

FALL MEETING ANNOUNCEMENT

Joyce Fried, CCMEP

This year's SACME Fall Meeting will be held November 6-8, 2009 in Boston Massachusetts in conjunction with the AAMC's annual meeting. The meeting, whose theme will be "CME's Expanding Role in the Academic Medical Center's Three-Fold Mission--Education, Research, and Clinical Care," will be held at the Marriott Copley Place.

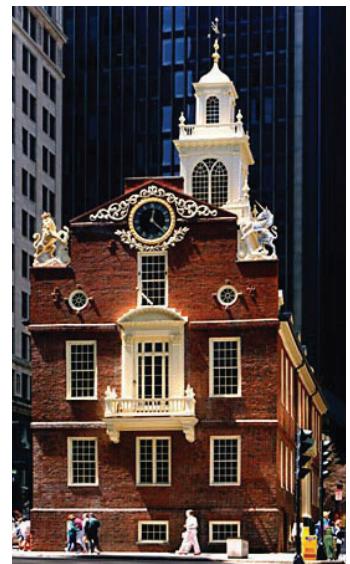
Although the schedule is still being developed, a research workshop will be held on Friday afternoon, November 6; a general session will be held all day on Saturday, November 7; business meeting breakfast will be held on Sunday morning, November 8; and committee meetings will be scheduled throughout the three days.

Three keynote speakers will each cover one part of the academic medical center's mission. Atul Grover, MD, PhD, Chief Advocacy Officer for the AAMC, will address what healthcare reform means to CME providers. Ann C. Bonham, PhD, who will be joining the AAMC on July 1 as the association's new Chief Scientific Officer, will be addressing what translational research means to the CME provider. And, finally, Kelley M. Skeff, MD, PhD, Co-Director, Stanford Faculty Development Center for Medical Teachers, will be addressing how CME providers might utilize faculty development as an important tool in our CME programs.



In addition to the SACME general session, the AAMC program will highlight sessions on CME and conflict of interest, quality improvement and CME, and CME research that will be held on November 8 and 9. This opportunity for networking with the leaders who are setting the agenda for academic medical centers in the United States and Canada should not be missed.

Check the SACME website for updates to the program, as well as registration information: www.sacme.org.



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FROM THE PRESIDENT

A ROMP THROUGH HISTORY

Lois Colburn

Since this is my first column for INTERCOM, I wanted to write something thoughtful, perhaps provocative; you know—something with a certain zowie factor. After far too much pondering, a drought of ideas, and no good suggestions from my ever-faithful dog (other than the pleading look asking me to toss her ball), I have decided on a different tact.

Thinking about the long, rich history of SACME and the field of CME, I realized I am still a relative newbie to this arena (five years this past May). With this in mind, I started to reflect upon what has gone on in CME during this past five years. As CME professionals, we have seen the implementation of the new ACCME Criteria and new Standards for Commercial Support, the development and strengthening of firewalls between marketing and educational grant designations within pharma, headlines from the Senate Finance Committee, new codes of conduct from PhRMA and AdvaMed, and increased focus on conflict of interest at virtually all levels of academic medicine and professional societies. Then there have been “the reports,” including the summary of “Continuing Education in the Health Professions” from the Macy Foundation in 2008 and most recently, the Institute of Medicine report on conflict of interest. No doubt, there will most likely be more reports to come this year and beyond.

Then I began to wonder if these issues are really any more or less dramatic than what might have occurred twenty odd years ago? Is what we are experiencing now really all that different? I decided to delve into back issues of INTERCOM to see what former presidents wrote about, what the “hot topics” were in the past, and how this information could help me frame the issues during my presidential year with SACME.

Let me share what I have found and where this led me:

January 1987 — the inaugural issue of INTERCOM! In his column, Harold Paul wrote about transitions occurring in academic medicine, including one that is truly *déjà* review: “Evidence mounts that more and more CME programs in medical schools show increased signs of duress in the rising battle for adequate financial and management resources..... this is not a new problem but a significant replay of an old problem.” Hmmmm, sounding familiar “me thinks” – especially so in these times of wide-spread budget cutbacks and diminishing 401Ks.

