



# International Society for Quality of Life Research

Volume 14 Issue 1

Newsletter for ISOQOL Members

September 2009

## PRESIDENT'S MESSAGE

Neil Aaronson, PhD  
Amsterdam, The Netherlands



The mid-year meeting of the ISOQOL board resulted in several important decisions that are intended to strengthen the Society's scientific profile, both internally and in relation to the field, in general.

## Continuing Education Initiative

The board endorsed a proposal by Juan Dapuerto to pursue the development of an ISOQOL continuing education program on quality of life research. Specifically, a working group will be created, as a subcommittee of the Education Committee, to explore the possibility of offering workshops and other courses in a distance learning format, which may or may

not carry official continuing education credits. There are, of course, many issues that need to be thought through in organizing such an initiative, including curriculum development, choice of an appropriate business model, technology vendor, faculty, etc., but the principle of taking things beyond the traditional workshop format offered during our annual meetings represents an exciting possibility for outreach both in time and space.

## Establishment of a Science Policy and Practice Committee

Rightfully, ISOQOL is recognized as a scientific leader in the field of quality of life research. The quality of the science presented at our annual meetings is consistently high, and the influence of our journal on the field continues to grow, as is evidenced by its steadily increasing impact factor. At the same time, the board believes that the Society can and should play a more (pro)active role in setting scientific agendas, in defining the state-of-the-art of quality of life and related PRO research methodology, and in facilitating the use of PRO data in population and clinical research, clinical practice, and health policy. This requires developing processes and procedures to ensure that the Society's perspective is represented at important national and international conferences and meetings, that the Society is able to respond in a timely and public way to emerging developments in the field, including both challenges and opportunities, and that we establish an on-going program for synthesizing the field's evidence base and producing theoretical, methodological and policy position papers that reflect the current state-of-the-art. This is no easy task, particularly given the diversity of disciplines and perspectives represented within our Society. Nevertheless, it is a challenge that the Board believes we need to take on.

The proposal that was approved by the Board is to create a **Science Policy and Practice Committee**, composed of a mix of Board members, members of the Advisory Council of Past Presidents, representatives of the editorial board of the journal, and ISOQOL members at-large. This committee will be charged with developing a set of recommendations and procedures for addressing the need for: (1) a *rapid* response mode whereby ISOQOL can formally be represented at and provide input to professional meetings relevant to our Society's mission and goals; (2) a *standard* response mode that ensures (or, in any case, maximizes the likelihood) that ISOQOL's perspective will be represented in new and on-going national and international activities in the field of quality of life research; and (3) a *proactive* mode whereby ISOQOL takes the lead in producing state-of-the-art position papers on a range of methodological substantive and policy issues, to be published in Quality of Life Research and other appropriate outlets (e.g., books, our website, other journals, etc).

## Term of Office of the President

To accomplish the various goals and objectives that the Society sets for itself requires continuity in its leadership. Such continuity is ensured, to a certain degree, by the 3 year tenure of the Executive Committee (composed of the immediate past President, the current President, and the President-Elect), the 3 year term of office of the Board members and, of course, the on-going support provided by the Society's management, which not only implements and facilitates key Society activities, but also serves as our collective institutional memory.

*President, continued on page 3*

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## CONTINUING PROFESSIONAL EDUCATION: THE CONTRIBUTION OF ISOQOL

*Juan Dapuerto, MD*

In the last years, more people are becoming aware of the importance of quality of life as an outcome measure in clinical and population studies. Many of them come from the clinical field or from other health professions (nurses, social workers, psychologists, epidemiologists) that lack the adequate background and training to approach a methodology and scientific language of QOL research that has become progressively more sophisticated.

These health professionals are demanding training courses at a basic level to get familiarized with the characteristics of QOL research and its clinical applications. This was noted especially at the last ISOQOL Meeting in Montevideo. This need has been addressed through basic level workshops held at the Annual Meeting, but this approach is limited to a small number of participants who can attend the meeting.

A online distance course based on the guidelines and methods of Continuing Professional Education (CPE) courses of this kind would allow ISOQOL to address a larger audience simultaneously all over the world. At the same time, this initiative would help to bridge the gap between researchers and clinicians.

