Ask Dr. Robusto

From the Editor: In response to readers’ many requests for an advice column for continuing education researchers, we at CE Measure have, after an extensive and exhausting process, obtained the services of Dr. Roberto Robusto. Dr. Robusto will respond to readers’ questions about continuing medical education and the research process as his busy schedule allows. Write your questions and concerns to “Ask Dr Robusto” c/o CE Measure. We will now let Dr. Robusto introduce himself to those readers who do not already know him.

Hello, CE Measure readers, I am Roberto Robusto, MD, PhD, LSMFT, BPOE, BMW. As a practitioner of the educational and research arts for many years, it gives me great pleasure to be able to respond to the serious and probing questions I am sure I will receive from the dedicated readers of this great and illustrious journal, CE Measure. I am so honored that my words will be included on its pages. By the way, where are the cartoons?

On to the letters . . .

Dear Dr. Robusto,

Why all this fuss about needs assessment in CME? Why don’t we just continue to do things the old way, which has always worked so well? I know what physicians need to learn. I just sit down at the beginning of the year and plan the sessions we need. What’s the big deal?

–Planning in Philadelphia

Dear Planning,

You are using a variation on the method I learned in graduate school called “the bridge survey.” I urge you to adopt the formal method I will be glad to illustrate. Here is how that method works. Step One: Develop your survey instrument. Step Two: Print out as many surveys as your sample requires for validity. Step Three: Put your survey forms in a secure container, get in your car, and pick up a six pack of your favorite adult beverage. Step Four: Drive yourself and your supplies to a pleasant country location with a charming, rustic bridge. Step Five: Unload all the supplies, get comfortable under the bridge, drink your beverages, and fill out all the survey responses yourself.

Using this professionally endorsed method (The Malt Beverage Research Institute) will ensure quite as much validity as your frankly amateurish method.

Cheers, and happy assessing,
Robusto

Dear Dr. Robusto,

I keep hearing about “outcomes” in CME. I am very confused. What are outcomes, anyway?

–Clueless in Charlotte

Dear Clueless,

Outcomes are the opposite of incomes.

Cheers,
Robusto

Dear Dr. Robusto,

I have some educational research results that I want to submit to CE Measure. Here is the problem. The results are a bit inconclusive and disappointing insofar as they did not support my hypothesis (which I know to be correct). An article based on “revised” results would be much more interesting and have a greater chance to change practice, which is, as I learned recently, the aim of continuing education. Do you agree with plans to, as Emeril says, “Punch it up a bit?” Any advice?

–Dreaming in Detroit
Dear Asleep,

Your story reminds me of what occurred to a farmer in my village. You see, the farmer was the owner of an aging donkey who, after years of devoted service, was allowed to roam freely in the farmer’s pasture. Now, this donkey was getting up in years, and the farmer had begun to worry that with the health problems the donkey was having, maybe the time was approaching to “have to do something” about the donkey. The prospect filled him with worry, so he tried to ignore it.

One day, however, as the donkey enjoyed himself in the pasture, he encountered another “problem” the farmer has ignored—an unused, open well. Sure enough, the old donkey, whose eyesight was not the best, stumbled into the well and fell down the open shaft.

The farmer heard the commotion and hurried to the well. Peering down into the well, he saw the donkey lying at the bottom of the well, braying loudly and insistently. “Well, maybe this is a sign to me to just go ahead and take care of all of my problems,” the farmer thought to himself. Having obtained some tools, he got to work shoveling dirt down the well to close up both the well and the donkey.

After quite a bit of shoveling dirt, the farmer realized that the donkey’s braying had stopped, so he put down his shovel and looked again into the well. What he saw amazed him. There stood the donkey atop the dirt that had been shoveled down. The farmer took another shovelful of dirt and threw it down the well. The donkey shook off the dirt and took a step up. The farmer repeated the process. So did the donkey. Soon, the donkey, standing atop the dirt, was able to step out of the well, and went galloping off down the pasture.

Suddenly the donkey thought to himself, “Wait just a minute! That farmer was trying to kill me!” Enraged, he turned and ran back toward the farmer, who was still attempting to fill the well with dirt. With a mighty bite, he bit the shoveling farmer right in the rear.

The moral of this story? “If your try to cover your a**, it will come back and bite you!

Cheers,
Robusto

Dear Dr. Robusto,

Physician attendance at my meetings is down. How do I pump up the attendance?

–Lonely in Las Vegas

Dear Lonely,

Have you tried a variation of the “bridge survey” (see answer above)? Actually, I don’t recommend that. See the “donkey story” answer. The true way to ensure physician participation is to offer only high quality education that is developed according to rigorous needs assessment that identifies and targets demonstrated practice performance gaps. This education must then be followed by outcomes evaluations that substantiate behavioral changes. The outcomes results then become the basis of even more needs assessment. In this way, your CME activities will be targeted to the real needs of your physician learners.

If the above fails, consider better food at your meetings.

Cheers,
Robusto