

## At Meetings, How Often Do You Snooze?

I'm going to be in big trouble when the new rules for CME get implemented.<sup>1</sup> You know, the ones that make you prove you actually learned something by taking a test or showing that your practice has changed, rather than just having been present at a series of lectures for a certain number of hours. Used to be you could

get credit just by signing the register in the morning, golfing all day, and turning in the mostly blank comment card sometime later.

But so-called chair time is increasingly viewed by the gurus of CME as a poor indicator of whether a physician is keeping up with the latest medical developments. They say that adult learners don't pick up much by listening to a lecture; they learn best when interacting about a scenario. Well, I've known that about myself for more years than I've been an adult learner, and that's why I'm going to be in big trouble with the new CME.

My problem is that I snooze easily during lectures. It's hard to pass a test on material that you have slept through. As a college freshman, I had this deadly class in advanced calculus, taught by a soporific sadist. One time, I was well into REM sleep when the professor called my name. He wanted to know the answer to a formula he had written on the board, but conveniently covered from my view by his ample frame. Obviously, I didn't know, so he stepped aside to reveal "2 + 2 = \_\_\_." Since that embarrassment, I have developed strategies to stay half awake during lectures,

including fidgeting to avoid getting too comfortable, sleeping with eyes open (but the Bell's phenomenon ruins my eye contact) and taking unscheduled breaks.

I have great respect and admiration for people who can appear to be napping but actually retain enough alertness to be present for the proceedings. I have tried to learn it myself, still unsuccessfully, by watching a wonderful mentor. (In the spirit of anonymous sources, I will not disclose his identity.) At meetings, as the discussion droned on, this Jedi master would slouch down a little bit, close his eyes and breathe audibly. Advocates of viewpoints counter to his would seize the moment to speak out, softly so as not to rouse. At the perfect moment, the good doctor would invariably pop upright and make a comment directly on point.

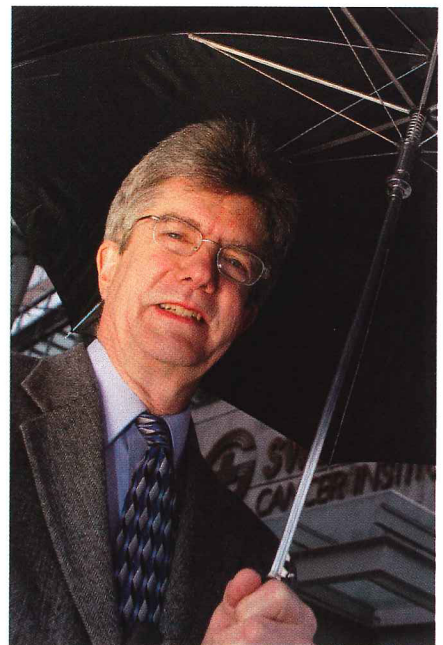
It's always a relief when you discover you're not alone. That was my reaction when I discovered the landmark paper "Incidence of and risk factors for nodding off at scientific sessions" by Rockwood and colleagues from three Canadian universities.<sup>2</sup> They sat at the back of the lecture hall and used heads falling forward as their index of nodding off

during a two-day meeting. Tongue-in-cheek methodology, for sure, but their paper stands alone as the evidence-basis for a common event. Significant risk factors for nodding off (with odds ratio): monotonous speaker tone (6.8), tweed jacket on speaker (2.1), losing place in lecture (2.0), poor slides (1.8) and failure to speak into microphone (1.7).

The good news about the "new CME" is that lectures will be gradually supplanted by more interactive alternatives, perhaps delivered online. I'm willing to try, but I bet I'll still snooze some.

1 For details, see Academy Notebook, "Trends in CME," p. 69.

2 *CMAJ* 2004;171:1443-1445.



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