A search on distance learning courses about quality of life<sup>1</sup> offered by scientific societies (b, c, j, k), universities (d, e, g, h), private (i, l) and governmental institutions (a) shows a broad offer of courses available. Most of them are concentrated around health (e), especially in groups like elderly people (g) and terminal patients (h) or carriers of chronic diseases such as cancer (a), diabetes or multiple sclerosis, or therapeutic traditional disciplines such as acupuncture. Another highlight is the type of courses related to achieving a better quality of life in the workplace (f).

courses for the discussion of the concept of "quality of life" itself. This concept is approached in a transversal way, adapting to the thematic and target populations, as is clear in examples i, j, k and l.

The production of online high-quality continuing professional development courses is a complex process that demands familiarity with effective program and content design. Collaboration and sharing across nations has shown to be a reasonable way to improve quality, increase access, and reduce costs.

Using innovative pedagogical methodologies and technology-based distributed learning, online courses build a social network that stimulates the physician and other professionals to participate in the courses, which in turn increases learning and satisfaction with CPE. These online courses could be an extension of traditional onsite ISOQOL workshops, promoting an ongoing contact of the coordinator with the members of the learning group.

### The ISOQOL CPE Initiative

Last April, a motion for the constitution of a working group to develop an online Continuing Professional Education program within ISOQOL was presented at the Board Meeting. The Board was requested "to sanction the organization of a new working group within the Education Committee to develop a full plan and operational prospectus for a CPE to be initiated by ISOQOL, as an international body concerned with the promotion and support of quality of life research". The specific remit of the group will be to work to develop the rationale, description, logistics and budget for a CPE program based on an electronic platform in the Internet.

The Board had a very positive reaction to the project and it was seen a very interesting and promising initiative, even when it implies several difficulties that require close attention. The Executive Committee remarked that the first step would be to involve other ISOQOL members in the working group. The plan for next steps

*CPE, continued on page 7*

However, in the results there were no

## President, from page 1

In speaking with many of the previous Presidents of the Society, as well as with a number of past and present Board members, I became aware of a sense of frustration that a one year term of office does not provide sufficient time for the President to mature in his or her role, or to see new and on-going initiatives through to fruition. Being midway through my own term of office, I share that feeling. The early part of my year as President was spent learning the ropes, at the mid-year board meeting I was able to put forward and/or facilitate several important new initiatives, and now, with the summer and the Society's elections upon us, the horizon of my tenure is quickly shortening!

Although extension of the President's term of office to two years has been proposed in the past, it was always dismissed on the grounds that it would be too difficult to identify leaders willing to take on a 6 year commitment. With a bit of creative back-of-the-envelope calculations, we came up with a calculus that allows for a 2 year presidency, while limiting the term of office on the Executive Committee to 4 years. With this new construction, a new President would be elected every other year, and in any given year, the Executive Committee would be composed of the President, the Secretary-Treasurer, and either the President-Elect or the Immediate Past-President. This proposal was approved by the Board, and requires a bylaws change endorsed by the Society membership at-large. As proposed, the new term of office will take effect in 2011 (See page 5 for the results of the ballot amendment).

## A new format for the Annual Business Meeting

Traditionally, the Annual Business Meeting has been a sit-down lunch whereby, in the midst of clinking glasses and lively table conversation, the officers, board and committee members race through a busy agenda in an attempt to keep the membership informed of the ins-and-outs of the Society's business. This year, in New Orleans, we would like to try something different. We intend to keep such reporting to an absolute minimum, and to

focus rather on discussion of one or two themes. To facilitate such discussions, we will circulate the theme(s) prior to the meeting, and provide box lunches (quieter and more quickly consumed). We look forward to your participation.

## ISOQOL President's Award 2009

The field of candidates for this year's President's Award was impressive; in fact, the nominations committee was confronted with an embarrassment of riches. It is with great pleasure that I announce Professor Ron Hays as the recipient of the 2009 Award. Ron is a tireless and enormously productive scientist who has made a sustained contribution to the field of quality of life research. His keen mind and sharp wit have kept us all on our toes throughout the years. The Award will be presented at the New Orleans annual conference, at which time Ron, in his President's Award address, will have the opportunity to educate, reminisce and entertain as he sees fit.

