

## HIGHLIGHTS OF THE FALL MEETING

### Friday, November 2, 2001

- Morning: Board meeting
- Noon: Finance Committee meeting
- Afternoon: Workshop on focus groups given by Jane Tipping. This session will give tips on how to conduct these groups for both research and activity evaluation.
- Evening: Program Committee, Research Endowment Council and Communications Task Force meetings

### Saturday, November 3, 2001

- Morning:
  - Research and Membership Committee meetings
  - Research in CME and Best Practices: Attendees will be presenting abstracts of research and best practices. Presentations may focus on work in progress or completed projects. Submission forms can be found on the website and must be received by October 4, 2001.

- Afternoon: Plenary Session
  - Dr. Nancy Davis will speak on the AAFP's efforts in advancing evidence-based CME.
  - Dr. Stephen Miller from the ABMS will give an update on recertification and implementation of the competencies.
  - Dr. Larry Green will discuss the implications of practice based research networks for CME.
  - Respondents from SACME will reflect on the implications for technology, learning and our organization.
- Evening: New member orientation and SACME reception

### Sunday, November 4, 2001

- Morning:
  - Business meeting breakfast
  - GEA/SACME/OSR/ORR session on professionalism

### Monday, November 5, 2001

- Afternoon: GEA/CME Section Plenary Session on organizational models across the continuum

For more details, turn to page 3.

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## SACME FALL MEETING

(in conjunction with the Annual Meeting of the  
Association of American Medical Colleges)

November 2-5, 2001

Washington, D.C.

Hilton Washington and Towers  
and Hotel Churchill

# FROM THE PRESIDENT

## MOVING FROM SILVER TO GOLD: SACME'S NEXT 25 YEARS

BY BARBARA BARNES, M.D., MS

Three months after SACME was founded, I entered practice as a general internist in a small town. Life was good – medical decisions were left up to my patients and me, insurance companies paid the amount that I billed, and the local hospital encouraged me to keep patients as long as medically necessary. Health care has changed a lot since then. So has CME.

Since 1976 SACME has matured as an organization: forming, norming, and occasionally storming to develop its identity and define its role. In this new century, we find ourselves moving to the center of a debate about the future of our field. CME, in its traditional form, battles a literature denouncing its efficacy and a public questioning the influence of commercial interests. It is no longer sufficient to develop activities. We are challenged to find ways to reduce variation in physician practice, resulting in improved health care quality and reduced costs. Now that SACME has formed it is time to perform: to translate the current body of educational theory and research into practice and to use the outcomes of our activities to inform future theory and research.

The Society's leadership convened in Calgary in June to develop the organization's strategy for the upcoming year and determine how we can respond to the challenges of our environment. It quickly became apparent that, in order to achieve these lofty goals, we must have a firm foundation and structure. SACME's maturation resulted in engagement of an executive secretariat, assumption of financial responsibility for the fall meeting, and increased committee work. These activities are critical for our expanded role but they also come at a price. Our current budget reflects an operating deficit that will be covered by transferring funds from reserves. Recognizing that this approach is not sustainable, the leadership has developed a broad-based strategy to achieve budget neutrality including:

- Increasing membership. Regional representatives will be reaching out to non-member schools and we will also be seeking additional members from currently participating institutions.

- Changing the dues structure. A proposal will be made at the Spring meeting for a small increase in Voting Members' dues. If the proposed Bylaws changes are adopted, all members will have voting status and therefore will be subject to the new rate.
- Making spring and fall meetings profitable. The Board will become more active in the development of budget guidelines for both meetings, external support will be solicited, and strategies will be developed to increase attendance.
- Reducing operating costs. The contract with the Executive Secretariat has been renegotiated at the previous rate. All budget line items have been reviewed and those that are traditionally not expended have been eliminated.
- The Board will explore opportunities for revenue generation, including contracts and other sources of extramural funding for special projects.

These initiatives will give us the resources to support SACME's role in shaping the future of CME. No one knows what health care or CME will look like in 25 years but we do feel assured that SACME and its members will play a leadership role in helping physicians improve the health of their patients and communities.



### INTERCOM

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# RICME WORKSHOP AT THE FALL MEETING

By Jan Z. Temple, Ph.D.

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The RICME Workshop, "How to Design and Conduct Focus Group Interviews," will be held on Friday, November 2, 2001 from 1-5 pm at the Hilton Washington and Towers in Washington, D.C.

