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## The New CME

by Jan Shorey, MD Associate Dean for CME and Faculty Affairs

We all hope that the CME activities we work hard to produce will be genuinely useful to those who participate, and truly beneficial for the future patients of the participants. Unfortunately, the evidence does not currently support our hope.

We who help create CME activities must take seriously the abundant educational studies which demonstrate that traditional CME activities - consisting of lectures presented to passive audiences - do little to enhance physician competence, to change physician practice behaviors, and to improve the health of the public.

In response to this evidence, the Accreditation Council for Continuing Medical Education (ACCME) promulgated new accreditation standards to encourage CME providers to create more effective educational activities. Three areas addressed by the new standards include:

- 1) Assessing the educational need for each CME activity (i.e., identify the knowledge or practice gap that needs to be filled)
- 2) Determining the best educational format for presenting the material to the learners (small group discussion of cases, panel discussions, workshops, lectures, self-study modules, etc)
- 3) Requiring *measurable* outcomes of the CME activity. Emphasis is being placed by the ACCME on linking measurable gaps in the quality of care provided by individual physicians, or by groups of physicians, to the content of CME activities.

These changes are analogous to the work of the Accreditation Council for Graduate Medical Education (ACGME) over the past two decades. Their goal was to shift the focus of GME from ensuring that residents simply “know medicine” to ensuring that they can actually “practice medicine competently” upon the completion of their training.

CME is in the midst of a similar transition. We, like all other CME providers across the country, are trying to determine what this means in day-to-day practice. The good news is this: physicians are compelled by good evidence and they care about the outcomes of their patients.

At UAMS, one way we are beginning to address outcomes measurement is by working to build partnerships between our colleagues who track the indicators of our quality of care and our colleagues who determine the content of CME activities. When our quality data point to a problem which can be addressed by providing appropriate education to our physicians, then the “knowledge or practice gap” is well identified, and the needed content is made clear. This could lead to perhaps a several part series of “grand rounds” presentations designed to fill the identified gap. Our quality tracking colleagues will continue their work. If the CME activity was effective - the quality indicators will improve and provide a truly measurable outcome of the learning activity. Partnerships are the way to go!

## NEW BEGINNINGS

With the NEW academic year in place, we have many new and exciting things going on at UAMS. We have a new Chancellor coming on board with new faculty, students and interns; we have new CME Associates joining the team; and many new and exciting things going on in the OCME. There are newly revised CME forms and policies. They include the Disclosure of Financial Relationships and Conflict of Interest Policy and related forms, as well as the RSS Conference Attendee Form. Other forms are under review for revision as well. Please go to the website at [www.uams.edu/cme](http://www.uams.edu/cme) every time you need a new form to ensure using the newest version.

A new two-year application process was recently instituted. For the 2009/2010 academic year, half of the approved RSS applications were randomly selected and placed into a two-year application cycle. The remaining half will continue on a one-year application cycle until 2010/2011, at which time they will be placed into a second two-year application cycle.

What does this mean for you? To receive credits for the second year of the two-year cycle, you will need to:

- Evaluate the RSS for effectiveness of meeting the stated objectives. Write and submit an evaluation summary
- Obtain completed annual disclosure forms and resolve potential conflicts of interest
- Pay accreditation fee
- Have no unresolved compliance issues from the past year (outstanding closing reports, missing documentation, etc.)

The new self-service transcript system will be up within a month. Physicians and other health-care professionals will be able to obtain their own transcript of AMA PRA Category 1 credit(s)<sup>TM</sup> awarded by UAMS, online, 24/7. With this new system, it is critical that everyone submit closing reports within the required time limit (two weeks after weekly/30 days after monthly or quarterly sessions). If closing reports are not submitted in a timely manner, then the CME credits in the system will not be current!

I am excited about working with each of you as we begin our adventure through the NEW year!

*Lindsay Ratliff, MBA*

in the  
spotlight:

**PAT MITCHELL**

by Lea Mabry, MEd

Pat Mitchell was selected as our featured CME Associate for this quarter. She is a valued member of the CME team who is always a delight to work with. Pat displays a can do spirit in the face of all the demands of providing an accredited CME program. Thanks for all you do Pat!

