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Planning for Change: Facilitating the Translation of New Knowledge into Practice

by Lea Mabry, MEd

Understanding how a CME Conference or Regularly Scheduled Series (RSS) can help clinicians move the knowledge obtained through lectures, journal clubs, and case conferences into a practical application of the knowledge involves using a purposive plan. Incorporating the use of a model, such as the one used by the University of Michigan Medical School, can be a powerful tool to facilitate the transfer of knowledge into practice.

1. Include as an explicit goal the implementation of new information into practice.

Specify this goal when developing the purpose and expected results of the activity. Consider this goal when determining the topics to address, information to be discussed, expectations for changes in practice, and innovations in care delivery that will bring about these changes.

2. Include needed improvements in care delivery as specific session topics.

In addition to new biomedical advances, consider topics related to needed improvements in care delivery. Check with service chiefs, clinic directors, health center medical directors, quality improvement leads, compliance officers and others for suggestions regarding how the activities can advance institutional efforts to improve care.

3. Format the discussion at sessions explicitly to include considerations for implementation.

The presentation and discussion at a typical one-hour session usually includes both the introduction of new information and the discussion of relevant implementation issues. A likely sequence for the presentation and discussion with participants is:

- 25-30 minutes – New evidence/information
- 15 minutes – Application to practice
- 10 minutes – Changes needed to implement
- 5 minutes – Next steps and assignments

Implementation of a desired practice may involve change (e.g., likely barriers and how to address them) at one or more of the following levels:

- Individual
- Work group or team
- Unit (e.g., hospital floor, health clinic, department)
- Organization
- Infrastructure

4. Engage presenters and participants in routinely addressing implementation issues.

Establish expectations that implementation will be addressed by discussing the purpose and expected results of the activity, including translation of new knowledge into practice. Also, agree upon a general format that includes the discussion of implementation issues.

5. Review the success of the series in implementing change and possible improvements.

Review the evaluations for individual sessions to assess whether implementation is being addressed and changes that participants are planning. Discuss with service chiefs, clinic directors, and others how the activity is helping advance the delivery of care and how it can further enhance improvement of care delivery.

Preparing for Spring

All of the snow has melted and the Winter Olympics are winding down. Spring is just around the corner, and we are gearing up for the 2010-2011 academic year. Even though the RSS applications will not go out until sometime in March, you don't have to wait to get the process started. You can begin gathering your signed disclosure forms and evaluating your 2009/2010 series. You also should start work on your needs assessment to determine your practice gap areas for the next year. And yes, we will have a new application form. It should be ready soon. The forms have been evolving to improve compliance with the new accreditation criteria and to make them more user friendly.

At the beginning of the current academic year, we began the process of moving every RSS to one of two, two-year accreditation cycles. Your approval letter stated whether your RSS is currently on a one- or two-year cycle. For programs on a one-year cycle, you will send in your completed application with all of the supporting documentation as in years past. If there have been no unresolved compliance issues this year, it will be placed into a two-year accreditation cycle starting with the 2010/2011 academic year.

For the programs placed into a two-year cycle, you will not have to complete an application but are still required to send in signed disclosure forms, conduct an evaluation of the series and write the evaluation summary. The annual accreditation fee must also be paid. You can find detailed information about the two-year accreditation cycle on our website at www.uams.edu/cme under the "News" link.

Please note: The new ACCME criteria is now in full effect. Therefore, the needs assessments and evaluation summaries will be reviewed using the stricter criteria. Please see the article in this newsletter about needs assessments to learn more about what will be acceptable.

Another area that will be held to a higher standard is the evaluation of the RSS series. I encourage you to begin the planning process for the next academic year early and to contact us to arrange a meeting to discuss these ahead of time. We are more than happy to talk with you about it over the phone or meet with you in person. You may want to begin by viewing a set of short videos available about planning and documenting ACCME compliant RSS activities at <http://education.accme.org/newmedia/ACCME%20Video%20FAQ>.

