

REDISCOVERING FACULTY DEVELOPMENT IN CME — STEPPING OUT FROM BEHIND THE PODIUM

By Joyce M. Fried
Chair, SACME Program Committee

The Spring, 2010 meeting, “Academic CME: Developing Faculty, Improving Care,” will be held April 14-18, 2010 at the Mayfair Hotel in Coconut Grove (Miami), Florida. Focusing on all aspects of faculty development, a cast of luminaries on the topic will be sharing their wisdom in highly interactive sessions throughout the three days of the meeting.

The formal sessions will be kicked off on Thursday morning, April 15 by Dr. Kelley Skeff, Professor of Medicine and Co-Director, Stanford Faculty Development Center for Medical Teachers, Stanford University. Back

by popular demand from the Fall meeting, he will set the stage by defining faculty development, describing what it means to CME, and demonstrating some of his techniques.

Dr. Ivan Silver, Vice-Dean, Continuing Education and Professional Development, Director, Centre for Faculty Development at St. Michael’s Hospital, Professor, Department of Psychiatry, Faculty of Medicine, University of Toronto, Toronto, Canada will bring the discussion into the backyards of CME professionals. He and his colleagues, Jane Tipping and Abi Sriharan, will delve into

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what kinds of faculty development programs are needed to enhance the careers of CME deans, course directors, and managers.

Dr. Linda Snell, Professor and Vice Chair (Education), Department of Medicine, McGill University, and Senior Clinician-Educator, Royal College of Physicians of Canada, will run a workshop on how to engage learners in a large setting. She will define interaction and interactive lecturing, discuss the indications, advantages, and barriers, describe a repertoire of interactive strategies, and demonstrate how to teach CME faculty to integrate these strategies into formal presentations.

Dr. Richard Tiberius, Director and Professor, Educational Development Office, University of Miami Miller School of Medicine Department of Medical Education, will tackle the topic of mentoring. His take-home message will be that learning to be a better mentor is not simply an intuitive skill that comes naturally; there are specific skills that can be learned and they can be learned in a reasonable amount of time.

A session on Best Practices will describe projects, techniques, and mechanisms in faculty development that have worked in medical schools and specialty societies. The idea is to send every conferee home with something they can try at their own institutions.



The “Hot Topics” session will also be interactive and engaging. In order to keep this session as relevant and “hot” as possible, details will not be firmed up and released until much closer to the conference dates.

A session called “The Consensus Conference: Building a Research Agenda” will bring attendees up to date on the proposed national research agenda, the related strategic direction necessary to address that agenda, and the crucial role that SACME will (could) play in carrying it out.

In addition to these sessions, there will be a full spectrum of superb research presentations interspersed throughout the program. These will include completed studies, works in progress, best practices, and poster sessions.

Committee meetings, networking, exhibitors, and socializing with colleagues will round out the Spring meeting’s attractions.

Faculty development is an integral part of CME. This conference should provide every single attendee with at least one good idea to bring home. If you have attended SACME Spring meetings in the past, you will not want to miss this one. If you have never attended a SACME Spring meeting, now is the time to come on board.

A complete program, registration, and hotel information are all found on the CME website at www.sacme.org.

I look forward to seeing you in Miami!!



PRESIDENT'S COLUMN

By Lois Colburn

As I write this, it's snowing again and the wind is picking up — the “joys” of winter in Nebraska. Days like this are good for tackling the stack of work-related reading we all seem to have. On top of my reading pile was the February issue of *Academic Medicine* that has a focus on the 100 year anniversary of the Flexner Report. Though the focus of both the Flexner report and this issue is on undergraduate medical education, I found that many of the articles also have relevance to continuing medical education.

Morrison and colleagues in “Team Training of Medical Students in the 21st Century” write about the need for and challenges of embedding team training in medical education curricula. We also face the challenge of providing educational activities for the team. As with much of health professions education, we live in our own accreditation and documentation silos. It's not clear whether this is self-imposed or if we are a “victim” of the “M”, where the “M” means medicine only in the sense of physicians and is not interpreted more broadly. Within the last several months, there have been two notable reports on the issue of redesigning continuing education — one release by the IOM (“Redesigning Continuing Education in the Health Professions”) and one from the AAMC and its sister organization the AACN (“Lifelong Learning in Medicine and Nursing: Final Conference Report”). In many ways, our CME offices could be better suited to take the lead in team-based education especially given the ever increasing prominence of performance improvement activities.