The use of focus groups as an educational tool continues to grow in popularity. Focus groups provide educational researchers, planners, and evaluators data that are both rich and convincing. Data collected in this manner explain many riddles that more objective research cannot and often provide the investigators with informative surprises. They can be invaluable as a tool for analyzing learner perceptions and responses to a variety of educational events and outcomes.

This highly practical and experiential workshop will provide the participant with tips on:

- How to design an interview schedule
- How to select participants
- How to conduct a group interview
- How to interpret results of data collection

In addition, the role of focus groups in determining learning needs and in evaluating the effectiveness and outcomes of educational interventions will be discussed.

The presenter will be Jane Tipping, MA.Ed., an educational consultant from Toronto with more than 25 years experience in continuing professional development. She has extensive theoretical and practical background in adult education and faculty development and has applied these fields specifically to continuing professional and medical education.

Registration information will be included in the SACME Fall meeting information packet or call the Secretariat at (205) 978-7990.



## SHARE YOUR KNOWLEDGE AND EXPERIENCE

By Jan Z. Temple, Ph.D.

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SACME Research in Continuing Medical Education is issuing a final call for abstracts for CME Research and CME "Best Practices" sessions at the Fall meeting. Both sessions will be held on Saturday, November 3, 2001 at the Hilton Washington and Towers in Washington, D.C.

The Research Endowment Council requests submission of abstracts for research papers for the research session. Four types of proposals are encouraged:

- Work in very early stages
- Work in progress
- Completed results
- Review papers

Presentations will be approximately ten minutes in length. Applications are available online at the SACME website. Deadline for receipt of abstracts is October 4, 2001.

The SACME Program Committee and Research Committee request submission of abstract briefs for the "Best Practices" session. Practices should reflect positive impacts/creative directions in the areas of education, administration, and/or research and should address potential contributions to the advancement of the profession.

Presentations will be approximately seven minutes in length. Applications are available online at the SACME website. Deadline for receipt of abstracts is October 4, 2001.

# PROPOSED NEW SOCIETY BYLAWS READY FOR MEMBERSHIP'S VOTE

By Paul J. Lambiase

Past President and Chair, Bylaws Committee

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In 1999, the SACME's Board of Directors charged that a formal review of its Bylaws be conducted. The last revisions to Society Bylaws had been approved in February 1994. Since that time a variety of changes have influenced the organization and structure of CME as well as of our Society. Proposed Bylaws changes were disseminated to the membership for discussion. During discussions at each successive Society meeting, however, more issues were raised and further dialogue was indicated. Most members participating in the discussion during the Spring 2001 meeting felt we were ready to proceed with a vote on a final version at the Fall 2001 meeting.

A near final draft was placed on the Society website and sent to the listserv in August with a request for final comments. A paper copy was sent to those members not on the listserv.

While changes to the Bylaws were numerous, many were minor in nature. The most significant redefined the Society's mission and objectives and restructured membership eligibility criteria. The final version can be viewed on the website at: <http://www.sacme.org/new.htm>

By the time this issue of *Intercom* goes to press, you should have received by mail two copies of the final version of the proposed new Bylaws. One copy will indicate the changes over the previously approved version. The second copy will be a clean version, provided for ease in reading. Please take a few moments to review these.

The formal vote will occur during the Business meeting in the Churchill Hotel (formerly Sofitel), Washington, D.C., Sunday morning, November 4, 2001. The meeting will begin at 7:00 a.m. All Voting Members present will vote using ballots provided on site. If you are a Voting Member and know you will not be at the Fall meeting, you may designate an Associate Member from your institution who will be present to vote as your proxy. Please send proxy notices to the Society Secretariat.

My sincere appreciation to the SACME Board of Directors and to the following individuals who are members of the Bylaws Committee and who have participated in and supported me throughout this process:

John Boothby, Medical College of Virginia (Co-Chair)  
Robert Cullen, Ph.D., Veterans Administration  
Susan Duncan, M.Ed., University of Texas, San Antonio  
Rynda Gibbs, MPA, University of California, San Diego  
R. Van Harrison, Ph.D., University of Michigan, Ann Arbor

A special thank you goes to **Bob Taylor-Vaisey** for his intensive reviews and suggestions and to **Anne Taylor-Vaisey** for her continuing efforts to make the information readily and easily available on the Society website.



