

## PRESIDENT'S COLUMN

By Ginny Jacobs, M.Ed., MLS, CCMEP

What an exciting time to be working in the field of healthcare and, specifically, the field of medical education. The need for change is intense with a daunting number of unknowns on the horizon. There is a distinct pressure felt by many in the field to make a positive difference to improve the health of the population within a strained care delivery system.

During these turbulent times, I believe several core principles underlying the Society for Academic Continuing Medical Education (SACME) will serve us well.

- We are working together to facilitate the growth of scholarship in our field – the body of principles and practices which we use to make relevant and valid claims about the world of medical education. Designed through rigorous inquiry, this scholarship represents methods systemically designed to advance the teaching, research, and practice of continuing medical education (CME) / continuing professional development (CPD). This is important work, as it will enable us to accelerate our process for continuous improvement as well as guide and inform future directions for the field.
- We are (and we represent) a community of lifelong learners. Defined as “the ongoing, voluntary, and self-motivated pursuit of knowledge for either personal or professional reasons”. As lifelong learners, we join a vibrant community comprised of individuals who are eager to examine and/or transfer knowledge and insights and apply new concepts and ideas.

As I think of our place in the field of CME/CPD, the events of the past year, the recent Spring SACME

meeting in Cincinnati (which was amazing), and the year ahead, I have put to paper the following reflections on the exciting changes we face as a community of professionals. I hope you share these views.



**We should be reminded of** ....the necessity to consistently include the patient voice in the work that we pursue; the significant impact of our nomenclature (the words we use); the sobering realities associated with the changing landscape of CME/CPD funding models; and, the value of data and meaningful data analysis.

**We must be encouraged by**... the systematic links being made to more closely align quality improvement and patient safety initiatives with educational efforts; the considerable efforts underway to promote interprofessional education; (for those of us under

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the purview of the ACCME) the steady focus on finding ways to simplify the accreditation system; and, the considerable attention being devoted to faculty development in order to promote enhancement of their teaching and facilitation skills.

**We remain intrigued by....** our examination of the motivational factors of our target audience to fully participate in educational initiatives; the power of networks designed to disseminate information and focus on prevention; the remarkable potential reach and influence which can be achieved through the use of social media; opportunities for advancement in the evaluation and assessment of regularly-scheduled series; and, the research conducted around the need to establish and use standard terminology.

**We can be reassured by...** the impactful collaborations in place across numerous peer institutions which routinely confirms the fact there is strength in numbers; the meaningful, strategic partnerships across a variety of healthcare organizations which have been built over time and that continue to remind us of our common goals related to the improvement of the quality of patient care; and, being a member of a strong CME/CPD community which appreciates the fact that we can (through our work) make a positive difference in the health of our communities and the quality of our healthcare.

**You can be confident that....** through the hard work of SACME's past leadership and its membership, SACME is positioned to help identify and advance the strategic priorities of the field and build research capacity within the CME/CPD community. We look forward to continuing to contribute to advancements in the field.

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I am reminded of a quote by Benjamin Franklin – “When you’re finished changing, you’re finished.”

This is an exciting time, indeed, to be in the field of CME/CPD. I do not imagine the pace will slow anytime soon (or ever again). Given that, our ability to innovate, discover, and share with each other will be critical to our collective future success. We should set a goal to ensure that we not only keep pace with the change, but seek to anticipate (and get ahead of) what is coming next.

SACME provides an important forum for leaders of academic continuing medical education. It is a true honor and I am proud to serve as President of the Society. I want to thank those who have preceded me in this role for their vision and hard work. I am humbled to be surrounded by so many bright stars in the field of CME/CPD.

On behalf of you (our talented members), I can assure you that as President, working with the impressive SACME Board and Committee leaders, I will take a systems approach to the work at hand and will strive to operate in a manner that continues to be collaborative, transparent, and focused. I invite your comments, ideas, and feedback. Please feel free to contact me at gjacobs@umn.edu.

I look forward to the year ahead!



