

## PRESIDENT'S COLUMN

By Mary G. Turco, EdD

Have you ever had the feeling that you are involved with something extraordinary, that is, something both exciting and important? As a SACME member, you should. This year is a remarkable one in SACME history and you are part of it. After many years of focused work by dedicated Society volunteers, three major activities - each of which will advance the field and empower members - are about to come to fruition.

The first activity is our communal endorsement of SACME's new mission, vision and guiding principles. These vitally important proposals were drafted by the Strategic Affairs Committee in 2013-14, shared with SACME members for feedback during 2014-15, and edited to reflect member input. We will review and finalize the statements this fall, and endorse them together by January 2016.

The second activity is the transition of our respected academic periodical, *Journal for Continuing Education in the Health Professions* (JCEHP), co-owned by SACME, the Association for Hospital Medical Education (AHME), and the Alliance for Continuing Education in the Health Professions (ACEHP), to new publisher Lippincott, Williams, and Wilkins (Wolters-Kluwer). This decision, which was planned and executed collaboratively by SACME, AHME and ACEHP leaders, in consultation with JCEHP Editor-in-Chief Curtis Olson, PhD, will elevate JCEHP's academic profile and visibility. (See the formal announcement of JCEHP's new publisher on **page 7** of the INTERCOM).

Third is our co-leadership of the quadrennial *World Congress on Continuing Professional Development: "Advancing Learning and Care in the Health Professions,"* which will

be held in beautiful San Diego, California on March 17-19, 2016. The *World Congress on Continuing Professional Development*, first established in 1988 and formerly known as the *Continuing Medical Education (CME) Congress*, is the pre-eminent international meeting of practitioners and researchers leading improvement of continuing education (CE) and continuing professional development (CPD) of health professionals. Every four years, the Congress is convened by SACME, AHME and ACEHP to advance the field of CE/CPD. The new title represents



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the Congress' ever greater international and inter-professional mix of planners, speakers, and audience members/learners, as well as its ever wider diversity of topics and themes. The 2016 *World Congress* Advisory Board is a distinguished group of international thought leaders from inter-professional and inter-disciplinary backgrounds. The 2016 *World Congress* Steering Committee is a respected group of Canadian and U.S. CE/CPD experts.

Goals of the 2016 program are to:

- Define and characterize CE/CPD in the 21<sup>st</sup> Century
- Build upon existing evidence that shows CE/CPD improves individual competence, performance and care outcomes
- Advance opportunities for collaborative research in CE/CPD practice
- Promote alignment of CE/CPD education with quality improvement and patient safety processes
- Describe evidence-based learning models that are the most effective in transferring knowledge to practice
- Showcase models for inter-professional team learning in clinical settings
- Foster development of educational activities that serve to improve the health of culturally diverse and vulnerable populations

The University of California Medical Schools Consortium for CME is the host of the Congress and they are already making wonderful plans. As in past years, we have invited the Global Alliance for Medical Education (GAME) to hold its meeting on the day before the Congress to build global alliances and synergies. Save the dates and be sure to join us!

As we all know, having three important activities take place in one year will require a team effort. We are a society rich in individuals with academic expertise, research experience, and administrative acumen - and we have many great supporters. Whatever your role, you are important and you are part of something exciting. The need for evidence-based, highly-effective teaching and learning has never been more pressing. Luckily, we have multiple, highly distinctive, talented and committed generations in our Society and workforce. With all this talent and energy, great things will happen.

People have asked, as I assume the presidency of SACME, what my personal goals are. In addition to guiding our efforts to execute the trifecta of important activities effectively, my goals are to advance, through both education and research, three things I personally consider important:

- the culture of health professions education,
- the empowerment of the patient-as-partner in CE/CPD, and
- the building of more global CE/CPD partnerships designed to improve care.

I am excited about this year. I am honored to have the chance to work with all of you. We're up to something extraordinary.