# MEMBERSHIP NEWS: SACME

## WELCOMES NEW MEMBERS

By Susan P. Duncan, M.Ed., CMP  
Membership Chair

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The Society for Academic Continuing Medical Education is pleased to welcome a number of new members to our organization. The following members have been confirmed since the Spring 2001 Society meeting:

**Michael Allen, M.D.**, Director of Special Projects, Dalhousie University Continuing Medical Education, Halifax, Nova Scotia, Canada

**Judy Jarrell, Ed.D.**, Director, Continuing Medical Education, University of Cincinnati, Cincinnati, Ohio

**Lee Manchul, M.D., FRCPC**, Director of Continuing Education, Department of Radiation Oncology, University of Toronto, Toronto, Ontario, Canada

**Joan Sargeant, M.Ed.**, Director of Program Development and Evaluation, Dalhousie University Continuing Medical Education, Halifax, Nova Scotia, Canada

**Colleen B. Storino**, Administrator, Mayo School of Continuing Medical Education, Mayo Foundation, Rochester, Minnesota

**Jacqueline G. Wakefield, B.A., M.D.**, Professor Emeritus, Family Medicine, and Program Director, Education Research Services, Foundation for Medical Practice Education, McMaster University, Hamilton, Ontario, Canada

**Andrea Waller, MPH**, Manager, Medical Relations/CME, Children's Hospital of Pittsburgh, Pittsburgh, Pennsylvania

SACME is pleased to welcome all of our newest members and hopes that they will be able to attend the Fall meeting of the Society for Academic Continuing Medical Education that will be held in conjunction with the Association of American Medical Colleges annual meeting in Washington, D.C., in November. At the Fall meeting, there will be a Member Orientation (planned especially for new members, but an opportunity to update all members) and a welcome reception. Welcome to the Society!!

## SACME MEMBERSHIP STATISTICS

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The Society's Executive Secretariat is currently processing membership renewals for the 2001-2002 year. As of the day this issue of *Intercom* went to press, the following applications/renewals had been received:

80 Voting Members  
40 Associate Members  
15 Emeritus Members  
6 Continuing Members  
5 Honorary Members  
1 Information Member

Thus, the total 2001-2002 roster includes 147 members as of September 20, 2001. Eighty-one membership renewals are still outstanding at this point. The Secretariat urges all members who have not yet sent in dues payment for 2001-2002 to do so as soon as possible. All members who have paid their dues will be listed online at [www.sacme.org](http://www.sacme.org) in the Members' Only area. For log-in information, contact the Executive Secretariat by phone at (205) 978-7990 or by e-mail at [sacme@primemanagement.net](mailto:sacme@primemanagement.net). If you have paid dues but are not listed online, make sure to contact the Secretariat to clarify your status.



# NEWS FROM THE AMERICAN MEDICAL ASSOCIATION

By Dennis K. Wentz, M.D.

Director, Division of Continuing Physician Professional Development

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All of us in the Division hope you have had a productive but restoring summer. We welcome this regular opportunity to bring CME issues of special concern to the SACME membership.

The educational campaign on Communication of Ethical Guidelines on Gifts to Physicians from Industry kicked off on August 21, 2001 with the mailing of an information packet to more than 5,300 individuals and institutions, including the dean of your medical school. Our campaign website, [www.ama-assn.org/go/ethicalgifts](http://www.ama-assn.org/go/ethicalgifts), is up and running with future educational modules in the pipeline. Our Educational Advisory Committee, chaired by SACME member R. Van Harrison, is developing these modules for use at the local level.

The Annual Meeting of the American Medical Association House of Delegates (AMA HOD) provided an opportunity for the “AMA Town Meeting” on CME/ CPPD. During the lunch break participants were able to view exhibits on innovative approaches to CME and I am pleased to report that several of the exhibits came from medical schools: the Medical College of Wisconsin, the University of Illinois College of Medicine (Rockford), Stanford University and the University of Alabama at Birmingham.

The issue of CME activities teaching new procedural skills received close scrutiny at the June 2001 HOD meeting. Since AMA PRA requirements for procedural courses have previously worried some members of the academic community, we thought this a good time to revisit the AMA’s view of education in new

procedures – always an important area for medical schools and affiliated institutions.

Academic medical centers conduct the majority of “procedural/skills” courses and mini-fellowships teaching new procedures. Physicians usually take these courses in order to learn new surgical, diagnostic or therapeutic procedures, and as a result must request new or expanded clinical privileges at their health care institution.

