

- andrewspong:** Reviewing the event brochure & delegate list for 2nd European CME Forum
<http://www.europeanCMEforum.eu> #2ECF
11/13/2009 07:42
-
- andrewspong:** RT @networkpharma: Delegate book for next week's CME event is now at
<http://www.europeanCMEforum.eu> take a look, & join us if you can. #2ECF
11/13/2009 08:46
-
- networkpharma:** Mediapharm Pharmacy Education now signed up for the 2nd meeting of the European CM
Forum, <http://tinyurl.com/4rlyx4> #2ECF
11/13/2009 18:41
-
- networkpharma:** MCC MedCommsConsult now signed up for the 2nd meeting of the European CME Forum
<http://tinyurl.com/4rlyx4> #2ECF
11/13/2009 18:42
-
- andrewspong:** @EuropeanCME I'm looking forward to meeting you IRL next week at #2ecf
11/14/2009 10:47
-
- meducate:** It'll be a great conf! RT @andrewspong: @EuropeanCME I'm looking forward to meeting
you IRL next week at #2ecf
11/14/2009 11:01
-
- EuropeanCME:** Me too! RT @andrewspong: @EuropeanCME I'm looking forward to meeting you IRL next
week at #2ecf
11/14/2009 12:51
-
- EuropeanCME:** It's cold, wet and windy in London for #2ECF RT @Jannessinho: thinking what to pack...
11/15/2009 20:23
-
- networkpharma:** Reminder: 2nd European CME Forum starts Wednesday, follow us throughout at #2ECF
includes @andrewspong and @health20Paris and @meducate
11/16/2009 10:47
-
- EuropeanCME:** RT @networkpharma: Reminder: 2nd European CME Forum starts Weds, follow us #2ECF
via @andrewspong @health20Paris @meducate et al
11/16/2009 11:10
-
- meducate:** You'll be there in spirit!RT @cmeadvocate: @europeanCME @meducate - looking fwd to
participating from the Twittersphere.... #2ECF
11/16/2009 23:01
-
- andrewspong:** Great! RT @Clarejo: @andrewspong yes @clarejo #2ecf
11/17/2009 09:12
-
- andrewspong:** @psweetman Try #2ecf :) European CME Forum. Site: <http://is.gd/4WUx1> wthashtag:
<http://is.gd/4WUv9>
11/17/2009 09:18
-
- andrewspong:** So: @meducate @europeanCME @health20paris myself & now @clarejo will be tweeting
from #2ecf tomorrow/Thu. Any more? :)
11/17/2009 09:20
-
- networkpharma:** Me too! RT @andrewspong So: @meducate @europeanCME @health20paris myself & no
@clarejo will be tweeting from #2ecf tomorrow/Thu. Any more?
11/17/2009 10:01
-
- andrewspong:** @networkpharma LOL! Now *that's* what I call an oversight on my part #2ecf
11/17/2009 10:03
-
- meducate:** RT @networkpharma: Me too! RT @andrewspong So: @meducate @europeanCME
@health20paris myself & now @clarejo will be tweeting from #2ecf
11/17/2009 11:09

- meducate:** @swoodruff Good morning from London! Preparing for #2ecf europeancmeforum.eu
11/17/2009 11:44
-
- meducate:** #2ecf I hope that they finish in time this should end as we begin RT @dlayphoto: Twitter Maintenance at 11p Pacific: <http://bit.ly/ahu6t>
11/17/2009 11:49
-
- meducate:** Looking forward to the #2ecf faculty dinner tonight
11/17/2009 18:06
-
- networkpharma:** Speakers are arriving and looking forward to dinner tonight to kick off the 2nd Annual European CME Forum event. Follow us #2ECF
11/17/2009 18:53
-
- andrewspong:** I'll be at #2ecf today and tomorrow. Tweet volumes will be high from about 10.30-17.00 GMT, so you may wish to mute me (Muuter or Twalala)
11/18/2009 06:17
-
- health20Paris:** Me too RT @andrewspong: I'll be at #2ecf today and tomorrow. from about 10.30-17.00 GMT, you may wish to mute me (Muuter or Twalala)
11/18/2009 06:19
-
- Dominic_Tyer:** @Pharmafocus CME Spotlight column by @EuropeanCME. Credibility and quality in the educational message <http://bit.ly/kl9s3> #2ECF
11/18/2009 06:22
-
- EuropeanCME:** European CME comment: <http://bit.ly/1Prnsk> #2ECF starting this morning.
11/18/2009 06:38
-
- health20Paris:** RT @EuropeanCME: European CME comment: <http://bit.ly/1Prnsk> #2ECF starting this morning.
11/18/2009 06:40
-
- meducate:** Should be a great conference RT @health20Paris: RT @EuropeanCME: European CME comment: <http://bit.ly/1Prnsk> #2ECF starting this morning.
11/18/2009 07:06
-
- jfdelas:** RT: @health20Paris RT @EuropeanCME: European CME comment: <http://bit.ly/1Prnsk> #2ECF starting this morning.
11/18/2009 07:45
-
- meducate:** #2ecf What topics do you want to make sure the faculty cover? I'll pass the info along!
11/18/2009 07:56
-
- meducate:** Am heading down to main room to scope out a good spot at #2ecf
11/18/2009 08:00
-
- andrewspong:** En route to #2ecf from a blustery south coast. ETA 10.40
11/18/2009 08:30
-
- andrewspong:** That would be 'next to a power socket'? :) RT @meducate: Am heading down to main room to scope out a good spot at #2ecf
11/18/2009 08:31
-
- richyarwood:** At #2ecf. Already third cup of coffee. Only an hour before the next coffee break.
11/18/2009 08:56
-
- meducate:** #2ecf Eugene Pozniak giving opening talk...outlining the lay of the land in European CME
11/18/2009 09:03
-
- meducate:** #2ecf Audience is 50% male 50% female according to ARS
11/18/2009 09:08
-
- 14% delegates at #2ecf are from #pharma

11/18/2009 09:11

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- health20Paris:** #2ECF Good morning from European CME.
11/18/2009 09:15
-
- health20Paris:** RT @jfdelas: RT: @health20Paris RT @EuropeanCME: European CME comment: <http://bit.ly/1Prnsk> #2ECF starting this morning.
11/18/2009 09:16
-
- IML_UK:** is at #2ecf where the first question of the day has just been asked.
11/18/2009 09:23
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- health20Paris:** #2ECF Interesting exchange on conflict of interest in providing CME, whereas the best informed, best -trained md is best for everyone.
11/18/2009 09:35
-
- health20Paris:** #2ECF Interesting method by Lawrence Sherman: to get audience 2 learn by thinking.
11/18/2009 09:41
-
- health20Paris:** #2ecf Many CME program organizers say starting to involve "epatients". Let's c what they mean.
11/18/2009 09:50
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- health20Paris:** #2ecf example given of HIV patient as lecturer in CME.
11/18/2009 09:52
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- health20Paris:** #2ecf role of soc media in CME? 78% said yes.
11/18/2009 09:55
-
- health20Paris:** #2ecf paradox, twitter practically unknown
11/18/2009 09:58
-
- Clarejo:** 78% delegates think social media has a role in CME #2ecf
11/18/2009 09:58
-
- EuropeanCME:** @meducate wrapping up Session 1 at #2ECF
-
- 11/18/2009 10:00
-
- Clarejo:** @meducate great facilitation. Humourous thought provoking and interactive session #2ecf
11/18/2009 10:01
-
- richyarwood:** I have a lot to learn about CME. #2ecf appears to be a good forum.
11/18/2009 10:02
-

meducate: That's the back of my bald head...RT @EuropeanCME: @meducate wrapping up Session at #2ECF



11/18/2009 10:17

meducate: Thanks!! RT @Clarejo: @meducate great facilitation. Humourous thought provoking and interactive session #2ecf

11/18/2009 10:17

meducate: #2ecf Thomas Kellner MSD Global Medical Education Leader - talking about needs assessment

11/18/2009 10:38

andrewspong: Needs assessment session begins (I'm here, obviously :)) #2ecf

11/18/2009 10:39

health20Paris: #2ecf >50% of program mgrs CME declare they do needs-assessments

11/18/2009 10:39

meducate: Better late then never...missed my session tho! RT @andrewspong: Needs assessment session begins (I'm here, obviously :)) #2ecf

11/18/2009 10:41

health20Paris: #2ecf Needs assessment not really common in Europe yet

11/18/2009 10:42

andrewspong: Should educational needs be a mandatory part of program planning? 87% say yes #2ecf

11/18/2009 10:42

meducate: I worry about the other 13% RT @andrewspong: Should educational needs be a mandatory part of program planning? 87% say yes #2ecf

11/18/2009 10:43

IML_UK: just finised facilitating the first of many Q&A sessions with the built-in microphone of the IM keypads at #2ecf.

11/18/2009 10:43

health20Paris: #2ecf who/how do we define CME needs: gap in knowledge of literature or learners' opinion?

11/18/2009 10:44

andrewspong: This session is being led by Thomas Kellner, Global Leader Medical Education, MSD #2ecf

11/18/2009 10:44

health20Paris:	#2ecf 2 strategies of CME production: long-term objectives & short-term knowledge gaps 11/18/2009 10:44
meducate:	Good job! RT @IML_UK: just finised facilitating the first of many Q&A sessions with the bu -in microphone of the IML keypads at #2ecf. 11/18/2009 10:44
health20Paris:	RT @andrewspong: This session is being led by Thomas Kellner, Global Leader Medical Education, MSD #2ecf 11/18/2009 10:45
health20Paris:	#2ecf now Hervé Maisonneuve is speaking on challenges of meeting educational needs of md's through CME 11/18/2009 10:45
meducate:	RT @health20Paris: #2ecf now Hervé Maisonneuve is speaking on challenges of meeting educational needs of md's through CME 11/18/2009 10:46
health20Paris:	#2ecf Maisonneuve is md, public health professor, ex president of GAME, global association medical educaiton 11/18/2009 10:46
andrewspong:	Herve Masionneuve: the challenges of meeting the educational needs of physicians throug CME #2ecf 11/18/2009 10:46
health20Paris:	#2ecf preparing CME cycles: representing bias of interested parties? 11/18/2009 10:47
IML_UK:	RT @meducate: Good job! RT @IML_UK: just finised facilitating first of many Q&A sessior with the built-in microphone of IML keypads #2ecf. 11/18/2009 10:47
health20Paris:	#2ecf in France, "old-fashioned " interest of stakeholders is played out during CME (insurance, industry, gov't, hcp unions) 11/18/2009 10:48
health20Paris:	#2ecf France: the single payor is taking lead in imposing educational themes that save money, by modifying md behavior 11/18/2009 10:48
andrewspong:	Where are the interests of doctors and patients in needs assessment?? #2ecf 11/18/2009 10:48
health20Paris:	#2ecf types of needs assessments: pop. needs? cancer screening, govt needs? demography, hospitals? economics. 11/18/2009 10:49
andrewspong:	Perspectives on assessment: population needs, and/or government needs, and/or orgs providing care, and/or individual HCP's needs? #2ecf 11/18/2009 10:50
health20Paris:	#2ecf "doctors in France don't understand continuous quality improvement." Mean age of md's in France is 54. 11/18/2009 10:50
health20Paris:	#2ecf 5 to 10% doctors without computer in their practice, no email... according 2 Maisonneuve 11/18/2009 10:50
health20Paris:	#2ecf interactive question re needs assessment in Europe: whether used properly 11/18/2009 10:51

andrewspong:	Poll on needs assessment: Do you think they're not used, properly used, room for improvement, don't know? #2ecf 11/18/2009 10:51
health20Paris:	#2ecf needs assessment in Europe "room for improvement" 11/18/2009 10:51
meducate:	RT @health20Paris: #2ecf 5 to 10% doctors without computer in their practice, no email... according 2 Maisonneuve 11/18/2009 10:52
andrewspong:	63% from UK , 59% from RoW say room for improvement #2ecf 11/18/2009 10:52
health20Paris:	#2ecf needs assessment error: not including soft skills 11/18/2009 10:54
Clarejo:	CME Needs assessment needs improving 63% delegates #2ecf #physicians 11/18/2009 10:54
andrewspong:	Only 4% from UK and 6% from RoW feel needs assessment is currently being used properly #2ecf 11/18/2009 10:54
health20Paris:	#2ecf other goals: reduce practice variation, increase use of underused technology, local priorities 11/18/2009 10:55
meducate:	RT @andrewspong: Only 4% from UK and 6% from RoW feel needs assessment is currently being used properly #2ecf 11/18/2009 10:55
health20Paris:	#2ecf there r so many potential goals for CME...It could occupe 100% of doctors' time (say Denise) 11/18/2009 10:55
andrewspong:	Nods around the room that this will take 10 years to reform. Err... let's hope not. ePatients may have a different persepective #2ecf 11/18/2009 10:56
health20Paris:	RT @meducate: RT @andrewspong: Only 4% from UK and 6% from RoW feel needs assessment is currently being used properly #2ecf 11/18/2009 10:56
dean_jenkins:	@andrewspong what's this Tweetup on #2ecf ? 11/18/2009 10:56
meducate:	RT @health20Paris: #2ecf other goals: reduce practice variation, increase use of underuse technology, local priorities 11/18/2009 10:56
andrewspong:	Are needs assessmernts used in EU for (%age) of events? #2ecf 11/18/2009 10:57
andrewspong:	Majority (29%) think <25% of events are used for needs assessment #2ecf 11/18/2009 10:57
andrewspong:	What is the needs assessment method used most in your country? #2ecf 11/18/2009 10:58
IML_UK:	RT @health20Paris: RT @meducate: RT @andrewspong: Only 4% from UK & 6% from RoW feel needs assessment is currently being used properly #2ecf 11/18/2009 10:58

dean_jenkins:	@andrewspong Sorry just saw what #2ecf is. Won't be able to be there as in Oxford but have a paper being presented. http://bit.ly/2NYQu8 11/18/2009 10:59
health20Paris:	#2ecf needs assessment determined by performance improvement data / feedback in most countries 11/18/2009 10:59
andrewspong:	Majority (49% UK; 55% RoW) this feedback is the most used method #2ecf. Don't know: 36% UK, 18% RoW. Educational opp here. 11/18/2009 10:59
andrewspong:	@dean_jenkins The European CME Forum #2ecf http://bit.ly/9eBlk 11/18/2009 11:00
meducate:	#2ecf Maisonneuve - do we need a curriculum for CME/CPD..per specialty? 65%UK/75%RoW say yes 11/18/2009 11:01
andrewspong:	Is there a need for a CME/CPD curriculum? 65% in UK and 75% RoW say a resounding 'yes' #2ecf 11/18/2009 11:01
IML_UK:	RT @andrewspong: Majority (49% UK; 55% RoW) this feedback is the most used method #2ecf. Don't know: 36% UK, 18% RoW. Educational opp here. 11/18/2009 11:01
health20Paris:	RT @meducate: #2ecf Maisonneuve - do we need a curriculum for CME/CPD..per specialty? 65%UK/75%RoW say yes 11/18/2009 11:01
Clarejo:	A need for a CME/CPD curriculum? 65-75% delegates say yes #2ecf 11/18/2009 11:02
andrewspong:	Unfortunately, the curriculums are 5-10 years away. Commentator says curriculums not relevant for all HCPs #2ecf 11/18/2009 11:02
IML_UK:	RT @health20Paris: RT @meducate: #2ecf Maisonneuve - do we need a curriculum for CME/CPD..per specialty? 65%UK/75%RoW say yes 11/18/2009 11:03
andrewspong:	Are educational needs specific to age of HCPs? #2ecf 11/18/2009 11:03
health20Paris:	#2ecf Impact of age on educational needs doctors? 50 to 65% say no. I'm surprised 11/18/2009 11:03
andrewspong:	Yes: UK 39% RoW 29% ; No UK 50% RoW 60% #2ecf 11/18/2009 11:03
meducate:	More than half the room believe that educational needs are specific to age! Huh?? Needs are needs and patients! #2ecf 11/18/2009 11:03
andrewspong:	Conclusion: Room for improvement, huge variance between countries #2ecf 11/18/2009 11:04
IML_UK:	RT @andrewspong: Yes: UK 39% RoW 29% ; No UK 50% RoW 60% #2ecf 11/18/2009 11:04
meducate:	@health20Paris made a good point about available literature showing different needs based on age #2ecf 11/18/2009 11:05

