

SACME 2015 FALL MEETING

Integrating Quality Improvement into Existing CME/CPD Frameworks

By Annette Donawa, PhD

The theme for the Fall SACME Conference on November 12th and 13th is Integrating Quality Improvement into Existing CME/CPD Frameworks. We have confirmed dynamic speakers for the event at the Baltimore Marriott Waterfront hotel, who are delighted to incorporate flipped classroom techniques, small group exercises and interactive discussions.

Highlights of the fall conference include a special tribute to Dr. Dave Davis from the Association of American Medical Colleges (AAMC), honoring his extraordinary 40 plus years in Continuing Medical Education (CME). Dr. Davis will provide a historical account of CME and encourage participants to discuss and debate the future of CME.

Additional highlights include a discussion by Todd Dorman, MD, FCCM, who will address the importance of collaborations across the education continuum including the Accreditation Council for Continuing Medical Education (ACCME), the Liaison Committee on Medical Education (LCME) and the Accreditation Council for Graduate Medical Education (ACGME).

With the focus on integrating quality improvement into CME/CPD through a research lens, Sean Berenholtz, MD, FCCM, will discuss best practices when translating evidence into practice from a clinical practice improvement perspective. Barbara E. Barnes, MD, MS, will demonstrate how to connect evidence-based practice to CME/CPD. A panel discussion will dive deeper in dis-

cussions about CME/CPD's role in designing learning in the workplace, with a focus on team-based learning.

As an organization, SACME has made a concerted effort to demonstrate its collaborations with key stakeholders such as Graham McMahon, President and CEO of ACCME. Dr. McMahon and Mary Turco, EdD, SACME President, will unveil joint collaborations between ACCME and SACME.

Additionally, SACME members will receive updates from various committees. We are still accepting registrations for the fall conference.

<http://www.sacme.org/register>

Schedule included on page 8.

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SACME PRESIDENT'S THOUGHTS

Simulation and Proficient Practice

By Mary G. Turco, EdD

Lately, for two reasons, one personal and the other professional, I have been thinking about how confident patients and their families can be that their doctor and healthcare team are clinically proficient. The personal reason is that one of my grandchildren, a toddler, will soon undergo a series of surgical procedures. The child's parents (and grandparents) are understandably anxious. We will soon entrust a surgeon - surgical and anesthesia team - with the life of the child. The professional reason is that I recently earned a certificate from the Penn State/Hershey College of Medicine's *Teaching with Simulation: An Instructor Course Certificate Program*. In this excellent course, led by Elizabeth "Lisa" Sinz, MD, a past-President of the Society for Simulation in Healthcare, I learned how to teach and do simulation-based healthcare education (SBHE). I also learned how difficult it is to reach and maintain proficiency at any stage of clinical practice.

Why are proficient practice and SBHE important to SACME members? Helping clinicians reach and maintain proficiency, in the best interest of their patients, is why CME, CPD and IPE exist. Advancing academic CME and CME/CPD/IPE research are why SACME exists. Simulation is an education technique (not a technology) with increasing evidence that it can improve patient safety and healthcare delivery. As I learned from my Simulation Course at Hershey, and as those of us who attended SACME's 2015 Spring Meeting learned from Dr. Ajit Sachdeva in his presentation "Use of Simulation in CME/CPD - Advances, Innovations, and Opportunities" at the University of South Florida's Center for the Advancement of Medical Learning and Simulation (CMLS), SBHE can teach and reinforce - with deliberate practice - what clinicians must be able to do in practice at a high level of proficiency. Dr. Sachdeva challenged SACME members to advance

SBHE by using simulation to design new training and assessment models, address IPE collaborations, change the culture of safety, share best practice (including evidence-informed teaching practice), pursue and apply research, and educate patients.