Speaker-approved files are available for  
viewing/download from the 2015 Spring  
Meeting in Tampa on the SACME web  
site under Members-Only.

The direct link is

[www.sacme.org/MeetingPresentations](http://www.sacme.org/MeetingPresentations)

# TOP 10 LIST – THINGS I LEARNED AT THE 2015 SACME MEETING (PLUS A FEW CLOSING THOUGHTS)

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

Thanks to all who were able to participate in the 2015 SACME meeting held in Tampa. We trust you found this experience to be a positive one. The SACME Program Committee (under the direction of Mila Kostic, Chair) did an excellent job pulling together relevant topics, engaging presentations, and building in time for important and meaningful discussions. Thanks to Jim Ranieri from Prime Management for his role as liaison to the host site leading up to the conference and for his firm's on-site coordination.

***[Presentations are available to SACME members at <http://www.sacme.org/2015SpringMeetingPresentations> \(sign-in required\)](http://www.sacme.org/2015SpringMeetingPresentations)***

A special note of gratitude goes to our gracious hosts - Deborah Sutherland, Beverly Hughes, and the entire staff at the University of South Florida's Center for Advanced Medical Learning and Simulation (CAMLs). They generously opened their doors to provide us a glimpse into their wonderful facility and openly shared their experience and lessons learned.

Here is my Top Ten list from the meeting. (Plus I have added a few closing comments which highlight a key points I believe were worthy of note).

10. We must think of our role as providing EDUCATIONAL SOLUTIONS and not just episodic training. We should consider the days of the 'one and done' to be a thing of the past. We need to strive to connect the dots by incorporating key learning opportunities with accurate and timely feedback/reinforcement within a patient-centered frame.
9. The best skill we can build in our learners (and in ourselves) is one that helps us learn how to identify what we do not know. It is that type of self-assessment that will be critical to ensure our ability to prioritize and address the gaps that exist, align our educational efforts, and keep pace with rapid changes in the field of healthcare. (In terms of the pace of change, my sense is we have not seen anything yet!)
8. It is critical that CME/CPD find a way to help lead and manage the system changes called for in the new medical education and healthcare environment. Our unique consultative, facilitation, and project management skill sets should position us to serve as strategic change agents.

[NOTE: We need to be deliberate in stating our value proposition. This is obviously not a case where "one size fits" all. Rather, we must align and tailor strategies to meet the unique needs of our respective learning communities.]

Several innovative examples were shared during our meeting to include:

- The centralized simulation center business model employed by University of South Florida's CAMLS as described by Debbie Sutherland;
  - The approach taken by the University of Pittsburgh to position Health Professional Education as a service line within their institution thereby connecting the academic side and the clinical delivery center as described by Barbara Barnes.
7. We (CME/CPD) should actively partner with graduate medical/resident training groups to understand the gaps and the needs they see. We should learn as much as possible from the ACGME's approach to setting standards and providing mechanisms for monitoring and improving the clinical learning environment.

In terms of the Clinical Learning Environment Review (CLER) Report Card, CME/CPD can learn much about the institutional review, alignment, and continuous quality improvement principles that are core to the site visits.

6. When thinking about the intersection of CME/CPD and Quality Improvement and Patient Safety (QI/PS), Dave Davis and Karyn Baum, from the AAMC reminded us of the Institute of Medicine (IOM)'s Six Aims for Improvement which calls for healthcare that is Safe, Effective, Efficient, Timely, Personalized, and Equitable. They also highlighted tools that are currently in use in the spirit of a just-in-time, quality improvement approach to education.

If we apply what we know about effective CPD and adult learning, QI/PS education should:

- be interactive;
  - allow individuals to learn by doing;
  - be relevant and applicable to one's role;
  - build in prompt feedback loops and/or links back to patient care
- (did I mention 'prompt'?)