## P4 Medicine and PRO's

This is my last opportunity to contribute to this newsletter in the role of President, and thus I want to take the liberty to wax a bit poetically, and conjecture as to where our field may take us in the years to come. In my own field, oncology, we have come a long way since 1949, when David Karnofsky, the New York-based oncologist, introduced the idea of incorporating the patient's subjective health experience (what today we call PROs) into the evaluation of new anti-cancer therapies. Today, in oncology as in many other fields of medicine, PRO's have come to be accepted as useful and, in some cases (e.g., palliative care) essential elements in the evaluation of new health care technologies and practices. The science of health outcomes/PRO assessment has merged with patient empowerment initiatives to resurface, if not redesign the highways that we travel when seeking optimal health care programs and delivery services.

The rapidly developing fields of human genomics and epigenetics promise a future that will not only prolong people's lives, but make them healthier and more

fulfilling. Leroy Hood, the inventor of the genome sequencing technology that facilitated the decoding of the human genome, speaks of a future era of "P4 medicine" – predictive, personalized, preventive and participatory. He envisions that medicine will shift away from its current reactive mode in which doctors treat the ill, to one that is preventive and proactive in nature. By sequencing an individual's genome and combining that information with other data, we will be in a position to predict the chances of an individual developing a wide range of diseases, and the likely prognosis once developed. Medical, lifestyle and behavioral interventions can be proactively introduced to reduce the likelihood of developing disease. The individual will be asked to play a greater role in prevention, early detection and treatment of chronic health conditions.

From Hood's perspective, the key to many of these advances lies in the analysis of a drop of blood, that can be used to measure 100s if not 1000's of parameters quickly, wirelessly, and interactively. It is my hope and belief that the science and technology of quality of life research faces a similar future. With the emergence of IRT-based computer-adaptive testing, we will be able to assess patients', or better yet, patients' will be able to monitor their own symptoms and functioning quickly, accurately, wirelessly and interactively. Those data may be used, together with other biomedical information, to predict future health. After all, there is, at least at this moment, probably no better predictor of future health than an individual's rating of his or her current health. They can also be used to monitor the effects of individual lifestyle changes, medical treatments, and behavioral interventions on functioning and well-being, and to modify those interventions accordingly.

As the great American philosopher (and coincidentally manager of the New York Yankees), Casey Stengel, once said: "The future ain't what it used to be." These are exciting times. My hope is that ISOQOL will play an important role in inventing that future.



## WALKIN' TO NEW ORLEANS: OCTOBER 28-31, 2009

Michael Brundage, MD, MSc & Claire Snyder, PhD  
2009 Annual Meeting Co-Chairs

In his classic song, Fats Domino proclaims that he's "walkin' to New Orleans" and that he "needs two pairs of shoes" to do the job. While we don't recommend walking to this year's annual meeting, we encourage you to fly, drive, and yes, walk, if you must, to join us October 28-31 for what we hope will be a fun, informative, and interesting meeting.



In keeping with this year's theme "Integrating HRQOL in Health Care Policy, Research, and Practice," each day of the conference will focus on a particular aspect of the theme, starting with a plenary session:

### Patient-reported Outcomes for Adverse Symptom Reporting in Clinical Trials

- **Laurie B. Burke, RPh, MPH**, Director, Study Endpoints and Labeling, OND/CDER/FDA
- **Nancy C. Santanello, MD, MS**, Vice President, Head of Epidemiology Department, Merck Research Laboratories
- **Ethan Basch, MD, MSc**, Health Outcomes Group, Memorial Sloan-Kettering Cancer Center

### Using Self-reported Measures to Assess Population Health

- **Joshua A. Salomon, PhD**, Associate Professor of International Health, Harvard School of Public Health
- **Prof. Dr. Monika Bullinger**, Institut und Poliklinik für Medizinische Psychologie, Zentrum für Psychosoziale Medizin, Univ Hamburg-Eppendorf

- **Janet A. Harkness, PhD**, Director, Survey Research and Methodology Program and UNL Gallup Research Center University of Nebraska-Lincoln, UNL Gallup Research Center

### Patient-reported Outcomes to Evaluate the Quality of Health Care Delivery

- **Carolyn M. Clancy, MD**, Director, U.S. Agency for Healthcare Research and Quality
- **Professor John Browne, PhD**, Associate Professor of Epidemiology and Public Health, University College Cork
- **David Feeny, PhD**, The Center for Health Research, Northwest/Hawaii/Southeast, Kaiser Permanente Northwest Region

At the end of each plenary session, we have invited the authors of the top-rated abstracts related to each aspect of the theme to deliver their talks to the plenary audience. These sessions will be complemented by the symposia, oral, and poster sessions that will focus on the conference theme and other relevant areas of research. As always, there will be opportunities for Special Interest Groups to meet, for student and new investigator focused activities, and for learning about our exhibitors.