At my home institution I am using what I learned at Hershey and CMLS to help colleagues redesign the faculty development course in our Simulation Center, which we call the Patient Safety Training Center. We are excited to strengthen the SBHE courses we now have, create new courses with new faculty, increase practice options, conduct assessments and research, and demonstrate added value including, perhaps, reduction in harm. We aspire to provide the "resilience engineering" that improves how clinicians respond to unexpected events in complex environments where "what never happened before happens every day." What better way to align Education and Quality?

As I anticipate (and dread) my grandchild's surgery, I am aware that my family, like other patients' families, realizes that SBHE can educate clinicians to practice proficiently. I am also aware that where SBHE courses do not currently exist, they could, with our help. We can create more simulation courses where dedicated CME/CPD/IPE professionals like Lisa Sinz and Ajit Sachdeva teach clinicians like my toddler's surgeon and healthcare team to learn from mistakes, collaborate under pressure, and handle crises that occur when "what never happened before" happens. Let us accept that challenge.

ABMS UPDATE

Member Boards Explore Alternatives to Traditional Exam

By Ruth Carol, Communications Writer, ABMS

Sitting for a written recertification exam could be a thing of the past as some American Board of Medical Specialties (ABMS) Member Boards explore alternatives to traditional testing.

“The educational literature supports the concept of more frequent, lower stakes assessments that contribute to an overall summative decision,” stated Mira Irons, MD, ABMS Senior Vice President for Academic Affairs. “ABMS and our Member Boards are looking to advance external assessments for the ABMS Program for Maintenance of Certification (ABMS MOC®) to keep up with the evolving adult learning principles and technology.”

This transformation is already underway with the April announcement by the American Board of Anesthesiology® (ABA) that it will replace its current Maintenance of Certification in Anesthesiology (MOCA) Examination with a longitudinal assessment tool known as the MOCA Minute™, which it began piloting in 2014. Beginning January 4, 2016, ABA diplomates will no longer be required to take a 10-year exam and will instead participate in an expanded MOCA Minute pilot, in which they will answer 30 questions per calendar quarter; 120 per year.

This is how the MOCA Minute works: Diplomates will receive a weekly email with a link to access multiple-choice questions and may choose to answer one or more at their convenience. All diplomates will be asked general anesthesia questions that represent the base of knowledge every physician anesthesiologist should know as well as any new knowledge areas that ABA believes diplomates need to learn quickly, such as Ebola. The questions will be representative of topics diplomates currently see on the MOCA Examination; general anesthesia and some subspecialty-related content. Starting in 2017, diplomates will receive significantly more subspecialty-related questions based on the areas of interest they select on their practice profiles.

Once diplomates open a question, they will have one minute to answer it and will learn immediately whether

their answer was correct or not. Either way, diplomates will receive the correct answer, the question’s rationale, and a link to additional learning resources. Diplomates will receive similar questions on the same topic over time to gauge whether they are retaining their medical knowledge.

The MOCA Minute will allow diplomates to demonstrate their proficiency, and by participating, they will enhance their knowledge and skills. Additionally, the tool will help the Board identify diplomates who may not be meeting the standard for certification, which will be set in 2016. The ABA Board of Directors expects most diplomates will continue to meet ABA standards, as they do now, and that decisions made based on diplomates’ longitudinal performance will be more valid and reliable than those derived using its current MOCA Examination model, noted ABA Secretary James P. Rathmell, MD. First, the assessment sample is significantly larger: 120 questions per year for 10 years versus 200 questions in a single, high-stakes secure exam taken every 10 years. Second, it can provide early identification of knowledge gaps.

In July, representatives from 13 of the 24 Member Boards attended a workshop sponsored by ABMS and ABA in Raleigh, North Carolina, to discuss the possibility of adapting the MOCA Minute approach for their diplomates. Currently, ABMS is establishing a pilot to test this approach and identifying other Boards interested in joining the pilot.