- health20Paris:** #2ecf there are publications demonstrating age-related error in knowledge; also difference rural versus not rural
11/18/2009 11:05
-
- health20Paris:** thanks ! RT @meducate: @health20paris made a good point about available literature showing different needs based on age #2ecf
11/18/2009 11:05
-
- andrewspong:** @amcunningham Doing this on the fly, but assume presentations will be available after the event. Will they, @networkpharma? #2ecf
11/18/2009 11:07
-
- health20Paris:** #2ecf in Quebec <http://bit.ly/2HkAcw> physicians > 35 yrs of practice are evaluated each year.. Young not evaluated.
11/18/2009 11:08
-
- ellenhoenig:** RT @andrewspong: Where are the interests of doctors and patients in needs assessment? #2ecf #hcmktg
11/18/2009 11:08
-
- amcunningham:** @health20Paris but were the differences in needs based on age self-assessed? #2ecf
11/18/2009 11:09
-
- meducate:** Sue Guthrie now presenting on practical view of needs assessment in CME in the UK #2ecf
11/18/2009 11:10
-
- andrewspong:** Next: Sue Guthrie, Sci Dir, Oxford Acad for Prof Health Edu, 'Meeting educational needs through CME: the learner's perspective' #2ecf
11/18/2009 11:10
-
- health20Paris:** RT @andrewspong: Sue Guthrie, Oxford Acad Prof Health Edu, 'Meeting educational needs thru CME: learner's perspective' #2ecf
11/18/2009 11:12
-
- andrewspong:** Me: needs assessment needs to be a dialogue, both from patient and HCP perspective #2ecf
11/18/2009 11:12
-
- health20Paris:** #2ecf further proof re absence of guidance on good needs assessment.
11/18/2009 11:12
-
- meducate:** Guthrie - there is little information available on what is a "good" needs assessment in CME ACCME and EACCME dont provide guidance #2ecf
11/18/2009 11:12
-
- IML_UK:** RT @meducate: Sue Guthrie now presenting on practical view of needs assessment in CME in the UK #2ecf
11/18/2009 11:12
-
- health20Paris:** #2ecf Needs assessment and evaluation of doctors are two sides of the same coin, aren't they?
11/18/2009 11:13
-
- health20Paris:** RT @meducate: Guthrie - little info available on what is a "good" needs assessment in CM - ACCME and EACCME dont provide guidance #2ecf
11/18/2009 11:13
-
- andrewspong:** Asking both constituencies what they feel their needs are wd seem a sensible place to star #2ecf
11/18/2009 11:14
-
- dean_jenkins:** Diabetes Needs Assessment Tool (DNAT) coming up soon? #2ecf <http://bit.ly/2NYQu8>
11/18/2009 11:14

andrewspong:	Anyway... survey asked how learners identify their own learning needs, how their needs influence choice of CME activity #2ecf 11/18/2009 11:14
meducate:	Good luck! Wish I was there, but in London for #2ecf RT @MarianCutler: @jonmrich lookin forward to your presentation today at #BDI 11/18/2009 11:15
andrewspong:	70% of docs surveyed worked in secondary care; most were European, 73% had undertaken a CME activity in last month #2ecf 11/18/2009 11:15
dean_jenkins:	@health20Paris "two sides of the same coin" formative vs. summative assessment #2ecf 11/18/2009 11:16
andrewspong:	81% thought CME important or v important for furthering their professional education and career #2ecf 11/18/2009 11:16
rohal:	Inspiration and fun to all the ones following CME: #2ecf, would have liked to be there. 11/18/2009 11:16
andrewspong:	88% had done >4, 58% >10 activities in the last year #2ecf 11/18/2009 11:17
andrewspong:	73% liked international conferences best. F2F, meeting-orientated interaction preferred #2ecf 11/18/2009 11:17
health20Paris:	RT @andrewspong: 73% liked international conferences best. F2F, meeting-orientated interaction preferred #2ecf 11/18/2009 11:18
meducate:	RT @andrewspong: 73% liked international conferences best. F2F, meeting-orientated interaction preferred #2ecf 11/18/2009 11:18
andrewspong:	However: digital formats were also liked by 61% of respondents #2ecf 11/18/2009 11:18
health20Paris:	RT @andrewspong: However: digital formats were also liked by 61% of respondents #2ecf 11/18/2009 11:18
andrewspong:	STM: find another business model: only 46% like journal articles... #2ecf 11/18/2009 11:18
health20Paris:	#2ecf fortunately physicians do choose cme activity based on its content ! 11/18/2009 11:19
health20Paris:	#2ecf physicians want to learn something new, not reinforce what already known. They're right! Time is \$ 11/18/2009 11:19
health20Paris:	#2ecf: how do u know your learning needs? based on clinical practice problems. 11/18/2009 11:20
meducate:	RT @health20Paris: #2ecf fortunately physicians do choose cme activity based on its content ! 11/18/2009 11:20
IML_UK:	RT @andrewspong: 70% of docs surveyed worked in secondary care; most were Europea 73% had undertaken a CME activity in last month #2ecf 11/18/2009 11:20

dean_jenkins:	RT @health20Paris #2ecf physicians want to learn something new, not reinforce what already known. They're right! Tlme is \$ 11/18/2009 11:21
health20Paris:	#2ecf learning needs coming from clinical practice proves learning should be case-based 11/18/2009 11:21
andrewspong:	How do you know what your learning needs are? 85%: from clinical problems encountered in practice #2ecf 11/18/2009 11:21
health20Paris:	#2ecf only problem is that physician doesn't necessarily know he has a problem (unless evaluated) 11/18/2009 11:21
meducate:	RT @health20Paris: #2ecf physicians want to learn something new, not reinforce what already known. They're right! Tlme is \$ 11/18/2009 11:21
health20Paris:	#2ecf surprise surprise: doctors don't want to have patients, govt policymakers dictate CME needs 11/18/2009 11:22
andrewspong:	Who shd be involved in identifying HCP learning needs? peers, expert physicians good, senior colleagues, govt, patients: not good #2ecf 11/18/2009 11:22
health20Paris:	#2ecf 67% physicians think they can identify courses useful to selves 11/18/2009 11:22
meducate:	We have to address this RT @health20Paris: #2ecf only problem is that physician doesn't necessarily know he has a problem (unless evaluated) 11/18/2009 11:23
andrewspong:	How often are you able to select the most appropriate learning needs? 61% often can #2ecf 11/18/2009 11:23
meducate:	Need more courses or better invitation process? RT @health20Paris: #2ecf 67% physician think they can identify courses useful to selves 11/18/2009 11:23
health20Paris:	#2ecf physicians admit learning needs not always met: from 20 to 60% not met 11/18/2009 11:23
andrewspong:	The text on these slides is so small, I'm going blind. And I'm on the front table HA! #2ecf 11/18/2009 11:24
IML_UK:	RT @health20Paris: #2ecf 67% physicians think they can identify courses useful to selves 11/18/2009 11:24
dean_jenkins:	test! @meducate We have to address this RT @health20Paris: #2ecf only problem is that physician doesn't necessarily know he has a problem 11/18/2009 11:24
health20Paris:	#2ecf so if you add together needs not met and needs not identified, there r a lot of under CME'd docs out there! 11/18/2009 11:24
meducate:	However, all must be considered! RT @health20Paris: #2ecf Guthrie: 67% physicians think they can identify courses useful to selves 11/18/2009 11:24
health20Paris:	I'm doing it by listening RT @andrewspong: The text on these slides is so small, I'm going blind. And I'm on the front table HA! #2ecf

11/18/2009 11:24

andrewspong:	How important is evaluation process after a CME activity? two thirds yes, one third no... #2ecf 11/18/2009 11:25
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andrewspong:	How do you know whether you've learned something useful from CME? 64% said they use what they'd learned in clinical practice #2ecf 11/18/2009 11:25
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dean_jenkins:	@health20Paris @andrewsprong thanks for the #2ecf tweets 11/18/2009 11:25
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health20Paris:	#2ecf 3% of physicians can't remember if they learned anything, coming right out of a CME activity. Who wants them as doctor? 11/18/2009 11:26
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andrewspong:	Did the CME change your clinical practice? two thirds said 'yes' #2ecf 11/18/2009 11:26
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health20Paris:	RT @andrewspong: Did the CME change your clinical practice? two thirds said 'yes' #2ecf 11/18/2009 11:26
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andrewspong:	@dean_jenkins You're welcome. It's good to be here. #2ecf 11/18/2009 11:27
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andrewspong:	Summary: learners like choice, learning needs not always fully addressed; immediate evaluation useful, long term better reflection #2ecf 11/18/2009 11:28
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meducate:	Might be related to content/ needs RT @health20Paris: #2ecf 3% of physicians can't rememif they learned right out of a CME activity. 11/18/2009 11:28
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andrewspong:	NB presenter confesses to being a 'digital luddite' and that digital / social media / social networking not addressed... #2ecf 11/18/2009 11:28
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IML_UK:	RT @health20Paris: RT @andrewspong: Did the CME change your clinical practice? two thirds said 'yes' #2ecf 11/18/2009 11:29
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health20Paris:	#2ecf CME needs can be measured. CME can be evaluated. 11/18/2009 11:33
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health20Paris:	#2ecf should cme demonstrate change in competence, performance, patient outcomes? 11/18/2009 11:34
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health20Paris:	#2ecf audience participation standing up. tough for @meducate @andrewspong to type. I'r seated. 11/18/2009 11:36
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JohnReaves:	RT @health20Paris @andrewspong: Did the CME change your clinical practice? two thirds said 'yes' #2ecf 11/18/2009 11:36
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dean_jenkins:	@andrewspong Missed being at #2ecf but Sara Schroter is presenting our paper with Thomas Kellner later this am. http://bit.ly/2NYQu8 11/18/2009 11:37
<hr/>	
andrewspong:	We've been voting with our feet on various questions moving across the room to signify agreement, disagreement, uncertainty #2ecf 11/18/2009 11:39

andrewspong:	Next: Peter Posel, QUAIME, Switzerland: the assessment of GPs needs: an underestimated area in current CPD programmes? #2ecf 11/18/2009 11:42
health20Paris:	RT @andrewspong: Peter Posel, QUAIME, Switz: assessment of GPs needs: underestimated area in current CPD programmes? #2ecf 11/18/2009 11:45
andrewspong:	Do you include the tool 'needs assessment (NA)' when you plan a CME/CPD activity? 55% yes, we do it on a regular basis #2ecf 11/18/2009 11:45
andrewspong:	Use of online NA is more effective than just being given access to self-learning materials. 69% say 'yes' #2ecf 11/18/2009 11:46
meducate:	RT @thomasleemd: @meducate Orthopeic Surgs take mandatory self assessment exams every year. To know what I don't know. Which is a lot #2ecf 11/18/2009 11:46
andrewspong:	Use of online NA leads to more self-reported changes than just access to self learning materials : 84% say 'yes' #2ecf 11/18/2009 11:47
IML_UK:	RT @andrewspong: Do u include the tool 'needs assessment (NA)' when you plan a CME/CPD activity? 55% yes, we do it on a regular basis #2ecf 11/18/2009 11:47
meducate:	Abi did wake the group up! RT @health20Paris: #2ecf audience participation standing up. tough for @meducate @andrewspong to type. I'm seated 11/18/2009 11:47
Clarejo:	Peter posel QUAIME now talking about GP needs assessment. Audience think online cme is more likely to change #clinical practice #2ecf 11/18/2009 11:47
johnbendevette:	@meducate #2ecf I'm just joining this tweet-string. NICE DATA! Pls advise link to find the original CME Survey results. 11/18/2009 11:48
andrewspong:	Quartet to Success: 1) Establish confidence with long term relationships to target groups. #2ecf 11/18/2009 11:48
andrewspong:	2) Meet the actual tasks of your target groups. Used example of German mental health #2ecf 11/18/2009 11:50
andrewspong:	3) Know the specific attitudes and workstyles of the target groups #2ecf 11/18/2009 11:50
andrewspong:	4) Keep your target group actively involved, but secure their anonymity #2ecf 11/18/2009 11:51
meducate:	RT @andrewspong: Quartet to Success: 1) Establish confidence with long term relationships to target groups. #2ecf 11/18/2009 11:51
meducate:	RT @andrewspong: 2) Meet the actual tasks of your target groups. Used example of German mental health #2ecf 11/18/2009 11:51
meducate:	RT @andrewspong: 3) Know the specific attitudes and workstyles of the target groups #2ecf 11/18/2009 11:51