First, how did we get here? The story begins in the early 1990s, with the arrival of minimally invasive surgery, laser surgery, and especially laparoscopic cholecystectomy. Today, we estimate that 90% of cholecystectomies are performed with non-invasive laparoscopic techniques, but then it was virtually experimental. Intense media coverage coupled with considerable clinical advantages had patients demanding the new technique. Academic departments of surgery had not yet accepted this new approach, were not teaching it to residents, and certainly were not in a position to respond to the demand from practicing surgeons. As a result thousands of physicians found “short” courses, in a variety of other settings, to learn the techniques. These physicians then returned to their hospitals and requested new or expanded hospital privileges. The decision was a difficult one for hospital credentialing committees because they had no more information than a certificate of CME credit, if that, on which to base their decision. Further, they rarely knew the quality of the institution offering the course.

Prior to current rules for granting AMA PRA credit for such “procedural” courses, the AMA had developed the CME Learning Assessment Form (CLAF) through a consortium of national organizations concerned with credentialing and privileging. These included the Joint Commission (JCAHO), the American Hospital Association (AHA), the AMA, and the American Board of Medical Specialties (ABMS). After CLAF was adopted by the AMA HOD in 1992, it was jointly disseminated by the AHA and the AMA. The consortium recommended that new or expanded clinical privileges only be awarded when a physician could document their education using this form. Course directors or faculty members were expected to answer the question, “At the completion of the course, did the physician participant demonstrate achievement of the course learning objectives relating to skills listed under #3 on this form?”

From the outset, institutional stakeholders struggled with the potential liability CME providers might face when they document physician achievement in new procedures. The CLAF was clear on this point: “This form is not intended to document competency in a specific procedure.” The course director’s signature followed a statement that said:

“Decisions regarding privileging are the responsibility of the health care institution. Therefore, this form provides information relating only to the attendee’s performance at this particular course. The course director cannot and does not represent that the participant will perform the clinical procedures or techniques taught during this course in a non-negligent manner.”

The issue was still far from solved. Although hospital credentialing committees wanted the form, CME providers were reluctant to use it. As a result the AMA engaged the issue once again and in 1995 the HOD (Policy H230.964) called for all institutions/organizations teaching clinical skills training courses to follow a set of General and then Specific Guidelines (somewhat similar to the requirements of the ACGME and its residency review committees). The Specific Guidelines for each new procedure were to be developed “in cooperation with specialty/subspecialty societies.” Without a central mechanism to address the myriad emerging new technologies, this approach also fell short. Finally, in 1997, the HOD adopted the current AMA PRA requirements (Policy H300.948) and our existing rules were implemented.

If you are not familiar with these rules, please refer to the AMA PRA Provider Information Booklet, version 3.0, pp. 12-19 (also available online in pdf format at [ama-assn.org/praprovider](http://ama-assn.org/praprovider)). What the new guidelines integrated to address the liability question was a tiered system wherein providers must state one of four “level[s] of achievement” by the physician. Thus, a provider designating AMA PRA credit for a course teaching new procedures and skills would provide explicit guidance to the authorities awarding new or expanded hospital privileges for attendees. To

accommodate these activities a different designation statement was instituted; for example, the designation statement for a level 2 activity reads as follows (page 18):

“The [name of provider] verifies that this physician has earned [number of credits] category 1 credits toward the AMA PRA by meeting all specified learning objectives for the level 2 classification [name of course], in accordance with the AMA guidelines on Continuing Medical Education on New Procedures and Skills.”

In summary, providers can only verify attendance for level 1 didactic courses, but for level 2 courses they must verify satisfactory completion of course objectives. In level 3 courses providers confirm proctor readiness and level 4 courses (the highest) require they verify physician competence to perform the procedure.

Some have pointed out that CME would be better if it always had such outcome objectives!

