

Electronic Transactions: Trends in Online Professional Education and What They Mean for Publishers

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True to the principles of continuing medical education (CME), Judy Ribble informed the audience of their own learning objectives—what they were expected to be able to do after attending this session:

- Discuss the “new” CME regulatory environment.
- Cite why online CME isn’t going away.
- Describe three practical approaches to facilitating online instruction.

The new CME environment is under increased federal scrutiny, and pharmaceutical and medical-device industries have responded with codes of ethics that aim to educate about disclosure of financial interest; conflicts of interest, including honoraria and gifts to physicians; independence of content; and separation of professional from commercial activities.

The Accreditation Council for Continuing Medical Education is the accrediting body

that sets corresponding standards and accredits organizations to provide CME for physicians. Medscape publishes online CME activities developed by nearly 100 accredited providers, including medical schools, specialty societies, and medical-education companies. Nonlinear learning, electronic data reporting, 100% return of participant evaluations, and lower production costs are major advantages of online CME. Audience-response systems with real-time polls augment online Webcasts.

Margaret A Winker outlined the goals of journal-based CME for the *Journal of the American Medical Association (JAMA)* and the *Archives Journals* as

- Helping readers to acquire important clinically relevant and timely scientific knowledge as an educational experience to improve physician performance and patient care.
- Attracting readers and encouraging subscriptions to *JAMA* and the *Archives Journals*.
- Providing CME Category 1 credit.

Readers’ needs are assessed, and topical review articles are selected for publication in the journals. The *JAMA & Archives Online CME Program*, launched in 2003, costs the publisher less than print without fax or mail costs or the need to hand-key information (although requiring more editorial time to write and review questions and answers) and provides faster, electronic transmission of CME credit. It has new features: one CME article worth 1 Category 1 credit per issue, a self-assessment quiz with optional commitment-to-change form, the CME certificate available to the participant to print on demand, and an online system for tracking journal credits. Winker showed how she tracked her own participation in a course on drug treatment of hyperlipidemia in women, including filing her own commitment to change. In a separate CME program from *JAMA* and *Archives Journals*, manuscript peer reviewers can earn up to 3 CME credits per review for a maximum of 15

credits per year for all journals.

A general limitation of CME is that the Q & A format does not equate to improved patient care. Online CME permits developing interactive CME modules that more directly imitate the patient-physician encounter, including interviewing the patient and performing parts of the physical examination.

Brian Bussey described trends in online professional education at Elsevier, whose CME effort delivers information products and services that enable individual and collective advancement in scientific research and health care. Elsevier estimates that total CE/CME spending in the United States is nearly \$2.5 billion; up to 90% of health-care professionals take some CE/CME, required or not. Elsevier defines online CE as all means to obtain CE/CME via the Internet. Providers of online CE include medical-education companies; publishing, communications, and training companies; and public organizations. Online CME provides additional income for Elsevier’s society partners and managed journals by leveraging electronic-learning assets from reuse of academic education products, such as textbooks. Objectives for effective online CE products include unbiased current content aimed at satisfying education requirements in the specialty, links to other resources, low cost, enhanced earnings, relevance, and speed plus convenience for the user. Online channels, such as MD Consult, strengthen the relationship of Elsevier to its partners and add value.

Trends that are affecting CE product development are increasing national licensure and certification requirements, deeper penetration of broadband, cost-effective solutions sought by employers, and user demand for convenience. Providers should consider using a content-management system to ease storage, retrieval, and reuse. Employer-sponsored CE will become even more important for recruiting and retaining the growing number of trained health-care professionals. Bussey predicted that CE will be evaluated on the basis of patient outcomes. 