ellenhoenig:	RT @health20Paris: RT @andrewspong: Did the CME change your clinical practice? two thirds said 'yes' #2ecf 11/18/2009 11:52
andrewspong:	@meducate we're becoming a gestalt tweeting entity. @meduspong? ;) #2ecf 11/18/2009 11:53
health20Paris:	RT @meducate: RT @andrewspong: Quartet to Success: 1) Establish confidence with long term relationships to target groups. #2ecf 11/18/2009 11:54
health20Paris:	RT @meducate: RT @andrewspong: 2) Meet the actual tasks of your target groups. Used example of German mental health #2ecf 11/18/2009 11:54
health20Paris:	RT @meducate: RT @andrewspong: 3) Know the specific attitudes and workstyles of the target groups #2ecf 11/18/2009 11:54
health20Paris:	RT @andrewspong: 4) Keep your target group actively involved, but secure their anonymity #2ecf 11/18/2009 11:54
andrewspong:	This slide is a tiny blue blur. No picture-only W20/H20 slides here, let me tell ya. Show me the data! ;) #2ecf 11/18/2009 11:54
meducate:	That works...RT @andrewspong: @meducate we're becoming a gestalt tweeting entity. @meduspong? ;) #2ecf 11/18/2009 11:54
health20Paris:	If ANdrew and Lawrence say yes, why not? RT @andrewspong: @meducate we're becoming a gestalt tweeting entity ;) #2ecf 11/18/2009 11:55
andrewspong:	@health20Paris Now you're doing it too... @healthmeduspong. The CME Terminator #2ecf 11/18/2009 11:57
health20Paris:	@andrewspong you came later, so now I'm relaxing #2ecf 11/18/2009 11:58
health20Paris:	RT @dean_jenkins: @health20Paris "two sides of the same coin" formative vs. summative assessment #2ecf 11/18/2009 11:58
andrewspong:	Data showing lots of room for improvement in NA in depression and diabetes in Germany #2ecf 11/18/2009 11:59
IML_UK:	RT @andrewspong: Data showing lots of room for improvement in NA in depression and diabetes in Germany #2ecf 11/18/2009 12:01
andrewspong:	NA can improve patient care, narrow gap between GPs and specialists. Get HCPs involved in creation of curricula #2ecf 11/18/2009 12:02
Clarejo:	RT @IML_UK: RT @andrewspong: Data showing lots of room for improvement in NA in depression and diabetes in Germany #2ecf 11/18/2009 12:02
meducate:	Dean, your data is up now RT @health20Paris: RT @dean_jenkins: @health20Paris "two sides of same coin" formative v summative assess #2ecf 11/18/2009 12:03

andrewspong:	@dean_jenkins http://bit.ly/2NYQu8 You're on! #2ecf 11/18/2009 12:03
dean_jenkins:	@andrewspong http://bit.ly/2NYQu8 You're on! #2ecf ... woo hoo 11/18/2009 12:04
andrewspong:	Next: Sara Schroter: Evaluation of on online Needs Assessment Tool (DNAT) for health professionals. Nice study design, BTW #2ecf 11/18/2009 12:04
mfp24:	RT @andrewspong: NA can improve patient care, narrow gap between GPs and specialist Get HCPs involved in creation of curricula #2ecf 11/18/2009 12:05
dean_jenkins:	Thanks ... nice to catch up with it on the train. @meducate "Dean, your data is up now" #2ecf 11/18/2009 12:05
andrewspong:	Randomised: learning tool vs learning tool plus DNAT, followed by a knowledge test, practice change survey, acceptability survey #2ecf 11/18/2009 12:05
meducate:	RT @andrewspong: Randomised: lrng tool v learning tool + DNAT, followed by knowledge test, practice change and acceptability surveys #2ecf 11/18/2009 12:07
meducate:	@cmeadvocate Yeah, lotta tweeting going on here! #2ECF 11/18/2009 12:07
andrewspong:	Results: 64% completed follow-up knowledge test, 60% did both surveys #2ecf 11/18/2009 12:08
meducate:	RT @andrewspong: Results: 64% completed follow-up knowledge test, 60% did both surveys #2ecf 11/18/2009 12:08
IML_UK:	RT @meducate: RT @andrewspong: Results: 64% completed follow-up knowledge test, 60% did both surveys #2ecf 11/18/2009 12:09
andrewspong:	*2% said DNAT was easy to use; 73% like to combine it with reading #2ecf 11/18/2009 12:11
health20Paris:	#2ecf Current slides is demonstrate what I call "participatory cme". Prior assessment leads 2 better alignment learner/materials 11/18/2009 12:11
andrewspong:	Good results re improvement in knowledge, competence and skills #2ecf 11/18/2009 12:12
meducate:	RT @health20Paris: #2ecf Current slides demonstrates "participatory cme". Prior assessment leads 2 better alignment learner/materials 11/18/2009 12:12
andrewspong:	Both groups showed significant improvement in knowledge, demonstrating the online learning for HCPs can be effective #2ecf 11/18/2009 12:13
health20Paris:	#2ecf if pple already convinced about needs assessment, will they enjoy this conf? 11/18/2009 12:13
IML_UK:	almost done with the second session, lots of valuable feedback via IML keypads! #2ecf 11/18/2009 12:13

andrewspong: All speakers from this morning invited to the podium to answer questions #2ecf
11/18/2009 12:14

meducate: Needs Assessment panel taking questions #2ecf



11/18/2009 12:16

health20Paris: #2ecf great question: relation betw self-reported and actual change in clinical practice
11/18/2009 12:20

health20Paris: #2ecf reply is "yes" if the change is made concrete to the learners, there's correlation.
11/18/2009 12:21

andrewspong: A: a soft 'yes', but not enough data citing real-world examples #2ecf
11/18/2009 12:22

health20Paris: #2ecf I ask: should CME be only about change in behavior? What about confirming good existing behavior?
11/18/2009 12:22

meducate: Yes! RT @Jannessinho: best morning quote at #2ecf: "if you don't measure it, you don't treasure it" by @meducate (did I write it right?)
11/18/2009 12:22

IML_UK: RT @meducate: Yes! RT @Jannessinho: best morning quote at #2ecf: "if you don't measure it, you don't treasure it" by @meducate
11/18/2009 12:24

health20Paris: I say: no measurement, no improvement RT @meducate: #2ecf: "if you don't measure it, you don't treasure it"
11/18/2009 12:24

andrewspong: If you don't measure it, you can't be worried by it, either. Better to know bad news in order to inform change #2ecf
11/18/2009 12:25

health20Paris: #2ecf I'm interviewing speakers during lunch. Will they lose weight?
11/18/2009 12:30

Peliteiro: RT @health20Paris: I say: no measurement, no improvement RT @meducate: #2ecf: "if you don't measure it, you don't treasure it"
11/18/2009 12:38

- dean_jenkins:** Being well connected (with #2ecf) then being suddenly disconnected is most frustrating!
#cck09
11/18/2009 12:54
-
- andrewspong:** @meducate reflects on the morning session at #2ecf (Qik) <http://qik.ly/q1Qp>
11/18/2009 13:24
-
- andrewspong:** We're back: this session is called 'CME plugged in' #2ecf
11/18/2009 13:34
-
- meducate:** Yeah! RT @andrewspong: @meducate reflects on the morning session at #2ecf (Qik)
<http://qik.ly/q1Qp>
11/18/2009 13:36
-
- andrewspong:** 42% of the people in the room produce eCME. 13% use it; 25% use and produce; 20%'wh:
is it?' #2ecf
11/18/2009 13:36
-
- IML_UK:** Excellent! RT @Jannessinho: How was lunch at #2ecf ?: 1 excellent; 2 good; 3 fine; 4 bad;
5 disgusting; 6 don't know. Please vote now ;)
11/18/2009 13:36
-
- andrewspong:** The future is in: eCME 4%; 1% meetings; 88% both 7% we're doomed #2ecf
11/18/2009 13:38
-
- andrewspong:** Is a webcast, or repackaging of a live program e-learning? Y 60%; N 36%; We're all
doomed 4% #2ecf
11/18/2009 13:39
-
- meducate:** RT @andrewspong: Is a webcast, or repackaging of a live program e-learning? Y 60%; N
36%; We're all doomed 4% #2ecf
11/18/2009 13:39
-
- andrewspong:** A clarification: repackage in short chunks, not 30 mins at a time #2ecf
11/18/2009 13:40
-
- Clarejo:** Qbeing asked by Edwin Borman - Is a webcast elearning? #2ecf
11/18/2009 13:40
-
- Clarejo:** The future is in: eCME 4%; 1% meetings; 88% both 7% we're doomed #2ecf (via
@andrewspong)
11/18/2009 13:40
-
- andrewspong:** LOL! 1 RT @IML_UK: Excellent! RT @Jannessinho: How was lunch at #2ecf ?: 1 excellen
2 good; 3 fine; 4 bad; 5 disgusting; 6 don't know.
11/18/2009 13:41
-
- andrewspong:** What is the presentation included slides and a self-test? Is that valid e-learning? Y 88% N
12% #2ecf
11/18/2009 13:42
-
- Clarejo:** Yes if includes slides and a self test Qbeing asked by Edwin Borman - Is a webcast
elearning? #2ecf
11/18/2009 13:43
-
- andrewspong:** Can you imagine learning from sports coaches how to improve CME? Y 66% #2ecf
11/18/2009 13:43
-
- meducate:** RT @Clarejo: Yes if includes slides and a self test Qbeing asked by Edwin Borman - Is a
webcast elearning? #2ecf
11/18/2009 13:44
-
- odomlewis:** RT @andrewspong Can you imagine learning from sports coaches how to improve CME?
66% #2ecf

11/18/2009 13:44

andrewspong:	Have you ever considered using visualization techniques in CME? Y 39% N 60% #2ecf <i>11/18/2009 13:45</i>
andrewspong:	Next up: Cally Fawcett, Delta Kn, UK Achieving the learning in e-learning #2ecf <i>11/18/2009 13:46</i>
meducate:	Doing Learning Styles exercise RT @andrewspong: Next up: Cally Fawcett, Delta Kn, UK Achieving the learning in e-learning #2ecf <i>11/18/2009 13:48</i>
andrewspong:	Filling in a worksheet. I chose answers that suggest I prefer to learn by listening/interacting rather than read or experiment #2ecf <i>11/18/2009 13:50</i>
health20Paris:	Filling in a worksheet. I chose answers that suggest I prefer to learn visually #2ecf <i>11/18/2009 13:52</i>
andrewspong:	VAK test (visual, auditory, kinaesthetic) test. I am predominantly a listener. That may surprise those swamped by my feed today :) #2ecf <i>11/18/2009 13:52</i>
meducate:	I'm split between Visual and Kinesthetic. RT @health20Paris: Filling in a worksheet. My answers suggest I prefer 2 learn visually #2ecf <i>11/18/2009 13:56</i>
health20Paris:	#2ecf what is interesting though, is that visual is much more impactful than audio on a large scale <i>11/18/2009 13:57</i>
health20Paris:	#2ecf confucius say "1 photo worth a 1000 words" <i>11/18/2009 13:58</i>
andrewspong:	Present info a variety of ways in order to max chances that all constituencies will get something from it when they search online #2ecf <i>11/18/2009 13:59</i>
Clarejo:	Collective #learning requires information from multiple sources -Websites, press release, workshop. #2ecf <i>11/18/2009 14:00</i>
andrewspong:	Instructional design: you can have great content, a great speaker, but if your assembly is lousy, a bad learning experience results #2ecf <i>11/18/2009 14:01</i>
health20Paris:	#2ecf isn't this also same in NLP (neurolinguistic programming)? <i>11/18/2009 14:01</i>
meducate:	RT @andrewspong: Present info a variety of ways in order to max chances that all will get something from it when they search online #2ecf <i>11/18/2009 14:01</i>
andrewspong:	Comms strategy: link to and from a variety of educational and informational sources #2ecf <i>11/18/2009 14:01</i>
health20Paris:	@andrewspong: u can have great content, a great speaker, but wrong audience, if no needs assessment #2ecf ! <i>11/18/2009 14:02</i>
meducate:	RT @andrewspong: Instructional design: you can have great content, a great speaker, but your assembly is lousy, bad learning result #2ecf <i>11/18/2009 14:02</i>

andrewspong:	Comms strat: use multiple modes of delivery: meeting, website, e-learning. Engage the user (this rather washed over, IMO) #2ecf 11/18/2009 14:03
meducate:	BINGO! RT @health20Paris: @andrewspong: u can have great content, a great speaker, but wrong audience, if no needs assessment #2ecf ! 11/18/2009 14:03
andrewspong:	LOL! spot on RT @health20Paris: @andrewspong: u can have great content, a great speaker, but wrong audience, if no needs assessment #2ecf 11/18/2009 14:04
andrewspong:	If the learning outcome is the same, do we need the whizzy tech? (Me: false Q. Learning outcome *won't* be the same) #2ecf 11/18/2009 14:07
meducate:	RT @andrewspong: If the learning outcome is the same, do we need the whizzy tech? (Me: false Q. Learning outcome *won't* be the same) #2ecf 11/18/2009 14:09
meducate:	Presentation on eLearning by Fawcett good, but missing linkage between live and enduring/web. One and done is not the way to go #2ecf 11/18/2009 14:09
meducate:	Borman mixed up Facebook and Twitter...oy ! #2ecf 11/18/2009 14:10
andrewspong:	'You don't have to use that Facebook thing' (said in jest... I think) at #2ecf #fb 11/18/2009 14:11
andrewspong:	An unexpected methamphetamine joke. We're whizzing all over the place. #2ecf 11/18/2009 14:12
EuropeanCME:	Cool tech RT @andrewspong: @meducate reflects on the morning session at #2ecf (Qik) http://qik.ly/q1Qp 11/18/2009 14:14
meducate:	It worked in the session! RT @andrewspong: An unexpected methamphetamine joke. We're whizzing all over the place. #2ecf 11/18/2009 14:14
whydotpharma:	#hcsmeu Watch #2ecf video of two of the coolest men on twitter :-) @meducate @andrewspong http://qik.com/video/3597089 11/18/2009 14:14
andrewspong:	IMO, communities that are functioning effectively realize that everyone brings something: content, ideas, execution, dissemination etc #2ecf 11/18/2009 14:16
rohal:	RT @whydotpharma: #hcsmeu Watch #2ecf video of two of the coolest men on twitter :-) @meducate @andrewspong http://qik.com/video/3597089 11/18/2009 14:16
health20Paris:	RT @whydotpharma: #hcsmeu #2ecf video of 2 of the coolest men on twitter :-) @meducate @andrewspong http://qik.com/video/3597089 11/18/2009 14:16
meducate:	RT @whydotpharma: #hcsmeu Watch #2ecf video of two of the coolest men on twitter :-) @meducate @andrewspong http://qik.com/video/3597089 11/18/2009 14:16
andrewspong:	Next: Jorg Ansorg: Impact of CME on clinical practice #2ecf 11/18/2009 14:17