# SACME AWARDS PRESENTED IN CINCINNATI

*Congratulations to the following SACME Award recipients:*



**CURTIS OLSON**

for the *Dave Davis Research in CME Award*.



**BARBARA BARNES**

for the *Distinguished Service in CME Award*.



*Service Recognition Awards were presented to **MOSS BLACHMAN** (not shown); **TYM PETERS** (left); **DEBORAH SAMUEL** (center); **EDELINE MITTON** (right); **PAM MCFADDEN** (not shown); and **JIM NORTON** (not shown).*

*The awards were presented at the SACME Business Meeting on May 3rd, 2014, in Covington, Kentucky.*



*The President's Meritorious Service Awards were presented to **MOSS BLACHMAN** and **EDELINE MITTON** (not shown).*

# MEET OUR NEW OFFICERS

## **Brad Halvorsen, MA**

*Western Region Rep*

Brad is the Director of Continuing Medical Education (CME) and Medical Graphics and Photography at the University of Utah School of Medicine. He has held this position for the past nine years. Brad came to CME from the Division of Cardiology where he served five years as Administrative Manager. Prior to coming to the University of Utah he served in the United States Air Force as a Medical Service Corps Officer for nearly twenty-three years. He is a Fellow in the American College of Healthcare Executives. Brad holds a Bachelor of Science Degree in Business Finance from Brigham Young University and a Master of Arts Degree in Healthcare Administration from The George Washington University.

## **Ajit Sachdev, MD, FRCSC, FACS**

*Vice President*

Dr. Sachdeva is the founding Director of the Division of Education at the American College of Surgeons. He established this new division, which is responsible for the development and implementation of innovative educational programs for surgeons, surgery residents, medical students and members of surgical teams. Under Dr. Sachdeva's leadership, several major education and training initiatives have been launched that include programs to promote expertise and excellence in surgery; cutting-edge simulation-based programs; transformational redesign of the Annual Clinical Congress; Program for Accreditation of Education Institutes (Simulation Centers); and a range of continuous professional development programs. Dr. Sachdeva also serves as Adjunct Professor of Surgery at The Feinberg School of Medicine at Northwestern University.

Dr. Sachdeva was awarded the Distinguished Educator Award (a Lifetime Achievement Award) by the

Association for Surgical Education and the Award for Outstanding Contributions to Healthcare Simulation from the Society for Simulation in Healthcare. He has also received the Lindback Award for Distinguished Teaching, the Blockley-Osler Award for Excellence in Clinical Teaching, the Board of Trustees' Award for Teaching Excellence, and Golden Apple Awards for teaching excellence. Dr. Sachdeva has served on the Boards of the Accreditation Council for Continuing Medical Education and Accreditation Council for Graduate Medical Education.

Dr. Sachdeva has served as President of the Association for Surgical Education, President of the American Association for Cancer Education, President of the Alliance for Clinical Education, and President of the Council of Medical Specialty Societies. Dr. Sachdeva currently serves as Vice President of the Society of Academic Continuing Medical Education.

## **Seth Anderson, MS**

*Southern Region Rep*

Seth Anderson is an Information Technology Architect with a background in web-based software development and experience in technical team management. He holds a BS in Information Systems, an MS in Educational Technology and graduate certificates in Human-Computer Interaction and Distance Learning all from the University of Kentucky (UK).

Seth is currently the IT Manager and Associate Director for UK. He also serves on the steering committees for Health Literacy Kentucky, the Kentucky Regional Extension Center, and the Kentucky Engagement Conference. Seth is a member of the Human Factors and Ergonomics Society and the Kentucky Rural Health Association. He also serves as editor of SACME's INTERCOM newsletter and is a member of the Communications Committee.

**Carol Goddard, BA**  
*Chair, Membership Committee*

Carol Goddard joined the Association of American Medical Colleges (AAMC) in July 2010. As Sr. Program Specialist, Continuing Education and Improvement (CEI), she serves as the primary staff liaison for the AAMC's Group on Educational Affairs activities in CEI, and for the Joint Working Group—comprised of the leadership of the CEI Section and the Society for Academic CME. Focusing on issues related to lifelong learning and quality/performance improvement, Carol works with the constituent community on projects and initiatives of the CEI Section promoting scholarly, integrated models of effective, performance-based continuing education. Carol is also the editor of CENews—the bi-weekly newsletter highlighting topics, innovations, resources, and current literature.