Of course, the annual meeting is not about work alone, and New Orleans is exceptionally well positioned to entertain us. With help from locals, our social subcommittee has developed a 5-page "Restaurant Guide" with recommendations ranging from grand dining experiences to



informal bites to eat. We are also working on a "Things To Do Between Meals" as New Orleans has many tourist attractions to entertain and educate. For those of you worried about being gone for Halloween, we encourage you to bring your families — New Orleans has lots of kid-friendly activities.

In fact, for our conference dinner, we've planned a special event to help you get in the spirit of Halloween (yes, pun intended!). Join us at the Musée Conti Historical Wax Museum to learn about Louisiana history, dine on traditional New Orleans fare, and dance the night away. While we realize that costumes may be a bit much to ask, we invite you to wear a mask. Prizes will be given for the best masks in various categories. Stay tuned for more details!

We want to thank the over 70 ISOQOL members who have participated on the Program Committee and various subcommittees, and we look forward to seeing you all in October in New Orleans. We have no doubt that when you leave, like Louis Armstrong, you will "know what it means to miss New Orleans."



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## ISOQOL WELCOMES NEW MEMBERS

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Gina Andrade Abdala, MPH, Brazil  
Jenya Antonova, USA  
Robert L. Askew, BA, USA  
Henry Bailey, MSc, MBA, Trinidad-West Indies  
Steven Barnett, MD, USA  
Gillian Bartlett, PhD, Canada  
Murtuza Bharmal, PhD, USA  
Kelly Biegler, PhD, USA  
Paula Bray, BA, Australia  
T. Michelle Brown, PhD, USA  
Philip O. Buck, PhD, MPH, USA  
Somali Misra Burgess, PhD, USA  
Diana Camargo Lemos, MSc, Colombia  
Marcelo Canton Pombo, Uruguay  
Cynthia Chauhan, MSW, USA  
Tania Maria da Silva Mendonca, MA, Brasil  
Caroline D. Delizo, BS, Philippines  
Michael DeRosa, MA, USA  
Alciclea dos Santos Oliveira, MS, Brazil  
Amy M. Duhig, PhD, USA  
Mark Ferro, MSc, BSc, Canada  
Sofia Garcia, PhD, USA  
Sylvia Gerhards, MSc, The Netherlands  
Yomandu Gillmon, MD, Uruguay  
Lisa Hanna, RN, BN, OCN, USA  
Barbara Head, PhD, MSW, RN, USA  
Lorena Hoffmeister, MSc, Chile  
Hui Huang, PhD, USA  
Carol Jamieson, BSc, USA  
Eric Jutkowitz, BA, USA  
Irawati Lemonnier, MPH, MSc, France  
Minghui Li, MS, China  
John Maringwa, PhD, Belgium  
Francesca Martinelli, MSc, Belgium  
James W. Matheson, DPT, MS, USA  
Helen McTaggart-Cowan, MSc, UK  
Marie Elizabeth Medina Castro, PhD, Mexico  
Michael Meldahl, USA  
Anny Karinna Menezes, MD, Brazil  
Ignacio Enguix Navarro, Spain  
Papa Ibrahima Ngom, PhD, Senegal  
Veronika Ottova, MPH, Germany  
Suna Park, South Korea  
Anuprita D. Patkar, PhD, USA  
Elizabeth Paton, BA, Australia  
Sylvia H. Paz, MEd, MS, USA  
Chantal Quinten, MSc, Belgium  
Sindhu Ramchandren, MD, MS, USA  
Eduardo Remor, PhD, Spain  
Regina Rendas-Baum, MS, USA

