## **Anesthesiology Grand Rounds On-Line**

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Learner audience: (context/setting) Faculty of large academic medical center

**Needs Assessment:** (justification for change) Attendance at teaching conferences is influenced by time and distance, particularly in large, multi-site, academic departments. In 2001, we developed an on-line system to allow residents access to core lectures, when they were unable to attend because of ACGME Duty Hours regulations. We noted that Weekly Grand Rounds (GR) presentations were also lost to those who could not attend in person. Based upon our previous successful experience with the residency program, we instituted GR On-Line. Paradoxically, it appears to have increased faculty attendance at live sessions.

**Curriculum:** (correlation with need, goals, methods, learner evaluation) In AY 06-07, GR presentations were captured in video, audio and visual, then digitized and streamed through an internet accessible password-protected website. This gave faculty, residents, fellows and medical students the opportunity to see and hear the live presentation with simultaneous split-screen display of speaker and slides; to answer presenter-developed multiple-choice questions, based upon objectives and content; to evaluate the session; to obtain CME credit and print the CME certificate; from any computer with internet access, at any time. Speakers are required to complete a consent form for recording of their presentation, provide objectives, and multiple-choice questions. Attendance records for live sessions and documentation of completion of online presentations, and data regarding CME credit are maintained for faculty.

Impact: (curriculum assessment, future improvements, feasibility, reproducibility) Thirty presentations during AY05-6 resulted in 485 CME credits, all from live attendance. During AY06-7 the first 16 presentations alone resulted in 445 CME credits by live attendance and 1116 credits on-line. On-line presentation increased the absolute amount of CME and expanded total audience participation. Timing and location for GR has been controversial in our large academic department. Centralized, single-auditorium afternoon presentations gave consistency but limited CME availability. The development of the GR On-line system addressed these limitations. We anticipated that live attendance would decrease due to the equivalence of the CME credit for live and on-line viewing because the latter is more convenient. Attendance at live sessions has not decreased and total CME provided has increased. An archive of past presentations remains a valuable resource and is an added benefit.

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