“Through this pilot, ABMS is investing in innovative models that deliver intensive, longitudinal, practice-relevant assessments that serve to both rigorously assess diplomates’ knowledge, judgment, and skills and assist them in keeping up to date and improving practice in a manner consistent with new principles and forms of assessment and adult learning,” Dr. Irons noted. “A secondary, but equally important, goal is to evaluate the effectiveness of the assessment and learning models and how they contribute to the value of MOC.”

ABMS Update (cont. on page 4)

“This approach requires a somewhat different way of thinking because it focuses on assessment *for* learning instead of assessment *of* learning,” noted David B. Swanson, PhD, ABMS’ Vice President of Academic Programs and Services. “The traditional MOC Part III exam assesses whether or not learning has occurred at a point in time – an assessment *of* learning. In contrast, this approach focuses on assessment *for* learning, that is, assisting diplomates in keeping up to date on an ongoing basis,” he explained, adding, “The use of frequent longitudinal assessments with retesting of key content also promotes retention of information.”

The assessment models to be tested in this pilot will have key characteristics in common. Every model will be expected to:

- deliver an intensive, longitudinal assessment with spaced repetition to promote learning and retention;
- stress practice-relevance, with diplomates having some control over both the topics covered and the timing/length of assessments;
- focus on identifying knowledge gaps and assisting diplomates in keeping current;
- offer immediate feedback on performance (right/wrong answers and explanation of correct responses); and
- assess performance over the long term, providing a basis for making summative decisions about continuing certification.

“Within this general framework, there is substantial room for Board-specific differences in program emphasis and assessment formats,” Dr. Swanson said. While the ABA’s MOCA Minute uses question-based assessments, other options include article-based assessments and problem/topic-based assessments that group items around a theme, such as management of asthma in children, or a combination of the two. “Member Boards will need to decide which approaches are most appropriate for them,” he added. In addition to item formats, other considerations that need to be addressed are item-writing needs and potential sources of test material. During the pilot, however, Member Boards will be required to maintain their MOC Part III exams.

The American Board of Pediatrics (ABP) is the first Member Board to sign on to the ABMS pilot. This decision comes two months after sponsoring the Future of Testing Conference, where approximately 75 leaders from the educational and pediatric communities gathered to explore new methods for physician assessment. “We came to the conference to explore different ways to use technology to make the exams more relevant to modern pediatric practice,” said Linda Althouse, PhD, ABP Vice President of Psychometrics and Testing Services. “But we were all intrigued and excited by the ABA’s experiences with MOCA Minute, and could imagine how beneficial this format might be for both learning and assessing the knowledge of our diplomates. It’s important to note that this pilot is for MOC only,” she added. “We have no plans to change the secure exam for initial certification.”

As part of the pilot, ABMS will convene a Research and Evaluation Collaborative. “There are dozens of research and evaluation opportunities that arise from this work, ranging from psychometric validity of the questions and assessment methods and the ability of the construct to inform summative decisions to the associations of different delivery methods with processes and outcomes of care,” noted David W. Price, MD, FAAFP, FACEHP, Senior Vice President of the ABMS Research and Education Foundation. “We look forward to engaging others with educational and evaluation expertise in this work.”



AAMC UPDATE

CEI 2015 Update: The state of our programs and what's to come

By Forest Plourde-Cole, AAMC

The AAMC's Continuing Education and Improvement (CEI) unit has worked to reposition Continuing Medical Education and Professional Development (CME/CPD) as a mission-driven, outcomes-based, tool for improvement for the better part of a decade. In that time, the effort to integrate quality improvement, patient safety (QI/PS), and education has emerged as a core function of the team. Through all of this work, CEI's efforts have been guided and supported by a dedicated community of educators and QI/PS experts, with SACME serving as a foundational member of that community. Much of this effort has culminated in the last few years in the form of two programs – Aligning and Educating for Quality (ae4Q) and Teaching for Quality (Te4Q). These programs have made significant progress integrating QI/PS and clinical education, yet there is still lots to be accomplished during what is certainly a turbulent time for healthcare and medical education. The CEI team spent the summer reflecting on this notion, as well as evaluating our programs to see where we have had success, where we have stumbled, and how we can grow to continue to support the Academic Medical Center (AMC). As we aim to expand and enhance our program offerings and services in 2016, we wanted to share our thoughts and reflections with the SACME community in hopes of collecting your guidance and feedback.