- Chris_ORourke:** RT @whydotpharma: #hcsmeu Watch #2ecf video of two of the coolest men on twitter :-)
@meducate @andrewspong <http://qik.com/video/3597089>
11/18/2009 14:17
-
- health20Paris:** #2ecf Jorg Ansorg Professional surgeons Germany : no data on impact of ecme on clinical practice
11/18/2009 14:17
-
- meducate:** RT @andrewspong: Next: Jorg Ansorg: Impact of CME on clinical practice #2ecf
11/18/2009 14:18
-
- health20Paris:** #2ecf Surgeons are manual (duh!)
11/18/2009 14:18
-
- andrewspong:** Awww! TY :) (now I *know *you're deranged) @whydotpharma #hcsmeu #2ecf @meducate
11/18/2009 14:19
-
- health20Paris:** #2ecf this is a presentation for the audio folks
11/18/2009 14:19
-
- andrewspong:** Objectives in CME: lifelong, sustainable, formative learning #2ecf
11/18/2009 14:20
-
- meducate:** And need more info "than choosing green or blue pill...." RT @health20Paris: #2ecf Surgeons are manual (duh!)
11/18/2009 14:20
-
- andrewspong:** e CME: courses, reviews, podcasted lectures, video learning. Trad: congresses, seminars, workshops, groups, self-led #2ecf
11/18/2009 14:21
-
- health20Paris:** #2ecf I c it coming. This AM we all agreed on "needs assessment." This PSM we all agree on eCME.
11/18/2009 14:22
-
- andrewspong:** The advert break: eCME Center <http://bit.ly/2RpLvZ> #2ecf
11/18/2009 14:23
-
- health20Paris:** #2ecf so we'll do the needs assessment online, the course as well. we can discuss results w/ r epatients and e-evaluate.
11/18/2009 14:23
-
- andrewspong:** @health20Paris Doesn't that mean events like this will disappear in a puff of logic? #2ecf
11/18/2009 14:24
-
- ehealthgr:** RT @health20Paris <http://www.ecme-center.org> #2ecf (only in Deutsch?)
11/18/2009 14:25
-
- meducate:** Yup RT @health20Paris: #2ecf so we'll do the needs assessment online, the course as well. we can discuss results w/ r epatients and e-evaluate
11/18/2009 14:26
-
- health20Paris:** #2ecf not disappear if meetings become non-conferences with tweeters etc @andrewspong
11/18/2009 14:26
-
- andrewspong:** Tomorrow's practice in CME: blended learning. elec: Prep, pre-course guide, assessment; IRL:refresh, workshops, time for practice #2ecf
11/18/2009 14:26
-
- andrewspong:** Yes. Speaker is German :) RT @ehealthgr: RT @health20Paris <http://bit.ly/2pMKvS> #2ecf (only in Deutsch?)
11/18/2009 14:27
-
- @andrewspong That's only tomorrow's eCME if you aren't doing it today - many are #2ecf

11/18/2009 14:28

health20Paris:	#2ecf http://bit.ly/2RpLvZ in english w.google translate <i>11/18/2009 14:29</i>
andrewspong:	Trans via Google: http://bit.ly/41w8wb RT @andrewspong: Yes. Speaker is German :) RT @ehealth20paris Only in Deutsch? #2ecf <i>11/18/2009 14:29</i>
andrewspong:	Underlining the opps for US eCME vendors in EU... RT @meducate: That's only tomorrow' eCME if you aren't doing it today - many are #2ecf <i>11/18/2009 14:30</i>
andrewspong:	Today's understatement: 'surgeons are really conservative' #2ecf <i>11/18/2009 14:34</i>
meducate:	And to add, humble...RT @andrewspong: Today's understatement: 'surgeons are really conservative' #2ecf <i>11/18/2009 14:37</i>
health20Paris:	#2ecf accrediting e-cme is next talk <i>11/18/2009 14:39</i>
andrewspong:	Next: Edwin Borman: Accreditation can improve the quality of e-learning #2ecf <i>11/18/2009 14:40</i>
health20Paris:	#2ecf UEMS: representative orgztn for medical specialists Europe. 40 languages. 50 specialties. <i>11/18/2009 14:40</i>
andrewspong:	UEMS is the representative org for med specialists in EU. www.uems.net #2ecf <i>11/18/2009 14:41</i>
health20Paris:	1999 criteria for international accreditation ecme #2ecf <i>11/18/2009 14:41</i>
meducate:	RT @andrewspong: Next: Edwin Borman: Accreditation can improve the quality of e-learning #2ecf <i>11/18/2009 14:41</i>
IML_UK:	RT @health20Paris: #2ecf accrediting e-cme is next talk <i>11/18/2009 14:41</i>
health20Paris:	#2ecf CPD incorporates CME. (CPD is about 2 b implemented in France) <i>11/18/2009 14:41</i>
health20Paris:	#2ecf accreditation elearning by UEMS written 2009 <i>11/18/2009 14:42</i>
health20Paris:	#2ecf UEMS wants to provide goldstandard for accreditation ecme. <i>11/18/2009 14:42</i>
andrewspong:	RT @health20Paris: #2ecf CPD incorporates CME. (CPD is about 2 b implemented in France) <i>11/18/2009 14:43</i>
meducate:	#2ecf Borman: we want to set the standard for the best e-learning <i>11/18/2009 14:43</i>
AnnaGuldenhaupt:	RT @andrewspong: RT @health20Paris: #2ecf CPD incorporates CME. (CPD is about 2 b implemented in France) <i>11/18/2009 14:43</i>

- andrewspong:** Accrediation of e-learning: as part of personal needs assessment, describe material, make sure material is high quality #2ecf
11/18/2009 14:44
-
- health20Paris:** #2ecf this is all about Evid Based (ebm) elearning. Raising in my mind question we're not discussing 2day. restriction of learning to EBM.
11/18/2009 14:45
-
- andrewspong:** Accountability required: names, qualifications, reg details, dec of conflict of interest, source of funding of content creators #2ecf
11/18/2009 14:45
-
- andrewspong:** Like: provider shd ensure content is independently assessed as a preliminary, with same accountability provisos. #2ecf
11/18/2009 14:46
-
- meducate:** Borman: very stringent criteria for accreditation of eCME activities. I say it's just what I'm used to in the US #2ecf
11/18/2009 14:47
-
- andrewspong:** EACCME will offer defined timescale, online application proforma, assessors, an appeal process #2ecf
11/18/2009 14:48
-
- andrewspong:** Outcome will be: gold standard approval referred to on EACCME website confirming your accreditation #2ecf
11/18/2009 14:48
-
- meducate:** RT @andrewspong: EACCME will offer defined timescale, online application proforma, assessors, an appeal process #2ecf
11/18/2009 14:49
-
- meducate:** RT @andrewspong: Outcome will be: gold standard approval referred to on EACCME website confirming your accreditation #2ecf
11/18/2009 14:49
-
- andrewspong:** Learner will have highest quality CPD confirmed; provider have excellence confirmed; patients (hopefully) enjoy improved QoC at PoC #2ecf
11/18/2009 14:49
-
- meducate:** Borman: EACCME will provide feedback to assist providers to amend applications to qualif for accreditation #2ecf
11/18/2009 14:50
-
- meducate:** The EACCME web site is crap according to Borman, but it will be improced #2ecf
11/18/2009 14:50
-
- health20Paris:** I concur RT @meducate: The EACCME web site is crap according to Borman, but it will be improved #2ecf
11/18/2009 14:51
-
- Clarejo:** Aim of CPD and EACCME- Drs learn better in order to treat patients much better #2ecf
11/18/2009 14:51
-
- andrewspong:** Went live on 6 Apr 09: Applications: 68; ongoing 58; accredited 6; rejected 4 #2ecf
11/18/2009 14:52
-
- meducate:** Accreditation can improve the quality of e-learning: Borman #2ecf
11/18/2009 14:52
-
- health20Paris:** #2ecf accreditation can improve the quality of elearning
11/18/2009 14:52
-
- mexiwi:** Inst design: u can have gr8 content, a gr8 speaker, but if ur assembly is lousy, a bad learning experience results #2ecf (via @andrewspong)

11/18/2009 14:53

andrewspong: Most apps in anaesthesiology. Slide disappeared b4 I caught the rest. This isn't a money-maker for the society; break-even design #2ecf
11/18/2009 14:54

meducate: EACCME applications for eCME accreditation RT @andrewspong: Went live on 6 Apr 09: Applications: 68; ongoing 58; accredited 6; rej 4 #2ecf
11/18/2009 14:54

andrewspong: Sitting with Robin Stevenson of EBAP during the coffe break and showing him Twitter #2ecf
11/18/2009 15:31

JohnReaves: RT @andrewspong Sitting with Robin Stevenson of EBAP during break and showing him Twitter #2ecf < welcome to Twitter, Robin!
11/18/2009 15:33

andrewspong: Interview with Robin Stevenson of EBAP during coffee at #2ecf <http://qik.ly/q15R>
11/18/2009 15:36

meducate: Tweeting from the stage! Unplugged panel #2ecf



11/18/2009 15:41

IML_UK: remember to text in your answers during the tea break! #2ecf
11/18/2009 15:41

health20Paris: #2ecf Sec Gen of the Rome Group Alfonso Neri federation of medical societies
11/18/2009 15:41

andrewspong: We're back with the next session: CME unplugged. First speaker: Alfonso Negri #2ecf
11/18/2009 15:41

@europeanme sitting up front #2ecf



11/18/2009 15:43

meducate: Edwin Borman also sitting up front #2ecf



11/18/2009 15:44

#2ecf You know it! RT @Jannessinho: @meducate multi-tasking guy! Here you are!



11/18/2009 15:51

-
- health20Paris:** #2ecf impact on practice will become intrinsic part of CPD in UK
11/18/2009 15:57
-
- health20Paris:** #2ecf CPD in UK, coming in Spain, coming in France.
11/18/2009 15:58
-
- andrewspong:** This session's panel in reflective mood; good listeners :) <http://twitgoo.com/564vk> #2ecf
11/18/2009 15:59
-
- andrewspong:** RT @health20Paris: #2ecf impact on practice will become intrinsic part of CPD in UK
11/18/2009 16:00
-
- meducate:** The panel hears you! RT @health20Paris: #2ecf CPD in UK, coming in Spain, coming in France.
11/18/2009 16:01
-
- meducate:** And I'm taking notes! RT @andrewspong: This session's panel in reflective mood; good listeners :) <http://twitgoo.com/564vk> #2ecf
11/18/2009 16:01
-
- andrewspong:** RT @health20Paris: #2ecf CPD in UK, coming in Spain, coming in France.
11/18/2009 16:02
-
- health20Paris:** #2ecf any major change in rules concerning CME, CPD or other must be done in a participatory way with the physicians
11/18/2009 16:03
-
- health20Paris:** #2ecf this has not been the case in France, where CPD was parachuted in a recent law
11/18/2009 16:03
-
- meducate:** RT @health20Paris: #2ecf any major change in rules concerning CME, CPD or other must be done in a participatory way with the physicians
11/18/2009 16:04
-
- andrewspong:** Q for the panel: what motivates doctors to participate in CEM in Europe? What drivers cd increase participation? #2ecf
11/18/2009 16:04
-
- andrewspong:** Doctors want credits (that's as in 'accreditation', not a unit of currency. I think ;)) #2ecf
11/18/2009 16:04
-

health20Paris:	RT @andrewspong: Doctors want credits (that's as in 'accreditation', not a unit of currency. think ;)) #2ecf 11/18/2009 16:05
IML_UK:	RT @andrewspong: Q for the panel: what motivates doctors to participate in CEM in Europe? What drivers cd increase participation? #2ecf 11/18/2009 16:05
andrewspong:	Outcomes are the drivers for physicans to participate; also to gain confidence that they're doing things right. QA. #2ecf 11/18/2009 16:07
andrewspong:	Personal value: a 'kite mark' or seal of approval showing their quality to peers, patient bodies, future employers #2ecf 11/18/2009 16:09
andrewspong:	Mandatory needs to reaccreditation, but having passed that point, make sure there is content HCPs want out of interest/development too #2ecf 11/18/2009 16:10
andrewspong:	Some therapy areas it works for (eg teamwork involved in oncology care), some it doesn't #2ecf 11/18/2009 16:15
health20Paris:	RT @andrewspong: Some therapy areas it works for (eg teamwork involved in oncology care), some it doesn't #2ecf 11/18/2009 16:16
meducate:	Re mulitdisciplinary ed RT @andrewspong: Some therapy areas it works for (eg teamwork involved in oncology care), some it doesn't #2ecf 11/18/2009 16:17
andrewspong:	Different levels of skills and experience between GPs, nurses and pharmacists can be hard to balance #2ecf 11/18/2009 16:19
psweetman:	@andrewspong Even within one profession the disciplines require v different CE and CPD #2ecf 11/18/2009 16:20
andrewspong:	Q: what is the future of pharma funded CME? Which dept shd be funding it, and why? #2ecf 11/18/2009 16:20
health20Paris:	RT @andrewspong: Q: what is the future of pharma funded CME? Which dept shd be funding it, and why? #2ecf 11/18/2009 16:21
health20Paris:	#2ecf without pharma, there wd be no CME 11/18/2009 16:21
andrewspong:	'There would be no CME in Europe without pharma' (and just about everywhere else) #2ecf 11/18/2009 16:21
andrewspong:	Current purge isn't so much a witch-hunt as it is cleaning CME's doorstep #2ecf 11/18/2009 16:22
odomlewis:	RT @health20Paris #2ecf without #pharma, there wd be no #CME 11/18/2009 16:22
CECSarahG:	RT @health20Paris #2ecf without #pharma, there wd be no #CME 11/18/2009 16:23
CECSarahG:	@health20Paris This is the Catch-22 in the USA, too. Where should the funding come from to run programs? #2ecf

11/18/2009 16:26

-
- health20Paris:** #2ecf Pooled funding by pharma industry under discussion in US at present.
11/18/2009 16:29
-
- health20Paris:** #2ecf I say : all of healthcare benefits from improved CPD, including pharma, because prescriptions will b hi-quality.
11/18/2009 16:30
-
- IML_UK:** RT @health20Paris: #2ecf Pooled funding by pharma industry under discussion in US at present.
11/18/2009 16:31
-
- health20Paris:** #2ecf Why wdn't the employer pay for cme, asks the audience? What if HCP not an employee!
11/18/2009 16:32
-
- Clarejo:** Discussion is now about how the Medical profession is very fortunate to have CPD CME funded by #pharma #2ecf
11/18/2009 16:33
-
- Clarejo:** 50:50 funding model (pharma:physician) has been rejected RCP ABPI discussions ongoing #2ecf
11/18/2009 16:37
-
- andrewspong:** The germane observation is made that those areas that have the strongest pipeline get the most CME #2ecf
11/18/2009 16:39
-
- health20Paris:** RT @andrewspong: germane observation is made: those areas that have strongest pipeline get most CME #2ecf
11/18/2009 16:40
-
- dean_jenkins:** Sara Schroter on the panel discussing DNAT (<http://bit.ly/2NYQu8>) at #2ecf.



