



## Query

I like CME. I like the camaraderie. I like learning new things. For me, there are 2 types of CME: “big” CME, where the groups are large, sometimes in lecture halls, and “small” CME, which often happens in restaurants.

Each has its advantages. In big CME, one is rarely called on for answers, so one can be a part of the big mass of nonresponders and watch as the expert answers his own questions. One simply never has the opportunity to look stupid. Unless, that is, one actually chooses to answer questions. Small CME is more intimate, consequently one gets more exposure and access to the presenter.

The disadvantage of big CME is that one can drift off into space; there’s not the same immediacy of a small group, and being question fodder, as one is in small CME, keeps one alert and paying attention. Thus, it stands to reason that, of the 2 types of CME, small CME would be the better kind.

Yet the very nature of small CME — its intimacy — can cause it to become perverted by certain CME-wreckers who try to monopolize the speaker for their own benefit. In a big CME setting, for example, after the speaker has finished and leaves the floor open for questions, there are so many hands in the audience that the one person who would like to suck the life force of the speaker thankfully gets outnumbered, so to speak. The speaker just moves on to the next questioner, 1 question

per person, in order to serve the entire audience. In small CME sessions, though, the wreckers will sit very close to the speaker — it seems to me that their wrecking is premeditated — and at every possible opportunity, meaning when the speaker pauses for breath, they will ask the speaker about their own patients. Patient with X, patient with Y — what should I do? Their patient list is endless, their question bank inexhaustible, and they have absolutely no regard for other doctors in the room who have questions too. What happens is one long corridor consultation for the benefit of one, and because we are as a society so polite, no one ever complains about the hijacking. After all, we all know one another. We all mostly work at the same hospital, and what wouldn’t be allowed in a larger venue is permitted in the smaller one. To be fair, the speaker often addresses the question as if it were a broader one, a more general one, so as to benefit us all, but in the end so much time is spent on one person that one can’t help but get resentful. It’s not fair — I took off time to be there.

This hijacking has happened so often lately — there are a few repeat offenders — that I’m wondering whether I will bother attending any small CME sessions. I don’t think it’s worth it. At least I’ll get 1 question in at the larger sessions, and at least I won’t have to seethe while 1 doctor out of 8 monopolizes a specialist’s time and disregards ours.

— Dr. Ursus