Program Updates:

Much of CEI's work started with the Aligning and Educating for Quality (ae4Q) initiative. Ae4Q was developed in 2012 as a consultative service to assist AMCs as shifted to quality-centric care. In order to explore opportunities to transform CME/CPD into an active, integrated, and quality-focused intervention, ae4Q convenes academic, educational, and clinical leadership over a 1.5 day consultation. Ae4Q has been relatively successful, largely due to the active CEI community at large, but this spring we wanted to determine exactly how much impact we were having at our ae4Q sites. Last spring, we delivered a survey to all ae4Q sites. Of the 30 sites, 23 responded. Moreover, 22 of 23 respondents perceived organizational improvements as a result of the ae4Q consultation. These included new roles for the CME/CPD office, staff, and leadership; new champions or stakeholders for CME/QI alignment and integration;

improvement in QI/PS culture; and organizational/administrative changes or re-alignment. Sites also reported the implementation of specific educational activities focused on clinical quality improvement, such as quality-focused grand rounds. These results were encouraging to us, but through this survey we also gathered feedback that sites were struggling in other areas.

In follow up to ae4Q, many AMCs are also leveraging our Teaching for Quality (Te4Q) program. Te4Q was developed in 2013 to train clinical faculty how to teach QI/PS to medical students, residents, and other clinicians, with the ultimate goal of spreading QI/PS throughout an institution. To date, Te4Q has worked with 22 AMCs and over 700 faculty, with another 8 sites and 250 participants soon to join the program. At each Te4Q site, participants are working individually or in teams, across departments and professions to develop educational projects in QI/PS. These projects range from the relatively small scale, such as educating a few clinicians on how to utilize a registry for QI/PS and population health work, to the large-scale development of a new curriculum in GME that fully integrates QI/PS into the resident experience. The success of this program relies on a tremendous group of professionals, including the site leads and coordinators who champion and organize Te4Q at their institution, and the external faculty who travel to Te4Q sites to help facilitate workshops. These professionals, along with the participants, are beginning to build an active community of practice. We have relied on them to not only implement and carry forth the program, but also to improve it. Like ae4Q, we have developed a formal evaluation to capture the feedback from all of those engaged, as well as the impact of the program. From interviews with site leads, to retrospective evaluations of workshops and consultations, we are starting to gather insights that will not only allow us to improve the program, but also suggest, once again, that many AMCs could use support in other areas of their educational mission.

New services and the future of ae4Q and Te4Q:

Without a doubt, there is more work to be done. Leveraging the feedback from our members, advisory groups, and

AAMC Update (cont. on page 6)

formal assessments discussed above, we are now making a few changes to our programs. First, we have reformatted Te4Q into two parts. Part 2 represents the original Te4Q faculty development engagement, where faculty learn how to teach QI/PS. Part 1, also known as the Te4Q QI/PS Boot Camp, will now preface part 2 by training faculty in QI/PS. Furthermore, at the 2015 Integrating Quality meeting we were able to pilot the Leading for Quality workshop, a 1.5-day interactive session that introduces faculty to the current state of medical education, how progressive accreditation and industry changes, like QI/PS, are impacting it, and how to deliver educational innovations at

an AMC to stay ahead of the curve. Finally, in an attempt to provide a more holistic engagement for our community, we are repackaging all of our programs under the banner “Educating for Quality”. AMC’s will be able to tap into any number of our programs and services, some yet to be developed, through the Educating for Quality engagement, with a single initial consultation allowing us to define the scope and scale of the work. Our hope is that even with all of the changes and uncertainty in medical education we will be able to continue to provide a comprehensive solution for AMC’s looking to utilize education, across the continuum, as a tool for improvement.

