Numerous research studies have shown that CME interventions can increase competency, influence physician behavior, and/or improve patient outcomes. These findings were confirmed in a 2007 report by the Agency for Healthcare Research and Quality (Evidence Report/Technology Assessment; Number 149: AHRQ, 2007). Pairing non-educational strategies with education of health professionals can be a powerful strategy to improve patient safety and healthcare quality.

Non-educational strategies can enhance professional practice change when used as an adjunct to a CME activity. Based in adult education theory, research literature indicates these strategies facilitate transforming new knowledge into practice. Importantly, many non-educational strategies may play a crucial role in improving patient safety and healthcare quality, by serving as reminders to incorporate recently learned information into professional practice.

The Massachusetts Medical Society has compiled a list of potential non-educational strategies which is by no means comprehensive (see below). This is an opportunity for CME planners to be creative. The use of a non-educational strategy improves the likelihood that the CME activity will be effective in changing professional performance and will have an impact on patient outcomes.

Lastly, be sure you evaluate the effectiveness of the non-educational strategy as you do the content of your CME activity. Include a question on your post-activity evaluation that asks participants about whether they believe the strategy will enhance their ability to make a behavior change. If you do some type of follow-up of the activity, ask if the strategy helped the practitioner incorporate the new knowledge into their practice setting. As always, please share what you used as a non-educational strategy with the OCME. It is always exciting to see the results of the CME activities and the ingenuity of our planners. Keep up the good work!

Examples of non-educational strategies are:

- Algorithms
- Patient reminders
- Patient satisfaction questionnaires
- Incentives
- Peer to peer feedback
- Emailing information on CME topic to program participants after the event
- Qualitative focus groups
- Quantitative surveys
- Pocket guidelines for physicians
- Chart reminders
- Give-away items to support CME content
- Screening tools
- Information posted on website
- Reminder stickers
- Changes in hospital policy
- Reminders in staff meetings
- Posters and signs
- Patient education materials
Out with the old, in with the new! The applications/renewals for the upcoming 2010-2011 year are pouring in! Thank you so much to everyone who has sent theirs in already. Just a reminder of the due dates and discounts:

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<tr>
<th>Duration</th>
<th>DIRECTLY SPONSORED</th>
<th>JOINTLY SPONSORED</th>
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<tbody>
<tr>
<td>May 15 - June 1, 2010</td>
<td>$1,110</td>
<td>$2170</td>
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<tr>
<td>After June 1, 2010</td>
<td>$1,160</td>
<td>$2200</td>
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If additional information is requested and/or the application fee has not been received within two weeks of the request, an additional late fee will be added.

Please remember that no CME credits will be awarded until the application or renewal is turned in, completed and approved. Credits are not retroactive and will only be awarded from the approval date forward (if after July 1).

If anybody is having trouble with their applications or renewals, please feel free to contact me and I will be more than willing to meet with you and help you through the process.

I’m looking forward to another great year!!

Lindsay Ratliff, MBA

Beth Bailey is our CME Associate of the Quarter. Beth works with the RSS activities in the UAMS COM Endocrinology Department. She is always very organized and thorough. In addition, she displays a “can do” attitude, cooperative and responsive spirit and willingness to follow through. Thank you, Beth. It is always a pleasure working with you.

How long have you worked at UAMS? I began working at UAMS last August.

How long have you been planning CME activities? I have planned CME activities since I started.

What do you like best about your work to support the CME activities offered through UAMS? I like knowing how important CME activities are in keeping researchers and clinicians up-to-date on new trends and approaches in endocrinology. Bringing experts from all over the country to share their knowledge with our local physicians, researchers, and nurses allows participants to gain new perspectives and insights.

What is your advice for planning successful CME events? Keeping up with the changing rules and regulations of CME events is important. Luckily, the CME office is always of great assistance in this somewhat daunting task. Additionally, following through with the speakers and ensuring all forms are turned in and filled out by a set deadline is important for good planning and a smooth event.