The June 2001 HOD report that triggered this commentary (of procedure-based CME) was originally introduced by a specialty society that wanted to clarify the issue of non-physician participation in courses teaching complex diagnostic, therapeutic or surgical procedures. An AMA Council on Medical Education report outlined the options, and the following policy was adopted by the HOD:

1. The American Medical Association will encourage the Accreditation Council for Continuing Medical Education, the American Academy of Family Physicians, and other groups that accredit providers of continuing medical education (CME) to adopt the principle

that CME should be focused on physicians. Courses teaching complex diagnostic, therapeutic, or surgical procedures should be open *only* to those *practitioners* and/or *sponsored members of the practitioner’s care team* who have the appropriate medical education background and preparation to ensure patient safety. This should not be construed to limit access or apply to programs leading to life support certification, e.g., ATLS, ACLS. [*italics added*]

2. Non-physicians attending courses teaching complex diagnostic, therapeutic, or surgical procedures may receive certificates of attendance but not certificates indicating or implying competence to perform those procedures.

3. Evidence of attendance at CME programs should not be used to extend the scope of practice or area of functioning of any non-physician practitioner.

The policy is in effect now; however, CPPD in concert with the Council on Medical Education will sort out the implications of this new policy, which will be reflected in the next iteration of the AMA PRA information booklets. In the meantime, since medical schools are the accredited CME providers most often providing such courses, please review this new policy with your staff and perhaps your CME committees. [The entire report is available as AMA Council on Medical Education Report 2, Annual (June) 2001.]

If you have questions or need clarification, please contact Charles Willis, Greg Paulos, or myself @ (312) 464-5531—or via e-mail at [charles\\_willis@ama-assn.org](mailto:charles_willis@ama-assn.org), [greg\\_paulos@ama-assn.org](mailto:greg_paulos@ama-assn.org), or [Dennis\\_Wentz@ama-assn.org](mailto:Dennis_Wentz@ama-assn.org).

# LOOK AT WHAT IS HAPPENING IN CHARLESTON IN APRIL DURING SPRING MEETING!

By Odessa Ussery, M.Ed.

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## **55th Annual Festival of Houses and Gardens**

March 14 - April 13, 2002

Charleston, SC

Phone: (843) 722-3405

Website: [www.historiccharleston.org](http://www.historiccharleston.org)

Sponsored by the Historic Charleston Foundation this festival features rarely seen interiors of approximately 150 private homes and gardens in 11 of Charleston's historic neighborhoods. Stroll through distinctive private gardens. Reservations are strongly encouraged! Please call (843) 722-3405 for information or to purchase tickets. Festival proceeds will support preservation and restoration efforts in Charleston and the South Carolina Lowcountry.

## **Family Circle Cup 2002**

April 13 - 21, 2002

Daniel Island Tennis Centre

Charleston, SC

Phone: (800) 677-2293

Website: [www.familycirclecup.com](http://www.familycirclecup.com)

The Family Circle Cup Tennis Tournament is returning to its new home on Daniel Island for the second year. The Daniel Island Tennis Centre is a short drive from downtown Charleston. The Family Circle Cup is the longest running professional women's tennis tournament in the United States. For more information on tickets, please call (800) 677-2293.

## **But Best of All....2002 SACME Spring Meeting**

And of course, the 2002 SACME Spring Meeting will be the best reason to be in Charleston April 10-14. The meeting will be held at the Doubletree Guest Suites Hotel right in the middle of the Market and historic areas.

Doubletree Guest Suites Hotel

181 Church Street

Charleston, SC 29403

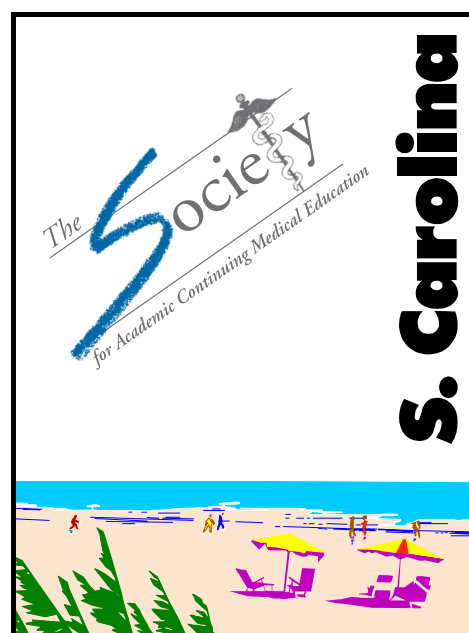
Direct Phone: (843) 577-2644

A special suite rate of **\$169** single or double occupancy has been negotiated at the Doubletree Guest Suites Hotel. Room space will be held until **March 9, 2002**. When making your reservation please reference the Society for Academic Continuing Medical Education. A limited number of guest rooms have been reserved, and they will be assigned based on availability (first come—first served). Please be aware that the room block may be filled prior to March 9, 2002; in such case, neither the group rate nor guest room availability can be guaranteed. Therefore, we recommend that you make your reservations as early as possible.