Miller et al. (including SACME's Don Moore) outline seven basic principles that provide a foundation for a new model for health workforce development in “Beyond Flexner: A New Model for Continuous Learning in the Health Professions.” These principles make intuitive sense to those of us in academic CME, and are consistent with the IOM and Macy reports described above. They are:

1. Learning is competency-based and embedded in the workplace
2. All workers learn; all learners work
3. Learning is undertaken by individuals, teams and institutions and is linked to patient needs
4. Learning activities are modular, the system allows multiple entry and exit points
5. Learning is inter-professional with shared facilities, common schedules, and shared foundations for coursework (*reminds me, have you talked with your colleagues in your nursing or pharmacy CE offices lately?*)
6. A rich information technology infrastructure supports the healthcare/learning system
7. Health outcomes and educational outcomes are directly linked

In “Medical Education for a Healthier Population,” Maeshiro et al. focus on the need to take a public health approach to address today's health challenges. This is an area ripe for those of us in CME. It's not only about delivering activities that talk about diagnostic and therapeutic advances, it is also about planning and delivering activities that provide an understanding of the context of a given problem, the burden of disease faced by different populations, recognizing what are the barriers for both providers and patients, and most importantly collaboration with multiple stakeholders. Many of our institutions play a critical role in the public health infrastructure of our states, and still, many of us are part of a larger campus that includes a college or school of public health. Our public health colleagues can play a critical role in helping us identify and craft educational



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FROM THE PRESIDENT
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activities that go beyond the lecture hall, and to develop appropriate outcome measures that can be used for PI CME. Our public colleagues are often the ones engaged in community-based participatory research and interventions designed to benefit the health of populations. Best of all, they often are the go-to people for data as well as data analysis.

Several of the articles indirectly raise the issue of financing of undergraduate medical education and the ever-increasing levels of student debt. Likewise, CME providers face the increasingly complex challenge of funding our educational endeavors while at the same time being able to respond to the imperatives to provide educational activities that go beyond the lecture hall and produce demonstrated change. Clearly, it is essential to rethink the funding paradigm

for CME if we are to move forward into the 21st century and respond to the challenges facing health professions education. This vital issue does not have an easy answer, but if we work together, the solution can be ours.

This leads me to my conclusion that playing a leadership role in SACME, whether it be as president or as a committee chair, is really all about working as a team toward shared goals. It seems hard to believe, but within less than two months, my year as SACME president will come to a close. It has truly been an honor to serve. What has made this past year rewarding for me is the teamwork between those in the SACME leadership track and our great committee chairs, as well as the collaboration and teamwork with those in the Alliance, AHME and the AAMC. So, to Melinda, Todd, and Gabe as well as others, thank you in making this a memorable year for me!

LEADERSHIP DEVELOPMENT FOR LEADERS IN CME

By Todd Dorman, MD

By now you have probably gotten either sick of or confused by the litany of leadership programs that are available. You may also be wondering why SACME entered this space. Well, maybe I can help.

This past summer, during strategic planning discussions being held as part of the Consensus Conferences on a national research agenda, the group discussed the need for ongoing leadership training in CME for CME to be successful into the future. This conversation centered on the need to integrate strategic planning for the future of CME with the strategic planning for the research agenda. From those discussions the idea arose that just as SACME holds a biennial Summer Research Institute, maybe it could hold a biennial, in alternate years, summer leadership institute.

By early fall, SACME leadership decided that this was an extremely worthwhile activity and the Summer

Leadership Institute (SLI) was born. The inaugural SLI will be held in Baltimore this summer from July 26-29 and will utilize the conference facilities at the

Johns Hopkins University School of Medicine. The Office of CME at Johns Hopkins is donating the space and staff support. The anchor hotel is the Baltimore Marriott Waterfront and we have arranged a contract with great room rates and no attrition charges.

The SLI is designed to attract leaders in CME and help them gain additional leadership skills specifically focused at advancing CME and preparing CME offices and departments for the future. Many of the other leadership programs currently being offered are aimed at a different target audience and are designed to provide leadership training to those who are not presently leaders. Thus,



although not mutually exclusive, the different programs are complimentary rather than competitive. This program will utilize interactive instructional design, case studies, independent work, and interaction with experts to help you grow in your leadership role and abilities within the context of continuing medical education in order to be prepared for the transition to the CME/CPD organization of the future. This will be a great opportunity to advance one's own ability, gain actionable skills to take back to one's shop, and time to develop invaluable collegial network relationships.