Carol's experience and knowledge in continuing education comes from her work as the Sr. Project Manager of Postgraduate Education (PGE) for the American Society of Nephrology (ASN), working with the PGE Committee to develop several aspects of the ASN's annual meeting including numerous conference sessions and symposia, and coordinating the annual Nephrology Board Review Course.

Carol joined the administrative staff in July 2000, she worked with ASN as Exhibits Manager since July 1989 during her tenure at Smith Bucklin—an association management company. Carol's other clients included, in part, the Association of Professors of Medicine, the Association of Specialty Professors, and the Clerkship Directors in Internal Medicine.

Carol has a Bachelor of Arts degree in Management from Earlham College and a Certificate of Completion in Business Management from the Institute for Executive Growth, both in Richmond, Indiana. Now a resident of Maryland, Carol grew up in northern Indiana as one of 14 children and is the loving aunt to 28 nieces and nephews and 17 great nieces and nephews...so far!

**Annette Donawa, Ph.D.**  
*Vice Chair, Program Committee*

Dr. Annette Mallory Donawa earned a Bachelor of Science degree in Mass Communications with a minor in English from Towson University. She subsequently earned a Master's degree in education with a focus in instructional design and curriculum development from Northern Illinois University. She continued her educational pursuits, earning a Ph.D. in higher education and administration from Morgan State University (MSU). Dr. Donawa's experience in education and industry spans more than 25 years. She has served as the Director of the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), as well as the Deputy Director of a NASA-funded university research grant within the School of Engineering at MSU. Her doctoral research in critical thinking supported the Maryland State Department of Education's (MSDE) science, technology, engineering, and mathematics initiatives. She currently serves on the Johns Hopkins CME Advisory Board, and a board member for Maryland DECA, a non-profit organization which focuses on high school student achievement throughout the State of Maryland.

Research interests include:

- Pedagogy and Andragogy
- Instructional design and curriculum development
- Enhancement of Critical Thinking Skills





# The ABCs of Accredited CME...

## *An Online Educational Activity for Planners and Speakers*

### **New – Free Resource!**

The AAD knows that accredited CME plays an important role in assisting physicians in maintenance of licensure and maintenance of certification. We also know that planning and implementing accredited CME activities can be challenging with all of the "ACCME rules."

### **Introducing the ABCs of Accredited CME**

The AAD and The France Foundation, both ACCME-accredited providers, developed an online educational activity designed to help clarify the "rules," and guide speakers and planners through the development of accredited CME. [www.abcsocfme.org](http://www.abcsocfme.org)

### **Quick, Easy, and Convenient**

ABCs of Accredited CME is easy to use with 10 short modules to choose from. Choose to watch them all at once, or as you need them.

#### **Who Are the Players in CME, Maintenance of Certification, and Maintenance of Licensure**

*Presented by: Norman B. Kahn Jr., MD*

#### **Backwards Planning for Continuing Medical Education: Starting with the END in Mind**

*Presented by: Joseph S. Green, PhD*

#### **Integration of the ABMS Core Competencies into CME Activities**

*Presented by: Robert S. Kirsner, MD, PhD, FAAD*

#### **Designing CME to Change Competence, Performance and Patient Outcomes**

*Presented by: Christopher R. Spock, MD, FAAD*

#### **Independent, Fair Balanced CME**

*Presented by: Robert S. Kirsner, MD, PhD, FAAD*

#### **The CME Educational Format: What Works and What Doesn't**

*Presented by: Bryan E. Anderson, MD, FAAD*

#### **Performance Improvement CME and Its Potential Impact on Patient Care**

*Presented by: Arthur J. Sober, MD, FAAD*

#### **HIPAA and Continuing Medical Education**

*Presented by: Mark D. Kaufmann, MD, FAAD*

#### **Addressing Patient Safety in Continuing Medical Education**

*Presented by: James S. Taylor, MD, FAAD*

#### **PowerPoint 101: Creating Effective Educational Materials**

*Presented by: Erik Stratman, MD, FAAD*

### **Accreditation Statement**

The American Academy of Dermatology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