Lindsay Ratliff, MBA

in the
spotlight:

KAY GUTHRIE

Kay Guthrie is our CME Associate of the Quarter. We appreciate the many years of partnering with us to provide quality education for VA and Geriatrics health care providers. Thank you, Kay for all your hard work and diligence! You are a pleasure to work with.

How long have you worked for the VA? 37 Years

How long have you been planning CME activities? 24 Years



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

Working with the speakers – getting to know new people – and, always, the fact that we can provide new and useful information to those who care for our elderly population and especially our elderly veterans.

What is your advice for planning successful CME events?

Start early – know what your audience wants/needs and how to reach them – work with the speakers to be sure they provide that information.

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

After working on so many conferences over the years – I am still amazed when attendees come to me and tell me how wonderful the program is, etc. I also find it interesting that most speakers like to be reminded and held to deadlines – they say thank you for keeping me on track, etc.

I will never forget the annual Nutrition and Aging conference that was scheduled for Sept 12-13, 2001 (the day after the 9-11 attacks). When we realized the magnitude of the attacks and the effect on travel, etc., we got busy, and along with the CME and hotel staff, called all registrants, the speakers and cancelled the meeting. The conference was later rescheduled for December of that year. Obviously, our conference problems were only a small inconvenience when compared to horrors suffered by so many that day, but that conference will always stand out to us.

What do you like to do for fun and relaxation?

Fun - *being with my grandchildren – they are the best!*

Relaxation - *after they leave! Ha!*

Fun AND Relaxation - *riding my motorcycle!*

What is an interesting fact about you?

I love swimming, snorkeling – beautiful water and beaches - traveling! I love to go on cruises!

Practice Gaps? Needs Assessments? Where to Start?

by Lea A. Mabry, MEd

Development of CME activities has dramatically changed in the past few years. Gone are the days where the planners of an accredited CME activity just invite, or assign, someone to speak and leave it up to the speaker to determine the topic. A deliberate planning process should be an integral part of developing all CME activities. Documentation of the needs assessment process is also a requirement for all accredited CME activities.

The process should begin with an assessment of the learner and their practice environment.

- Who is your targeted learner?
- What common problems do the targeted physicians encounter when caring for their patients?
- What types of patients do they see?
- What health problems are prevalent for their patient population and why?

Some of these answers may come from surveys of the targeted learners or from past conference evaluations, or some combination of these and other data sources. An analysis of the answers to these questions can serve as a launching pad for identification of the practice gaps.

The planners then use their expertise to interpret this information to develop possible topic areas. Now the planners must support their interpretations. Peer-reviewed literature, practice standards and benchmarks, specialty guidelines, epidemiological and/or patient data can all serve as evidenced-based support of the interpretations of a problem. These sources should provide the planners with information about where the knowledge, skills, attitudes and/or practice behaviors should ideally be for the learners. It also should identify where the physicians actually are in these areas. The area between the ideal and reality is the practice gap or educational need.

What is **not** an educational need or practice gap?

- ♦ Physicians need to know the material.
 - The question is “Why?”
- ♦ Physicians have to stay up-to-date.
 - This is a given and not a defined gap.
 - If there is evidence that they are not staying up to date and it impacts care/outcomes...That’s a need.
- ♦ Physicians have to take a board exam on this material.
 - This is a regulatory need, not a gap in performance.
- ♦ It is a requirement of ACGME or ABMS for Maintenance of Certification or a law.
 - This is a regulatory need, not a gap in performance.

The needs assessment is the basis of an educational activity from which measurable objectives, the content of the activity and the evaluation are developed. It applies whether you are planning a Grand Rounds series, a live conference, or developing an enduring material. It must be the first step in developing an effective CME activity that will meet the needs of the learners and ultimately result in improved patient care.

An Interview with Marsha Taylor

This quarter we would like to introduce the “voice” of our department, Marsha Taylor. She is the one many first encounter as she answers the OCME phones and conducts “triage” to determine how to best handle the call. However, this is far from the only duty she performs for us in the OCME. She is very much our life-line person, from phones to SAP and beyond. If Marsha doesn’t know the answer, she persists until she does. Thank you Marsha for being such a vital member of the OCME team!



What is your role in the OCME?