**How long have you worked for Washington Regional Medical Center? How long have you been planning CME activities?**

*In 1991, I began working for WRMC as the CME Coordinator, which was a new position. They did not have any idea even how much to pay me. The CME program for WRMC was the brainstorm of a local internist, Dr. Arthur Moore, whose passion was learning. We*



*began the application process, and WRMC was first approved as a CME provider by the Arkansas Medical Society in 1993.*

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

*I enjoy helping people. It is very satisfying for me to assist physicians facilitate their life-long learning process. It is also great once in awhile, to see a positive outcome that has followed a CME event you actually helped to coordinate.*

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

*Plan far ahead of time. Get input from lots of people, doctors, nurses, pharmacists, marketing. Follow the rules!*

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

*There have been many changes in medicine and technology since 1991, but the pace of the changes has been a surprise. We have gone from using overheads and slide projectors to LCD's and computers. The way physicians are obtaining CME has drastically changed. Rules have changed.*

**What do you like to do for fun and relaxation?**

*I love to shop - mostly flea markets, antique shops, and bargains. I also love to read. I enjoy time with my family and grandchildren.*

**What is an interesting fact about you?**

*I had a 30 year career as an RN before 'retiring' and becoming a CME Coordinator.*

## Passive to Active:

### Improving Effectiveness of Grand Rounds and CME Lectures

by Lea Mabry, MEd

No one wants to sit through, nor give, a boring lecture. The lights dim, the slide presentation begins and the disembodied voice floats through the air. Unfortunately, studies have shown that although lectures are the most common and most efficient content delivery method, it is also the least effective method for prompting behavior changes that result in improved patient care.

Since most CME activities are based on a lecture format, is there any hope that the identified learning needs and objectives will be met? Although it requires advanced planning, there are strategies that can be used to change a lecture into an active learning experience.

Of course, keep in mind the number of learners that are participating. Some activities may not always be appropriate in larger settings, however, there are teachers who do successfully incorporate small group activities into the lecture hall. Below are a few tips for moving your lecture from being passive and into an active learning experience.

1. Pause every 12-18 minutes and make a change in the delivery. This could include:
  - Reviewing points already made
  - Confirming comprehension and clearing up “muddy points”
  - Asking questions that stimulate discussion
  - Using an audience response system to answer a treatment question related to the topic
  - Presenting a brief example or case in order for the participants to apply what has been presented to that point
  - Switching to a video or audio segment
  - Initiating small group activities to problem-solve, discuss, or apply concepts
2. Refrain from “PowerPoint Karaoke”, reading the slides to the learners
  - Do provide learners with a printout, to improve comprehension and retention.
  - Do not put every word you speak on the slides, just highlight your main points.
3. Capture and hold their interest by starting with a case or story that the lecture is built around, slowly revealing the details. Ask the learners to anticipate the next step or help solve the case.

With a little planning and creativity, CME lectures can become active learning opportunities that can be effective in helping physicians improve their practice and patient outcomes.

## An Interview with Lindsay Ratliff, MBA

by Lea Mabry, MEd

Lindsay Ratliff is our featured OCME staff person this quarter who just celebrated three years with the department in May. Although she must work in a demanding regulatory role, monitoring compliance with ACCME accreditation requirements, she maintains good relationships with our CME Associates and Course Directors and always wears a smile. Keep up the good work, Lindsay!



compliance with ACCME accreditation requirements, she maintains good relationships with our CME Associates and Course Directors and always wears a smile. Keep up the good work, Lindsay!

### What is your role in OCME?

*I am the Regularly Scheduled Series (RSS) Administrator. An RSS is any conference that occurs on a regular basis and is intended for an internal audience (Grand Rounds, M&M conferences, Journal Clubs, etc.) I manage all RSS's, both on and off campus. I work with CME Associates in over 25 departments throughout UAMS and surrounding community hospitals. I audit the RSS's in order to make sure that certain procedures and regulations required by the ACCME are followed.*

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

*The most challenging aspect for me I think, is consistently getting everyone to turn in all their paperwork (closing reports) on time.*

### What is the most rewarding?

*I get the opportunity to work with not just the 6 fabulous people in my office, but with people all over the UAMS Campus, ACH, and other surrounding hospitals. I am a people person, so I love interacting with different people!*

### What do you like to do away from the office?

*I like to do just about anything active; read; hang out with my friends and family; travel; and go to the movies.*

### What would you like us to know about you?

*Besides working in the CME office at UAMS, I also teach college Business Classes.*

## ONLINE CME TRANSCRIPTS COMING SOON!

Participants in activities sponsored by the UAMS College of Medicine and certified for AMA PRA Category 1 Credit™, will soon have the ability to view and print their own CME transcripts 24/7.