### **AMA PRA Category 1 Credit™ Designation**

The American Academy of Dermatology designates this enduring material for a maximum of 4.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

*Sponsored by the American Academy of Dermatology and The France Foundation*

*Supported by an educational grant from Astellas Pharma*



*Visit [www.abcsocfme.org](http://www.abcsocfme.org) to learn more!*

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# TOP 10 THINGS I LEARNED FROM THE 2014 SPRING SACME CONFERENCE

By Ginny Jacobs

10. The comet has hit healthcare and medical education..... We just have not fully realized it yet.  
*(as described in George Mejicano's keynote presentation)*
9. "It's one thing when you don't know what to do. It's another when you don't do what you know."  
*(quote courtesy of Carolyn Clancy)*
8. Even though the comet has hit.....we should not be afraid. We do need to face the issues.  
*P.S. Kicking the can down the street is not considered 'facing the issues'.*
7. We (in CME/CPD) are uniquely positioned to serve as true catalysts for change.
6. ABMS is an umbrella organization of 24 member boards.*(reminding me that the changes that are occurring in terms of Maintenance of Certification across each specialty cannot be made with the wave of a centralized magic wand)*
5. Good work has been done by our colleagues to make the new CME activity format tied to Faculty Development readily available.

Properly introduced, this initiative can have an important impact on our institutions. It may be best referenced as...  
... "Learning in Preparation to Teach"  
*(as described by Barbara Barnes in her presentation)*

4. Mila Kostic, SACME Program Committee Chair, did a remarkable job leading this year's conference planning efforts . We have already heard many reports of this having been..... "the best SACME Spring conference yet..... and ....A tough act to follow!"
3. Curt Olson, JCHEP Editor, could serve as a stand-in for Harrison Ford as Indiana Jones.  
He just needs the hat.
2. Do not blog or tweet when you are in a bad mood and..... also remember,  
Drinking and tweeting do not mix!  
*(advice courtesy of Alex Djuricich's session on social media)*
1. The # 1 thing I learned from the 2014 Spring SACME conference..... is really not anything new after all.

This conference provided an important reminder to me that SACME is an amazing membership organization comprised of talented professionals doing incredible work..... The results of which they are always happy to share.

This conference continues to attract hard-working CME/CPD professionals focused on advancing the field of medical education (through research, scholarship, and evaluation). It was a true pleasure to participate in the Spring SACME Conference. I look forward to our on-going dialogue as a learning community.

*Thanks to all who took time out of their busy schedules to made the trek to Cincinnati to participate in the Spring 2014 SACME conference. We trust it proved to be a good investment.*

*For those who were unable to attend, we look forward to seeing you next time!*

# SIMPLIFICATION IN SUPPORT OF CME THAT MATTERS TO PATIENT CARE

By Steve Singer, PhD, Director of Education and Outreach, ACCME

Murray Kopelow, MD, MSComm, President and Chief Executive, ACCME

## Responsive to Stakeholders

In 2011, the Accreditation Council for Continuing Medical Education (ACCME) began to focus on simplifying and evolving the ACCME's accreditation processes and requirements.

In 2012, the ACCME engaged with more than 1,000 stakeholders to ask, "How do current ACCME requirements and processes contribute value? What requirements or processes do not add value? What requirements should ACCME change, remove or add?" The ACCME collected feedback from the CME community and, in May 2013, shared a proposal based on these insights. The *Proposal for Simplifying and Evolving the Accreditation Requirements and Process*, reflecting the suggestions of the CME system, was positively received. The ACCME adopted these changes in February 2014 (summarized below) following a formal call-for-comment.