What is the most surprising thing that has happened or that you have observed during your CME work? This year excitement came in dealing with the winter weather, especially regarding one speaker from the northeast. As flights all over the northeast were cancelled, he returned home through last minute transportation planning including a flight many miles from his home, a train, and a taxi, to return home a little later than expected, but in time to spend time sledding with his children. Overall, the amount of paperwork necessary for each event was certainly surprising initially.

What do you like to do for fun and relaxation? Being outside! I enjoy floating the Buffalo River (and any other river) with friends and my dog; weekend road trips; hiking in new places; kayaking; traveling; running and reading.

What is an interesting fact about you? During college, I worked a summer as a white river raft guide on the Ocoee River, Tennessee, home of the 1996 Olympics canoeing/kayaking event.
The Arkansas State Medical Board (ASMB) requires physicians to obtain a minimum of 20 hours of CME credits annually in order to renew their medical licenses. The ASMB’s legislated responsibility is to protect the health of the public. The CME requirement – intended to help ensure that Arkansas physicians maintain their competence – is one of many means by which the ASMB fulfills its responsibilities. In addition, this year the Board worked in collaboration with the UAMS College of Medicine Office of CME (OCME) to conduct a state-wide CME needs assessment, the results of which are summarized here.

Methods, response rate and demographics of respondents: The survey was distributed via e-mail and snail mail to a total of 5653 MDs and DOs. 1791 completed surveys were returned, yielding rate of 32% - which is exceedingly good for this kind of survey. We are grateful for these physicians' participation. Respondents were representative of the entire group of licensed AR physicians in terms of age, gender, type of practice setting, and years in practice. UAMS affiliated physicians composed 11% of the respondents (8.3% in Little Rock; 2.9% in the AHECs).

Results:

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<tr>
<td></td>
<td>37% some regular attendance 63% never, rarely, or annually</td>
<td>40% some regular attendance 60% never or rarely</td>
<td>40% annually 19% more frequently 40% never or rarely</td>
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<table>
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<tr>
<th>What learning formats do AR physicians prefer in 2010?</th>
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<tr>
<td>Yes Workshops, case studies, self-study of printed materials, traditional lectures</td>
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<table>
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<tr>
<th>How frequently do large numbers of AR physicians use various learning formats?</th>
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<tr>
<td>Journal articles; then monographs &amp; newsletter; and online courses</td>
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<tr>
<td>Web-based consult; teleconference; audio conf., audio CD/podcast, video</td>
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For what professional purposes do large numbers of AR physicians use the Internet?

1. To find clinical information that directly supports patient care
2. Some use to find and participate in CME activities - varies with age; more use by younger physicians

What are the important factors that drive CME participation by AR physicians?

1. Obtain new knowledge
2. Fulfill licensure requirements

Who should pay for CME activities?

21.6% physician’s admitting hospital
27.2% physician’s practice group
41.4% individual physicians
2.8% individual physicians at time of medical license renewal fee
11% no response

How much are AR physicians willing to pay for 1 hour of accredited CME?

$30; This amount varies by only a few dollars with gender, age, and length of time in practice.

How much are AR physicians willing to pay for an 8-hour accredited CME program?

$150; This amount varies by only a few dollars with gender, age, and length of time in practice.

Comments/Topic Requests: Broad spectrum; highlighted CME needs related to most prevalent diseases in AR; prevention; pain management

Conclusions & Implications: UAMS College of Medicine’s Office of CME (OCME) shall support, in 2010-2011, accredited RSSs, and “live” CME Conferences in AR, appreciating that physicians across the state value & use these activities.
Arkansas physicians value CME and will pay for it – but prefer a price lower than production costs.
How CME will be funded in the future is an unresolved issue, locally and nationally.
Younger physicians are turning to the internet for CME activities.
OCME will explore ways to make its outstanding CME activities available on-line.
No matter how well a meeting or conference is planned, the success of that meeting will depend on how well it is being marketed. How will your potential participants find out about your conference? Do you have a marketing plan to reach not only your past participants but reach new ones? Here are some tips to help market your next meeting or conference.