5. Ajit (Sach) Sachdeva outlined the emerging national directions experienced in the use of simulation in CME/CPD. His remarks served to 'turn Miller's pyramid on its ear' by describing a focus on the continuum of the life cycle of professionals with special attention paid to key transitions. The trends call for us to be able to think differently about the stages of progression, blur the transitions between each phase, and alter the pace.

SIDENOTE: I don't think I will be able to listen to the soundtrack for Saturday Night Fever's Stayin' Alive again without it conjuring up special images from the firefighters' CPR training video. I suspect that would have made the BeeGees proud!

4. Connie LeBlanc raised several key issues related to the future of medical education in Canada.

She reminded us of the data challenges we all face as well as our need to see a change in the language we use to frame the issues. For example, it is not a matter of 'My doctor gave me a CT scan'. Rather, it is a matter of 'My doctor needed a CT scan in order to make an appropriate diagnosis.'

3. When referring to our drive for active learning, Nancy Davis reminded us that if we do not know what we are expected to 'watch for' or 'gain' from a particular exercise or activity, it will likely be missed. Does anyone remember the color of Alex's shirt?
2. While discussing the use of theory in recent studies in CME, Curt Olson (JCHEP Editor), reminded us when examining various approaches to the science of teaching and learning, we should not only be interested in 'Does it work?', but also 'How does it work?'

And the # 1 thing I learned at the SACME meeting

1. No one has time to recreate the wheel. We should all learn from each other, identify and utilize the numerous resources available, and build upon the body of work that exists. For example, the AAMC's iCollaborative <https://www.mededportal.org/icollaborative/> and their peer-reviewed MedEd Portal <https://www.mededportal.org/> contain a growing number of valuable tips and practical tools for implementing effective education.

Serious attention must also be paid to the Journal for Continuing Education in the Health Professions (JCEHP), an exceptional peer-reviewed journal which serves as an excellent resource. I encourage you to make it part of your routine literature review

as a means to gain insights from the exciting scholarly work that is being done in the field.

### ***A FEW CLOSING THOUGHTS:***

We are surrounded by wonderful partners in the field of CME/CPD with endless opportunities for collaboration.

We are deeply appreciative of Graham McMahon, ACCME's newly-appointed President and CEO, who took time (bright and early on a Saturday morning, no less) to engage in a conversation with our group. His remarks reminded me of the significant reach and impact of SACME's membership. Graham eloquently articulated his view of education as the solution to quality concerns and he specifically underscored the value of team education as a means to drive change and quality improvement in healthcare. We welcome him into his new role and look forward to exploring how we can align our efforts to reinforce the bridge to quality.

SACME should not order new letterhead ....just yet.

This past year, SACME's strategic planning work continued to review and reshape SACME's Vision / Mission / Operating Principles. (Thanks to Leanne Andreasen, the Strategic Affairs Committee and, of course, a special thanks to you as members for responding to our periodic calls for comments and feedback.) This was a crucial step in the planning process and it will lead us to eventually revisit our name as we know/confirm who we are (and what we represent) as a Society. This strategic planning work will continue and you will be hearing updates later this year.

What an incredible organization!

SACME is a growing membership organization comprised of an incredibly-gifted group of CME/CPD professionals. Our mission is to....***Promote the highest value in patient care and health of the public through the scholarship of continuing medical and interprofessional education.***

SACME is fueled by a hard-working Board, dedicated and industrious Committee members and regional representatives determined to make a positive difference in the field. It has been an honor and a privilege to serve as SACME's President for this past year.

I look forward to continuing to serve on the Executive Leadership team, helping advance the important work of the Society, and actively supporting Mary Turco in her role as SACME's new President.



# Spring Meeting Photo Gallery





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# PHIL R. MANNING RESEARCH AWARD IN CONTINUING MEDICAL EDUCATION ANNOUNCED

By Tanya Horsley, PhD

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On the final day of the SACME Spring meeting, Tanya Horsley, Chair, SACME Research Committee had the pleasure of announcing the recipient of the 2015 Phil R. Manning Research Award, Dr. Fahad Alam. Dr. Alam, MD, FRCPC, MMed(c.) is an anesthesiologist & medical education researcher at Sunnybrook Health Sciences Centre in Toronto, Canada and was one of nearly 30 applications to the competition with a project titled: "Impact Of Acute Care Physician's Age On Crisis Management Performance And Learning After Simulation-Based Education".

