

Whether you are a rookie or an expert to the application process, by now you should be aware of the required annual evaluation. I have noticed that a lot of people tend to struggle with this, so I want to touch on the subject a bit.

As required by the ACCME, the RSS needs to be analyzed for its effectiveness in meeting the learner's educational needs in the areas of knowledge, competence, performance, and/or patient outcomes. There are a series of questions that need to be asked when evaluating your RSS:

1. What were the identified practice gaps?
2. What were the learning objectives?
3. How do you know if your learners made a change in practice?
4. Were the identified practice gaps reduced or eliminated?
5. Were the series' overall learning objectives met?
6. How did you measure this?
7. What are the measurement results?

After evaluating your RSS, you should be able to determine what did or did not work, why or why not, and make plans to build on that in future education. You can find this information in more detail in the "Guide to Evaluating the RSS" on our website, [www.uams.edu/cme](http://www.uams.edu/cme).

Just a reminder, RSS applications are due Monday, May 18. I encourage you to get them in ASAP so they can be reviewed for compliance. Applications received after May 18, will be assessed a late fee. A second late fee will be applied on June 1 if compliance issues have not been addressed. Please do not hesitate to contact me with questions regarding the application or other RSS processes.

Catch the fever!

*Lindsay Ratliff, MBA*

in the  
spotlight:

**JEAN SPARKS**

by Lea Mabry, MEd



Jean Sparks, from our Fort Smith Area Health Education Center (AHEC), is a valued CME Associate who has been working hard since 1997 to meet the demands of providing accredited CME activities. She shines in her diligence and dedication to continuing medical education. We are truly grateful for her many years of team spirit and look forward to many, many more. Thanks Jean!

**How long have you worked at the Ft. Smith AHEC?**

*12 years, since April 1, 1997*

**What do you like best about the work you do to support the CME activities offered through the AHEC?**

*Attending the activities and visiting with the physicians – especially the ones that have been in Fort Smith several years (the older docs) and the area physicians that graduated from AHEC-FS Residency program.*

**How have you seen CME change?** *There have been several changes, especially in the application process. Initially, the application had to be completed by hand or typewriter with all the forms being color coded. Now, all you do is go to the Internet, save the application and complete the forms on the computer. The forms are more detailed, but the application and follow up process is easier - more streamlined.*

**What is your advice for planning successful CME events?**

*Start planning well in advance - always have a plan "B".*

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

*The AHEC database we use to record attendance makes retrieving CME attendance and completing closing documentation easier. When I started, recording attendance was a tedious project.*

**What do you like to do for fun and relaxation?** *I enjoy grandchildren (two first graders), traveling and shopping.*

**What is one or more interesting facts about you?**

*Shortly after high school, I got married and had two children. While married, working full-time and raising two children, I went back to college and graduated summa cum laude. I started to work on April 1, 1997, April Fool's Day, which is also my birthday.*

## EVALUATING THE IMPACT OF YOUR ACTIVITIES

by Lea Mabry, MEd

It is required that all CME activities be evaluated to determine the effectiveness in bringing about changes in your learners (Criteria 11-12). The evaluation plan should be part of the planning process. Plan how you will measure the changes. After the CME activity, use the planned measurement method and analyze the results.

Criterion 13-15 takes this analysis a bit further. It requires the planner to determine what did and did not work AND to determine why it was or was not effective. Future CME activities should incorporate these findings.

Evaluation plans may include:

- On the evaluation form, ask learners what they plan to do differently based on the education provided (summarize responses)
- Follow-up with learners 1-3 months later to ask about actual changes they tried in practice (what worked, what didn't, why)
- Look at quality measures or benchmarks before and after education is provided, did they change? In a RSS, a measurement could be taken before and after multiple sessions that address the same gap in practice.
- Revisit the source where you identified the gap in the first place. How did you know it was a problem? Has the problem improved or not?

A Regularly Scheduled Series can be evaluated after every session, after a set of related sessions, quarterly, or with a single measure. It is required that you evaluate the series at least once a year. To do this you may:

- Compare department or learner-specific measures related to your session or series.
- Verbally ask about changes in practice that were tried based on key lessons from a previous session (jot down one or two per session and include in the closing session report for the CME office).

Advanced planning and working with the OCME can result not only in compliance with ACCME requirements but in really making an impact in patient care through your CME activities.

## TRANSCRIPTS OF CME CREDIT NOW AVAILABLE BY EMAIL!

To request a transcript, contact the OCME by [e-mail](#) or phone 661-7962.

## An Interview with JAN SHOREY, MD

Associate Dean  
Continuing Medical Education and Faculty Affairs  
College of Medicine

Dr. Shorey is our wonderful Associate Dean. The staff of the OCME appreciates her caring, thoughtful leadership. We are all proud of this remarkable woman! Thank you, Dr. Shorey!



### What is your role in OCME?

Primarily, I support and advocate for the wonderful staff of the CME Office as they meet the demands of being an accredited CME provider. I work to meet their needs and more importantly, the CME needs of Arkansas's physicians. I am actively involved in the work to maintain our accreditation. I help

the OCME team distribute the work of the office as fairly and efficiently as possible.