The mission of the SLI is to advance the skills of leaders in the field of continuing medical education so that CME can produce its full value for health care. After completion of this institute, participants will be able to:

- Build a better and more diversified team dedicated to advancing health through medical education
- Utilize conflict management and negotiation skills to resolve issues that arise in running a medical education enterprise
- Initiate and analyze data from a continuous performance improvement project for their office or department to enhance stakeholder service and satisfaction.
- Demonstrate the ability to face the media on the tough issues facing our medical education offices (e.g., commercial support, conflict of interest and bias)
- Establish a research arm within their local medical education environment that is focused at aspects of a national CME research agenda

Instructors/facilitators for the meeting will include individuals from leadership programs, business schools,

educational organizations, and continuing medical education. When appropriate, facilitators will function in teams so that all aspects of leadership and its direct application to CME can be addressed. The institute will start immediately after lunch on Monday July 26th and finish just before lunch on Thursday July 29, 2010. There will be a reception the first evening and homework each night, with a group activity one evening dedicated to PI.

Register early as there are a limited number of seats so that we may maximize interactivity.



REMEMBER WHEN....

From INTERCOM, July 2000, Message from your President, Paul Lambiase

There is a challenge facing the entire CME community right now! We need to establish and clarify our relevancy in what seems like a continually changing atmosphere of health care priorities. Whether we like it or not, academic medical center CME offices find themselves near the core of many of the issues facing organized CME. What we do (or not do) will help shape what role we can have within an evolving national CME environment.

We have some opportunities to affect this change. By focusing some of our research initiatives to distinguish CME best practices, we can enhance understanding. By using our collective resources to influence the training of new physicians* to become lifelong learners, using evidence based medicine and other 'best practices'* we can shape the next generation of clinicians. Many major national healthcare organizations are struggling to find ways to improve the quality and efficiency of healthcare, as well as to determine how to assess and maintain physician competence. To be an effective player on this field the Society at all its levels — members, board, leadership — needs to assess itself, its strengths and its goals.

For assistance with the SACME Listserv, such as receiving the messages in alternate formats, please contact the Executive Secretariat at info@sacme.org or the Listserv Administrator at dpieper@med.wayne.edu.

UPDATE FROM THE EXECUTIVE SECRETARIAT

By Jim Ranieri, MBA, MPH

New Members

We continue to see strong membership numbers in the Society. I would like to welcome the following members who joined the Society between October 2008 and February 2010:

- Leanne M Andreasen, MBA — Mayo Clinic
- Heather Armson, MD, MCE — University of Calgary Foundation for Medical Practice Education
- Theresa J Barrett, MS, MCP, CAE — New Jersey Academy of Family Physicians
- Judith Brillman, MD — University of New Mexico
- Darryl S Chutka, MD — Mayo Clinic
- Ellen Cosgrove, MD — University of New Mexico Office of Continuing Medical Education
- Sharrie Cranford, MSW, LGSW — University of South Alabama Continuing Medical Education
- Ed Dellert, RN, MBA, CCMPEP — American College of Chest Physicians
- Jason Eadie, MBA — The University of Western Ontario Continuing Medical Education
- Kimberly Ferris — Northern Ontario School of Medicine
- Karen Filkins-Sanders, MA — NEOUCOM
- José Francois, MD, CCFP, Dip Med Ed — University of Manitoba Continuing Medical Education
- Ronald S Gibbs, MD — University of Colorado Denver Office of Continuing Medical Education
- Rachel Godfrey — NYU Post-Graduate Medical School
- Sheila S Jordan, MMGT — National Jewish Health
- Ann M Karty, MD, FAAFP — American Academy of Family Physicians
- Robert Lewy, MD — Columbia University
- Lea A Mabry, M.Ed — University of Arkansas for Medical Sciences OCME
- Ana Madani — The Christ Hospital
- Kathy Marian, MA — American Academy of Family Physicians
- Karen F Mauck, MD, MSC, FACP — Mayo Clinic
- Brian McGrath, MD, MPH — The George Washington University Medical School
- LouAnn Morris, MEd — University of South Carolina Palmetto Health Richland Continuing Medical Education Organization

