



CME looks toward the Internet

Anna Mary Burditt has seen the future of CME, and it doesn't involve rubber chicken and tired meeting rooms. When the Halifax family physician launched a CME course last fall, participants didn't have to leave their homes.

Her interactive Internet course, *Alcohol problems: a family medicine approach*, is designed to help physicians manage alcohol problems from a broad-based family medicine perspective. It is sponsored by several departments at Dalhousie University.

The 23 registrants who have completed it during pilot runs indicate that the Internet makes borders — and geography — irrelevant as far as CME is concerned. "Besides family physicians," says Burditt, "our registrants have included an addiction medicine specialist in Panama and a medical resident in India."

She is enthusiastic about the potential of online CME. "It takes a while to catch on, but it looks very promising. Many older doctors like myself are not oriented to these machines, but if I can learn to use a computer, anyone can."

Burditt (aburditt@is.dal.ca) says most physicians will readily recognize the advantages of this type of learning: no lost income because of travel time, being able to work at home at their own speed, more flexibility and a chance to interact with a much broader group of colleagues.

But there are disadvantages, too. "Tone of voice, facial expressions and body language are important aspects of a discussion, and this means that controversial ideas are more easily misinterpreted in print. For teachers, it is more difficult to assess how peo-

ple are reacting to what they are learning. Turning a seminar course into an Internet course was a challenge for me, but it has proven to be successful."

She says the main advantage is that online CME causes no work disruption because it can be done at home. "Of course, they have to find time to work on it. I've found that the favourite working times are midnight, 6 am and Sunday afternoons."

Her course has attracted physicians of all ages, including one who is near retirement. "Comparing these registrants with the residents I taught, I think the mature doctors are more aware of the extent of alcohol problems in practice and the difficulties in handling them. Most of the participants were already empathetic toward alcohol problems, but I would hope eventually to reach those who are not."

Burditt, a 1961 graduate of Queen's University, thinks her course is different from typical courses in addiction medicine because of the interaction it encourages. "We encourage participants to examine and express their own views, and we emphasize discussion more than didactic teaching. We are not trying to teach people how to treat problems — we assume they know — but we are trying to help them to organize and utilize their knowledge."

The course is case oriented. Each module starts with a case and some questions to direct ensuing discussions. This is followed by a lecture and a topic for discussion in the Doctors' Lounge, the course's electronic bulletin board. The course begins with a look at social, medical and per-

sonal attitudes toward drinking; section 2 concentrates on the hazardous drinker, section 3 looks at family needs, and the final part focuses on alcohol dependency as a chronic illness.

Physicians can have a free preview by logging on at webct.dal.ca:8900/webct/public/show_courses and clicking on Alcohol Problems: Psychosocial Issues — Preview. Use "guest" for the user name and password.

The course, which requires 1 to 2 hours per week for 7 to 8 weeks, costs \$100 and is limited to 20 participants per session. "Recruitment has definitely been the biggest problem," says Burditt, "because the idea is rather new and alcohol is not a priority topic for CME." A course planned for January had to be postponed because of poor registration, but Burditt hopes it will move ahead later this year. "There seem to be 3 main problems: lack of time, lack of Internet experience and priorities — clinical subjects are more popular for CME."

Burditt, a teetotaler, admits that developing the course caused her some apprehension. "When I first started connecting my name with alcohol on the Internet, I was embarrassed that I might be thought to be an alcoholic. By the time I became an honorary member of the Canadian Society of Addiction Medicine last year I could laugh about it, but I did wonder if I was the first voluntary abstainer to get such an honour. We need to bring the interest in alcohol problems into mainstream medicine rather than leave it to former alcoholics, as is so often the case now. They make a valuable contribution, but others can add a broader perspective." — *Patrick Sullivan, sul-lip@cma.ca*