11/18/2009 16:40

-
- andrewspong:** The CME industry is being cleaned up. Where is the content going to come from? Scholar publishers don't exactly have a gr8 rep now #2ecf
11/18/2009 16:40
-
- meducate:** RT @andrewspong: The germane observation is made that those areas that have the strongest pipeline get the most CME #2ecf
11/18/2009 16:40
-

- andrewspong:** I'd like to see the societies and accrediting bodies bring CME content authoring in-house. Their 'brand' is the guarantor of value #2ecf
11/18/2009 16:44
-
- health20Paris:** #2ecf how does this fit with r talk 2day? RT @healthythinker: Medtronic opened Diabetes Therapy & Mgt Educ Ctr - - <http://bit.ly/45gJ0j>
11/18/2009 16:47
-
- janicemccallum:** All too true RT @andrewspong: 'There would be no CME in Europe without pharma' (and just about everywhere else) #2ecf
11/18/2009 16:48
-
- andrewspong:** Q: can CME be truly Global? Do you have any examples? #2ecf
11/18/2009 16:54
-
- andrewspong:** MSD & J&J have had some success supporting global CME initiatives #2ecf
11/18/2009 16:54
-
- andrewspong:** A delegate from Medscape says they customarily pick up a 30% non-US participant constituency without promoting them #2ecf
11/18/2009 16:58
-
- health20Paris:** RT @andrewspong: MSD & J&J have had some success supporting global CME initiatives #2ecf
11/18/2009 16:59
-
- andrewspong:** Wrapping up here. Thanks for not unfollowing me :) #2ecf
11/18/2009 17:00
-
- health20Paris:** #2ecf More people use PubMed from outside US than in. Isn't Medline world's lgst global supplier of just in time education?
11/18/2009 17:00
-
- andrewspong:** Good content developers need to find those with common best practices in order to create global CME #2ecf
11/18/2009 17:01
-
- andrewspong:** I'll be at #2ecf tomorrow, too. Tweet volumes will be high from about 10.30-17.00 GMT, so you may wish to mute me (Muuter or Twalala)
11/18/2009 17:02
-
- andrewspong:** I can't stay for the reception and dinner, but am amenable to the idea of having a drink, right now. See you in the hotel bar. #2ecf
11/18/2009 17:03
-
- IML_UK:** just finished a very interactive day at #2ecf where the IML keypad microphones , voting and texting was used.
11/18/2009 17:16
-
- gmcdaniel:** RT @andrewspong: A delegate from Medscape says they customarily pick up a 30% non-US participant constituency without promoting them #2ecf
11/18/2009 17:39
-
- andrewspong:** Opportunity knocks... RT @docgurley Why aren't mini-rotations at teaching hosps available as CME? Cheap, effective & free labor #2ecf
11/18/2009 18:25
-
- odomlewis:** RT @AndrewSpong Good content developers need to find those with common best practices in order to create global CME #2ecf
11/18/2009 21:55
-
- networkpharma:** What happened to yesterday? Glad I survived. First day of 2nd European CME Forum even went really well. Great twitter stream #2ECF
11/19/2009 06:25
-

- networkpharma:** reminder for those following #2ECF - abstracts book and speaker bios etc available online at <http://tinyurl.com/yhps2fk>
11/19/2009 06:29
-
- networkpharma:** in answer to earlier question, yes presentations will be online after event subject to speaker approvals @andrewspong @amcunningham #2ecf
11/19/2009 06:38
-
- networkpharma:** watch out for interviews with session leads and speakers to be online soon after event thanks Broadcast Media and @health20Paris #2ECF
11/19/2009 06:44
-
- networkpharma:** @hervemaison great to have your support here at #2ECF, thanks
11/19/2009 07:06
-
- EuropeanCME:** Looking forward to Day 2 of #2ECF. TY 4 the stunning support from Twitterville; gr8 stream from Day 1.
11/19/2009 07:06
-
- meducate:** We're ready 2 tweet RT @EuropeanCME: Looking forward to Day 2 of #2ECF. TY 4 the stunning support from Twitterville; gr8 stream from Day 1.
11/19/2009 07:20
-
- meducate:** RT @networkpharma: watch 4 interviews w session leads & speakers 2 b online after event thanks Broadcast Media and @health20Paris #2ECF
11/19/2009 07:21
-
- meducate:** RT @networkpharma: yes presentations will be online after event subject to speaker approvals @andrewspong @amcunningham #2ecf
11/19/2009 07:22
-
- meducate:** RT @networkpharma: reminder for those following #2ECF - abstracts book and speaker bios etc available online at <http://tinyurl.com/yhps2fk>
11/19/2009 07:22
-
- networkpharma:** calling live tweeters at #2ECF - lots of folk in the room have no idea what's happening here Encourage them to watch on OnMedica display
11/19/2009 07:22
-
- networkpharma:** for info - #2ecf twitter stream will be captured and a pdf posted on Friday at <http://www.europecmeforum.eu>
11/19/2009 07:30
-
- meducate:** Now up Robin Stevensen and quality standards panel #2ecf
11/19/2009 08:38
-
- health20Paris:** RT @meducate: RT @networkpharma: watch 4 interviews w leads & speakers online after event thanks Broadcast Media & @health20Paris #2ECF
11/19/2009 08:42
-
- andrewspong:** Looking forward to day 2 of #2ecf. I will cover: measuring outcomes in CME; learner/industry relations; *CME unsession* cd be highlight...
11/19/2009 08:42
-
- meducate:** Debate of whether providers or events should be accredited #2ecf
11/19/2009 08:42
-
- PedroLuisGS:** RT @health20Paris: watch 4 interviews w leads & speakers online after event thx Broadcast Media (via @meducate @networkpharma) #2ECF
11/19/2009 08:43
-
- meducate:** Accrediting providers may be simpler and cheaper but is it better? #2ecf
11/19/2009 08:43
-

health20Paris:	@PedroLuisGS #2ECF thanks 4 the RT 11/19/2009 08:44
health20Paris:	RT @meducate: Accrediting providers may be simpler and cheaper but is it better? #2ecf 11/19/2009 08:44
health20Paris:	RT @meducate: Debate of whether providers or events should be accredited #2ecf 11/19/2009 08:44
meducate:	RT @andrewspong: Looking forward to day 2 of #2ecf. I will cover: outcomes in CME; learner/ind relations; *CME unsession* cd be highlight... 11/19/2009 08:44
meducate:	I neglected to say good morning before I started tweeting - TweetDeck was hinky so had to focus...so Good Morning from #2ecf 11/19/2009 08:45
meducate:	Bernard Maillet of UEMS/EACCME up now #2ecf 11/19/2009 08:45
Clarejo:	Provider vs event accreditation being discussed by Bernard Maillet #2ecf 11/19/2009 08:46
health20Paris:	#2ecf Event accreditation allows better consistency, "case law", but lot of work. 11/19/2009 08:47
health20Paris:	#2ecf "if u think education is expensive, think of ignorance" Socrates 11/19/2009 08:47
meducate:	Maillet talking the pros of event accreditation and the cons of provider accreditation #2ecf 11/19/2009 08:48
health20Paris:	RT @meducate: that was Maillet talking the pros of event accreditation and the cons of provider accreditation #2ecf 11/19/2009 08:48
aaanaaridtz:	RT @health20Paris: #2ecf "if u think education is expensive, think of ignorance" Socrates 11/19/2009 08:48
meducate:	Kleinoeder from KWHC Germany now up - #2ecf 11/19/2009 08:48
health20Paris:	#2ecf quality standards & control in germany: CME mandatory: 250 credits/5yrs. 17 medic chambers responsible CME certification 11/19/2009 08:49
health20Paris:	RT @meducate: Kleinoeder from KWHC Germany now up - #2ecf 11/19/2009 08:49
meducate:	RT @health20Paris: #2ecf "if u think education is expensive, think of ignorance" Socrates 11/19/2009 08:49
meducate:	Kleinoeder - talking "the German way" #2ecf 11/19/2009 08:49
health20Paris:	#2ecf 17 different interpretations of CME events, because 17 regional chambers in Germany. Event-based certification. 11/19/2009 08:50
meducate:	RT @health20Paris: #2ecf 17 different interpretations of CME events, because 17 regional chambers in Germany. Event-based certification. 11/19/2009 08:50

andrewspong:	Good morning, @health20paris @clarejo @europeanme @networkpharma & RT @meducate Good Morning from #2ecf 11/19/2009 08:51
health20Paris:	#2ecf in Germany, same event may not have same points 11/19/2009 08:51
health20Paris:	@andrewspong #2ecf Guten morgen. I didn't c u yet 11/19/2009 08:51
meducate:	Kleinoeder SAme conf moving from city to city can have different credit values within Germany due to 17 accreditation bodies #2ecf 11/19/2009 08:51
health20Paris:	#2ecf 300k md's need 70 million CME points. Quantitative challenge. Also different COI procedures per chamber (bavaria, saxony, etc) 11/19/2009 08:52
health20Paris:	#2ecf Is there difference betw scientific peer review and CME event review? 11/19/2009 08:53
health20Paris:	#2ecf Germany has 2 reviewers: the expert AND the potential participant 11/19/2009 08:53
health20Paris:	#2ecf I say Germany is doing "participatory" or 2.0 CME review w/o knowing it 11/19/2009 08:54
health20Paris:	#2ecf skepticism in Germany reprovider accreditation. More transparency needed. #NEJM published that 70% COI forms signed 11/19/2009 08:55
health20Paris:	#2ecf COI=conflict of interest 11/19/2009 08:55
meducate:	Not as relates to content IMHO RT @health20Paris: #2ecf Is there difference betw scientific peer review and CME event review? 11/19/2009 08:55
meducate:	A smart strategy! RT @health20Paris: #2ecf Germany has 2 reviewers: the expert AND the potential participant 11/19/2009 08:55
meducate:	RT @health20Paris: #2ecf I say Germany is doing "participatory" or 2.0 CME review w/o knowing it 11/19/2009 08:55
health20Paris:	#2ecf 300k médecins allemands = 75 millions credits à vérifier (FMC) 11/19/2009 08:57
health20Paris:	#2ecf Maureen Doyle-Scharff Pfizer Med Ed about to speak 11/19/2009 08:57
meducate:	Maureen Doyle-Scharff from Pfizer US CME (Team Lead) now up #2ecf 11/19/2009 08:57
meducate:	Scharff talking about the US Accreditation system #2ecf 11/19/2009 08:58
meducate:	725 National and 1800 intra-state accredited providers in the US #2ecf 11/19/2009 09:00
health20Paris:	RT @meducate: 725 National and 1800 intra-state accredited providers in the US #2ecf 11/19/2009 09:00

health20Paris:	RT @health20Paris: RT @meducate: 725 National and 1400 intra-state accredited providers in the US #2ecf 11/19/2009 09:00
meducate:	Make that 1400 intra-state providers per Scharff #2ecf 11/19/2009 09:00
meducate:	Standards for Commercial Support, Essential Areas and Elements and Criteria for Compliance set framework for accred of providers in US #2ecf 11/19/2009 09:02
meducate:	Providers measuring effectiveness at a minimum level of knowledge in US #2ecf 11/19/2009 09:03
health20Paris:	RT @meducate: Providers measuring effectiveness at a minimum level of knowledge in US #2ecf 11/19/2009 09:04
meducate:	Scharff discussing focus on criteria 16-22 that focus on quality #2ecf 11/19/2009 09:05
health20Paris:	#2ecf Conflicting debate: CME makes no impact / CME makes impact & WHO is going to control it? 11/19/2009 09:05
health20Paris:	RT @meducate: Scharff discussing focus on criteria 16-22 that focus on quality #2ecf 11/19/2009 09:05
meducate:	RT @health20Paris: #2ecf Conflicting debate: CME makes no impact / CME makes impac & WHO is going to control it? 11/19/2009 09:05
health20Paris:	#2ecf behavior change, practice outcome part of ACCME criteria 16-22 11/19/2009 09:06
health20Paris:	#2ecf "no longer can a provider provide education for education sake" 11/19/2009 09:06
health20Paris:	#2ecf "education must b prepared based on a documented need" 11/19/2009 09:06
health20Paris:	#2ecf providers r not just educators. Need 2 look at the hc system in which doctor practice: C what will impede putting into practice 11/19/2009 09:07
meducate:	Reality - ACCME criteria 16-22 are not mandatory; providers can choose not to meet this level (commendation) - #2ecf 11/19/2009 09:07
health20Paris:	#2ecf to summarizeScharff: CME producers need to understand whole of hc: organization, quality, patient outcome etc 11/19/2009 09:08
meducate:	Accrediting provider holds the provider responsible for resolving COI and managing commercial support relationship #2ecf 11/19/2009 09:08
health20Paris:	RT @meducate: Accrediting provider holds the provider responsible for resolving COI and managing commercial support relationship #2ecf 11/19/2009 09:09
meducate:	Not all accredited providers produce quality education in the US #2ecf 11/19/2009 09:09