April 1987 — Phil Manning wrote a thoughtful guest editorial that concluded with, “To realize our full potential, we should expand the concept of continuing education to be much more than merely a classroom exercise. It should become a rigorous discipline that fosters the study of practice and facilitates the acquisition of short pertinent answers to specific questions about individual patients. Such continuing education could make a major contribution to excellence in patient care in the decades ahead.” Point-of-Care CME? Bridge to Quality? PI CME?



October 1987 — Dennis Wentz commented on a New England Journal of Medicine Sounding Board article by Steve Goldfinger titled “A matter of influence,” that focused on industry funding of medical education. Dennis was in agreement with Goldfinger’s exhortation that “the time has surely come for us to develop a set of guidelines for our participation, as faculty and as audience, in continuing medical education programs funded by industry.”

Dave Davis in his “Research Round-Up” column posed the question “Why should we do CME research?” and offered five reasons: academic interest; studying CME broadens it; to test various models for CME research; the practicalness of CME research including research in marketing, promotion, and improved instructional design; and finally, there are society, professional, and health care demands to meet.

If those in CME then only knew what was really going to hit us!

These and other INTERCOM headlines and commentaries gives the impression that little has changed, and to some degree this is true.

The world of commercial funding for CME is vastly different than in 1987. And yet, despite firewalls, the Standards for Commercial Support, and a myriad of compliance guidelines, we still wrestle with the issue of who should fund CME. The recent IOM report lays down what we might think of as a challenge—rethinking how CME is funded. Whether we like it or not, this is something that *will* change, the big question is only whether we will be the force behind that change or will it be something that is done to us.

For those of us in medical schools and academic health centers, we are still trying to make the case to our respective leadership

about why CME is an essential element in our institutions' missions. Todd Dorman's presentation at our spring meeting can help us reframe the issues into something more than us bemoaning the system ala Rodney Dangerfield, "I get no respect." Self-pity should be "so over!"

Finally, we have increasingly come to appreciate the need for research and many of us are more actively engaged in trying to understand the impact of our CME activities. While our journal, *Journal of Continuing Education in the Health Professions (JCEHP)*, is one of the leaders in publishing such research, there is more work to be done in this field, as evidenced by ongoing discussions within SACME and at the recent Mayo Consensus Conference. SACME's Summer Research Institute is once again poised to play a pivotal role in building a strong cadre of CME researchers. With the

new ACCME Criteria, even those of us who have primarily administrative responsibilities in CME must begin to carve out time for research, to understand and shape our CME programs and activities.

The trip down the memory lane of INTERCOM was genuinely interesting and gave me a perspective on how SACME and the field of CME have evolved, or have not. It also gave me the opportunity to connect names with faces of people (albeit younger looking) that up until now I have only read about, but that many of you have known so well over the years. Now all I need to do is keep reading and learning from those who have preceded me, as well as from all of you who are now my colleagues and friends. I am truly honored to represent SACME this year. But for now, it's time to go and toss a 4-year-old tennis ball to a very impatient dog.

THE VALUE OF SACME MEMBERSHIP TO MEDICAL SPECIALTY SOCIETIES

Suzanne Ziemnik, MEd
American Society for Clinical Pathology

The Membership Committee during this past year has made the recruitment of members from medical specialty societies a high priority. As a long-time medical specialty society staff person who joined SACME over six years ago, I volunteered to assist with this recruitment effort. We are in the process of a letter writing campaign to reach the CEOs and CME professionals in the medical specialty societies. The drafting of this letter caused me to pause and reflect on why I made the decision to join SACME. I would like to share those reflections (with a little help from my friends) with all SACME members.

