



CME MISSION STATEMENT

CME Purpose

The purpose of the International Society of Hair Restoration Surgery's (ISHRS) CME program is to meet the educational needs of its members and close the gap that exists between current and best practices by providing practice-oriented, scientifically-based educational activities that will maintain and advance skills and knowledge as well as promote lifelong learning for its members. CME activities will result in improvement of physician competence and performance in practice.

Content Areas

The curriculum of the ISHRS's CME program includes but is not limited to hair transplantation, alopecia reduction surgery, hair biology and physiology, congenital and acquired alopecias, other hair and scalp related ancillary procedures and disorders, and risk and practice management. (ISHRS Core Curriculum of Hair Restoration Surgery and Core Competencies of Hair Restoration Surgery). Content is determined by the integration of various sources of needs, including gaps in knowledge and/or performance of hair restoration surgeons, national guidelines, emerging research, and expert opinion.

Target Audiences

The target audiences of the ISHRS are as follows:

- The primary target audience is its physician members with varying medical specialty backgrounds from around the world.
- Secondary audiences for the CME program include non-member physicians, as well as residents, nurses, surgical assistants and other allied health personnel.

The ISHRS recognizes the importance of and encourages international and interdisciplinary exchange of medical knowledge and practice through calls for papers, and invitations to interdisciplinary and international speakers with special expertise.

Types of Activities

The activities that support the CME mission are diverse and multifaceted, in order to provide multiple approaches for knowledge acquisition. CME offerings include the following:

- Annual Meeting, which may include didactic and hands-on courses, live surgery workshops, seminars, scientific sessions, and poster presentations.
- Other activities include regional live surgery and didactic workshops, enduring materials, and Internet CME.

All CME activities will be cost-effective and will meet the criteria for continuing medical education of the ACCME and the AMA Physician's Recognition Award.

Expected Results

The CME program will result in improved performance in practice (such as surgical skills) and competence (medical knowledge and ability) among its participants. All participants will be expected to provide written feedback following all educational activities, and the CME Committee will rely on this feedback as well as other methods to assess the effectiveness of educational efforts and direct changes in its CME Program.

Mechanisms for learner outcomes measurement include:

- Post-activity evaluation tools that measure commitment to change, achievement of learner objectives, and overall learner satisfaction.
- Follow-up outcomes measurements to determine retention of knowledge, competency, and/or changes in practice.
- Other methodologies as they are formulated, such as, for example, focus groups and learner vignettes.

Effectiveness of the CME Program is determined by applying the following criteria:

- 75% of participant respondents agree that learner objectives were met as reported on the post-activity evaluation tool for each CME activity.
- 75% of participants report very satisfied or satisfied on overall satisfaction of the CME activity as reported on the post-course outcomes survey.
- Assessment of the degree to which learners achieved their personal stated goal/change (for annual scientific meeting).
- Assessment of the degree to which learners achieved the specific desired outcomes for an activity (self-reported, based on post-course outcomes survey).
- 51% of members rate the overall effectiveness of the CME program very effective or effective as reported on the annual needs assessment survey.

Overall CME Program effectiveness is further measured by assessing the ISHRS's adherence and compliance with the twenty-two (22) ACCME Criteria for Accreditation. The ISHRS CME Committee performs an annual in-depth analysis of compliance.

Approvals

*CME Committee, 12/17/04, Revision 2/28/06, Revision 11/20/07
Board of Governors, 3/1/05, Revision 7/13/06, Revision 12/2/07*