meducate:	Providers have enormous responsibility in CME when accredited - Scharff #2ecf 11/19/2009 09:10
health20Paris:	#2ecf We can c from Scharff, that good CME can't necessarily be transposed from 1 system 2 other, ie private 2 public where orgztn not same 11/19/2009 09:10
health20Paris:	RT @meducate: Not all accredited providers produce quality education in the US #2ecf 11/19/2009 09:10
meducate:	Dr Archie Prentice from European Haematology Assoc now up #2ecf 11/19/2009 09:11
health20Paris:	#2ecf CME is about determining whether doctor fit for a purpose 11/19/2009 09:11
health20Paris:	#2ecf CME to reassure patient that doctor is apt 11/19/2009 09:11
health20Paris:	#2ecf but CME doesn't come near satisfying that 11/19/2009 09:11
meducate:	CME is about ensuring to patients that MDs are fit for practice - Prentice #2ecf 11/19/2009 09:11
meducate:	Who is fit to determine that MDs are fit for purpose ? #2ecf 11/19/2009 09:12
health20Paris:	#2ecf Prentice: Dr should have "contract" with patient. "I know what I'm doing". 11/19/2009 09:13
meducate:	Current CME systems don't reassure that MDs are fit for purpose. - Prentice #2ecf 11/19/2009 09:13
meducate:	Who is independent enough to measure the fitness of MDs to practice? Prentice - #2ecf 11/19/2009 09:14
health20Paris:	#2ecf Prentice: who is independent? not academia, not prof organizations, not pharma, not specialty societies 11/19/2009 09:14
meducate:	Pharma, Academia and Speciality societies not independent enough to measure fitness of MDs - Prentice #2ecf 11/19/2009 09:15
health20Paris:	#2ecf Prentice: we need a totally independent CME licensing body in the EU. Wouldn't the patient body be the major representative? 11/19/2009 09:17
health20Paris:	#2ecf Why do we need European accreditation? Why not national? 11/19/2009 09:17
meducate:	Q - do we need European accreditation if we can just go for national accreditation? #2ecf 11/19/2009 09:17
Clarejo:	Independent CME body required with clear rules of engagement - Prentice #2ecf 11/19/2009 09:18
health20Paris:	#2ecf: I say yes European accreditation, because patients cross borders 11/19/2009 09:18
health20Paris:	#2ecf question for md "do u know how to handle this case" 11/19/2009 09:23

meducate:	Just FYI, a lot of panel discussion about provider vs event accreditation with a focus on quality - #2ecf 11/19/2009 09:37
meducate:	AMA is an accredited provider #2ecf 11/19/2009 09:41
health20Paris:	RT @meducate: AMA is an accredited provider #2ecf 11/19/2009 09:48
health20Paris:	#2ecf European Association Urology says only participants can say whether a session was useful 11/19/2009 10:01
health20Paris:	#2ecf How do u find an educational gap? 11/19/2009 10:01
meducate:	There are various methods ... RT @health20Paris: #2ecf How do u find an educational gap? 11/19/2009 10:02
health20Paris:	Yes but it's rare to get good teachable one RT @meducate: There are methods ... RT @health20Paris: #2ecf How do u find education gap? 11/19/2009 10:04
andrewspong:	Session 5 about to begin at #2ecf: Measuring outcomes in CME 11/19/2009 10:33
meducate:	Now up Professor Wolfgang Grisold - chairing outcomes session #2ecf 11/19/2009 10:34
IML_UK:	RT @andrewspong: Session 5 about to begin at #2ecf: Measuring outcomes in CME 11/19/2009 10:34
andrewspong:	Chair: Wolfgang Grisold; Speakers: Abi Sriharan; Alexandre Bisdorff #2ecf 11/19/2009 10:34
andrewspong:	CME/CPD should be: voluntary 15%; compulsory 30%; voluntary 50% #2ecf 11/19/2009 10:35
health20Paris:	RT @andrewspong: Chair: Wolfgang Grisold; Speakers: Abi Sriharan; Alexandre Bisdorff #2ecf 11/19/2009 10:36
health20Paris:	#2ecf 80% participants say patient organizations should influence med ed. (but they're not on program) 11/19/2009 10:36
meducate:	RT @andrewspong: Chair: Wolfgang Grisold; Speakers: Abi Sriharan; Alexandre Bisdorff #2ecf 11/19/2009 10:36
health20Paris:	RT @andrewspong: CME/CPD should be: voluntary 15%; compulsory 30%; voluntary 50% #2ecf 11/19/2009 10:36
andrewspong:	Is there a place for patient orgs to influence doctors education? Y 80%, N 14%, Don't know 6% #2ecf 11/19/2009 10:36
IML_UK:	RT @andrewspong: CME/CPD should be: voluntary 15%; compulsory 30%; voluntary 50% #2ecf 11/19/2009 10:37

meducate:	Consistent with ans to my ARS ? yesterday RT @health20Paris: #2ecf 80% participants s& patient organizations should influence med ed 11/19/2009 10:37
meducate:	Grisold comparing CME to theatre - cabaret, classic theatre, or historical #2ecf 11/19/2009 10:40
andrewspong:	Which types of CME are attractive for whom?#2ecf Theatre metaphor: industry sponsor 'cabaret', govt 'classics', academic 'historical study' 11/19/2009 10:40
andrewspong:	How can you evaluate? Lumping vs splitting #2ecf 11/19/2009 10:42
health20Paris:	RT @andrewspong: Which types CME attractive for whom?#2ecf industry sponsor 'cabare govt 'classics', academic 'historical study' 11/19/2009 10:42
andrewspong:	What drives evaluation in your organization? Improve programme: 48% accreditation 19% came out on top (9 options) #2ecf 11/19/2009 10:46
IML_UK:	RT @andrewspong: What drives evaluation in your organization? Improve programme: 48% accreditation 19% came out on top (9 options) #2ecf 11/19/2009 10:46
health20Paris:	RT @andrewspong: What drives evaluation in your organization? Improve programme: 48% accreditation 19% came out on top (9 options) #2ecf 11/19/2009 10:46
health20Paris:	#2ecf quality of cme outcomes evaluation studies. Systematic reviews on Medline show problem of absence evaluation 11/19/2009 10:47
meducate:	There is a paucity of literature about evaluation in CME - Sriharan #2ecf 11/19/2009 10:47
health20Paris:	#2ecf 30 yrs ago Medline publication "CME evaluation studies are of poor quality" 11/19/2009 10:47
andrewspong:	Anyone else trap the %ages? RT @EvidenceMatters: @andrewspong You listed voluntary x2? (CME) #2ecf 11/19/2009 10:48
health20Paris:	#2ecf this is reminding me of e-health: 30+ years of saying informatics will improve hc quality (EMR, Info Syst) etc 11/19/2009 10:48
health20Paris:	#2ecf so, evaluation and IT r both insufficiently present, because our HC systems r not rewarded for having them 11/19/2009 10:48
andrewspong:	Evaluation types: process/programme; outcome/behaviour; impact/health #2ecf 11/19/2009 10:49
health20Paris:	#2ecf I say: because basic stakeholder: the patient not aware absence evaluation and IT 11/19/2009 10:49
health20Paris:	Accreditation, needs assessment, performance measurement: the 3 levels of evaluation in CME #2ecf 11/19/2009 10:50
health20Paris:	CME is a complex healthcare intervention #2ecf It cannot stand alone 11/19/2009 10:50

- cindythroop:** RT @andrewspong: Evaluation types: process/programme; outcome/behaviour; impact/health #2ecf
11/19/2009 10:50
-
- andrewspong:** Evaluation in CME: accreditation (process evaluation); before (NA formative evaluation); after (performance mesurs,outcome evaluation) #2ecf
11/19/2009 10:51
-
- andrewspong:** Factors influencing CME results: content; learner; faculty; resources; measures; internal/external contacts; procedures #2ecf
11/19/2009 10:52
-
- meducate:** RT @health20Paris: CME is a complex healthcare intervention #2ecf It cannot stand alone
11/19/2009 10:52
-
- andrewspong:** What is a result? Describable/measurable change derived from a cause and effect relationship #2ecf
11/19/2009 10:52
-
- meducate:** RT @cmeadvocate: Maybe, maybe not - but few understand it, fewer yet use it. There is a paucity of literature about evaluation in CME #2ecf
11/19/2009 10:53
-
- andrewspong:** Challenges: lack of funds, time, resources; lack of tools, complexity of programmes; privac policies, ethical issues (cont) #2ecf
11/19/2009 10:53
-
- andrewspong:** ...factors limiting access to follow up data; Hawthorne effect; lack of organizational support for evaluation #2ecf
11/19/2009 10:54
-
- health20Paris:** #2ecf issues explaining lack of evaluation, lack of resources, privacy policies,
11/19/2009 10:54
-
- andrewspong:** Public service announcement: dodge the firehose from #2ecf by muting me for the day. Se earlier tweets for suggestions.
11/19/2009 10:55
-
- eyeforpharma:** RT @andrewspong: Is there a place for patient orgs to influence doctors education? Y 80% N 14%, Don't know 6% #2ecf
11/19/2009 10:55
-
- meducate:** Sriharan showing CME Logic Framework and where outcomes fit and why #2ecf
11/19/2009 10:56
-
- andrewspong:** Dipping out of amanuensis mode to agree RT @meducate: @amcunningham Narrow defn fits use in the preso but not in the bigger picture #2ecf
11/19/2009 10:59
-
- andrewspong:** CME panel to develop CME program formed to address issue. What would you do next? #2ecf
11/19/2009 11:05
-
- andrewspong:** Begin by assessing needs: who is the target audience? what do members of target audeince do in current role as HCP? #2ecf
11/19/2009 11:06
-
- andrewspong:** What gaps exist in need assessment? Will CME help? #2ecf
11/19/2009 11:07
-
- health20Paris:** RT @andrewspong: Begin by assessing needs: who is the target audience? what do members target do in current role as HCP? #2ecf
11/19/2009 11:07
-

andrewspong:	How to develop your program framework? #2ecf <i>11/19/2009 11:09</i>
andrewspong:	What will participants be able to do as a result of completing the CME? #2ecf <i>11/19/2009 11:11</i>
andrewspong:	What materials need to be developed, and what will be included? #2ecf <i>11/19/2009 11:12</i>
andrewspong:	Who will facilitate? What methods will be used? Where and when will CME take place? Who will be invited? #2ecf <i>11/19/2009 11:12</i>
andrewspong:	What tools do we need to give to HCPs in order that they can better self-assess their need to learn, and apply outcomes? #2ecf <i>11/19/2009 11:16</i>
andrewspong:	'Plan your evaluation matrix': cue scary 24 cell empty template to map out. #2ecf <i>11/19/2009 11:18</i>
andrewspong:	Who will use the evaluation? You (staff), accreditation body, participants, funder? What do they want to know? How to be informed #2ecf <i>11/19/2009 11:19</i>
health20Paris:	#2ecf Key questions evaluation CME: why, what am I evaluating? For whom? How will I distribute findings? <i>11/19/2009 11:28</i>
meducate:	RT @health20Paris: #2ecf Key questions evaluation CME: why, what am I evaluating? For whom? How will I distribute findings? <i>11/19/2009 11:29</i>
meducate:	Alexandre Bisdorff UEMS Board of Neurology up to talk about patient organizations in CMI #2ecf <i>11/19/2009 11:32</i>
andrewspong:	Now: Alexandre Bisdorff- Is there a place for patient education to influence doctors' education? #2ecf <i>11/19/2009 11:32</i>
health20Paris:	RT @meducate: Alexandre Bisdorff UEMS Board of Neurology up to talk about patient organizations in CME #2ecf <i>11/19/2009 11:33</i>
IML_UK:	RT @andrewspong: Now: Alexandre Bisdorff- Is there a place for patient education to influence doctors' education? #2ecf <i>11/19/2009 11:33</i>
andrewspong:	2005 survey re Parkinsons: info given at the moment of diagnosis: 47% satisfactory; 19% difficult to understand etc #2ecf <i>11/19/2009 11:33</i>
meducate:	Is influence the right word? RT @andrewspong: Now: Bisdorff- Is there a place for patient education to influence doctors' education? #2ecf <i>11/19/2009 11:34</i>
health20Paris:	#2ecf patient asso says re parkinsons' md's give unclear info upon diagnosis, don't tell them where else to go, poor in psychology <i>11/19/2009 11:35</i>
health20Paris:	#2ecf QOL in Parkinson only 17% explained by disease. depression and dr's way of announcing is 59% factor. <i>11/19/2009 11:36</i>
andrewspong:	Discussing survey carried out by European #Parkinsons disease association #2ecf

11/19/2009 11:37

meducate:	RT @health20Paris: #2ecf QOL in Parkinson only 17% explained by disease. depression and dr's way of announcing is 59% factor. <i>11/19/2009 11:38</i>
andrewspong:	CORRECTION: Now: Bisdorff- Is there a place for patient *associations* to influence doctors' education? #2ecf <i>11/19/2009 11:40</i>
andrewspong:	Network outage. Irritating, as this is a great session. Getting back on track. #2ecf <i>11/19/2009 11:41</i>
health20Paris:	#2ecf aaaah at last, we talk about "the expert patient" <i>11/19/2009 11:41</i>
andrewspong:	Patients are experts in *living* with their disease every day, while medical profs are experts in the disease #2ecf <i>11/19/2009 11:42</i>
health20Paris:	#2ecf Wilhelm von Humboldt , Alexander brother, "patients r experts in living w/ their disease; md's r experts in the disease" <i>11/19/2009 11:43</i>
andrewspong:	Expert patient does not automatically make an expert in study design or doctors' education #2ecf <i>11/19/2009 11:43</i>
health20Paris:	#2ecf Some patients associations r anti-doctor associations <i>11/19/2009 11:44</i>
meducate:	RT @andrewspong: Expert patient does not automatically make an expert in study design or doctors' education #2ecf <i>11/19/2009 11:44</i>
Clarejo:	Alexandre bisdorff now talking about #doctors being experts of disease #patients being experts at living with their disease #2ecf <i>11/19/2009 11:44</i>
health20Paris:	#2ecf Some patient associations r trying to improve things by taking md's as partners <i>11/19/2009 11:44</i>
meducate:	RT @health20Paris: #2ecf Some patients associations r anti-doctor associations <i>11/19/2009 11:45</i>
meducate:	RT @health20Paris: #2ecf Some patient associations r trying to improve things by taking md's as partners <i>11/19/2009 11:45</i>
meducate:	RT @andrewspong: Aims: improving communication between patient and doctor #2ecf <i>11/19/2009 11:46</i>
health20Paris:	#2ecf EFNA cooperation w/ patient assos based on respect, mgmt of COI; improving communication, develop resources <i>11/19/2009 11:46</i>
health20Paris:	#2ecf example of patient/professional cooperation: defining headaches as a priority <i>11/19/2009 11:47</i>
andrewspong:	Patient associations can contribute: communicate, info, identification the important aspects to focus on #2ecf <i>11/19/2009 11:47</i>

