The Continuing Medical Education Project

What is a CME?
Continuing Medical Education – or CME – is pretty much what it sounds like: "...a specific form of continuing education (CE) that helps those in the medical field maintain competence and learn about new and developing areas of their field" (en.wikipedia.org). Each state mandates how many hours of CME health professionals must earn every year to maintain their licenses. Each state's requirements vary slightly and some have subject content specified along with number of hours. For a look at the 2010 regulations, see the American Medical Association’s summary here: http://www.ama-assn.org/ama1/pub/upload/mm/40/table16.pdf (the average is 40 hours every 2 years).

There are also non-CME courses that don’t count towards license renewal but may be useful to individual providers. Non-CMEs usually target a specific treatment or therapy, and are usually delivered by sponsoring organizations/corporations. What is the difference between CME units and non-CME units? The biggest difference is bias. Ethically speaking, CMEs are supposed to be objective and informative, similar to scientific publication. And just as in publication, any conflicting financial relationships are supposed to be disclosed up front. Non-CMEs, on the other hand, usually focus on specific treatments or therapies and are assumed to be biased toward those from the outset. This doesn’t make non-CMEs evil by definition! But the smart reader always looks for potential sources of conflict when deciding which information to use. Recently, CMEs have been scrutinized more carefully because so many were being sponsored by pharmaceutical companies. In response, certifying agencies such as the Society for Academic Continuing Medical Education (covering the U.S., Canada, Great Britain, and Europe) were formed to oversee the CME creation process.

For health providers, CMEs are a fact of life. CMEs worth higher credit hours are usually offered at professional conferences; health providers pay for the conference, but may pay little or nothing for the particular CME course. Recently, another model for smaller CMEs has emerged. They are hosted by specific institutions or companies via the web. Fortunately, web-based CMEs are usually free of charge. These CMEs vary tremendously in subject and length. Generally speaking, the shorter the CME, the less credit is conferred, with some CMEs counting for as little as .25 a unit hour. However, these shorter ones can be finished in as little as 15 minutes, and provide excellent, highly focused insight into a particular area of health practice.

For your final project, you will work with a small group to create a short, highly focused CME, similar to the ones that count for .25 a credit hour. The audience will be family practitioners. You will be given a specific template to work with that reflects what is found on the “lower tech” kinds of web-based CMEs, such as on Medscape. Your group will deliver the CME as though at a conference, in a final presentation lasting approximately 20 minutes (including Q/A time).

The Procedure
(note: in the directions, I’ve deliberately left out URLs. There are 2 reasons for this. First, many of the URLs are long, and the various shortening apps (tinyurl, snipurl, etc) do not always mesh well with Word. Second, you need to become comfortable with looking stuff up directly and for reading many different sorts of web pages for both functionality and content).
On your own:

1) Read the Wikipedia entry on Continuing Medical Education.
2) Create a Medscape account and spend at least 30 minutes exploring the different kinds of CMEs (see the upper-left corner for a box containing content links – MedscapeCME is one of the choices). How do the types of CMEs differ (experts and viewpoints, clinical case, clinical review, journal article, collection)?
   a. For practice, go to “Physician’s Role in Unplugging Media Use by Children” (easiest way is to enter the terms “role unplugging media children” in search box at top of screen) – do the CME (you won’t get actual credit, but you’ll get to see the process!).
   b. Note how the case study and quizzes are used.
3) Brainstorm a list of several potential CME topics. Remember that CMEs are very specific, supported by the primary literature, and must be clinically/practicably relevant to a family practitioner. This leaves a huge range of potential topics across all ages, but eliminates extremely rare and unusual disorders. For each topic you suggest, jot down a couple of reasons why it would make a valuable CME.