My official title is Office Manager. I consider it to be the “everything and anything” position. The small things that make an office run smoothly usually fall on my desk.

What is the most challenging aspect of your job?

Answering the phone is one of my responsibilities so that means I have to know a little about everything going on in the office, managed conferences, non-managed conferences, Regular Scheduled Series, On-line transcripts, ACCME guidelines, etc. We have a very good team that can provide this information but it is not good customer service to always transfer a call or put someone on hold if a co-worker is unavailable. Our office places emphasis on cross-training so all of us know something about each other duties.

What is the most rewarding?

Our office motto should be “good enough” is not an option, only excellence will do because that is the expectation when we take on a conference. Once a conference is over and everything went well that’s a great feeling.

What do you like to do away from the office?

I am a home body - I like spending time with my family.

What would you like us to know about you?

I love this time in my life; I don’t look at it as getting older but as taking the time to enjoy and explore so many things life has yet to offer.

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.**

UPCOMING EVENTS

MARCH

- 04-05 **Taking Action Together: A New Era in HIV Care**
The Peabody Hotel, Little Rock, AR
- 6-13 **14th International Symposium on Inner Ear Medicine & Surgery**
Hotel Theresa, Zell, Austria
- 18-20 **Symposium on Critical Care and Emergency Medicine**
Arlington Resort Hotel & Spa, Hot Springs, AR
- 19-20 **13th Annual Rasco Symposium on Colorectal Cancer**
UAMS, Walton Auditorium, Rockefeller Cancer Institute

APRIL

- 10 **Update in Infectious Disease**
Washington Regional Medical Center, Fayetteville, AR
- 16-17 **Pediatric Infections Disease Update**
Clarion Resort on the Lake, Hot Springs, AR
- 16-17 **Team Up: Building Partnerships for Children with Autism in Arkansas**
ACH, Sturgis Auditorium
- 17 **Interventional Radiology Update 2010**
UAMS Neuroscience Center
- 21 **Best Practices in the Continuum of Care**
Embassy Suites, Little Rock, AR
- 23-24 **AR Trauma Update 2010**
Peabody Hotel, Little Rock, AR
- 30 **The Diamond Conference**
Holiday Inn Airport, Little Rock, AR

MAY

- 05-07 **26th Annual Conference on Perinatal Care: From Brains to Bench to Bedside**
Holiday Inn Airport, Little Rock, AR
- 06-07 **Intensive Workshop in Health Care Ethics: Spirituality & Medicine**
UAMS
- 15 **Skin Pathology Focus: 2010 Dermatopathology Conference**
UAMS I. Dodd Wilson Ed Bldg.

ONLINE CME TRANSCRIPTS ARE HERE!

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

Detailed instructions for accessing transcripts can be found on our website

www.uams.edu/cme

Online Registration: Boosting Registrations and Streamlining the Registration Process

by Valerie Thomas

In 2008, the OCME began using online registration for the conferences we manage. It has made registration more convenient for participants who desire the convenience 24-hour access affords. Not only has it been a great benefit for our participants, it has proven to be of greater benefit for our office. The implementation of online registration streamlined the registration process allowing the registration staff time to focus on other duties. In 2009, an upgrade to the online registration service introduced the ability to accept checks and inter-departmental transfers (IDT) in addition to credit cards.

The OCME is pleased to announce that we can now extend this service to our CME Associates. Participants have the ability to register 24/7, at their convenience, and pay by credit card, check, or IDT in a secure environment. Email confirmation receipts are sent automatically thus reducing the number of calls that must be answered to allay the concerns of participants about their registration. Many programs find that having online registration available boosts the number that register due to its convenient nature.

Online registration is a great way to eliminate the time you spend processing registrations, freeing you to address the other details involved in planning a CME activity or other duties. The use of this service requires no data entry on your part and eliminates collecting and depositing registration fees. In addition, a variety of reports, including name tags, can also be generated at your request.

Reduce the time and hassle of handling registrations by contacting the OCME for more details at 501-661-7962.

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.html>

AR Medical Board

http://www.armedicalboard.org/support/sub_downloads.asp#Rules