Importance of this work: Dr. Alam's research will be the first prospective trial to delineate the effect of ageing on CRM performance and learning in a simulated clinical setting. As such, the results have the potential to inform national policy and regulation of continuing education in ageing acute care physicians. Furthermore, his research seeks to answer the question of whether mannequin-based simulation is an effective learning tool for continuing medical education in this population. This research will also serve as the foundation for study in specialties beyond that of acute care.

On behalf of the great work conducted by the adjudication committee we congratulate Dr. Alam and his research team (Sylvain Boet, MD, MEd, PhD (c.) & co-PI, Dr.

Alan Baxter, BA, BM, BS, MA, FRCA, FRCPC & Dr. Vicki R LeBlanc, MSc, PhD)

## About the Investigator Team

### Investigator Qualifications:

Fahad Alam (PI): Dr. Alam is a junior medical education researcher who completed a fellowship at the Wilson Centre for Research in Education. He is now a staff anesthesiologist at the University of Toronto. During his training he has won awards including 'Best new researcher' and 'Best Project' for his work on optimizing Podcasts for cognitive learning.

Sylvain Boet (Co-PI): Dr. Boet is a Staff Anesthesiologist, holds a PhD in education, and an accomplished medical education researcher in the University of Ottawa. He has received over \$800k in funding for his work and authored over 40 studies. More specifically and pertinent to this project, Dr. Boet was part of the team that published a recent review article highlighting the ageing anesthesiologist in the Canadian Journal of Anesthesiology (CJA).

Alan Baxter (Co-Investigator): Dr. Baxter is a Staff Intensivist/Anesthesiologist and a clinical investigator at the Ottawa Hospital Research Institute. He has an extensive research history but most importantly was the lead author on the recent review of ageing anesthesiologists in the CJA.

Vicki LeBlanc (Senior Investigator): Dr. LeBlanc is the Associate Director and Scientist at the Wilson Centre for Research in Education in Toronto, as well as an Associate Professor in the Department of Medicine and the Faculty of Dentistry, both at the University of Toronto. She has received extensive grants (value > \$1.2 million) and published over 70 peer-reviewed publications. Her main research foci include: 1) medical simulation and 2) the impact of stress on learners.

## **Change of publisher for the *Journal of Continuing Education in the Health Professions***



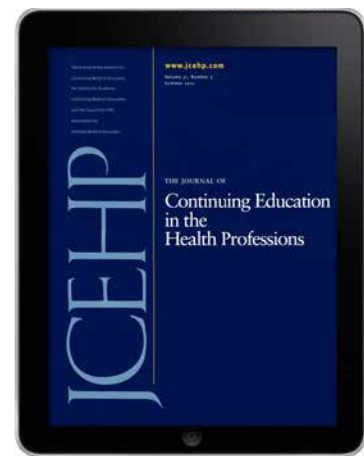
We are pleased to announce that as of October 2, 2015, the *Journal of Continuing Education in the Health Professions* will be published by Wolters Kluwer Health/Lippincott Williams & Wilkins. LWW is a highly-regarded company with a long history of publishing in the health sciences. Its other health care education and quality journals include *Academic Medicine*, *Healthcare Management Review*, *Quality Management in Healthcare*, *Journal of Public Health Management and Practice*, *Journal of Patient Safety*, *Journal for Nurses in Professional Development*, *Journal of Physician Assistant Education*, and *Journal for Healthcare Quality*.