- Cameron Norman, PhD — University of Toronto Dalla Lana School of Public Health
- James C Norton, PhD. — University of Kentucky
- John A Owen, EdD, MS — University of Virginia School of Medicine Office of Continuing Medical Education
- Albert F Painter, PsyD — Wright State University
- Nancy Partington, MA — Maricopa Integrated Health System
- Laure Perrier — University of Toronto
- Tymothi M Peters — University of California, San Francisco
- Joel Ranck, MBA — The George Washington University Medical Center
- Virginia A Reed, RN, MSN, PhD — Dartmouth College
- Monika Safford, MD — University of Alabama at Birmingham
- John W Seeds, MD — Virginia Commonwealth University
- Michael Tibbitts, MD — Sanford School of Medicine of the University of South Dakota
- Jane Tipping, MAEd — University of Toronto Faculty of Medicine Office of Continuing Ed & Professional Dev
- Pam Welker, MBA — University of Colorado Denver Office of Continuing Medical Education
- Mark Wieting, MA — American Academy of Orthopaedic Surgeons

By far the most frequent method of members discovering the Society is by referral from a colleague. So continue to think of the Society as you network with your peers. I would be glad to send membership brochures to those that have an interest.

Web Site & Email

Please update your address books with my new email, info@sacme.org. As a reminder, your email is your login to the SACME members section of the web site. So please keep me posted when and if your email address changes. If you have difficulty logging in to the site, please let me know as I can assist.

VAN HARRISON SEEKS NEW CHALLENGES: SO IT'S NOT GOOD-BYE, JUST A VERY BIG THANK YOU

Dale Dauphinee, MD



Recently, a colleague remarked that Van Harrison was stepping down as Director of CME in Ann Arbor. “He’s always been there! When I came to CME some 20 years ago, he was already prominent at all of the national CME meetings!” My reaction was — it cannot have been that long ago. But as I thought back, I clearly do recall meeting Van at the Society’s annual meeting in Cleveland in 1985, my first, and then a year later, he was very active in the joint RICME-Society meetings in Montreal which Dave Davis and I, mere pups ourselves at that time, had hosted at the Ritz-Carlton Hotel. Maybe, it actually has been that long! How could it have gone by so quickly?

The reality is that it is no accident that we remember Van so well and so distinctly. Van Harrison has been viewed as a true leader in North American and International CME and Health Professions Education for a long time. To me, it is very obvious why. Everyone remembers him because he always was front and center, demonstrating his clear thinking in both administrative and research matters, and reminding the rest of us that we were not as nearly on top of matters as we needed to be. He always presented smoothly and effectively. He was always so well prepared — and invariably occupied the high road of solid reasoning — backed with data and the relevant literature or having the critically important or problem regulation at his fingertips.

Wanting to meet Van’s personal standards of research and enquiry, I decided to validate our subjective impressions from three sources: his university dossier, his SCOPUS publication record, and of course, his immediate superiors at Michigan. It was a slam dunk. His strong background from his PhD studies in Social Psychology are ever present in his peer-reviewed publications, 21 of which have been

written since 1999. For example, one area of Van’s research activities has focused on mammography in older women and culminated in a set of articles in major national journals, which have been frequently cited. The same can be said for his thought pieces and presentations, which all of us have had the pleasure of reading or hearing. He has written extensively on the challenges and fate of CME and on system issues in need of attention if quality care is to be offered. And who can forget the Van annual survey, as we peeked to see how we fared against other CME units. The scope of his work and his contributions extend well beyond Michigan’s walls, and greatly exceed the traditional roles of a director of CME. Consider two quotes from Dean Jim Woolliscroft’s strongly written letter that led to Van’s successful promotion to Professor with tenure:

“He directly oversees the annual offering of approximately 110 educational activities for 11,000 community physicians and other non-University of Michigan health care providers. He also co-leads the faculty Group Practice’s Outcomes Management Program, which he helped found in 1996 to link education, performance measurement, and improvement in primary care. His third area of educational activity is the Michigan Quality System, for which he helped design training in quality improvement for physicians and designed a pilot quality curriculum for ER residents.

“For over two decades, he has successfully pursued a productive research program on the evaluation and improvement of physician performance and a nationally recognized research program on the operation and management of CME units.”

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Several equally supportive comments offered by Van's external reviewers confirmed the Dean's assessment, and two volunteered the following powerful comments that say it all:

"His work on guideline implementation is considered a national model."

"He is truly a leader in medical education at all levels simply put, he is a leader trusted by all of his peers."

Larry Gruppen, Van's immediate academic head, agreed completely and added this perspective:

"The humbling part of working with Van is that he is so well organized and follows through so effectively. He is really amazing."

