

*October/November
2010*



*“Education,
Collaboration,
Fellowship,
Networking.”*

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A WORD FROM THE IACME PRESIDENT Rebecca DeVivo, MPH, MSW

Good afternoon!

I'm sorry I missed you all at the IACME Educational meeting last month, but we had 135 participants, and the evaluation data indicates it was a great success and continues to be a great collaboration with the ISMS. I hope you all have also had an opportunity to explore the new web-site (www.iacmeonline.org). Your feedback is always welcome!

It's time already to look ahead to December and January. After our board meeting in early December, we are looking forward to providing you with more information on volunteer opportunities, a new mentoring program, web-site resources as well as our annual gathering at the Alliance meeting. In the meantime, **SAVE the DATE – Thursday evening, January 27th in San Francisco** – more details will be coming about this event soon!

I hope you all have a wonderful Thanksgiving holiday!
(and thanks for all that you do)

IACME/ISMS ANNUAL FALL EDUCATIONAL MEETING A SUCCESS!

The fall conference took place on Friday, October 1, 2010, at the Oakbrook Marriott. In attendance were over 135 participants. Featured speakers and breakout presenters included Stephan Burdick, Alejandro Aparicio, MD, Mary Martin Lowe, Rita LePard, Marcella Hollinger, Barbra White, Daniel Hoffman, MD, Jeff Mantell, Stephanie Mercado, Bill Norris, and Marcia Martin. These dynamic speakers and breakout presenters addressed everything from implementing an e-learning system using adult learning principles to interpreting and applying ACCME criteria.

Program details are available at www.iacmeonline.org

MARK YOUR CALENDAR!!! IACME Networking Event

January 2011

IACME will once again host its Annual Networking Event during the ACME Annual Conference this January in San Francisco. Be on the lookout for details as registration will open in December!

GOING GREEN

Do you have ideas on how to “Go Green CME!” Please e-mail ilalliance@aol.com or join the discussion on LinkedIn. Go to: http://www.linkedin.com/groups?gid=1903150&trk=myg_uqrp_ovr

The Illinois Perspective on the Updated Criteria: an IACME Forum to Provide Ideas and Practice Examples to Meet the New Criteria

We are continuing our series of articles addressing the updated criteria. These articles focus on the first 15 criteria, as a similar series addressing 16-22, published in the Alliance for CME Almanac. This month, an article and a case address criteria 4, 5 & 6 and reflect perspectives of a society and an independent education and communication company.

The following are the perspectives of the contributing providers. It is not meant to represent the opinion of the IACME or the ACCME, only the writers.

Society's Perspective on C 4, 5 & 6

- C4: The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.

Based on the identified gap and stated need for the CME activity, the assigned course director (physician planner) takes into consideration the full scope of professional practice of the CME learner. For example, does the target audience have both clinical and non-clinical responsibilities? Does the audience practice areas of medicine that touch upon other specialties and/or other health care professions? Also, during the planning phase, the CME Committee (reviewing body) provides additional input in identifying the complete range of practices of the CME audience and assessing how potential CME participants would benefit from the activity.

- C5: The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.

Based on the professional practice gap and identified need, the CME planning members are asked to determine whether the learner will be expected to:

- A. Learn how to do something new or differently and/or make a change in their practice (competence)
- B. Practice a new skill or apply a new technique (performance) in their practice

If the activity is competence-based, the CME planners are asked to consider educational formats that are conducive to learning how to improve and/or make QI changes in their practice that may include: a) a panel discussion with Q & A, b) case studies, c) live lecture followed by group discussion, etc.

If the activity is performance-based, the CME planners are asked to consider educational formats that may be more conducive to applying a new practice or performing a new skill and/or technique which may include: a) hands-on demonstration (i.e. conscious sedation), b) simulation (i.e. patient safety), and c) role-playing (i.e. cultural competency).

This process provides the framework that the planning members need to determine exactly how each educational format is appropriate for the setting and desired learning outcomes for the activity.

- C6: The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies).

As part of the initial planning phase, the course director (and other CME planning members) must take into consideration and confirm how the activity meets one (or more) of the following desirable physician attributes:

1. Patient-Centered Care
2. Interpersonal/Communication Skills
3. Practice-Based Learning and Improvement
4. Professionalism
5. Evidence-Based Medical Knowledge
6. Systems-Based Practice (i.e., QI, interdisciplinary teams, patient safety, etc.)

The above desirable physician attributes are based on a cross-referenced selection of core physician competencies as mutually identified by the IOM, ABMS, AMA, AHA, ACP, and the ACGME. All CME activities are planned and measured according to whether one (or more) of these core competencies is being met and is a condition for CME approval.

A Case Study

Rather than “spoon-feeding” you, meaning, revealing how the CME provider that donated the case responded, we are asking you, our readers and members, “How would you respond?”

Target Audience:

Physicians and advanced practice clinicians employed by a large statewide managed care group serving incarcerated individuals in 100 facilities.

Current/Potential Scope of Practice:

- Physicians staff clinics at different facilities and provide 20-30 visits in a day.
- Physicians are all board certified in internal medicine or family practice.
- Inmates are often transferred to different facilities.
- Inmates therefore see multiple physicians for their care.
- Clinicians are expected to follow system algorithms and policies for treatment as closely as possible.
- All treatment algorithms are authorized by a single infectious disease physician who leads the virology practice.
- Telemedicine consults are available on limited basis with the infectious disease physician or his staff of NP's and PA's to address
- The system has a fully operational and integrated electronic health record that allows clinical entry from anywhere in the system.

Professional Practice Gaps:

- The prison system population is known to have a hepatitis C seroprevalence of 30-40% of its total population of 125,000 individuals.
- 10 % of patients identified with hepatitis C in the prison system are being screened for hepatitis B.
- 20% of the patients identified as hepatitis B negative are being vaccinated

against hepatitis B.

- 70% of clinicians surveyed as part of a recent training were aware that the hepatitis B vaccine is provided as a series of three.

Questions:

1. What types of gaps are these?
2. What is the educational need?
3. What competencies should be addressed?
4. What format would be appropriate to close the gaps?
5. Do you see any obstacles that need to be overcome?
6. Are there any non-educational strategies that should be utilized?
7. What outcomes methodology makes sense to use to assess the success of this educational intervention?

We invite you to take the time to answer one or all of these questions for yourself or on the IACME LinkedIn Discussion group, <http://www.linkedin.com/groups?mostPopular=&qid=1903150>.

This case will be posted as a fresh discussion for you to join on 10/29/10. Tune in next month for our provider's answers as to how they developed an activity based on the above information!