As I'm guessing is the case for many of us, we often consider joining organizations as a result of a colleague who made us aware of the organization and encouraged us to join. It is the good fortune of my working with Nancy Davis as part of the Council of Medical Specialty Societies CME Directors Group that I learned more about SACME. Nancy was working with the American Academy of Family Physicians at the time and I was employed by the American Academy of Pediatrics. I was aware of SACME, but became more familiar with the organization as a result of my attending the 2000 CME Congress in Los Angeles. I saw firsthand the leadership role SACME had in the Congress. I was extremely impressed with the caliber of SACME members presenting at Congress and the breadth and quality of the research they presented.

At the time that Nancy provided me with more information on SACME there were very few members from medical specialty societies. Although SACME was mostly an organization of individuals from medical schools, Nancy, as someone who had worked in both that environment as well as the medical specialty society setting, was well suited to describe the benefits she saw for someone like me also working in a medical specialty society. She convinced me and so I became a member and attended my first SACME meeting in Santa Fe. Thanks to Nancy I was quickly introduced to many CME colleagues with whom I had not had the opportunity to meet in other CME circles. I was a bit awestruck by the individuals I was now sitting with side by side learning and sharing. Many of them I was acquainted with only through their publishing in the CME literature.

What I most appreciated from my first SACME meeting experience was the collegial, scholarly retreat-type learning environment it provided me. As I often now tell my colleagues, the SACME meeting is one of my favorites to attend as it allows me to escape from the day-to-day hustle and bustle back at the office, to "retreat" in a more intimate, collegial setting where I actually allow myself to stop, think, reflect and share. Beyond the meetings, membership in SACME *continued on page 4 ...*



SACME AND MEDICAL SPECIALTY SOCIETIES

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has allowed me the gift of so many new relationships with colleagues who are there for you to share ideas and concerns, discuss the latest CME research and connect you with other colleagues with similar CME research interests. As a CME professional who spends much of her time with colleagues in other medical specialty societies, it was refreshing to be a part of this new community and discover how much I had in common with those working in the medical school environment, including a shared the interest in the role of research in the practice of CME.

But enough about my SACME story...I thought you would also be interested in hearing from some other SACME members from medical specialty societies.

“Many of the SACME members work in academic medical centers and thus bring perspective to those who work in medical specialty societies. For instance, it can be helpful for specialty society educators to hear how academic medical centers offer continuing education for care teams that include physicians, nurses, and allied health professionals. Likewise, it can be helpful for those in academic settings to hear how medical specialty societies offer lifelong learning resources for their members based upon specialty-specific curricular frameworks. We all benefit when both sectors collaborate on research into best practices and delivery of high quality, evidence-based CME.”

— **Mindi McKenna, PhD, MBA,
American Academy of Family Physicians**

“I have always monitored SACME with great respect for its work in membership, committees and programs. However, I must admit that this has always been from a peripheral distance, leaving me to reflect upon the passing thought that maybe I should act upon pursuing membership with SACME at some point. So why didn’t I act upon that passing thought? Well, one could always say that “time” has slipped away, or “budget restrictions”, or some other lame excuse that I could always fall back upon. But when you all probably think back as to why you join any organization, it is because of the networking, the benefits of being a member or committee member, etc. that makes you participate. I take this a step further as it relates to medical education (graduate or continuing) and how we are in the middle of a paradigm shift, where as a profession we are evolving, growing, and changing to meet future needs and demands. And I have come back full circle to that initial thought of why not join

SACME, since I continue to be impressed with the level of involvement and dedication by some of my own peers and leaders in medical education who are all part of SACME in some way. These are the very people who have come to embrace change and lead that change in our own profession of medical education. This comes out in a variety of ways, from meetings, presentations or discussions (formally and informally). One example of how SACME members recently got thoroughly engaged and looked toward future change was from the presentation by Dr. Todd Dorman on Value Based CME at SACME’s recent 2009 Spring Meeting in Rancho Mirage. There is so much to be learned about how all this can be integrated, no matter your background or employment within medical education. A number of active members in SACME have very gently asked why I have not acted upon becoming a member and having no good excuse, I jumped into it this year. Already, I have been receiving “Welcome” notes and comments about “it’s about time” from my friends in CME. What an introduction to an organization and what an effort to make any new member feel like they already belong. SACME is doing something right in medical education and even though I come from a medical specialty society, I have the vision that something new can always be taken away from this type of participation, learned and put into practice within ANY CME program. Thank you for being there and for all the gentle nudging to get me to follow through on my original passing thought. I truly am impressed and this is only Day #2 of my Welcome notification of becoming a New Member of SACME!”