- EvidenceMatters:** .@andrewspong Possibly also true that Expert doctor does not automatically make an expert in study design or patient communication? :D #2ecf
11/19/2009 11:50
-
- andrewspong:** It's good to hear a call to arms to open clear channels of communication between patients and HCPs open, but: how? #2ecf
11/19/2009 11:51
-
- meducate:** RT @EvidenceMatters: Possibly also true that Expert doctor does not automatically make an expert in study design or patient comm? #2ecf
11/19/2009 11:51
-
- andrewspong:** epatient communities are maturing quickly. Aren't we already at a stage where bodies should reach out to @patientslikeme @jopm etc? #2ecf
11/19/2009 11:52
-
- mrhyde:** Patients are experts in *living* with their disease every day, while medical profs are experts in the disease #2ecf (via @andrewspong)
11/19/2009 11:53
-
- andrewspong:** @EvidenceMatters They'll be great at telling you what they (and maybe the patient shd) think, tho :) Eminence vs evidence based med #2ecf
11/19/2009 11:54
-
- andrewspong:** We're feeling around the edges of factoring the patient revolution and participatory medicine into CME design. #2ecf
11/19/2009 11:56
-
- EvidenceMatters:** @andrewspong This is truly fascinating. Look forward to any write-ups or a summary should you decide to do a Skype cast or similar. #2ecf
11/19/2009 11:56
-
- andrewspong:** I'm not entirely convinced that existing frameworks are fit for purpose. Reorientation of CME design to incorporate patient outcomes? #2ecf
11/19/2009 11:57
-
- meducate:** Yep! RT @andrewspong: We're feeling around the edges of factoring the patient revolution and participatory medicine into CME design. #2ecf
11/19/2009 11:57
-
- meducate:** @andrewspong The availability and access to the patient data is the limiting factor #2ecf
11/19/2009 11:58
-
- Clarejo:** RT@meducate @EvidenceMatters Expert doctors are not always experts in #clinicaltrial design or patient communication #2ecf
11/19/2009 12:01
-
- Clarejo:** RT@meducate @EvidenceMatters Expert doctors are not always experts in #study design or patient communication #2ecf (via @Clarejo)
11/19/2009 12:02
-
- andrewspong:** Q raised: 'the expert patient might inhibit the professionalism of the doctor'. The work 'facile' used in a somewhat pejorative sense. #2ecf
11/19/2009 12:03
-
- Clarejo:** RT@meducate @EvidenceMatters Expert doctors are not always experts in #study design or patient communication #2ecf
11/19/2009 12:03
-
- health20Paris:** #2ecf difference in knowledge of patient's outcome based on age md. Younger md', using modern communication much better knowledge.
11/19/2009 12:04
-
- andrewspong:** Me: doesn't matter if HCPs don't like it, epatients r here & more are arriving. Reorient your perspective: how can you help them? #2ecf

11/19/2009 12:04

Clarejo:	Discussing differences in communication skills and impact on patient outcomes #2ecf <i>11/19/2009 12:05</i>
<hr/>	
fverter:	RT @health20Paris: #2ecf QOL in Parkinson only 17% explained by disease. depression and dr's way of announcing is 59% factor. <i>11/19/2009 13:17</i>
<hr/>	
andrewspong:	Gearing up for session 6 at #2ecf: Learner and industry relationships with UK and Europea CME/CPD <i>11/19/2009 13:32</i>
<hr/>	
IML_UK:	RT @andrewspong: Gearing up for session 6 at #2ecf: Learner and industry relationships with UK and European CME/CPD <i>11/19/2009 13:33</i>
<hr/>	
meducate:	Learner industry relationships panel led by Ian Starke up now following lunch #2ecf <i>11/19/2009 13:35</i>
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andrewspong:	Chaired by Ian Starke (Director of CPD, Royal College of Physicians) #2ecf <i>11/19/2009 13:35</i>
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andrewspong:	What is revalidation? a set of procedures operated by GMC (in the UK) to secure evaluatio of a HCP's fitness to practice #2ecf <i>11/19/2009 13:38</i>
<hr/>	
meducate:	RT @andrewspong: What is revalidation? a set of procedures operated by GMC (in UK) to secure evaluation of a HCP's fitness to practice #2ecf <i>11/19/2009 13:39</i>
<hr/>	
Clarejo:	Talking about physician revalidation RT@andrewspong - Chaired by Ian Starke (Director o CPD, Royal College of Physicians) #2ecf <i>11/19/2009 13:39</i>
<hr/>	
andrewspong:	Aims of revalidation: confirm GPs practicing in accordance with GMC standards; mtg specialist standards; IDing failures/remediating #2ecf <i>11/19/2009 13:42</i>
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andrewspong:	Responsibility for fulfilling CPD requirements rests with the individual doctor; employer & bodies shd provide support #2ecf <i>11/19/2009 13:43</i>
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andrewspong:	A CPD strategy applied by the board must be in place #2ecf <i>11/19/2009 13:43</i>
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andrewspong:	63% of delegates think this is positive #2ecf <i>11/19/2009 13:44</i>
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andrewspong:	Written description of the relationship between the CPD and the pharma industry; monitoring processes assuring effectiveness of CPD #2ecf <i>11/19/2009 13:45</i>
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andrewspong:	Processes in place to ensure areas requiring development are assessed #2ecf <i>11/19/2009 13:45</i>
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andrewspong:	58% of delegates think this is helpful, 5% unhelpful, 36% don't know #2ecf <i>11/19/2009 13:46</i>
<hr/>	
IML_UK:	RT @andrewspong: 58% of delegates think this is helpful, 5% unhelpful, 36% don't know #2ecf <i>11/19/2009 13:47</i>

- SusannahFox:** Wow: follow @andrewspong and #2ecf :: Q raised: 'the expert patient might inhibit the professionalism of the doctor' #WhyPM
11/19/2009 13:48
-
- andrewspong:** GMC: 'you must not ask for or accept any inducement or gift' #2ecf
11/19/2009 13:49
-
- odomlewis:** RT @SusannahFox Wow: follow @andrewspong and #2ecf :: Q raised: 'the expert patient might inhibit the professionalism of the doctor' #WhyPM
11/19/2009 13:49
-
- andrewspong:** @SusannahFox I won't say a 'shudder ran around the room', but NB this was not majority view IMO #2ecf #WhyPM
11/19/2009 13:50
-
- meducate:** The room disagreed! RT @SusannahFox: Wow! #2ecf :: Q raised: 'the expert patient might inhibit the professionalism of the doctor'
11/19/2009 13:51
-
- andrewspong:** Unacceptable: commercial logos on PPT, single commercial sponsors of a mtg, presos by commercial company employees, CPD as inducement #2ecf
11/19/2009 13:51
-
- andrewspong:** Next: Andrew Powrie-Smith, Director of Trust ABPI Scotland #2ecf Previously Dir of Lung Foundation, Red Cross #2ecf
11/19/2009 13:54
-
- andrewspong:** ABPI focusing on four key imperatives: value, innovation, trust, access (SM? So yes, I'll be talking to Andy at the break :)) #2ecf
11/19/2009 13:55
-
- meducate:** RT @andrewspong: Unacceptable: commercial logos on PPT, single comm sponsors of a mtg, presos by comm co employees, CPD as inducement #2ecf
11/19/2009 13:55
-
- meducate:** RT @andrewspong: Next: Andrew Powrie-Smith, Director of Trust ABPI Scotland #2ecf Previously Dir of Lung Foundation, Red Cross #2ecf
11/19/2009 13:55
-
- andrewspong:** Issues: behaviour; openness and transparency; communication; narrow model of engagement #2ecf
11/19/2009 13:57
-
- Clarejo:** Andrew Powrie Smith ABPI describing how #pharma aims to become a partner in the healthcare system #2ecf
11/19/2009 13:57
-
- andrewspong:** Response: promotional aids; education, training and meetings; transparency in external relationships; building a new understanding #2ecf
11/19/2009 13:58
-
- andrewspong:** Consultation results: adopting a co-funding model of support for education, training and meetings #2ecf
11/19/2009 14:01
-
- andrewspong:** Ceasing the provision of promotional aids #2ecf
11/19/2009 14:01
-
- andrewspong:** Separating the provision oof promotional aids form the role of the representation #2ecf
11/19/2009 14:01
-
- andrewspong:** Transparency on payments made to healthcare professionals and healthcare orgs #2ecf
11/19/2009 14:02
-
-
Transparency in research (metanalysis mentioned) #EBM #2ecf

11/19/2009 14:02

andrewspong:	Increased transparency in payments made to patient orgs; transparency in payments made on public affairs #2ecf 11/19/2009 14:03
PedroLuisGS:	RT @andrewspong: Increased transparency in payments made to patient orgs; transparency in payments made on public affairs #2ecf 11/19/2009 14:05
andrewspong:	Great preso, but teeny tiny sized fonts on slides. Lucky for you I'm a good listener, dear reader #2ecf 11/19/2009 14:05
Clarejo:	ABPI working out what would be the best External engagement program for #pharma. #2e 11/19/2009 14:05
andrewspong:	Question time! #2ecf 11/19/2009 14:05
andrewspong:	Do you believe pharma has a role to play in CME? Y 92%; N 8% #2ecf 11/19/2009 14:07
andrewspong:	The yes vote: 36% wd like another response, 25% fixed bursary, 25% 505/50 split #2ecf 11/19/2009 14:08
andrewspong:	65% think pharma should change the way it supports international congresses #2ecf 11/19/2009 14:08
IML_UK:	RT @andrewspong: The yes vote: 36% wd like another response, 25% fixed bursary, 25% 505/50 split #2ecf 11/19/2009 14:09
amcunningham:	@meducate Too many people seem to think medical professionalism is about style rather than substance. #2ecf 11/19/2009 14:09
Clarejo:	65% delegates think #pharma industry should change the way international meetings are funded #2ecf 11/19/2009 14:10
andrewspong:	Should industry embrace complete transparency in its relationship with HCPs? Y 71%; N 29% #2ecf 11/19/2009 14:10
healthythinker:	RT @mrhyde: Patients R experts in *living* with their disease daily, while medical profs are experts in the disease #2ecf (via @andrewspong) 11/19/2009 14:11
IML_UK:	RT @Clarejo: 65% delegates think #pharma industry should change the way international meetings are funded #2ecf 11/19/2009 14:12
meducate:	RT @andrewspong: Should industry embrace complete transparency in its relationship with HCPs? Y 71%; N 29% #2ecf 11/19/2009 14:12
meducate:	RT @Clarejo: 65% delegates think #pharma industry should change the way international meetings are funded #2ecf 11/19/2009 14:12
meducate:	GREAT presentation by ABPI #2ecf 11/19/2009 14:13

- andrewspong:** It's not about swapping branded notepads for branded stethoscopes: BUT items used in delivery of a specific med *wd be OK* #2ecf
11/19/2009 14:13
-
- andrewspong:** Dosing guides on a mousemat: this will not be acceptable under the new code #2ecf
11/19/2009 14:14
-
- pjmachado:** We need to ensure patient info/experience is used by HCPs to adjust treatment plan. RT @andrewspong: Expert patient... #2ecf
11/19/2009 14:15
-
- andrewspong:** Next: Bernard Maillet, Accrediation developments in Europe #2ecf
11/19/2009 14:17
-
- meducate:** RT @andrewspong: Next: Bernard Maillet, Accrediation developments in Europe #2ecf
11/19/2009 14:17
-
- andrewspong:** National: ABPI, FRCP, Mdeon, SACME, ACCME, CMA; Global: CPEM-EFPIA, UEMS-EACCME, Rome Group Guidelines on Commercial Support #2ecf #hcsmeu
11/19/2009 14:18
-
- pjmachado:** RT @andrewspong: I'm not entirely convinced that existing frameworks are fit for purpose. CME design to incorporate patient outcomes? #2ecf
11/19/2009 14:19
-
- pjmachado:** Aligned Incentives & HIT is critical RT @meducate: @andrewspong The availability and access to the patient data is the limiting factor #2ecf
11/19/2009 14:20
-
- meducate:** Thomas Kellner MSD Global Medical Education now speaking #2ecf
11/19/2009 14:21
-
- andrewspong:** Err.. what happened there exactly? Anyway... #2ecf
11/19/2009 14:21
-
- andrewspong:** Next: Thomas Kellner, MSD #2ecf
11/19/2009 14:22
-
- andrewspong:** Yesterday, whizz, today cake. This is like an episode of Brass Eye. #2ecf
11/19/2009 14:25
-
- andrewspong:** OK, so: do you want your cake taken away, or a reduced sugar cake? You with me? ;) #2ecf
11/19/2009 14:25
-
- andrewspong:** 'We are an evidence-based industry' #2ecf
11/19/2009 14:26
-
- andrewspong:** 'We've started realizing that we have customers, and they make their own decisions' #2ecf
11/19/2009 14:27
-
- andrewspong:** A call to redefine the role of the pharma industry: data from the 90s: 'what is the future of pharma' #2ecf
11/19/2009 14:27
-
- TRIDUCIVE:** RT @Clarejo: RT@meducate @EvidenceMatters Expert doctors are not always experts in #study design or patient communication #2ecf
11/19/2009 14:27
-
- andrewspong:** 'A product-driven industry, or a customer-focused industry'. Push product harder, or change our business model' #2ecf
11/19/2009 14:28
-
- This is big thinking delivered in a soft voice. #2ecf

