

Darn, that was probably important

While attending the St. Paul's Hospital CME Conference for Primary Care Physicians in November 2015, I realized that it had been a long time since my last educational meeting—aside from our monthly Editorial Board sessions, which set the worldwide standard for intellectual brilliance. An unsubstantiated rumor (started by me) is that the World Health Organization is considering using us as a potential world-saving think tank. I wrote about medical conferences in an editorial some years back [*BCMJ* 2009;51:52] and want to now provide an update because I've noticed a few changes.

As I slide gracefully down the far side of the age demographic, I have observed that our younger physician

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group has got it all going on. Except for a few holdouts (you know who you are), gone are the days of pleated pants, pocket protectors, and Birkenstocks with socks. These up-and-comers dress well and seem to take pride in their appearance. They also exude an air of confidence and intelligence that is a little threatening to the dinosaurs among them.

Electronic devices have taken even the conference world by storm. Looking around I noticed a few syllabus binders perched in front of doctors who looked a lot like me. Everyone else had laptops and tablets, onto which they had downloaded the conference app, or were happily sending messages to other conference attendees through the provided messenger group. The conference even sent out regular schedule updates electronically to keep attendees informed at all times. You can now distract yourself with almost anything—texting, games, Internet searches, Facebook, Instagram, remotely accessed office work, and even the odd conference selfie.

This brings me to the problem I have struggled with for years. Make no mistake: I am at the conference to learn and I want to learn. I strive to pay attention and I look forward to every clinical pearl that might come my way. Eyes facing forward, sitting at attention, I hang on the speaker's every word, yearning for increased knowledge. That is, until my mind wanders—that speaker is really small

up there; I bet I can pretend to crush him between my fingers; if I hold up my hand he looks like he's in jail or in a bird cage; speaking of birds, why can't chickens fly even though they have wings? And then it happens. I catch the tail end of what I am sure is a pearl that will change my practice for the better and save a substantial number of lives in the process. I want to leap onto the stage and demand that the speaker repeat himself but, since I am about 400 feet away, I would land on the table in front of me instead and disturb the guy who is sitting there. Speaking of which, he looks a little like Clark Kent; why couldn't they come up with a better disguise for him? If I wore glasses and ran a little gel through my hair people would still recognize me; how does Superman handle his onesie if he has to use the bathroom? There I go again.

Despite my shortcomings I enjoyed the conference and picked up some clinical pearls (probably about 10% of what those young doctors gleaned, but they likely already knew them anyway).

Conferences are also a good opportunity to catch up with your colleagues, some of whom you may not have seen in years. Probably the most valuable pearl I can share is that if you offer to pay for postconference drinks at a fancy downtown hotel, make sure you're not at a single malt scotch tasting where you each try six of them.

—DRR

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A field guide to CME

We have survived (perhaps the wrong word) the fall season of CME. It can be exhausting trying to amass the number of CME credits required to stay registered before the end of the calendar year, but I trust that most of us made it. In this most recent season I spent more time assessing the audiences and participants at these meetings than I did trying to learn something new, mainly because I never feel that I can learn much at these events; I am wired to learn more from reading articles and reviews than from listening to pundits. Nevertheless, amassing CME credits and socializing with colleagues is an appealing combination for most, and the busy fall CME meeting schedule is likely going to be with us forever.

My recent observations confirmed that the characters at these meetings haven't really changed over the few decades in which I've been attending. It's a rogue's gallery, and I think most of us will quickly recognize them. Herewith a brief catalogue of the characters you are almost certain to encounter at the bigger CME events:

The rock-star speaker: These speakers are rare birds and attract standing-

room-only audiences and fulsome introductions. They are at the top of their game and generally are worth the price of registration. Pity the speaker who follows them, because they will inevitably have to begin speaking as the bulk of their audience is noisily exiting.

The definitely-not-a-rock-star speaker: You have to feel sorry for these speakers; they often have reams of data and some nuggets of ideas, but they haven't been able to put it all together. Their slides all look the same and consist of black-and-white tables in type that is far too small to read. They keep apologizing throughout their presentation.

The audience member with the overlong question: This questioner resents not being invited to speak at the meeting and is determined to make their presence known. They usually ask the first question, prefaced with a monologue. They are rarely satisfied with the answer they receive and will continue with supplementary questions until the adjudicator stops them.

The apologetic audience member: It's difficult to understand the moti-

vation of this questioner; they are clearly uncomfortable in the limelight, but are not so uncomfortable that they can't ask for clarification of something the speaker has said. They usually must repeat their question because no one hears it on the first attempt. The question is usually short and the answer the same.

The audience member who goes to the bathroom at a critical point: You do not want to be this person, who asks for clarification of something that the speaker has spent time elaborating. The audience sighs and turns to look with contempt at the questioner, who wonders what the problem is. They usually do not stay for the next presentation.

Naturally, smaller regional meetings have their own characters: the person who has never chaired a session before, the speaker whose projected slides don't show critical pieces of information, the speaker who misreads the audience's sense of humor. Spotting these characters is rewarding and keeps me alert. I think that identifying them warrants extra CME credits, but curiously I can't get organizers to agree with me. —TCR

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