— **Ed Dellert, RN, MBA, CCMEP,
American College of Chest Physicians**

Finally, Deborah Samuel, MBA, with the American Academy of Pediatrics who is the new SACME Central Region representative, reminded me of the long tradition of medical specialty societies to provide education to enhance the performance of our members to ultimately improve patient health. In order to continually fulfill this goal, CME professionals and members engaged in CME leadership positions in medical specialty societies need the knowledge and skills to develop CME/CPD and translate educational research into practice designed to improve the performance of physicians and other healthcare professionals and patient health outcomes. Deborah and I continue to encourage our medical specialty society colleagues that SACME is a critical organization that can assist our societies CME/CPD leaders in achieving these important goals. We hope that you will join us in reaching out to our medical specialty society colleagues and encourage their membership in SACME!

SPRING MEETING IN REVIEW

The SACME Spring meeting, held April 23-26, 2009 in Rancho Mirage, California was attended by more than 100 SACME members and other CME professionals. Hosted by the Annenberg Center for Health Sciences, the theme of the conference was "Leading the Way to Transforming Academic CME." Sessions were held at the Annenberg Center for Health Sciences located adjacent to the Eisenhower Medical Center. The conference hotel was Rancho Las Palmas.

The opening session, a three-hour workshop organized and facilitated by the Steering Committee of the Annenberg Center for Health Sciences CME Leadership Initiative, was based on the theories of Robert E. Quinn. In his book, *Deep Change: Discovering the Leader Within*, Quinn discusses how to achieve and then sustain meaningful change. The session, chaired by Joseph Green, PhD and Philip Dombrowski, MBA, combined didactic presentations with small group discussions, the presentation of data gathered in a pre-conference survey from conference registrants, and interviews with thought leaders. One presentation also incorporated advanced technology by featuring Dave Davis, MD, from Association of American Medical Colleges live on stage and three presenters who were video-conferenced from their respective organizations: Eric Homboe, MD, American Board of Internal Medicine; R. Russell Thomas, Jr., DO, MPH, Federation of State Medical Boards; and John Kamp, JD, Coalition for Healthcare Communication. The group also organized a one-hour concluding session at the end of the meeting with Dr. Green moderating a question and answer session by Phil Dombrowski and Mark Schaffer, EdM



Thanks to Nancy Volk, Director, Project Management and Belinda Ratterree, Senior Project Coordinator (left to right) from the Annenberg Health Sciences Center at Eisenhower for a great job managing the Spring Meeting!

in which some of the real-life opportunities and barriers to making transformational change were candidly discussed.

A session on "Developing, Disseminating, and Using Evidence: Partnerships for Effective Healthcare," moderated by Melinda Steele, MEd, explored new partnerships in translational science and included discussion of how SACME may proceed in building a sound and productive partnership with Agency for Healthcare Research and Quality (AHRQ) in advancing the agenda of quality healthcare. Session participants were Dave Davis, MD representing the AAMC; Jean Slutsky, PA, MSPH, Director, AHRQ; and Michael Fordis, MD Baylor College of Medicine.

"Academic CME's Role in Supporting National Quality Priorities," organized by Nancy Davis, PhD, featured Louis Diamond, VP and Medical Director, Healthcare, Thomson Reuters, and President, American College of Medical Quality, who spoke about the Center for Medicare and Medicaid's (CMS) Physician Quality Reporting Initiative, the National Quality Forum's (NQF) National Priority Partnership, and the National Committee on Quality Assurance's (NCQA) Patient Centered Medical Home. He advocated for CME providers to develop relevant activities to promulgate these initiatives. Commentary was provided by R. Van Harrison, PhD, Jack Kues, PhD, Gibbe Parsons, MD, and Barbara Barnes, MD.