LWW has the capacity to disseminate JCEHP's content to a wide audience through their Ovid service to institutions globally. Easy access to full print articles has a major influence on who reads and cites JCEHP. Members of ACEhp, SACME, and AHME's Council on Continuing Medical Education enjoy access as a membership benefit. Ovid—subscribed to by more in than 95% of US medical schools and 100% in Canada, the UK, and France—will greatly improve access to non-members.

LWW is also a leader in adapting to growth in the use of new digital technologies and mobile devices and expanded use of social media. They will provide JCEHP with, for example its own mobile-friendly website and apps for iPad and iPhone and integrated social media allowing readers to keep up to date with JCEHP as articles are published using Twitter or Facebook.

Other LWW services of benefit to readers and contributors include:

- more content in each issue through the addition of 10 online-only pages per issue;
- articles Published Ahead of Print (PAP), making accepted manuscripts available prior to print publication;
- integration of citation data on each article which includes the number of times cited, citing articles, and "High Impact Articles" lists that will appear on the journal's home page; and,
- Editorial Manager®, LWW's online manuscript submission and management system.



This change marks a major step forward in the rapidly evolving publishing landscape and will help ensure that JCEHP is available anytime, anywhere to the broadest possible audience. In so doing, it will ensure the long-term viability and accessibility of a journal that is now in its 35th year of disseminating and supporting research and practice in the continuing education of health professionals.

The first issue of JCEHP published by LWW will be Volume 35, Issue 4, which mails in mid-December 2015.

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Alliance for Continuing Education in the Health Professions  
Association for Hospital Medical Education Council on CME  
Society for Academic Continuing Medical Education

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# MEETING THE NEEDS OF THE CME COMMUNITY

By Graham T. McMahon, MD, MMSc, President and CEO, ACCME

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As the new ACCME President and CEO, my first priority is to do everything I can to advance public health by helping our CME community grow and thrive. With my experience in academic medicine, as the Associate Dean for Continuing Education at Harvard Medical School, I understand many of your challenges and responsibilities, and also see the remarkable potential in our system. Despite the pressures you face, you bring a wide array of resources to support physicians' continuing professional development (see sidebar). We have a shared role to help the leadership of academic medical centers recognize the value of CME programs as the key colleagues for quality and systems improvement.

At ACCME, we have several priorities for advancing CME's role in our changing healthcare environment.

## **Embracing Effective Pedagogy**

Learning and performance improvement is maximized when learners can choose activities that meet their needs; engage in a high quality experience with valid and relevant material; have the opportunity to problem solve, self-assess, compare themselves to others, and reflect; and when repetition and adaptation are used to remind and reinforce what is learned. CME units need to encourage their teachers and course directors to embrace active learning and participatory education by promoting small group problem-solving, and facilitating interaction and conversation.

## **Advancing CE by the Team, for the Team**

In CE, it is important that every voice is heard and respected. CME providers have a responsibility to facilitate team-based education. The ACCME collaborated with the Accreditation Council for Pharmacy Education and the American Nurses Credentialing Center to create Joint Accreditation for Interprofessional Continuing Education™, and we will continue to work with our accreditor colleagues in the health professions and CE providers to facilitate interprofessional continuing education (IPCE) in support of team-based care.

As members of the healthcare team, patients need to be included in more learning activities as presenters, planners, and participants. Education constructed to reflect the priorities patients identify will serve to improve our CME system.

## **Medical Education across the Continuum**

We are exploring opportunities for CME to further engage across the medical education continuum. For example, we

can use the information identified by the Accreditation Council for Graduate Medical Education Milestones and Clinical Learning Environment Review (CLER) program to support rapid progress improvement initiatives in areas such as patient safety and quality, and to support longitudinal engagement with individual physicians throughout their careers. CME also supports faculty development by offering physicians the opportunity to participate in learning from teaching activities. We can share information about challenges in practice that we gather from our needs assessments and reflect with our colleagues in undergraduate and graduate medical education about how those could be addressed by their curricula. We hope that CME professionals can be included as part of hospital audits such as the CLER site visits.