Detailed instructions for accessing transcripts will be distributed as soon as the installation and testing is complete. Watch our website for further announcements!! [www.uams.edu/cme](http://www.uams.edu/cme)

## UPCOMING EVENTS

### AUGUST

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

### SEPTEMBER

- 8 **Writing for Success**  
*Arkansas Children's Hospital, Little Rock, AR*
- 14-15 **Arkansas Statewide Preparedness Conference**  
*Double Tree Hotel, Little Rock, AR*
- 18 **Symposium on Lymphoma and Leukemia**  
*UAMS Rockefeller Cancer Institute*
- 23-24 **Nutrition and Aging Conference**  
*Holiday Inn Airport, Little Rock, AR*
- 25 **AR Orthopaedic Forum & AR Orthopaedic Society Mtg**  
*UAMS Stephens Spine and Neuroscience Institute*
- 25 **Pediatric Pulmonary Symposium**  
*Durand Center, N AR College, Harrison, AR*
- 25-27 **The Pediatric Summit**  
*Embassy Suites Hotel, Little Rock, AR*
- 26 **Diabetes Symposium: Inpatient Hyperglycemic Mgmt**  
*Ft Smith Convention Center, Ft. Smith, AR*

### OCTOBER

- 2-4 **County Health Officers Symposium**  
*Winthrop Rockefeller Institute, Petit Jean Mountain, AR*
- 3 **Management of Kidney Disease**  
*UAMS I Dodd Wilson Education Building*
- 4-7 **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*
- 10-11 **Mid-America Interventional Radiology Fall 2009 Mtg**  
*Big Cedar Lodge, Ridgedale, MO*
- 16 **Fetal Alcohol Syndrome Disorders Workshop for Healthcare Professionals**  
*UAMS I Dodd Wilson Ed Bldg, Little Rock, AR*
- 23-24 **Arkansas Urologic Society Annual Meeting**  
*Branson Hilton Convention Center, Branson, MO*
- 23-25 **AR-MO Combined State Otolaryngology Conf**  
*Big Cedar Lodge, Ridgedale, MO*
- 24 **12th Annual UAMS Anatomic Pathology Conference**  
*Stephens Spine and Neurosciences Institute*

### NOVEMBER

- 20 **Fetal Alcohol Syndrome Disorders Conf for Physicians**  
*UAMS I Dodd Wilson Ed Bldg, Little Rock, AR*

## Meeting Logistics Planning: Choosing the Right Venue!

by Valerie Thomas

Once you start the planning process for your meeting or conference, the next major decision will be choosing the right venue/facility to suit your needs. The location is always important because it sets the tone for your entire event.

Usually the venue rental is one of the largest expenses of the event, therefore, make sure you allocate a large portion of your budget to cover this expense. Here are some questions you may want to ask before choosing a venue.

- How many people do you expect to attend? This will influence the size of meeting space you will need.
- Will you need separate exhibit space?
- Is there available/accessible parking?
- Is the parking free or is there a fee? If there is a fee, make sure the attendees are aware of the price.
- Are audiovisual equipment, tables, and chairs, etc. available?
- Will there be staff available for set-up and cleaning?
- Are there additional charges for using the venue's equipment and staff?
- Are there additional fees for storing items shipped in advance?

Most hotels will not charge for meeting space, if they know that they will generate enough revenue from breaks and meals during the event. Make sure all negotiations and concessions are put in writing to avoid confusion and frustration at the time you settle your bill. So before you make that final decision on the venue, make sure you familiarize yourself with the venue by checking their website or brochures, talking with others who may have used it, visit in person if possible, to make sure you are choosing the right venue for your event.

**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.**

### Window to the Web

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.htm>

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