The website address for the Charleston Visitor's Bureau is [www.charlestoncvb.com](http://www.charlestoncvb.com).

The website for the Doubletree Guest Suites Hotel is [www.hilton.com/doubletree/hotels/CHSCSDT/index.html](http://www.hilton.com/doubletree/hotels/CHSCSDT/index.html)

Continue to watch the *Intercom* for more information on the 2002 Spring Meeting.





# WOMEN'S HEALTH PROJECT

## EXECUTIVE SUMMARY

By Linda K. Gunzburger, Ph.D.

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The goal of the SACME Women's Health Project is to create a directory of medical specialty organizations and associations in the form of a "virtual notebook" – a web accessible database – that describes the organizations' philosophies and opinions concerning women's health issues. This notebook will highlight each group's definition of women's health and describe how those issues comprise a critical portion of medical education.

From mid-December to late January, research was completed in order to locate web addresses for major specialty organizations and associations, especially those which correspond with the major areas covered in the rotation of medical students (i.e., surgery, obstetrics and gynecology, psychiatry, pediatrics, and family medicine).

Once web addresses were located, the original list was narrowed to a core list of those groups that provided focus in the six rotation areas. A database was then created of vital statistics from these groups including addresses, contact persons, phone numbers, and web addresses.

A draft of a short survey/questionnaire was composed. The purpose of the survey was to request the organization's definition of women's health and the opinion of the organization on what every physician should know about women's health issues. A copy of the survey is replicated on page 10.

During January the survey was distributed via e-mail to the groups listed in the database. From February to the present, responses have been collected and summarized. For those organizations with no established definitions of women's health, a search was conducted at each group's website to find any statements concerning women's health.

After completing the literature search and reviewing and analyzing the responses from key personnel and leaders within the associations and societies surveyed, we found that the survey did not yield a single definitive description of women's health. Using the criteria of the Society for the Advancement of Women's Health Research we propose the following as a working definition of women's health:

Medical practice . . . "which seeks to improve the health of women through scientific evidence-based clinical practice and research. This approach is necessary due to the mounting concern that the health of all American women may be compromised due to biases in biomedical research." Women's health seeks to address the need for greater attention both for what are often known as "women's diseases," such as breast cancer, osteoporosis, and reproductive cancers, and for diseases such as heart disease and lung cancer. We urge clear statements of learning needs and solutions via scientific evidence-based medicine, best clinical practice, research, and consistency of universal quality care.

On October 30, 2000, the Project Advisory Panel met at the Association of American Medical Colleges annual meeting. Advisory Panel members include:

- **M. Brownell Anderson**  
Associate Vice-President  
AAMC
- **Charles R.B. Beckmann, M.D.**  
Department of Obstetrics and  
Gynecology  
University of Missouri – Kansas  
City School of Medicine
- **Lee Lee Doyle, Ph.D.**  
Associate Dean of CME  
University of Arkansas – School of  
Medicine
- **Ruth-Marie E. Fincher, M.D.**  
Vice Dean for Academic Affairs  
Medical College of Georgia –  
School of Medicine
- **Linda K. Gunzburger, Ph.D.**  
Clinical Professor  
University of Illinois – Chicago  
Chair of Advisory Panel
- **Joseph E. Scherger, M.D.**  
Associate Dean for Clinical Affairs  
Professor and Chair, Department  
of Family Medicine  
University of California – Irvine,  
College of Medicine
- **Rebecca Williams, M.D.**  
University of Illinois – Chicago

The panel reviewed survey data from the specialty societies and the responses from the United States and Canadian medical schools and discovered that much of the core curriculum of women's health dealt with reproduction only. The panel recommended a greater emphasis on prevention, cardiology, diabetes, cancer, hypertension, obesity, kidney and liver diseases, depression, and psychiatric problems. Dr. Joseph Scherger strongly suggested women's health be considered as an opportunity for good health and establish a primary care focus.

Since our meeting a large specialty society called a retreat on these essential topics and is establishing a plan.

Our group is in discussion with Dr. R.B. Beckmann on his new edition of his text. Dr. Beckmann will suggest key primary care content to be included for medical students, residents, faculty, and clinicians.

