

President's Page

By Michael W. Champeau, M.D.



It's 4:30 in the morning here in Hawaii, and first light is still a good hour and a half away. I'm sitting on the balcony of my hotel room, laptop in lap, drinking in the balmy predawn scent of the plumeria. In the darkness, I can't see the keyboard, so my normally challenged typing is even worse than usual. The trade winds have been silent for the past few days, and here in the lee of the massive Mauna Kea volcano, the fragrant air is almost motionless.

The soft murmur of the gentle surf brushing against the offshore lava shoals reminds me that the unseen ocean is only a few yards away. Occasionally one of the lawn sprinklers below me pops to life, adding its voice to the symphony of water in motion. Looking skyward into the moonless inky blackness, Orion's belt is instantly recognizable, and one of the planets, the exact identity of which I must admit I don't know, shines somewhat hesitantly in the east. All in all, life is very, very good early this morning on the Big Island.

I'm here attending the CSA Hawaiian Seminar at the Mauna Lani Resort. Since I'm traveling alone, and since the Kohala Coast isn't exactly known for its pulsating nightlife, I've kept my circadian rhythms on California time. Although I'm missing what little nighttime action the North Kona district has to offer, I've found the sensuously peaceful hours that are never part of this anesthesiologist's daily routine. Normally the thought of being awake at 4:30 a.m. brings only one sensation to mind: pain. Right now, right here, it borders on euphoria.

My purpose in this issue's column is to make an unabashedly emotional argument for good, old-fashioned CME. Yesterday morning I awoke similarly early, spent an hour or so attending to the usual CSA presidential e-mail, and went out for a brisk walk as the sun rose over the observatories atop Mauna Kea. After a quick shower, I joined my fellow attendees as we casually drifted into the lecture hall. Most of them had just made their way over from the Canoe House, the oceanfront, open-air restaurant where the conference hosts breakfast. The sweet ripe papaya, by the way, is simply incomparable to the fruit with the same name that one can buy at home.

I then settled in for four absolutely tremendous lectures on topics ranging from the use of continuous peripheral nerve block catheters for postoperative

analgesia to the anesthesiologist’s role in the pursuit of quality medical care. The speakers were engaging, the topics interesting, and my fellow attendees all in the highest of spirits. This is medical education at its finest. Modern instructional techniques, including the use of PowerPoint and Keynote slides—with embedded video of ultrasonic images and cartoon graphics showing the effects of various interventions on data plots—certainly make learning enjoyable and easy. And, on top of all that, we were done shortly after noon, free to enjoy the remainder of the day secure in the knowledge that, as overachievers, our morning had been spent particularly productively. If medical school or residency had been like this, I’d have been a far better informed physician when first unleashed.

Each of us is fully aware of the availability of online and mail order CME. I’ve tried it myself, and sure, I’ve learned a thing or two, but I’d be willing to wager that I’ll retain what I learned watching ultrasonic video of regional anesthetic techniques in Hawaii far longer than what I learned sitting in front of the computer screen, or reading some corporately-funded monograph. One thing is certain: The CSA Hawaiian Seminar is just flat-out more fun.

According to data from the Accreditation Council for Continuing Medical Education, the folks who accredit CME programs, the number of hours of live CME offered by ACCME-accredited providers has fallen by about 4 percent over the past ten years. During that same time period, the number of hours of Internet-based CME has grown almost 20-fold! (Table 1)

Table 1. Comparison of Hours of CME Instruction Offered by ACCME Accredited Providers in Various Categories: Changes from 1998 to 2007

	1998	2007	% Change
Traditional CME Courses	231,632	223,601	-3.5%
Regularly Scheduled Conferences	262,220	251,459	-4.1%
Internet-Based	2,411	49,942	1971.4%
Other Enduring Materials	20,255	29,166	44.0%
Journal CME	3,144	7,200	129.0%

Similarly, while the number of physician participants in traditional CME courses has increased 6 percent over that same time period, the number of physician participants in Internet-based CME has grown by over 6,000 percent! (Table 2) There can be no doubt that the younger generations of physicians have embraced online CME, just as they have embraced online solutions to other aspects of life.

Table 2. Comparison of Physician Participants in CME Offered by ACCME Accredited Providers in Various Categories: Changes from 1998 to 2007

	1998	2007	% Change
Traditional CME Courses	1,235,165	1,317,446	6.7%
Regularly Scheduled Conferences	1,373,604	2,220,576	61.7%
Internet-Based	33,555	2,114,565	6201%
Other Enduring Materials	410,316	1,030,118	151.1%
Journal CME	176,531	675,533	282.7%

Certainly the Internet is efficient, and I'm not criticizing efficiency. My point is only that sometimes it's worth stopping to smell the plumeria along the way, and traditional CME is a prime example. There is simply no more enjoyable way to keep one's knowledge of a range of anesthesiology topics abreast with the times than by attending a CSA Hawaiian Seminar. The lectures are terrific, and the venues world-class. Think about it, and give it a try. I'll see you in the Islands.

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This image was taken in October 2008 looking northeast across the Los Osos Valley just as the landscape began to emerge from the thick morning fog. A Canon 40D SLR with a zoom lens set at 200 mm, an ISO of 400 and an aperture of f/11 was used.

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