In your groups:

1) Choose a topic for the CME. You should discuss all the options that groups members came up with on their own, then decide as a group on a couple of best choices. Choices should be based on relevancy – and you should be able to state in a couple of clear sentences “Topic X makes an excellent CME because A, B, and C.”
   a. Choose at least 2 possible topics – for this assignment (unlike the Review paper), groups may not do the same topic.
      i. If 2 groups really, really want to do the same topic, and can produce very different learning objectives (the “focus” of the CME), then both groups may have the topic. This will be decided in consultation with the instructor!
2) What is the “Goal” of the CME? This is a content statement that spells out the kind of knowledge being delivered.
   a. In the “Unplugging Media” case, the Goal was “The goal of this activity is to describe adverse outcomes associated with media use by children and adolescents and to identify barriers to and strategies for advising parents about media use by their children.”
3) What is the focus of the CME? These are the “Learning Objectives” of the CME. Learning objectives are learner-centered. This means, they spell out very specific things that the CME taker should be able to do when they are done with the course.
   a. An excellent explanation about how to write learning objectives is found here “Directions for Writing Objectives for CME Activities” (www.siamed.edu/cme/pdf/DirectionsWriting.pdf)
   b. For the “Unplugging media” case above, the learning objective was “Upon completion of this activity, participants will be able to: 1. Identify barriers to and strategies for advising parents about media use by their children”.

Write a Proposal:

1) Write a proposal for your CME. The proposal should contain the following parts:
   a. A title for the CME (note that CME titles can be a bit more creative than those in the scientific literature, but don’t sacrifice meaning for entertainment value!)
      i. The title should be written in title caps, following the word “Proposal” with a colon – ex: “Proposal: Helping Patients Cope with Invisible Chronic Conditions – Explaining to Others what can’t be seen”.
   b. A description of the activity (how it will take place – ex: “physician’s role in unplugging media use by children”)
   c. A description of the learning objectives (what participants will be able to do)
   d. A description of the goal (what the activity will accomplish)
   e. A brief reference to the primary literature
   f. A brief discussion of the relevance of the topic to family practitioners
   g. A brief discussion of how the activity will be evaluated
   h. A brief discussion of how the activity will impact patient care
b. A list of contributors (in other words, the members of the group, their titles/roles, and their affiliations – live it up here! Think big!)
   i. Please use a bulleted list – contributors should be listed in alphabetical order

c. Significance (use this word as heading for this section)
   i. This paragraph (no more than ½ page double spaced) introduces the topic and explains why it is important.
   ii. Like any literature review, citations should be included. Please use CSE style for this document. Don’t know what CSE is? Look it up! Just plug in “CSE style” into your search engine. There should be at least 3 references used in this section.

d. CME Target Audience and Goal (use this phrase as heading for this section)
   i. Write out the goal the group discussed.

e. CME Learning Objective (use this phrase as heading for this section)
   i. Write out the Learning Objectives. Number each objective.

f. References (use this word as heading for this section)
   i. Use CSE Style for writing references.

Write the CME:

1) Use the template provided as a guide. You will design at least 1 case study and at least 1 quiz (maximum of 5 questions). Do not exceed more than 2 of each (it’s harder than it looks to design a good case study and good quiz). Quizzes may be used as final “testing” objects or as preludes to each new section of the body (both uses are popular in the CME literature).

2) You will need 2-3 pages of content information (the “body” of the CME, double spaced), the “teaching” portion of the CME. The body of the CME is written like a Review (that should still be fresh in your memory!), complete with subheadings.
   a. Your group will need at least 10 sources.

3) The total number of pages should not exceed 5 double spaced pages. Remember that you also have to plan an audience “take away” (a patient-relevant brochure) and an audience survey.

4) Design a tri-fold or ½ page fold patient brochure on the CME topic (or some portion of it). This brochure should be a patient-oriented piece of health education that a family practitioner could genuinely imagine giving to a patient. The brochure should contain:
   a. At least one relevant image (images may be for interest or entertainment, but should not be clip art);
   b. Patient-friendly information – use plain language as much as possible. Technical jargon should be defined and have a clear purpose to being used. For instance, patients with chronic conditions usually become familiar with technical jargon because it is a part of their lives whereas patients with transient conditions do not need to become medical experts on their illness;
   c. At least three patient resources such as national organizations, support groups, or web pages with disease-specific information appropriate to the patient.

5) Prepare a brief audience response survey for the end of the CME presentation to assess how you did. Do not exceed more than 5 questions for this survey (should fit on a ½ page). Please include no more than 1 open-ended question. Surveys will be collected by your instructors at the end of your CME presentation.
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