The project is on time and on schedule. Our goal is to have a primary care focus endorsed by the societies and schools. Our work has already served as a spark plug to initiate dialogue within each group.

For information please contact L.K. Gunzburger at (630) 887-0464 or [gunzburger@worldnet.att.net](mailto:gunzburger@worldnet.att.net).

## Women's Health Research Study Survey

**Institution Name:**

Objective	Emphasis			Are Students Evaluated on This Y or N
	Limited	Moderate	High	
History				
Physical Exam				
Diagnosis and Management Plan				
Pharmacology				
Preventive Care				
Environmental Exposures				
Immunizations				
Nutrition				
Contraception, Sterilization, Abortion				
Pap Smear and Culture				
Sexually Transmitted Diseases				
Sexuality				
Domestic Violence and Sexual Assault				
Psychiatric and Behavioral Problems				
Menstrual Cycle and its Abnormalities				
Premenstrual Syndrome				
Menopause				
Adolescence				
Autoimmune Diseases				
Cardiovascular Disease				
Pulmonary Disease				
Neurological Disease				
Urinary Tract Disorders				
Gastrointestinal Disorders				
Breast Disease				
Vulvar and Vaginal Diseases				
Pelvic Pain				
Gynecological Malignancies				
Spontaneous Abortion and Ectopic Pregnancy				
Maternal-Fetal Physiology				
Preconception, Antepartum, and Postpartum Care				
Social Issues				

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# SUMMER RESEARCH INSTITUTE A GREAT SUCCESS

By Nancy L. Davis, Ph.D.

The SACME Summer Research Institute held June 24-29, 2001 at University of Calgary in Alberta provided a comprehensive program for 20 participants to learn research skills and utilize them in the design of a CME research project. The format included morning didactic sessions on specific research techniques followed by afternoon workshops and individualized work with experienced mentors. SACME members serving as faculty included Barbara Barnes, M.D.; Nancy Davis, Ph.D.; Jack Kues, Ph.D.; Jocelyn Lockyer, MHA; Paul Mazmanian, Ph.D.; and Laure Perrier. University of Calgary faculty were Herta Fidler, M.Sc.; Peter Harasym, Ph.D.; Penny Jennett, Ph.D.; and Cathie Scott, M.Sc.

In addition to their hard work, participants enjoyed the fresh air, long hours of sunlight, and the beauty of Calgary, including a tour of Calgary Olympic Park, the only winter Olympic facility still used for training of Olympic athletes. The group learned first hand about the Olympic sport of skeleton by one of the top three Canadian women skeleton competitors. Skeleton is similar to luge, but the sled is less substantial (skeleton-like) and the rider is positioned head-first on her abdomen as she races down the icy track. Dinner was served atop the 90-meter ski jump. Although participants were impressed, they decided to leave winter sports to the young and the reckless. Working with old friends and making new ones is a wonderful by-product of the Summer Research Institute.

The Summer Research Institute planning committee is following up with each participant to assure they have the support they need to complete their projects. It is anticipated that

participants will be presenting their work at future RICME sessions.

*The Summer Research Institute provided a nice balance of work, relaxation, and play. Pictured in the top photo is the Summer Research Institute Class of 2001. Although faculty and students worked hard during the sessions (middle photo on the left), they also had time to sit and listen to live music (middle photo on the right) and to enjoy a good old-fashioned hayride (bottom photo).*



Newsletter of the Society for Academic  
Continuing Medical Education  
3416 Primm Lane  
Birmingham, AL 35216

Address Service Requested

## UPCOMING EVENTS

**October 16-18, 2001**  
The 12<sup>th</sup> Annual Conference of the  
National Task Force on CME Provider/  
Industry Collaboration  
Baltimore, Maryland  
Contact: Regina Littleton (312) 464-4637

**November 2-7, 2001**  
SACME Fall Meeting  
Association of American Medical Colleges  
Washington, D.C.  
Contact: Jim Ranieri (205) 978-7990

**December 7-8, 2001**  
Understanding ACCME® Accreditation  
Workshop  
Chicago, Illinois  
Contact: Sandra Benitez (312) 464-2500

**January 30-February 2, 2002**  
Alliance for CME Annual Conference  
Orlando, Florida  
Website: <http://www.acme-assn.org>

**April 10-14, 2002**  
SACME Spring Meeting  
Charleston, South Carolina  
Contact: Jan Temple or Odessa Ussery  
(843) 876-1925