Neusa Rocha, MD, Brazil  
Gudrun Rohde, PhD, Norway  
Jose Guadalupe Salazar Estrada, MD, PhD, Mexico  
John Saroyan, MD, USA  
Cindy Schaumberg, MSW, USA  
Rodrigo Sepulva, MA, Chile  
Adena E. Shoshan, MA, Psy.D, USA  
Stephen Smith, BSc, UK  
Lixin Song, PhD, USA  
Jose Carlos Souza, PhD, Brazil  
Brian Stucky, USA  
Kenneth Tang, MSc, Canada  
Marisa Lorena Torres Hidalgo, MD, Chile  
Bernard Van den Berg, The Netherlands  
Lisa Vinney, MS, USA  
Inka Wahl, Germany  
Wahid Wassef, MD, MPH, USA  
Michele White, PhD, USA  
Julie Winstanley, PhD, Australia  
Min Yang, MD, PhD, USA  
Tracey Young, BSc, MSc, UK  
Amir H. Zargarzadeh, PharmD, USA



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## ISOQOL 2009 ELECTION RESULTS

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*Congratulations!*

### **PRESIDENT-ELECT**

**Carol Moinpour**, Fred Hutchinson Cancer Research Center, USA

### **BOARD MEMBER**

**Michael Brundage**, Queen's University, Canada

**Henrica de Vet**, EMGO Institute VU Medical Center, The Netherlands

**Joanne Greenhalgh**, University of Leeds, United Kingdom

**Kathleen Wyrwich**, United BioSource Corporation, USA

**Bylaws Amendment:** passed



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## BUILDING ON HAYS' SUCCESS: GOALS AND PERSPECTIVES OF INCOMING QUALITY OF LIFE RESEARCH CO-EDITORS-IN-CHIEF

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Carolyn E. Schwartz, ScD and Dennis A. Revicki, PhD



In June 2009, the journal *Quality of Life Research* transitioned to its fourth Editor-in-Chief with a team of two Co-Editors-in-Chief to manage the increasing flow of manuscripts. In this role, we are honored and delighted to lead the journal in its continued growth, after the able leadership of Ron Hays and, before him, Neil Aaronson and Maurice Staquet. Our goals for the journal are both scientific and operational, and we would like to share these intentions with the ISOQOL membership.

### Scientific Goals

The journal needs to encourage and document three parallel developments in the field of QOL research: theoretical, methodological, and clinical applications.

- Theoretical contributions have an important impact on the field but are often the most difficult to publish. We would like to see more articles that propose theoretical models and evaluations of these models using observed data.
- Methodological articles will be encouraged that include a mix of different methodologies, including both qualitative and quantitative research approaches. We would like to facilitate articles on relevant research methods and practice that will help advance the field of health-related quality of life research. Possible topics include: (1) application of linear growth curve models for analyzing clinical trial data; (2)

qualitative methods for developing instruments and for assessing content validity (i.e., evidence of saturation, etc.); (3) optimal use of mixed methods (i.e., qualitative and quantitative) in patient-reported outcome instrument development; (4) advantages and disadvantages of different methods for measuring utilities and for estimating quality-adjusted life years; (5) recall bias in PRO measures and impact on assessing treatment differences in clinical trials; (6) modern measurement theory methods and applications, including those addressing unique challenges of IRT analyses of health outcome data; and (7) head-to-head comparisons of methods for assessing similar constructs or meta-constructs (e.g., response shift, minimally-important difference, etc.).

- The journal will continue to publish clinical applications of health-related quality of life measures. Articles that investigate the impact of novel QOL methods and measures (e.g., IRT-based measures and CAT) or historical changes (e.g., FDA guidance) on clinical practice would be welcome.
- We will actively solicit special sections on emerging areas in QOL research. These special sections would involve assembling 3-4 articles with a common theme which would appear in a single issue. These sets of articles could be assembled from unsolicited and/or solicited manuscripts. We welcome the insights of the readers of *Quality of Life Research* about relevant topics.
- Invite commentaries on important research application, measurement and other issues that are current controversies in health-outcomes assessment and the application of patient-reported-outcome measures. These commentaries could include point-counterpoint interchanges. We are consulting with the ISOQOL Board about ideas for state-of-the-art method papers.

### Operational Goals

Our primary objective is to improve the journal's stature and impact. This goal will be accomplished by improving the speed and efficiency of publication as well as increasing the journal's impact factor.