"Discovering and Disseminating CME as a Value Center" was an energetic and wildly popular interactive session lead by Todd Dorman, MD. Through a series of thought provoking questions, Dr. Dorman walked participants through the process of preparing a presentation for the leadership of their respective organizations demonstrating the value that their CME offices bring to the institution.

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SPRING MEETING IN REVIEW

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The SACME Debate received the highest ratings from conference participants. Moderated by Ivan Silver, MD and Joyce Fried, it utilized Dr. Silver's Stand Up and Be Counted technique in which participants weighed in on the question "Be it resolved that all commercial support should be removed from CME" by placing themselves along a continuum in front of the wall that corresponded with their level of agreement with the resolution. Audience members were interviewed about why they felt as they did and responded animatedly. The official debate was held between Robert Jackler, MD who represented the pro and Jack Kues, PhD who was a proponent of the con. Rebuttals and a question and answer session followed and then the audience were polled once again. In addition to discussing the issues of industry support, the session served to model some of the active learning strategies that can be incorporated into CME activities.

Hot Topics, always a favorite among conference participants, provided updates on topics prominent on the national scene, including Macy 2, SACME/AAMC Survey Results, IOM

Report, NC-CME Exam Update, National Faculty Education Initiative, Mayo Consensus Conference, ACCP CME Supplement, and A Review of Our Review Brought to you by CHEST. The session was ably moderated by Lois Colburn.

Interspersed throughout the program were research presentations on best practices, works in progress, completed studies, issues and challenges in research, as well as poster presentations. These were organized and moderated by chair of the Research Committee, Curtis Olson, PhD. They were well received and provided inspiration to researchers and non-researchers alike about highly relevant topics that are being studied relating to all facets of CME activities including changing physician practice.

The Spring meeting provides an opportunity for much of SACME business to take place. In addition to the formal program, SACME members participated in a variety of meetings including Board of Directors, Finance Committee, Endowment Council, Membership Committee, Research Committee, Communications Committee, and Program Committee, as well as new member orientation and business meeting.

Exhibits were placed in the conference center atrium and exhibitors were available for discussion during breakfasts, breaks, and lunches.

The hosts also provided a beautiful reception on a private deck at the Rancho Las Palmas Hotel. The program, the networking, the state-of-the-art conference center, the lovely hotel, the graciousness of the hosting institution, and the warm and balmy desert weather provided a memorable conference experience for all attendees.

As always, presentation slides from all sessions are available to SACME members at www.sacme.org in the Member Area.



Suzanne Murray, Cindy Fordis, Michael Fordis, and Pam McFadden



Mila Kostic and Jack Kues



Pam Welker, Brenda Johnson, and Jennifer Gordon



Jocelyn Lockyer presenting Dave Davis with the Distinguished Service in CME Award for his vision, leadership, and dedication in furthering the pursuit of excellence in CME.



Melinda Steele presenting Dave Pieper with the Service Recognition Award for his work as Central Region Representative



Jocelyn Lockyer presenting Joan Sargeant with the Research in Continuing Medical Education Award



Melinda Steele was honored in recognition of her service to the Society as the 2008-2009 President

Not Pictured — Stephen E. Willis, MD received a Service Recognition Award for his work as Representative to the Council of Academic Societies



One of the many great RICME sessions



Stand Up and Be Counted: SACME members Standing Up to Be Counted during the exciting and interactive debate session

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NEWS FROM THE AMERICAN MEDICAL ASSOCIATION

Alejandro Aparicio, MD, FACP

As I write this column, we are in the process of preparing for our 2009 annual meeting. Although at every annual meeting both the Council on Medical Education and the House of Delegates address issues related to continuing medical education, it seems that this year there are more CME-related reports than we normally see. All Council Reports are available at the AMA website (<http://www.ama-assn.org/ama/pub/about-ama/our-people/house-delegates/2009-annual-meeting/reports-resolutions/delegates-handbook.shtml>) Although there are multiple reports that touch on continuing medical education there are five in particular — one from the Council on Ethical and Judicial Affairs (CEJA) and four from the Council on Medical Education (CME) - that may be of special interest to persons working in continuing medical education:

- CEJA Report 1-A-09, Financial Relationships with Industry in Continuing Medical Education
- CME Report 6-A-09, Monitoring Trends in Financing and Availability of CME
- CME Report 10-A-09, Promoting Physician Lifelong Learning
- CME Report 16-A-09, Maintenance of Certification/Maintenance of Licensure
- CME Report 17-A-09, Conflict of Interest and Bias in Continuing Medical Education (Informational)

The disposition of these reports, as well as the disposition of resolutions introduced by members of the House of Delegates, which may include changes made to the recommendations included within them, will also be available on the website after the annual meeting.

At the same time, the Division of Continuing Physician Professional Development has been engaged in conversations with multiple stakeholder organizations gathering input that will help guide the next review of, and possible revisions to, the "The Physician's Recognition Award and credit system: Information for accredited providers and physicians." The Council on Medical Education undertakes a comprehensive review of the PRA rules every four or five years. The Council tries to balance the need to continue to improve the AMA PRA credit system, through the identification and description of new formats of learning as well as further clarification of current requirements with a desire to provide the CME community with rules that are relatively stable over time. All the meetings have been very useful and we are very grateful

to all the participants including the leadership of SACME who provided us with excellent feedback and suggestions. This review process will last approximately a year and we expect that a revised PRA booklet will be published in 2010.



Preparations are also underway for the 20th Annual Conference of the National Task Force on CME Provider/Industry Collaboration, "Learning from the Past; Planning for the Future," to be held October 14-16 2009, at the Baltimore Marriott Waterfront in Baltimore, Maryland. Under the very able leadership of our own Melinda Steele, the Planning Committee has been designing an excellent program which includes a keynote address by George C. Mejicano, MD and the Schickman Lecture by Dave Davis, MD. As has been the case for years, SACME is very well represented in the planning committee and in the conference faculty.

In closing, a few words about a job for all of us, particularly as members of SACME. The March 2009 supplement of *Chest* contains work funded by the American College of Chest Physicians (ACCP) that synthesized evidence related to the effectiveness of CME. The recommendations put forth in the Evidence-Based Educational Guidelines use the research available to suggest ways in which we can be more effective in meeting the objectives of an educational activity. But more research is needed. With limited resources, and the possibility that those resources will be reduced further at least while the current economic climate continues, it is important to use resources in the most effective way. Whether the objective is to increase or reinforce knowledge, learn or improve a skill, change or reinforce behavior, enhance patient outcomes or improve population health, we need to know which are the most effective interventions in each situation. All steps in a journey are important with the first being just as important, or perhaps even more important, as the last. Physicians need the knowledge and skills necessary to guide their behavior so they can be effective within the healthcare system in providing excellent patient care and improving the health of the public. The recommendations in our continuing medical education activities, as well as their design, should be based on the best available evidence. That responsibility belongs to all of us.

THE GOOD NEWS

UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE —

PALMETTO HEALTH RICHLAND CONTINUING MEDICAL ORGANIZATION

Morris J. Blachman, PhD
Assistant Dean for CME and Faculty Development



In the spirit of providers sharing our successes with each other, Melissa Newcomb asked if we would share our story on receiving six years reaccreditation with commendation. We are pleased to be able to do so. I am sure you can imagine the elation in our office when we got the “Good News.” Months of extra ordinary effort had paid off.

We had been fortunate to have been reaccredited for six years with commendation in 2003. Though it had not been our intention to seek commendation at that time, we were delighted at the outcome. We immediately set a six year goal to repeat the experience. We knew we faced a daunting challenge to make sure we were: (1) meeting the needs of our learners (as defined by our mission); (2) unequivocally complying with ACCME criteria and standards; and (3) ensuring that we had the proper documentation to demonstrate it. Of course, at that time, we had no idea that we would once again be facing a new accreditation system.