2016 WORLD CONGRESS ON CPD - UPDATE!

By Joyce M. Fried, CHCP

Co-Director, Office of Continuing Medical Education and Assistant Dean
David Geffen School of Medicine at UCLA

All of the planning committees for the *World Congress on Continuing Professional Development: “Advancing Learning and Care in the Health Professions”*, to take place March 17-19, 2016, in San Diego, California, are working at a feverish pace to organize an outstanding, interactive, and exciting meeting during which we will share and discuss health professions education research, showcase continuing education and professional development best practices, and provide direction for the future of our fields.

Emphasizing an inter-professional and global perspective, the program will be anchored by keynote speakers who will provide insights that will provide us with new ideas and frameworks upon which to translate knowledge into practice.

Keynotes will include:

- “*Learn to Change: Teaching toward a Shifting Healthcare Horizon*”
Zeke Emanuel, MD, PhD, Vice Provost for Global Initiatives, the Diane v.s. Levy and Robert M. Levy University Professor, and Chair of the Department of Medical Ethics and Health Policy at the University of Pennsylvania
- “*What Do We Need to Protect, At All Costs, in the 21st Century?*”
Alex Jadad, MD, DPhil, FRCPC, FCAHS, FRSA, Founder and Chief Innovator of the Centre

for Global eHealth Innovation at the University Health Network and the University of Toronto, where he is a full professor, staff physician, and holder of the Canada Research Chair in eHealth Innovation.

- “*Collective Competence: Truths about Teams*”
Lorelei Lingard, PhD, Professor in the Department of Medicine at the University of Western Ontario (UWO) and the inaugural Director of the Centre for Education Research & Innovation at the Schulich School of Medicine & Dentistry

Each keynote presentation will be followed by a deeper dive into the topic that will try to answer the question: “What does this mean to you?”

In addition, more than 230 abstracts were submitted from around the world and are currently being rated by 44 reviewers. The selected submissions will be slotted into sessions including Best Practices, Innovation Lab, Posters, Research Orals, Workshops, and a Research Symposium.

Program updates as well as social activities and logistics information are regularly updated on the Congress website www.worldcongresscpd.org. Register today to take advantage of early bird registration fees.



worldcongresscpd.org

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SACME FALL MEETING AGENDA

Schedule of Events

“Integrating Quality Improvement into Existing CME/CPD Frameworks”

Thursday, November 12, 2015	
12:00 pm - 6:30 pm	Registration Open Location: Harborside Foyer D
5:00 pm - 5:30 pm	Strategic Affairs Committee (closed) Location: Kent A & B
5:30 pm - 6:30 pm	Wine and Cheese Reception for all attendees (open) Location: Harborside Foyer D
6:30 pm - 8:30 pm	SACME Board of Directors Meeting and Dinner (closed) Location: Kent A & B
Friday, November 13	
7:00 am - 12:00 pm	Registration Open Location: Harborside Foyer D
7:00 am - 8:30 am	Breakfast Location: Harborside Ballroom Salon D
7:15 am - 8:15 am	Membership Committee Meeting (open) Location: Essex C
8:30 am - 12:00 pm	SACME General Programming
8:30 am - 8:40 am	Welcoming Remarks by SACME President Location: Harborside Ballroom Salon D Mary G. Turco, EdD Learning Consultant, Center for Learning and Professional Development, Dartmouth-Hitchcock, Assistant Professor of Medicine The Geisel School of Medicine at Dartmouth
8:40 am - 8:45 am	Program Overview by SACME Program Chair Annette Mallory Donawa, PhD, Assistant Dean, Continuing Medical Education John Hopkins University School of Medicine
8:45 am - 9:30 am	Collaboration Across the Education Continuum Todd Dorman, MD, FCCM, Senior Associate Dean for Education Coordination Associate Dean of Continuing Medical Education Professor of Anesthesiology and Critical Care Medicine Joint Appointments in Medicine, Surgery & the School of Nursing John Hopkins University School of Medicine
9:30 am-10:15 am	Translating Evidence into Practice: Clinical Practice Improvement Sean Berenholtz, MD, FCCM Professor of Anesthesiology and Critical Care Medicine John Hopkins Armstrong Institute for Patient Safety & Quality

Friday, November 13 (cont.)