- To improve the speed and efficiency, we will need to work with the Editorial Board and ad hoc reviewers. We will be working with the Associate Editors (AE) to be more conscious of how long various manuscripts in their portfolio have been under review. We will also be recruiting several new AE's to replace AE's who have or will soon rotate off the Board.
- We will work with the publisher to investigate options for managing the reviewer data base so that it is easier for the Associate Editors to search and find reviewers with relevant expertise and ability to provide high caliber reviews. We will also be actively recruiting and training young investigators to serve as reviewers for the journal.
- To increase the journal's impact factor, we are in the process of investigating what are the common characteristics in high-impact manuscripts using tools such as Web of Science, the Hirsch Index, and compendia of high-impact articles provided by other journals in our field. Although it is generally stated that reviews, guidelines, and key methods papers have high impact, our initial analysis suggests that state-of-the-art measurement methods papers and theoretical and early papers portending new fields are also quite high in impact. As our analysis moves forward, we will plan to invite and encourage articles that seem to have the high-impact profile.

As an ISOQOL member, your input and involvement in the journal's success is critical. Serving as a reviewer and possibly as an AE is an important leadership role that each member can play. Most fundamentally, however, it is very important to contribute your finest manuscripts to the journal so that we as a Society can increase the journal's impact factor.

In summary, we are delighted to serve as the Co-Editors-in-Chief for the next several years. Each of us has a clear role or roles that we can plan and develop toward this success. We look forward to working with each of you to contribute to the success of the journal. We will report on journal activities and progress in future newsletter articles.



## CPE, from page 2

will be presented to the ISOQOL Board meeting in October 2009.

This project is quite complex and requires the participation of experts in the fields of education, accreditation process in the US, Canada and Europe, IT technologies, and fundraising.

The general guideline of the topics to be discussed by the WG is:

- *Teaching group and advisors*  
The teachers of these courses will be ISOQOL members who will volunteer to work on the design and coordination of specific modules according to their expertise in the field and previous experience in organizing workshops at the various ISOQOL meetings.
- *Target audience: students, clinicians, researchers, general public*  
Initially the suggested target audience should be clinical practioners and other health professionals.
- *Language: English or multilingual courses*  
Initially all courses will be held in English. However the different Chapters will be requested to collaborate in the translation and cultural adaptation to make them reachable to specific audiences.
- *Thematic map and Pedagogical Strategies*  
To be defined by the Working Group in association with the scientific advisors.
- *Explore possibilities for accreditation in the US, Canada and Europe*
- *Technical requirements and Technical support*
- *Resources and Funding strategies*  
The Working Group (WG) will evaluate the requirements and will come up with a prospectus on the financial needs of the project and the possible ways of funding.

## Current Status and Future Steps

So far, Kathy Wyrwich, who was recently designated as the new Education Committee Chair, former EC Chair Carolyn Gotay, Sharon Wood-Dauphinee, who has a large experience in QOL Workshops aimed at general practioners and health professionals as well as in the accreditation process in the Canada and the US, have expressed their interest in participate in this project.

All ISOQOL members willing to make contributions and to be a member of the Working Group are very welcome.

The Working Group, a Subcommittee of the Education Committee will have a meeting during the ISOQOL conference in New Orleans. Hopefully, the WG will be able to invite one or two experts to help us put the pieces together, one on the technical aspects and one on CPE methodologies.

Again, everybody is invited to provide feedback and join this initiative. Please contact Juan Dapuzeto at [jdapuzeto@hc.edu.uy](mailto:jdapuzeto@hc.edu.uy).

### **<sup>1</sup>E-learning experiences on quality of life education:**

- a) Scotland. National Health Services. Maintaining Quality Of Life In The Presence Of Distressing Symptoms: [http://www.pcmsc.scot.nhs.uk/Modules\\_Distance\\_Learning/profile/default.asp?ModuleID=23](http://www.pcmsc.scot.nhs.uk/Modules_Distance_Learning/profile/default.asp?ModuleID=23)
- b) Australian Centre on Quality of Life: [http://acqol.deakin.edu.au/current\\_projects/index.htm](http://acqol.deakin.edu.au/current_projects/index.htm)
- c) Hong Kong Society for Quality of Life: <http://www.hksoqol.org/>
- d) University of Toronto, Quality of Life Research Unit: <http://www.utoronto.ca/qol/unit.htm>
- e) Universidade de Campinas. Especialização: Nutrição, Saúde e Qualidade de Vida: <http://www.extecamp.unicamp.br/materia195.asp>
- f) Associação Brasileira de Qualidade de Vida. Curso Online em Qualidade de Vida:

- g) [http://www.abqv.org.br/noticias\\_leitura.php?id=43](http://www.abqv.org.br/noticias_leitura.php?id=43)
- g) University of Minnesota. Epidemiology and Community Health: [http://www.epi.umn.edu/students/pdf/Su06\\_6904.pdf](http://www.epi.umn.edu/students/pdf/Su06_6904.pdf)
- h) University of Dundee, the College of Medicine, Dentistry and Nursing, The Distance Learning Centre: [http://www.celticscholar.com/docs/1BN\\_US\\_brochure.pdf](http://www.celticscholar.com/docs/1BN_US_brochure.pdf)
- i) Institución educativa privada: <http://www.arcmesa.org/>. ArcMesa Educators is a fully accredited CME/CE provider and a full service content developer of continuing education programs for the professional medical community. Sample: [http://www.accelacast.com/programs/arcmesa\\_001/](http://www.accelacast.com/programs/arcmesa_001/)
- j) Scientific Society: <http://www.gastro.org/wmspage.cfm?parm1=2>. The American Gastroenterological Association (AGA) is dedicated to the mission of advancing the science and practice of gastroenterology. Samples: <http://www.gastro.org/wmspage.cfm?parm1=3276> <http://www.gastro.org/wmspage.cfm?parm1=6404>
- k) EDTNA/ERCA Education Board. Online course program by the European Association of Nurses in Nephrology in 2003. Addresses the effects of mood chronic renal disease, the measurement of quality of life and improve the daily walks and holidays, in addition to web resources, print literature, and self-evaluation tools: <http://www.edtnerca.org/pdf/continuingeducation/QualityofLife.pdf>
- l) Managing Patients with COPD: Improving Health-Related Quality of Life Outcomes. This course is taught by CE-Today-oriented non-medical health personnel, accredited by the American College of Nurses Practitioners. Allows the students to choose the format - audio, multimedia, print or podcast: <http://www.cme-today.com/cd/cd0116/ab0560.htm>



**2009 ISOQOL Annual Conference**  
**October 28 - 31, 2009**  
 New Orleans, Louisiana, USA

*Integrating HRQOL in Health Care Policy, Research, and Practice*



**Wednesday, October 28**

9:30 am - 12:30 pm Morning half-day workshops  
 1:30 - 4:30 pm Afternoon half-day workshops  
 5:00 - 6:30 pm Welcome Reception

**Thursday, October 29**

8:30 - 10:30 am	Plenary Session 1	2:00 - 3:00 pm	4 Concurrent Sessions (papers)
10:30 - 10:45 am	Paper Presentation	3:00 - 4:00 pm	Poster Tours/Meet the Author
10:45 - 11:30 am	Poster Viewing	4:00 - 5:00 pm	4 Concurrent Sessions
11:30 am - 12:45 pm	4 Concurrent Sessions (papers)	5:00 - 6:30 pm	SIGs/Satellite Meetings
12:45 - 2:00 pm	Lunch/SIG meetings	6:30 - 7:45 pm	Mentor/Mentee Reception

**Friday, October 30**

8:30 - 9:00 am	President's Award Address	1:00 - 2:45 pm	Business Meeting and Discussion
9:00 - 10:30 am	Plenary Session 2	2:45 - 4:15 pm	4 Concurrent Sessions (papers)
10:30 - 10:45 am	Paper Presentation	4:15 - 5:15 pm	Poster Tours/Meet the Author
10:45 - 11:45 am	Meet the Exhibitors/Poster Viewing	5:15 - 6:30 pm	SIGs/Satellite Meetings
11:45 am - 1:00 pm	4 Concurrent Sessions (papers)		

**Saturday, October 31**

8:30 - 10:00 am	Plenary Session 3	2:15 - 3:15 pm	4 Concurrent Sessions (papers and symposia)
10:00 - 10:15 am	Paper Presentation		
10:15 - 10:30 am	Invitation to 2010 Meeting	3:30 - 4:45 pm	4 Concurrent Sessions (papers and symposia)
10:30 - 11:30 am	Poster Tours/Meet the Author		
11:30 am - 1:00 pm	4 Concurrent Sessions (papers and symposia)	4:45 - 5:30 pm	Poster Viewing/Special Meetings
		7:00 pm	Optional Closing Dinner
1:00 - 2:15 pm	Lunch/SIG meetings		

*Visit [www.ISOQOL.org](http://www.ISOQOL.org) for more details and registration information.*

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- \* Participation in a variety of committees
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