- **Website:** A professionally designed website is essential to your success in this day and age. Make your website easy to use and to convey important messages about upcoming conferences.

- **Start a blog:** If you want to take your website to the next level, consider establishing a blog. You can use your blog as an effective way to attract attention to your department and share the latest news about current and upcoming events. Potential participants will love the extra information.

- **Social Media Marketing:** Believe it or not you can use Facebook, Twitter and other social media sites to advertise your meetings. Invite your entire database to follow you on Facebook and Twitter.

- **Email:** Sending a flyer to your participant database about an upcoming conference is fast and does not require any monetary outlay. Participants who are hard to reach or constantly on the go, can receive information on their smart phones.

- **Direct mail:** Sending out postcards and brochures to potential participants is a highly effective marketing method because they reach a targeted group of recipients.

- **Journal ads:** Consider taking out ads in professional journals to reach targeted audiences.

- **Word of mouth:** Personal referral is unsurpassed as an advertising tool. It costs nothing and is the most believable type of advertising of them all.

The way we market our products and services has drastically changed over the years and technology is constantly evolving, so always choose a marketing strategy that will work best for you. The most important thing is to strive to be creative while marketing your upcoming conference, so it will be well attended and be a great success!
In March of 2009, the Arkansas General Assembly passed legislation to establish the Arkansas Trauma System. It is due to be operational in 2011. Presently, UAMS and Arkansas Children’s Hospital are the only Level 1 designated trauma centers in Arkansas. As such, they carry the responsibility and commitment to be the leaders in providing education and training to the healthcare professionals working in the field. It is with this commitment in mind that a group of dedicated surgeons and nurses came together to plan the first Arkansas Trauma Update.

On April 23-24, 2010, the UAMS College of Medicine sponsored the inaugural Arkansas Trauma Update at the Peabody Hotel in Little Rock. Opening remarks by Dr. Daniel Rahn, the UAMS Chancellor, and a welcoming video by Governor Mike Beebe aptly set the tone for the conference. Dr. Marvin Leibovich, Professor and Chairman of the UAMS Department of Emergency Medicine, and Dr. Ronald Robertson, Professor in the UAMS Department of Surgery, acted as co-chairs and moderators.

Dr. Leibovich said, “The Trauma Update Conference of 2010 was a huge success. Conference attendees included surgeons, emergency medicine physicians, emergency department nurses, EMTs and paramedics from all over Arkansas, as well as from surrounding states. All of the course lecturers received very positive comments from the audience, and numerous course attendees asked that this course become an annual event. I was inspired by the number of health care professionals who took the time to be away from their daily work to attend this conference, as our Arkansas trauma team came together for the very first time. I’m very proud to be at UAMS, and I’m proud of the leadership role our institution has taken in improving trauma care and for providing affordable quality educational opportunities that will most certainly improve trauma care for the citizens of our state.”

After the conference, speaker Dr. Philip Kenney, Professor and Chairman from the UAMS Department of Radiology (pictured left) said, “I think both speakers and audience not only learned and enjoyed the experience but I think were invigorated by it in a fashion rather unique for CME courses.” He also stated, “In this course there really was a sense that everyone is a critical part of the whole team, in fact, statewide and greater.” Indeed, that was the consensus held by the nearly 200 conference attendees. Plans are now underway to begin developing next year’s Arkansas Trauma Update program for the spring of 2011.

All conference participants and guests were also invited to attend a reception at the Governor’s Mansion. The reception was a celebration of the implementation of the Arkansas Trauma System.

If you are interested in highlighting your conference in future CME newsletters, please contact Alicia Edmiaston or Lea Mabry in the Office of Continuing Medical Education.