The ACCME believes that accredited CME is an important resource for Maintenance of Certification (MOC). We support any and all efforts to integrate accredited CME into MOC and we are working to identify opportunities to provide solutions that will meet all of our needs.

## **Supporting Public Health Initiatives**

We will continue to identify opportunities for CME to contribute to local, regional, and national health priorities. For example, the Food and Drug Administration (FDA) leveraged the accredited CE system to deliver prescriber education for the Risk Evaluation and Mitigation Strategy (REMS) for opioid analgesics. The ACCME is working with the FDA, CE accreditors, and CME providers to discuss opportunities for the accredited CE system to address other REMS.

## **A National Research Agenda**

We already know that physicians can learn. We now need evidence that demonstrates the most effective means of creating and sustaining performance change, and that shows how education drives improvement in quality, safety, and patient care outcomes. SACME members can play a leading role in achieving these goals and the ACCME would be happy to collaborate to advance a national research agenda.

## **Promoting the Value of CME**

The ACCME will continue to be a strong advocate for CME and an ally in your efforts to communicate the value of your work. We prepared a resource that includes key facts about



CME's effectiveness, independence, and responsiveness to the evolving healthcare environment. [This resource](#) is available on our website and you are welcome to reproduce and distribute it to your stakeholders.

The ACCME will also continue to advocate for the connection of CME programs and hospital QI activities. In addition, education should be represented in the executive suite in academic healthcare systems, with the development of the position of Chief Learning Officer. SACME and the ACCME can play a role in advocating for the creation of those positions and supporting executives who fulfill the roles.

### Ongoing Engagement

I enjoyed our conversation via videoconference during the SACME Spring Meeting, and my subsequent interactions with SACME leadership. I appreciate your participation in our survey, where you shared your ideas for how the ACCME can meet the future needs of our CE community, our learners, and our healthcare system. I welcome you to continue to share your ideas for how the ACCME can facilitate our work together to leverage our shared passion for learning and the power of education to drive quality in our profession and for the patients we serve.

### CME Offered by SACME Members: Scope and Impact

SACME members are affiliated with 124 providers accredited within the ACCME System. These providers produce 38,000 activities each year, with 375,000 hours of education. These activities include 4 million physician interactions and 2.7 million interactions with other learners.

SACME members' CME programs are designed to make a difference in healthcare:

- Almost 100% of SACME members' CME activities are designed to change competence.
- More than two-thirds of activities —65%— are designed to change performance.
- Almost 30% are designed to change patient outcomes.
- More than 90% of SACME members' CME programs work within an institutional or system framework for quality improvement.
- More than 90% of SACME members' CME programs integrate CME into the process for improving professional practice.



**SACME thanks  
Healthmonix for  
their support of the  
2015 Spring Meeting.**

**About Healthmonix:** Our purpose is to improve the quality of today's healthcare through learner-centric, effective technology. We believe that technology should be rewarding, not frustrating, and we're committed to creating an outstanding customer experience for healthcare providers, administrators and patients.

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## MedEdPORTAL<sup>®</sup> ANNOUNCES PARTNERSHIP BETWEEN AAMC & ABMS

By Carol Goddard, Association of  
American Medical Colleges

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The Association of American Medical Colleges (AAMC) announces a partnership with the American Board of Medical Specialties (ABMS) to develop an online portal of competency-based Maintenance of Certification (MOC) activities designed to meet MOC Part II Lifelong Learning and Self-Assessment and MOC Part IV Practice Assessment/Quality Improvement Activities. Through this partnership MedEdPORTAL, ABMS, and its Member Boards will facilitate the development, review, and MOC approvals of new and relevant activities that integrate the ABMS/ACGME core competencies while meeting the needs of diplomates across the Boards Community. Co-branded within MedEdPORTAL, the new ABMS MOC Portal will be launched later this year. For additional information, visit [www.mededportal.org/abms](http://www.mededportal.org/abms)