None of this will surprise anyone who has worked with Van. His actions speak to his reputation.

Having carefully validated the SACME family's views of his contributions and reputation, I sought to find a story or two that would characterize Van's preparedness and balanced approach to life. There are quite a few, but I will cite three narrative examples of the "real Van." Recently, Van got a letter of congratulation from a national journal for a particularly good and helpful review that he had written on a submission for publication. The fact that he had done a wonderful and constructive job was to be expected. What pleased me was that Van was so delighted with the recognition! I am sure that he had fifty other things to do that week, but he took the time to use the review as a learning moment for the authors, because it was the right and helpful thing to do.

Last month, I asked a long-time friend of mine and a great admirer of Van's, Dennis Wentz, if Van had any weaknesses! With a gleam in his eye, Dennis said, "Yes! Ice cream! He cannot walk past a Ben and Jerry's or Baskin

Robbins without a treat! And do you know how he can get away with the calories and still keep his trim waistline? Swimming — he loves and is a great swimmer!" This is an example of his balanced planning skills — again — with follow through!

But my favourite Van story, illustrating his insightfulness and preparedness, comes from Dave Davis. Many years ago when the Society began to promote research, a small group got together at a summer workshop to discuss a potential study that might further the state of the art in CME. Many participants were research neophytes and had worked primarily on the administrative side of CME. All were keen, as judged by the decibel level. But some, like Van, were better grounded in research. In his case it was a result of his strong doctoral studies program and his early days as a research associate. After a rather rambling discussion, frustrations were starting to show among the more experienced folks present. Finally, sensing that more focus was needed, Van said: "Does anyone have any idea if we are talking about a construct or a heuristic?" The leader, thinking that a pause might help, suggested that they take a break. At that point, Dave reports, most of the group broke, not for the coffee or the facilities, but straight for the library. What was Van talking about? A heuristic? A construct? As usual, Van was well prepared, focused and helpful, all at once.

Finally, a bit of reassurance is needed. Van is not retiring, merely stepping aside as Director to carry on with whatever he wants or hopes to accomplish or explore at Michigan. He will still be among us and will still be a wise and guiding friend, tactful but to the point, and intelligently probing our blind spots and questioning our impulsive thoughts, but by the way, always well organized. Thanks Van, for everything. Your many friends are so happy that you will continue to pursue new ideas and projects. And, to a person, we wish you all the best in life and continued success. Good luck!

NATIONAL FACULTY EDUCATION INITIATIVE — UPDATE

By Melissa Newcomb, MBA, CCMEP and Lois Colburn

The National Faculty Education Initiative (NFEI), launched in the fall of 2008, now has a total of nearly 2,800 registered users. As of early February, 2,436 individuals have completed the online educational activity. This part of NFEI focuses on instructing participants about federal regulations, accreditation and professional standards, and their roles and responsibilities when presenting at either certified CME activities or commercial/marketing programs. Of these participants, nearly 50% were physicians, more than a third were CME professionals, and the remainder either nurses or pharmacists.

But NFEI also serves another purpose. To date, more than 3,300 searches have been conducted through the verification database. The database was designed to allow both accredited CME providers and commercial companies providing promotional activities the ability to verify that faculty educators they plan to invite are

knowledgeable about the multiple sets of rules that govern speaker accountability when presenting in each environment. Medical specialty societies accounted for 50% of the searches, followed by MECCs at 16%, universities at 14%, and pharmaceutical or device companies at 13%.

Remember, the NFEI training module is available to participants at no cost, and searches of the database are free to SACME, Alliance, and AHME members. If you are using NFEI with your faculty, write in to INTERCOM and let us know how you are utilizing this resource. In the meantime, SACME, Alliance, and AHME leadership are exploring the development of new faculty modules so that NFEI can evolve into a larger educational platform for CME faculty and professionals. Visit the NFEI website for more information, to participate in this valuable training, or to search for your faculty today! <http://www.nfeinitiative.org/>

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NEWS FROM THE AMERICAN MEDICAL ASSOCIATION

By Alejandro Aparicio, MD, FACP

As I write this column, it is already the middle of February. And with that realization comes the feeling of surprise that I am sure is familiar to many of you: six weeks of the year gone already?

We must have been busy during that time and I am sure you have been as well.