We set about the task by applying the principles of strategic management. We met as an office and took a hard look at the current criteria, asking ourselves: What do we need to have, and to do, over the next several years so that when we submit our application, in late 2008, we will meet the commendation level of the criteria? We had already begun the adoption of an office-wide performance improvement process. High on our priorities was to ensure it was fully embedded in our culture and processes as well as reflected in our program and activity planning. We held multi-day strategic planning retreats in the summers of 2004, 2005, and 2006. Those retreats were enormously helpful. They gave us an opportunity to look critically at where we had been in the previous year, how we were doing as an overall program, what changes we needed to make and to set the goals for the coming year(s).

When the new criteria were initially announced in 2006, we were not entirely sure what the impact would be on us. We were pleased that the new system, especially the Level III Criteria, seemed to validate the direction in which we were already moving, yet we recognized that incorporating the “Updated Accreditation Criteria” would require considerable and focused effort. We knew we needed to have a good understanding of precisely what was required, so that we could develop the

processes and tools to help ourselves and our activity planning committees be more effective in addressing and meeting the new criteria. We also knew it meant considerable change in the way we would develop and evaluate our activities.

Our initial engagement with the new criteria occurred immediately after publication and included numerous full office meetings to discuss the implications of the changes. To further our understanding and implementation of the criteria, we held a series of internal Program Improvement Meetings with a rolling agenda; and we tracked these items in our *CME Program Improvements Book*.

We recognized that the changes to meet the new criteria were not going to be merely cosmetic, and that success in meeting them and in offering high quality CME required the office work as a knowledgeable and well functioning team. Consequently, we needed to do more than deliberate among ourselves. So, we accelerated the professional development of our staff. Every single person in the office attended a major meeting where they were exposed to the new criteria, including the courses offered by the ACCME. The intellectual capital and common understanding gained from this broad level of exposure strengthened the quality culture in the Office of Continuing Medical Education and Faculty Development and enabled us to be far more effective in carrying the changes forward.

In 2007, we met for a long single-day retreat with a prime focus on preparing for the self-study. It included a number of spirited discussions, especially concerning the revision of the Mission Statement. One of the areas that we addressed had to do with building our internal capacity in outcomes measurement. Consequently, we decided to hire a consultant to work with office staff to enhance our ability to design and conduct effective evaluation and outcomes assessment.

We also focused on the important role that should be played by our governing body, the CME Steering Committee. We made some major changes in membership going from 13 to 32 members and included key persons in key positions (stakeholders) in

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USC SCHOOL OF MEDICINE

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the School of Medicine, in our hospital system, in the clinical quality improvement arena, and in health-related state agencies. This action also improved our strategic position with a wider array of key individual and institutional relationships.

The CME Steering Committee played a critical role in the self-study as it grappled with overall CME program evaluation. We divided the Committee into six subcommittees each with specific charges that, in total, addressed every component of our CME program and the ACCME criteria. (The six subcommittees were: Strategic Direction, Scientific Integrity, Needs Assessment, Commercial Support, Policy, and Program Evaluation.) The subcommittees engaged in a rather labor intensive process over several months, generating numerous issues for discussion and deliberation, as well as specific recommendations regarding what to continue, what to modify, and what to add to our efforts. The impact of the work of these subcommittees has truly been one of the best outcomes of the 2008 CME Self-Study Process. It provided us with great program evaluation and direction, it gave us tremendous material to help us write the self-study, and it helped the Steering Committee members realize CME's potential strategic value.

The struggle to incorporate the updated criteria has been fascinating and, at times, exasperating. But, it has been a journey well worth

the effort. Not only will our program be better, but we believe the real beneficiaries will be the citizens of South Carolina who will benefit from the enhanced competence of our physicians.

Pearls

- Engage early
- Organize strategically
- Answer the right question
- Answer the full question
- Do not answer an unasked question
- Check responses against both the guidelines and the "Surveyor Report Form."
- Empower the staff
- Ensure open communication
- Cross check (copy edit) everybody's work
- Check and recheck ALL documentation
- Get somebody with general familiarity with CME to proof read the self-study text for general clarity of message.