### Results of ACCME February 2014 Implementation of Simplified Requirements & Processes

Simplified Criterion 1	CME mission focused on expected results of CME Program
Eliminated Criterion 4	Scope of practice is evident in professional practice gap of Criterion 2
Eliminated Criteria 14 and 15	Retained Plan-Do-Study-Act improvement cycle in Criteria 12-13
Simplified policies on types of activities	No special requirements for any individual activity type; RSS monitoring not required
Offered template for documentation submission	Providers have option to use ACCME's <i>Performance-in-Practice Structured Abstract</i>
Eliminated mandatory on-site interview for initial applicants	
Eliminated Organizational Mission and Framework Policy	
Changed terminology from "sponsorship" to "providership"	

## Implementing Simplification

The ACCME is supporting the implementation of simplification through publishing resources on the ACCME's website, holding educational workshops, communicating with volunteers, and adjusting internal processes. Our goal is for providers to understand where they can stop doing things that were previously required and/or measured in the accreditation process. Here are a few examples based on conversations that we have had with providers who recognized their own opportunities to simplify:

### Simplifying Our Approach to Planning and Implementing Regularly Scheduled Series

*We have organized each of our RSS as single CME activities within our overall CME program—e.g., tumor boards, morbidity & mortality and case conferences, and departmental grand rounds. We contrasted the information that ACCME requires on the Structured Abstract with our current planning forms and found that we could simplify our approaches. For each activity, we are using one page to state the problem (e.g., gap and needs) the series addresses, the change(s) in learners and/or patient outcomes that we are intending for the*

education to facilitate, and what information we are getting about our effectiveness in changing practice and/or care. With this new approach, we are managing these activities in the same manner we are managing all of our activities.

### Revisiting Our CME Mission

*By eliminating 4 out of 5 of the elements of the CME Mission statement, we're taking the opportunity to meet with stakeholders in our organization to discuss what kind of changes they'd like to see CME facilitate for our physicians and their care teams. Focusing on the expected results—whether changing physicians' strategies or performance, or downstream improvement of care—may make it easier for us to talk with our leadership about CME's value and our PDSA improvement cycle to evaluate and improve year to year.*

### Embracing and Integrating Faculty Development

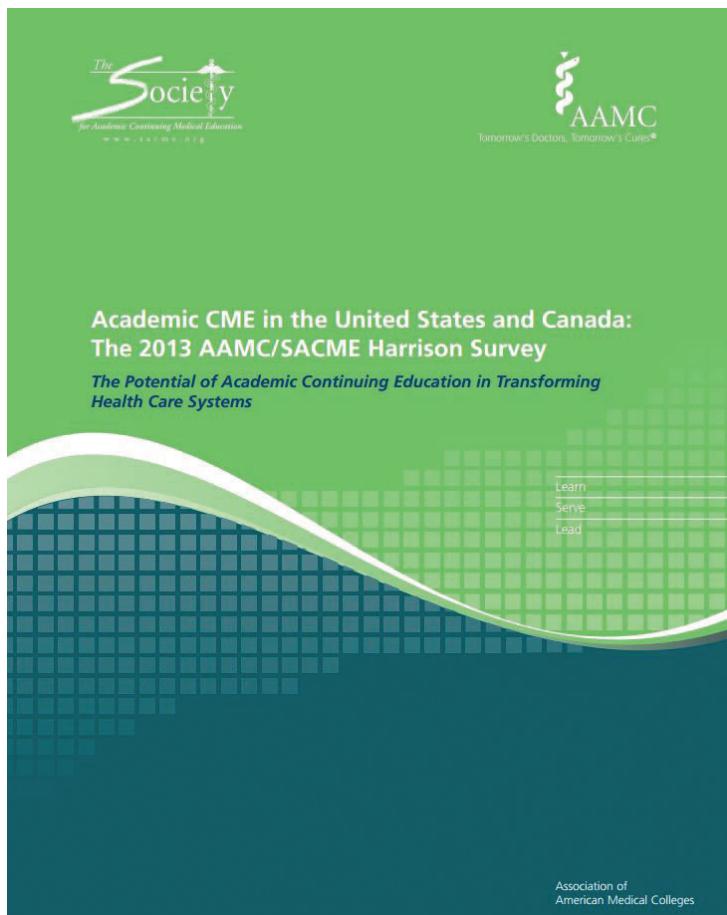
*We're aggregating all individualized learning activities for our graduate faculty into one CME activity. Our faculty members are not teaching quality improvement methodology—that's the gap, and the needs range from those who don't know, to those who do not have any strategies to introduce this content into their curricula for teaching of medical students and residents. Since the content of the self-directed learning will not be about commercial products or services, we found that the majority of the attachments to the Structured Abstract concerning commercial support and conflicts of interest were simpler to complete.*

