



Is CME test useful?

Our purpose in publishing the *CCJM* is to inform physicians of innovations that are changing patient care. How to transfer important new findings from the pages of the research literature to the examining room is itself a subject of research, with obvious implications for public health. The issue we face is this: how can we assure that this transfer happens with reasonable speed and penetration?¹

First, physicians get their information from different sources, according to one survey²: consultation with a colleague, formal CME courses in an academic setting, regular journal reading, and hospital rounds. Other studies³ found that physicians learn equally from reading journals and from talking with colleagues. Physicians also carry out their own self-directed "learning projects,"⁴ which include use of the library, Internet, and other methods.

Then, a buying-in process takes place, during which physicians compare new findings with existing knowledge and experience. Even the wide dissemination of clinical practice guidelines does not necessarily bring about behavior change among physicians.^{5,6} And physicians adopt innovations at different rates.⁷

For the *CCJM*'s part, we try to expedite the understanding of new information by providing what we hope is a useful learning experience: the CME test in each issue. To make this self-directed method of learning as convenient as possible, we began offering CME credit free of charge in March 1998. Since then, monthly participation has increased nearly tenfold. We must be doing some things right, yet there is always room for improvement. We would like to know your thoughts and suggestions. Do you find our CME test fine as is, or would a different format be better? Would you prefer the answers *not* to be located within the same issue? What other suggestions do you have? I hope to hear from you.

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