The intercom editors invite SACME members to share your accomplishments in CME by submitting to a new column in the INTERCOM titled "The Good News," which is dedicated to CME successes. We are especially interested in hearing about successes with gap analysis, innovative instructional design, outcomes analysis, conflict management, and/or research. We invite you to share your accomplishments in CME with us. Please send your submissions, approximately one page in length, to Melissa Newcomb at melissa_newcomb@urmc.rochester.edu.

MEMBERSHIP CONTINUES TO GROW

Patricia A. Masters, MSN, Membership Chairman
Gordon West, PhD, Membership Vice Chairman

SACME enjoyed another year of membership growth during 2008. Currently, full membership is at 268 (a gain of over 9%), an all time high! There are also 26 Emeritus members and 5 honorary members. To achieve this, SACME welcomed 44 new members during the past year. These new members represent medical schools, teaching hospitals, and specialty societies. They also represent a variety of countries, including the United States, Canada, Sweden, and New Zealand.

To assimilate these new members, the Membership Committee offered "new member online orientation" for the first time. This online orientation took place in March 2009, between the fall and spring meetings. The process consisted of an in-depth exploration of the SACME Web site to better enable new members to effectively use the website to become better acquainted with SACME resources. These online orientation sessions will continue to be held between the live SACME

meetings and are open to existing members as well, who would like to explore the website further.

In the coming year, the Membership Committee intends to continue its efforts to extend the reach of SACME. Specifically, in 2009 the target for recruitment of new members will be Medical Specialty Societies to recognize the unique perspective these groups have to participate in and advance academic continuing medical education. Invitation letters will be developed with specialty society membership and sent to key leadership in each society. It is anticipated that this will serve to increase and enhance the SACME membership.

If you have additional ideas for increasing membership please contact the membership committee (check website at www.sacme.org) and present your thoughts.

MICHAEL ALLEN RECEIVES 2009 Fox AWARD FOR BEST RESEARCH PRESENTATION

Curt Olson, PhD

Dr. Michael Allen of Dalhousie University is the recipient of the 2009 Fox Award for his research presentation "How do CME speakers use research results to support therapeutic recommendations? A quantitative and qualitative study." Co-authors on this project were Tanya Hill, Richard Handfield-Jones, Mike Fleming, Doug Sinclair, and Tom Elmslie.



The Fox Award is given to the presenting author of a research project at the Spring SACME meeting. A panel of judges assesses the merits of each research presentation and bases its decision on the project's originality, link to theory, methodological rigor, and importance of its contribution to the literature. There were four presentations with scores sufficiently high to place them in contention for the award, but Dr. Allen's ratings were significantly higher across the board. Among the comments recorded by the judges were "Excellent introduction to issue, clear research questions"; "The methodology was well conceived and presented"; and "Shows thoughtful linking of data, sources and dimensions of a problem."

Congratulations to Dr. Allen and colleagues for a superb presentation of an important and exemplary study.



INTERCOM

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UPCOMING EVENTS

NIQIE 2009: Mastering Continuous Performance

September 9-11, 2009
Intercontinental Chicago O'Hare
Rosemont, Illinois
www.niqie.org

20th Annual Conference of the National Task Force on CME Provider/Industry Collabora- tion: “Learning From the Past; Planning for the Future”

October 14-16, 2009
Baltimore Marriott Waterfront
Baltimore, Maryland
www.ama-assn.org

SACME Fall Meeting

November 6-8, 2009
Marriott Copley Place
Boston, Massachusetts
www.sacme.org

2009 AAMC Annual Meeting

November 6-11, 2009
Hynes Convention Center, Sheraton Boston, and
Marriott Copley Place
Boston, Massachusetts
www.aamc.org/annualmeeting

2009 CMSS Annual Meeting

November 20-21, 2009
Rosemont, Illinois
www.cmss.org

35th (2010) ACME Annual Conference

January 27-30, 2010
Hilton New Orleans Riverside
New Orleans, Louisiana
www.acme-assn.org

See also *News & Events* at www.sacme.org