11/19/2009 14:28

andrewspong:	Who are the customers? physicians, payers, medical societies, patient associations, patients #2ecf 11/19/2009 14:29
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meducate:	RT @andrewspong: This is big thinking delivered in a soft voice. #2ecf 11/19/2009 14:30
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andrewspong:	Old blockbuster model is disappearing. Hard sell promotion to a few stakeholders will die #2ecf 11/19/2009 14:30
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andrewspong:	Yes! Create value for our customers in order to (hope) that value is delivered back to us #2ecf 11/19/2009 14:31
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SusannahFox:	RT @meducate The room disagreed! RT @SusannahFox: Wow! #2ecf :: Q raised: the expert patient might inhibit the professionalism of the doctor 11/19/2009 14:32
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andrewspong:	Hospitality was excessively overdriven by surrounding activities; MSD happy that excessive demands of honoraria are now regulated #2ecf 11/19/2009 14:34
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andrewspong:	Helping educational support to become more balanced: offer a more professional educational environment #2ecf 11/19/2009 14:35
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andrewspong:	The best possible academic setting with a pragmatic design: something that can be delivered. Always a gap between the ideal & real #2ecf 11/19/2009 14:39
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EndoGoddess:	So true. RT @amcunningham @meducate Too many people seem to think medical professionalism is about style rather than substance. #2ecf 11/19/2009 14:40
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Clarejo:	Keller MSD - Public scrutiny is in itself self regulating #pharma #medical education #2ecf 11/19/2009 14:46
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pjmachado:	Same as any industry, customer-centered value. RT @andrewspong: A call to redefine the role of the pharma industry: future of pharma #2ecf 11/19/2009 14:54
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pjmachado:	Now we need to develop a plan & implement. RT @andrewspong: This is big thinking delivered in a soft voice. #2ecf 11/19/2009 14:55
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pjmachado:	Yes! and a few others... RT @andrewspong: Who are the customers? physicians, payers, medical societies, patient associations, patients #2ecf 11/19/2009 14:56
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pjmachado:	Health can't be 'sold'! RT @andrewspong: Old blockbuster model is disappearing. Hard sell promotion to a few stakeholders will die #2ecf 11/19/2009 14:56
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pjmachado:	Rewards always follow value. RT @andrewspong Yes! Create value for our customers in order to (hope) that value is delivered back to us #2ecf 11/19/2009 14:57
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andrewspong:	Andy Powrie-Smith: health systems have responsibility to commit sufficient resource for education; not expect pharma to fund everything #2ecf 11/19/2009 14:57
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- ChristineKraft:** Agree RT @andrewspong: Powrie-Smith: health sys. have resp. to commit sufficient resources for edu; can't expect pharma to fund it all #2ecf
11/19/2009 15:03
-
- meducate:** I am preparing for leading the final session at #2ecf - a true unsession...I sure hope that it works!
11/19/2009 15:07
-
- andrewspong:** Is the room ready for... RT @meducate: I am preparing for leading the final session at #2ecf - a true unsession...I sure hope that it works!
11/19/2009 15:11
-
- andrewspong:** It's unsession time... #H2O strikes back, and @meducate is in full flow #2ecf
11/19/2009 15:41
-
- Brandcast:** We're at the European CME forum #2ecf filming some expert interviews with some of the speakers
11/19/2009 15:43
-
- andrewspong:** Well-designed, product specific info written by the pharma cd be at least as good as that produced by others were industry allowed #2ecf
11/19/2009 15:52
-
- andrewspong:** Micro-CME, partial credit CME (1/4, 1/2 credit) activities #2ecf
11/19/2009 15:53
-
- andrewspong:** If CME is procedural, and Medscape have data showing it cd be 3 or 4 hours, and viewers will stick with it #2ecf
11/19/2009 15:55
-
- andrewspong:** A chunk of text to read will not produce an effective CME activity; asking a group of ppl to discuss a chunk of text will #2ecf
11/19/2009 16:01
-
- Clarejo:** @meducate asking are we using all available communication and learning medium in medical education? #2ecf
11/19/2009 16:01
-
- andrewspong:** Examples of CME best practice and howling mistakes requested for #3ecf #2ecf
11/19/2009 16:04
-
- andrewspong:** www.game-cme.org/ has a by-country wiki #2ecf
11/19/2009 16:09
-
- andrewspong:** There has been a request from delegates at #2ecf that @epatientdave @jopm participate : #3ecf :)
11/19/2009 16:12
-
- andrewspong:** @meducate does a cheap follower-grab by tarting his Twitter ID at #2ecf. 'Has he no shame?' asks @andrewspong. That's @andrewspong.
11/19/2009 16:14
-
- andrewspong:** NB that's a link to GAME, not the wiki. Need to find it RT @odomlewis: GAME has a by-country wiki for #CME #2ecf <http://bit.ly/1CrFRN>
11/19/2009 16:16
-
- andrewspong:** @meducate now doing a pub-quiz style. Now he's saying he wants to be berated. Sorry, that's 'be rated' #2ecf
11/19/2009 16:18
-
- odomlewis:** RT @andrewspong Link to GAME, not wiki. Need 2 find it RT @odomlewis: GAME has a by-country wiki for #CME #2ecf <http://bit.ly/1CrFRN>
11/19/2009 16:21
-
- #2ecf working on a CME journal. Cd be self-published. Scholarly peer-review journal.

11/19/2009 16:23

andrewspong:	According to the delegates, the best definition of CME: 'a way of extending education beyond med school' #2ecf <i>11/19/2009 16:25</i>
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IML_UK:	RT @andrewspong: According to the delegates, the best definition of CME: 'a way of extending education beyond med school' #2ecf <i>11/19/2009 16:25</i>
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andrewspong:	About to segue into the post-conference session: the Good CME Practice Group - establishing good CME practice #2ecf <i>11/19/2009 16:30</i>
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andrewspong:	Why do we need a Good CME Practice Group? #2ecf <i>11/19/2009 16:34</i>
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andrewspong:	Great variance in EU and RoW in expectations of good practice. Supporter level. Provider level. CME accreditation bodies #2ecf <i>11/19/2009 16:34</i>
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andrewspong:	Defining good practice: simple description that can be used as a standard of high quality and compliant education #2ecf <i>11/19/2009 16:35</i>
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andrewspong:	Partners: European CME Forum; World Forum for CPD; International Medical Press; Oxford Academy with input from CME bodies & industry #2ecf <i>11/19/2009 16:36</i>
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andrewspong:	Alfonso Negril takes over after @europeanme's intro #2ecf <i>11/19/2009 16:37</i>
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andrewspong:	Alfonso Negri takes over after @europeanme's intro #2ecf [correction] <i>11/19/2009 16:37</i>
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andrewspong:	Ideally, CME programmes should have: developed from clear, relevant needs assessment pre-evaluation of HCP knowledge; evaluation mech #2ecf <i>11/19/2009 16:38</i>
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andrewspong:	Clear separation of funding from the activity; indie peer review process to ensure freedom from bias; COI mgmnt; feedback/evaluation #2ecf <i>11/19/2009 16:39</i>
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andrewspong:	Thomas Kellner (MSD) takes to the podium #2ecf <i>11/19/2009 16:40</i>
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andrewspong:	A different definition of the roles and titles of the various partners required. #2ecf <i>11/19/2009 16:41</i>
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andrewspong:	What do we expect as outcomes; design the process around the goals, not what is wanted to be avoided #2ecf <i>11/19/2009 16:42</i>
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andrewspong:	Ensure freedom from political interests; standards need to be implemented; positive changes with change mgmnt principles #2ecf <i>11/19/2009 16:43</i>
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andrewspong:	Baton passed to Sheelagh Farrow, International Medical Press #2ecf <i>11/19/2009 16:44</i>
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andrewspong:	London, Tenerife, or Frankfurt have been mooted RT @JourPM at #3ecf? We would be thrilled! Where will it take place? #2ecf <i>11/19/2009 16:48</i>
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- andrewspong:** What do we need? 'kitemark' of high quality; realistic, practical, clear guidelines; <6 basic principles of good practice #2ecf
11/19/2009 16:49
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- andrewspong:** 6 core principles: 1) needs-based education addressing an indie-derived needs assessment, starting with analysis of current clin prac #2ecf
11/19/2009 16:51
-
- andrewspong:** 1) (cont) primary aim: contribute to improving clin practice. Unrelated to promotional programmes. High Q, effective, outcomes-linked #2ecf
11/19/2009 16:54
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- andrewspong:** New to me, so I can't speak as to its legitimacy; I'm recording convo in the room RT @Bonnycastle: So GAME is a legitimate site??? #2ecf
11/19/2009 17:01
-
- andrewspong:** @Bonnycastle That said: could you point #2ecf to links to review re GAME's legitimacy or otherwise?
11/19/2009 17:02
-
- andrewspong:** 2) Quality: edu developed to answer specific learning objectives; must rollow principles of EBM practices #2ecf
11/19/2009 17:04
-
- andrewspong:** 2) Quality: Content generation and review processes; ex/int peer review; thorough evaluation of feedback from users #2ecf
11/19/2009 17:04
-
- andrewspong:** 2) Quality: change in clinical behaviour (hopefully monitored over multiple events); proven track record in edu #2ecf
11/19/2009 17:05
-
- andrewspong:** 3) Independence: independence of faculty; what r they expecting; demonstrable independence from supporters; have they insights to offer #2ecf
11/19/2009 17:10
-
- andrewspong:** 3) Independence: managing expecations of supporters; maintain independence while partnering with sponsors #2ecf
11/19/2009 17:11
-
- andrewspong:** 4) Fair balance: what is the definition of fair balance; programmes must be driven by best clinical practice, EBM and/or guidelines #2ecf
11/19/2009 17:16
-
- Clarejo:** @meducate. Many scientists in #pharma are academically brilliant and their voice would add value to scientific and medical education #2ecf
11/19/2009 17:17
-
- andrewspong:** 4) Fair balance: all progs peer-reviewed; policy w/ use of commercial company data; ensur complete disclosure; handling 1st in class #2ecf
11/19/2009 17:18
-
- Clarejo:** @meducate great to meet you. Enjoy London #2ecf
11/19/2009 17:19
-
- andrewspong:** Re earlier ref: GAME's CME systems by-country wiki may only be accessed by members <http://bit.ly/3E3DG4> #2ecf
11/19/2009 17:21
-
- andrewspong:** 5) Transparency: acknowledge sponsor support; define role of sponsor, if any; pertinent disclosures from faculty #2ecf
11/19/2009 17:22
-
- @Clarejo Same to you! Tweet in touch! #2ecf

11/19/2009 17:23

andrewspong:	5) Transparency: clear statement explaining how and by whom education developed #2ecf 11/19/2009 17:23
andrewspong:	6) Effectiveness: measurement of knowledge update; educational outcomes vs learning objectives #2ecf 11/19/2009 17:24
andrewspong:	6) Effectiveness: review and analysis of learner feedback; a demonstration that the education was meaningful #2ecf 11/19/2009 17:24
meducate:	Very funny! RT @andrewspong: @meducate now doing a pub-quiz style. Now he's saying he wants to be berated. Sorry, that's 'be rated' #2ecf 11/19/2009 17:25
DrElena:	RT @meducate: "RT @health20Paris: #2ecf Some patients associations r anti-doctor associations" OR anti-data! 11/19/2009 17:26
andrewspong:	We're winding up here. THANK YOU to all those who haven't unfollowed me today. Both o you. #2ecf 11/19/2009 17:27
andrewspong:	Thanks to @networkpharma and @europeanme for a lively couple of days. I look forward to #3ecf #2ecf. 11/19/2009 17:28
IML_UK:	RT @andrewspong: Thanks to @networkpharma and @europeanme for a lively couple o days. I look forward to #3ecf #2ecf. 11/19/2009 17:29
andrewspong:	Thanks to all the folks who I met, conversed and interacted with over the last 48 hours. #2ecf 11/19/2009 17:29
andrewspong:	CODA: Good CME Practice Group funding: suggesting EUR 1500 per org per year. Plenty of additional benefits/discounts/freebies too. #2ecf 11/19/2009 17:31
ShebaMuturi:	RT @health20Paris: #2ecf Some patient associations r trying to improve things by taking md's as partners; others r anti-doctor 11/19/2009 17:34
Bonnycastle:	@andrewspong Re Game: \$150 is a lot to pay to test legitimacy of a site #2ecf 11/19/2009 17:46
deMaria_Velasco:	@andrewspong Great job Andrew, unfollow you ru kidding me? #2ecf 11/19/2009 18:07
ShebaMuturi:	@andrewspong Thx 4 your great #2ecf tweets. Any thoughts at the conf about the role of academic detailing in CME http://tr.im/Fjau 11/19/2009 18:19
andrewspong:	@clarejo nice to meet you IRL at #2ecf 11/19/2009 18:40
andrewspong:	@health20paris I barely saw you at #2ecf, but am looking forward to seeing those dozens o videos you took! ;) 11/19/2009 18:42
healthythinker:	@andrewspong Thanks for your outstanding wall-to-wall coverage of #2ecf 11/19/2009 19:22

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- EuropeanCME:** A big TY to @health20Paris and @andrewspong for their ceaseless and high quality Twittering of #2ECF.
11/19/2009 19:51
-
- Clarejo:** #2ecf yes absolutely good to meet you too @andrewspong
11/19/2009 19:51
-
- EuropeanCME:** Thanks also to Tweeting of @meducate @Jannessinho @Clarejo @networkpharma @healthythinker at #2ECF
11/19/2009 19:55
-
- EuropeanCME:** TY to @Brandcast for great onsite filming/support at #2ECF.
11/19/2009 20:01
-
- health20Paris:** @EuropeanCME thank you Eugene and Peter for a hi-quality, unique seminar on Europea CME #2ECF
11/19/2009 21:56
-
- health20Paris:** @andrewspong great tweets Andrew, sorry we didn't get to chat #2ecf
11/19/2009 22:42
-
- dean_jenkins:** RT @Clarejo: Keller MSD - Public scrutiny is in itself self regulating #pharma #medical education #2ecf
11/19/2009 23:56
-
- EuropeanCME:** Also big thanks to @IML_UK for great keypad/ARS work onsite at #2ECF.
11/20/2009 02:03
-
- andrewspong:** Seconded, and TY for the follow :) RT @EuropeanCME: Also big thanks to @IML_UK for great keypad/ARS work onsite at #2ECF.
11/20/2009 05:31
-
- networkpharma:** Thanks to all involved in making #2ECF a great success. We look forward to feedback. Keep an eye on <http://www.europeancmeforum.eu>
11/20/2009 06:56
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