### **Looking Forward from Simplification to Evolution of Accreditation with Commendation**

With the implementation of simplification underway, the ACCME now seeks to work with the CME community to identify a new menu of commendable practices. This spring, the ACCME released a proposal for new Criteria for Accreditation with Commendation synthesized from the comments received from the CME community. CME stakeholders asked for more choices and paths to Commendation. Stakeholders said that the ACCME should reward the achievement of higher-level outcomes, should reward the conduct of research, and that the ACCME should recognize the added value of the continuing professional development of CME's leadership. The proposal also continues the ACCME's commitment to supporting the engagement of the CME enterprise in important aspects of the health care system. In these proposals we specifically offer to reward providers that engage CME in addressing the broad domains of public health as well as engaging other professions, patients and the public in the planning and delivery of accredited CME. The ACCME welcomes your feedback and asks you to continue to join us as we work to ensure and enhance the value of the accredited CME system. For more information, visit [www.accme.org](http://www.accme.org).



# ANNUAL AAMC/SACME HARRISON SURVEY REPORT ON CONTINUING MEDICAL EDUCATION IN ACADEMIC MEDICAL CENTERS NOW AVAILABLE



The sixth annual report of the AAMC/SACME Harrison Survey reveals numerous strengths of and opportunities for the continuing medical education (CME) unit within an academic medical center (AMC). The report outlines the strengths of academic CME units - including their potential to assist the AMC in achieving its mission and improving patient care - and summarizes the challenges to academic CME units, providing six possible strategic improvement goals for consideration. In 2013, the survey was redesigned to better understand the placement and alignment of the CME unit within the AMC, providing a better picture of its impact on both the internal and external audience, and on the community it serves. These findings help the CME unit to target and create a focused, integrated, and effective continuing education/professional development presence in the AMC. Over a six year period, the CME community has seen an increased focus on faculty development, more linkages with programs such as quality improvement and patient safety, a greater use of effective educational methods, and more fiscal stability.

To view the 2013 Harrison Survey Report (as well as previous year's reports), visit [www.sacme.org](http://www.sacme.org) and click on **Publications**.



# UPCOMING EVENTS

**July 17-20**

**Group on Faculty Affairs Professional Development Conference**  
Boston, Massachusetts

**November 4-5**

**SACME Fall Meeting**  
Chicago, Illinois

**November 6-7**

**AAMC Medical Education Meeting**  
*Chicago, Illinois*

**November 8-11**

**AAMC Annual Meeting**  
*Chicago, Illinois*

**November 20**

**Mid-Atlantic Alliance for CME**  
*Harrisburg, Pennsylvania*

**January 14, 2015**

**Alliance Annual Conference**  
Grapevine, Texas

**April 25-28, 2015**

**Canadian Conference on Medical Education**  
*Vancouver, British Columbia*

**April 29-May 3, 2015**

**SACME Spring Meeting**  
*Tampa, Florida*

**May 13-15, 2015**

**AHME Institute**  
*San Diego, California*

**2016 CME Congress**

**March 16-19, 2016**  
*San Diego, California*

*See [www.sacme.org](http://www.sacme.org) for updated events.*

## INTERCOM

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SACME Listserv: [sacme@lists.wayne.edu](mailto:sacme@lists.wayne.edu).

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may be interested in providing support, please have the  
contact our Executive Secretariat, Jim Ranieri, at  
[info@sacme.org](mailto:info@sacme.org) or at 205-978-7990.