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# ABMS INCREASES ACCESS TO PRACTICE-RELEVANT MOC ACTIVITIES

By Ruth Carol, Communications Writer, American Board of Medical Specialties

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In May, the American Board of Medical Specialties (ABMS) and the Association of American Medical Colleges (AAMC) issued a joint [Call for MOC Activities](#) to all members of the continuing medical education/continuous professional development (CME/CPD) community to submit accredited CME activities that are relevant for one or more ABMS Member Boards Maintenance of Certification (MOC) programs. This is an opportunity for all CME/CPD stakeholders, Member Boards, Associate Members, and quality improvement (QI) stakeholders to engage in the development of *Lifelong Learning and Self-Assessment* (Part II) and *Improvement in Medical Practice* (Part IV) activities designed to improve the quality of patient care. The **Call for MOC Activities** uses a *single*, common platform—the MOC Implementation Center—that enables all 24 ABMS Member Boards to review and approve activities that may be appropriate for one or more of their MOC programs.

MOC activities approved by the Member Boards will be shared with their diplomates through an online repository ABMS is developing in partnership with AAMC. The ABMS MOC Directory, which will be powered by MedEdPORTAL, is coming this fall.

“The establishment of the MOC Implementation Center and the ABMS MOC Directory support ABMS’s ongoing commitment to improve access to relevant MOC activities for

diplomates across the medical specialty boards,” noted Mira Irons, MD, ABMS Senior Vice President, Academic Affairs.

The goals of this initiative are to:

- Provide an additional mechanism for identifying accredited CME and QI activities (PI CME) that reduce burden and improve relevance for diplomates fulfilling their MOC requirements.
- Provide an opportunity to identify MOC activities that may be appropriate for multiple specialties and/or practice settings.
- Facilitate the review and approval of MOC activities by medical specialty boards.
- Facilitate and track real-time approvals, system improvements, and additional feedback mechanisms to educational stakeholders.

To submit an activity for review and inclusion in the ABMS MOC Directory, click here to fill out the [Common MOC Activity Submission Form](#). To learn more about the **Call for MOC Activities**, contact Susie Flynn, Director of Academic Services, at (312) 436-2563 or [sflynn@abms.org](mailto:sflynn@abms.org).



# UPCOMING EVENTS

## Association for the Study of Medical Education

**July 15-17, 2015**

*Edinburgh, Scotland*

## AMEE/GAME Conference

**September 5-9, 2015**

*Glasgow, United Kingdom*

## Alliance Quality Symposium

**September 28-30, 2015**

*Chicago, Illinois*

## SACME Fall Meeting

**November 12-13, 2015**

*Baltimore, Maryland*

## Alliance Annual Conference

**January 13-16, 2015**

*National Harbor, Maryland*

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



The SACME Board of Directors gratefully acknowledges an unrestricted educational grant received from CMEinfo.com in support of this issue of INTERCOM.

SACME is currently accepting an additional supporter for the publication of INTERCOM. If you know of an organization that may be interested in providing support, please have them contact our Executive Secretariat, Jim Ranieri, at [info@sacme.org](mailto:info@sacme.org) or at 205-978-7990.

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The views expressed in INTERCOM are those of the authors and are not intended to represent the views of SACME or its members.

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## INTERCOM

Newsletter of the Society for Academic  
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The Alliance for  
Continuing Education in the  
Health Professions

Presented by the Society for Academic Continuing Medical Education,  
the Association for Hospital Medical Education, and the Alliance for  
Continuing Education in the Health Professions, in partnership with the  
University of California, Continuing Medical Education Consortium.



## SAVE THE DATE

### WORLD CONGRESS ON CONTINUING PROFESSIONAL DEVELOPMENT

## Advancing Learning and Care in the Health Professions

March 17-19, 2016  
San Diego, CA

[www.worldcongresscpd.org](http://www.worldcongresscpd.org)