The AMA Council on Medical Education has been hard at work on 16 reports that will be presented to the House of Delegates at the Annual Meeting in June. Of those reports, seven will be related, at least in part, to continuing medical education. Although the titles may still undergo some minor changes they are:

- **CME Report 1, Annual Report of AMA Medical Education Activities: 2009**
- **CME Report 3, Specialty Board Certification and Recertification and Maintenance of Licensure**
- **CME Report 6, Telemedicine and Medical Licensure**
- **CME Report 7, Medical Education in Disaster Response (preparedness training in CME)**
- **CME Report 12, Regulation of Continuing Medical Education Content**
- **CME Report 13, Physician Lifelong Learning**
- **CME Report 14, Opposition to Increase CME Provider Fees**

The reports usually describe the current environment around the topic and may either recap current AMA policy or recommend new policies. At times the reports may direct the AMA to take some action. The reports are posted on the AMA website sometime in early May and are available for everyone to see. However, it is important to note that they are not adopted as AMA policy

unless approved by the AMA House of Delegates. The approval process by the House of Delegates includes Reference Committee hearings where testimony can be heard in support or opposition of the reports and resolutions that will be considered by the full House of Delegates. The URL for the June 2010 meeting is: <http://www.ama-assn.org/ama/pub/about-ama/our-people/house-delegates/2010-annual-meeting.shtml>

The Council on Medical Education is also working on revisions to the AMA Physician Recognition Award (PRA) rules. It is expected that the new booklet will be published in the second half of 2010. Until then, the AMA Physician's Recognition Award Booklet 2006 Revision can still be viewed and downloaded free at: <http://www.ama-assn.org/go/prabooklet>

The AMA's Initiative to Transform Medical Education (ITME) continues to work on the priorities that had been identified through conferences attended by multiple stakeholders. In 2010 there will be a Physician Reentry Conference. The overall objective of the conference will be to identify key regulatory challenges with regard to physician reentry and begin to develop solutions for those challenges. The conference will bring together approximately 40 representatives of key stakeholder groups in physician reentry including regulators and program representatives

The Winter 2010/Number 30 issue of the CPPDReport was published in early January. The first page, similar to the first page of the INTERCOM issue published December of 2009 (Volume 22, Number 3), carries an article by Todd



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Dorman, MD. That article alone, CME: Ailing from a case of systemic inflammatory response syndrome, is worth looking at the issue. But don't stop looking because there are other articles, such as The physician's role in medication reconciliation: Issues, strategies and safety principles and The Conjoint Committee on Continuing Medical Education: National priorities for 2010 which I am sure you will find interesting and useful as well. I hope all of you receive the notices regarding the CPPDReport. It is now published only in electronic format. They can be viewed, and you can also subscribe to receive notices regarding the publishing of this free newsletter, at: <http://www.ama-assn.org/go/cmecppd>

The Planning Committee of the National Task Force on CME Provider/Industry Collaboration, which is staffed by the AMA, is already hard at work developing the program for the 2010 annual conference in Baltimore, Maryland. The meeting will be held October 13-15 at the Baltimore Marriott Waterfront. The planning committee counts among its members several SACME members including the Chair of last year's very successful 20th anniversary conference, Melinda Steele, MEd. The Task Force is also expected to publish the fourth Fact Sheet, ON- AND OFF-LABEL USAGE OF PRESCRIPTION MEDICINES AND DEVICES, AND THE RELATIONSHIP TO CME in late February or early March. The Task Force would also welcome ideas on additional topics which could be addressed through the Fact Sheets. For more information as it becomes available you may want to visit the website: <http://www.ama-assn.org/ama/pub/education-careers/continuing-medical-education/events/national-task-force-cme-provider-industry.shtml>

As are all of you that have seen the conference program, I am looking forward to the Spring meeting. And like all of you that have spent time shoveling snow this winter, I am looking forward to the warm venue. See you all in April in Miami.

INTERCOM

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UPCOMING EVENTS

2010 SACME Spring Meeting

April 15-18, 2010
Mayfair Hotel Coconut Grove
Miami, FL
www.sacme.org

MedBiquitous 2010 Annual Conference

April 26-28, 2010
County Hall
London UK
www.medbiq.org

SACME 2010 Summer Leadership Institute

July 26-29, 2010
Johns Hopkins University School of Medicine
Baltimore, MD
www.sacme.org

NIQIE 2010: National Institute for Quality Improvement and Education

September 12-14, 2010
InterContinental O'Hare
Rosemont (Chicago), IL
www.niqie.org

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