### What is the most challenging aspect of your job?

Finding ways to meet the mission of the OCME in the changing world of ACCME accreditation requirements, the changing funding streams for CME, and the current US economy. The paperwork burden of producing accredited CME is enormous. That is the second biggest challenge for the OCME and for anyone who wants to produce accredited CME. I hope we will see that burden ease in the next few years so that we may turn more attention to the education physicians really need to help improve the health of Arkansans.

### What is the most rewarding?

That's easy to answer: Working with the OCME staff. This group of 6 women are the most "can do" team I can imagine. They pitch in and help each other, and they are very focused on doing the best job they can for the people who request our services. They are fun too - our staff meetings always include laughter.

### What is your vision for CME?

I want OCME to become a greater resource that helps COM departments, AHECs, and community hospitals determine what their physicians need to learn and then to deliver educational activities that meet those learning needs in order to help improve patients' health. I also envision the OCME working collaboratively with others interested in measures of patients' health outcomes, comparing the data to national benchmarks, and then developing educational interventions that lead to improved patient outcomes.

### What do you do for fun and relaxation?

I most enjoy spending time with my husband and our family. We love to sail and work in our garden together. Our rose arbor is about to pop into bloom. I can't wait to see it!

## UPCOMING EVENTS

### MAY

- 7-8 **Intensive Workshop in Health Care Ethics**  
*Freeway Medical Tower, Suite 500, Little Rock, AR*
- 8 **The Diamond Conference**  
*Holiday Inn Airport, Little Rock, AR*
- 28 - 31 **31st Annual Family Practice Intensive Review Course**  
*UAMS Stephens Spine and Neurosciences Institute,*

### JUNE

- 5 **29th Annual Ophthalmology Resident & Alumni Day**  
*UAMS Jones Eye Institute Bowen Auditorium*
- 19-20 **16th Otolaryngology Resident Research & Alumni Conf.**  
*UAMS Stephens Spine and Neurosciences Institute*

### JULY

- 27-28 **Special Needs in the Early Years Conference**  
*Hot Springs Convention Center, Hot Springs, AR*

### AUGUST

- 15-16 **Breast Cancer Challenge**  
*Big Cedar Lodge, Ridgedale, MO*

### SEPTEMBER

- 14-15 **Arkansas Statewide Preparedness Conference**  
*Double Tree Hotel, Little Rock, AR*
- 18 **Symposium on Lymphoma and Leukemia**  
*UAMS Rockefeller Cancer Institute*
- 22-23 **Nutrition and Aging Conference**  
*Holiday Inn Airport, Little Rock, AR*

### OCTOBER

- 3 **Management of Kidney Disease**  
*UAMS Wilson Education Building*
- 4 **Int'l Conf. on Communication in Healthcare 2009**  
*Miami Beach Resort and Spa, Miami Beach, FL*
- 9-10 **2nd Int'l Symposium on Hemangiomas and Vascular Malformations of the Head and Neck**  
*Capitol Hotel, Little Rock, AR*
- 9-10 **Family Medicine Update**  
*Location TBA*
- 24 **12th Annual UAMS Anatomic Pathology Conference**  
*Stephens Spine and Neurosciences Institute*

## Tips for Planning a Successful Conference: It's Conference Day!

by Valerie Thomas

After all the planning and preparation, conference day is here! Arrive at least one hour prior to registration to easily address any last minute set up or changes that may need to be done before the participants arrive. Are the tables set up and where you want them? Is there a good traffic flow?

Encourage your conference facilitator to start the conference on time and stick to the agenda. Notify the facilitator of any last minute changes. Always allow for questions after each presentation to stimulate audience participation.

Once the conference begins, continue to be alert, proactive, and available to address questions or concerns. Check the restrooms and trash cans to make sure they are ready for participants before each break.

When providing food, ensure the catering staff has it set up and available on time. Verify it is what you ordered and that there is enough for everyone in attendance. Notify wait staff if the conference is running ahead or behind schedule. Have a plan to meet any special dietary needs.

It is a good idea to have an AV person available during the conference to assist speakers with their presentations. They will be invaluable in addressing the inevitable audio-visual/computer problems that arise. As speakers arrive, direct them to your AV person so they can assist with presentation requirements.

Yes, planning a conference is very detailed and hard work, but it is very rewarding. You meet new people and when the conference ends, you see the participant leave with newly obtained knowledge that they can use to benefit their patients.

**Remember! Whenever you need a CME form, please get a new one from**

<http://www.uams.edu/cme/coursedirectors/default.asp>

**to ensure you use the latest version.**

UAMS CME <http://www.uams.edu/cme/default.asp>

ACCME <http://www.accme.org/index.cfm>

AMA <http://www.ama-assn.org/ama/pub/category/2922.html>

AR Medical Board <http://www.armedicalboard.org/support/sub-downloads.asp#Rules>

*Window to the Web*