10:15 am-10:35 am	Connecting Evidence-based Practice to CME/CPD Barbara E. Barnes, MD, MS, Associate Dean, Continuing Medical Education University of Pittsburgh School of Medicine; Associate Vice Chancellor
10:35 pm - 10:45 am	Break Location: Harborside Ballroom Salon D
10:45 am - 11:45 am	40* Years in CME: Where have we been? Where's it going? Dave Davis, MD, FCFP, Senior Director, Continuing Medical Education and Improvement Association of American Medical Colleges
11:45 pm - 12:00 pm	Special Tribute: Honoring Dr. Dave Davis's Contributions to CME
12:00 pm - 12:45 pm	Lunch Break (Box Lunch Provided)
12:45 pm - 1:00 pm	Manning Award and Fox Award Updates Betsy Williams, PhD, MPH, Clinical Program Director, Professional Renewal Center
1:00 pm - 2:30 pm	Interactive Panel Discussion: Faculty to be announced Facilitator: Mila Kostic, FACEHP , Director of Continuing Medical Education Topics: Role of CME/CPD in Designing Learning in the Work Place
2:30 pm - 2:40 pm	Break Location: Harborside Ballroom Salon D
2:40 pm - 3:15 pm	SACME Membership Updates Journal Change Updates Curt Olson, PhD Editor-in-Chief, The Journal of Continuing Education in the Health Professions (JCEHP) Virtual Journal Club Updates Mila Kostic, FACEHP , Director of Continuing Medical Education, Perelman School of Medicine at the University of Pennsylvania Enhanced Member Profile Tymothi Peters, Director, Continuing Medical Education University of California, San Francisco School of Medicine

Schedule of Events (cont. on page 10)

3:15 pm - 4:15 pm	<p>Joint Collaborations: ACCME and SACME</p> <p>Graham McMahon, MD, President and CEO, ACCME</p> <p>Mary G. Turco, EdD, Learning Consultant, Center for Learning and Professional Development, Dartmouth-Hitchcock, Assistant Professor of Medicine The Geisel School of Medicine at Dartmouth</p> <p>World Congress Updates: Program, Research, and Publications</p> <p>Joyce Fried, Assistant Dean and Co-Director, Office of Continuing Medical Education David Geffen School of Medicine at UCLA</p> <p>Mila Kostic, FACEHP, Director of Continuing Medical Education Perelman School of Medicine at the University of Pennsylvania</p>
4:15 pm - 4:45 pm	<p>Brainstorming Session: MOC Portfolio Program and SACME</p> <p>Nancy Davis, PhD, Director, Professional Development and Practice-Based Learning University of Kansas School of Medicine-Wichita</p>
4:45 pm - 5:00 pm	<p>Wrap up</p> <p>Annette Mallory Donawa, PhD, Assistant Dean, Continuing Medical Education John Hopkins University School of Medicine</p>



Be sure to follow @SACME_ on Twitter!

UPCOMING EVENTS

AAMC Annual Meeting
November 6-10, 2015
Baltimore, Maryland

AAMC Medical Education Meeting
November 10-12, 2015
Baltimore, Maryland

SACME Fall Meeting
November 12-13, 2015
Baltimore, Maryland

Mid-Atlantic Alliance for CME
November 19, 2015
New Castle, Delaware

Alliance Annual Conference
January 13-16, 2016
National Harbor, Maryland

World Congress on CPD
March 17-19, 2016
San Diego, California

Canadian Conference on Medical Education
April 16-19, 2016
Montreal, Canada

*See www.sacme.org for
updated events.*



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INTERCOM

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