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## Linking CME Offices with Family Medicine Residency Programs

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The majority of programming that occurs through our CME office is targeted at the needs of family physicians currently in practice, but minimal interaction occurs with future family physicians currently in training. One potential barrier to meeting this responsibility is that little connection exists between the offices of CME and the post-graduate teaching office in family medicine.

Much of this distant relationship is due to the location of the CME office within the faculty of medicine and not the department of family medicine. We have, therefore, been exploring new initiatives to improve the connection with future family physicians and link them to the CME office. One such program is the University of Alberta's CME Web conference program.

This is a monthly, online, interactive evening session on various needs-based topics relating to family medicine. Members participate

using their computers at home or in the office. What makes this program different is that these sessions are incorporated into a formal academic curriculum for the family medicine residents. As part of a new, two-year curriculum, the Web conference follows the theme for that particular month (*e.g.*, endocrinology, cardiology, *etc.*). Family medicine residents are also involved with the planning of the specific topic for the Web conferences.

The Web conference program uses online conferencing software available through the University of Alberta. The conferencing program allows the speaker to show PowerPoint slides while talking live. The audience can interact with the speaker by posting or answering questions. Audience members may also request to speak to the group. Other features include white board and whispering between participants.

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A major advantage of this type of CME is that sessions are archived and can be viewed by residents at a later date. This is especially important for residents who may be on-call at the time of the conference, but wish to listen to a conference at an alternate time.

This program is still in its development stage, but is expected to be expanded to involve both residents and community physicians this coming fall. Very positive feedback has been received from the residents who participated in the pro-

gram. Most comments commonly reflect the convenience of accessibility from home and the ability to view archived sessions at a later date.

This type of programming will hopefully strengthen the connection between the CME office, post-graduate teaching in family medicine, and family physicians already practising. CME

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