

## 2016 WORLD CONGRESS ON CONTINUING PROFESSIONAL DEVELOPMENT

*Advancing Learning and Care in the  
Health Professions*

**March 17-19, 2016 San Diego, California**

Plans are being finalized for the *World Congress on Continuing Professional Development: Advancing Learning and Care in the Health Professions*. If you have not already registered, please do so or send a colleague if you are unable to attend. Link: [www.worldcongresscpd.org](http://www.worldcongresscpd.org)

The Congress program's academic content and design are **outstanding**. The patient voice is prominent, starting with the first plenary. The presenters and registrants include educators and researchers from around the world. The Planning Committee has done a great job! The Steering Committee reports that supporters have been enthusiastic, the conference hotel is almost full, and there are many special events planned. On the first day of the World Congress, March 17, there is a special tribute to SACME legend Dave Davis followed by an evening reception to which all are invited. Final plans are underway for social events including a possible "Amazing Race Game" through San Diego.

We're delighted to report two other important updates that will be highlighted at the World Congress. First, SACME, with generous support from some of you and others, will be sponsoring a **Congress Supplement** in the *Journal for Continuing Education in the Health Professions (JCEHP)*. The Supplement will be published during 2016. Second, Dave Davis, Bill Rayburn, and Mary Turco will be announcing the production of a **new, essential book on CPD** to be published in early 2017. Its publication will coincide with SACME's Annual Meeting



in Scottsdale, Arizona on May 16-20, 2017. Colleagues around the world will benefit from these publications *for years to come*.

If you can come to the Congress one day early, on March 16 the **Global Alliance for Medical Education (GAME)** will hold an excellent one-day conference that includes sessions on the impact of the refugee crises on global health and opportunities for CE programming, global health trends and their impact on the delivery of relevant CE, inter-professional education, and international CE projects. The GAME flyer appears here: <http://game-cme.org/event-2119921> We hope you can also make the GAME Conference!

See you soon!

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# SACME PRESIDENT'S THOUGHTS

## *Counting down and launching two strategic initiatives*

By Mary G. Turco, EdD

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Dear SACME colleagues,

Happy 2016! As I write, two very important strategic activities are about to launch. I want you to be aware and have the latest update.

First, William (Bill) Rayburn, MD, MBA, who is editing the new Society for Academic Continuing Medical Education (SACME) professional reference book with Dave Davis and me, is sending the first progress report with early details to chapter authors. *Continuing Professional Development in Medicine and Healthcare: Better Education, Improved Care, Best Outcomes* (or similar title soon to be approved) will be very special and unique.

### Why Our Book is Special and Unique

As an official publication of the Society for Academic Continuing Medical Education (SACME), the book will raise awareness and strengthen the credibility of our society.

*(This designation should strengthen your commitment to scholarship too!)*

A SACME advisory board was assigned the task of selecting potential authors.

*(Nearly all invitees recognized in their reply to the request as being an "honor" to be named. We were very sensitive about not showing favoritism while wishing to choose a very qualified person(s) to prepare a thoughtful and scholarly chapter in a timely manner.)*

All proposed authors (except one) accepted the invitation to participate.

*(The lone dissenter felt that he was not qualified and offered another scholar who readily accepted.)*

No other competing book is on the market.

*(All of the potential publishers stated that this was a definite positive for a subject that is gaining attention.*

*Success of our book may result in developing a new line of educational materials.)*

Five distinguished publishers offered contracts for the book.

*(This is unusual and indicates interest in the subject and the book's broad appeal.)*

We are awaiting finalization of the revised agreement with the publisher that is our top choice. This publisher will be a great "fit."

*(Strong considerations in our partnership decision was a publisher having brand name recognition, a wide portfolio of medical texts and journals, an active attitude toward marketing, and an enthusiastic worldwide sales team.)*

The book bridges many medical specialty meetings and education meetings topics and themes and has potential global appeal.

*(Marketing the book at national and worldwide meetings should advance each chapter, the book itself, and our Society.)*

Future editions of the book are highly likely.

*(All potential publishers were cautiously optimistic about sales and agreed that an edition every 4 years was very probable.)*

Bill has done an excellent job leading the project. Dave and I are grateful that the writing process was underway in February. We anticipate having the book in print by the Spring 2017 SACME Spring Meeting!

Second, we are in the count down to the 2016 *World Congress on CPD: Advancing Learning and Care in the Health Professions*, March 17-19, 2016. The program, without exaggeration, is outstanding. Patient voices echo through the Congress starting with the opening plenary



by Alicia Cole, founder of the Alliance for Patient Safety Awareness (ASAP), a non-profit education and awareness organization working to eliminate preventable infections. A survivor of sepsis, multi-drug bacterial infections, and necrotizing fasciitis, Ms. Cole is an heroic voice for what educators and researchers can do to address patient safety. Our other keynote speakers, Stephen Downes (connectivism theory, the founder of MOOCs), Zeke Emmanuel (medical ethics and health policy), Alex Jadad (eHealth/"global" innovation), and Lorelei Lingard (team communication) will "rock the house" - which is what CPD/CME needs. These speakers are joined by dozens of other important presenters. This Congress will dismiss the era (and methods) of the "old CME/CPD" and introduce the new era of evidence-informed health professions teaching and learning in CPD. The time has come.

#### What you can do

Review the Congress Program at [www.worldcongresscpd.org](http://www.worldcongresscpd.org), and register. Do not miss this Congress! The profession will be affected by it for years to come!

Tell your colleagues to take a look and consider registering. Bring them along. Maybe they would be interested in joining SACME after experiencing the quality of the Congress which is an AHME, ACEhp, and SACME joint initiative. SACME members have led much of the program design, and SACME is sponsoring the JCEHP Congress Supplement which will disseminate and preserve important content from the Congress.

In closing, please be aware that both of these very important activities are strategic. The SACME Strategic Affairs Group, led by Moss Blachman and Barbara Barnes, and the SACME Board, have positioned SACME to be the leader in the field of academic CME/CPD at a time of unprecedented change and opportunity. We're thrilled to have you with us in this moment. See you in San Diego!

***We would like to take this opportunity to thank and congratulate Seth Anderson, MS, for serving SACME in his role of INTERCOM Editor since 2013.*** Seth has given his leadership and guidance for the INTERCOM, which has provided vital information to the members of SACME and others within the CME/CPD community. Many issues would not have reached the needed platform without Seth's editorial insight. We truly appreciate Seth's tireless dedication to SACME and more importantly the INTERCOM. Seth is the Associate Director of the program for CME/CPE at the University of Kentucky. He also directs technology and distance learning for UK Healthcare CECentral™, the University's continuing education platform. After successfully leading the production of INTERCOM for three full years, Seth is graciously turning the role over to the care of Sharrie Cranford, LGSW, CMEP. Sharrie is the Director of the Office of Continuing Medical Education at the University of South Alabama.

Seth will continue to serve SACME as the Southern Region Representative on the Board of Directors.

Sharrie has been the Assistant Editor during Seth's term and welcomes any interested individuals to join her in helping to produce INTERCOM's three annual issues.

***We also would like to thank Jack Dolcourt, MD, MEd, Associate Dean for CME, Medical Graphics & Photography, at the University of Utah School of Medicine, for his service to SACME helping lead the webinar series, SACME's Professional Learning Community (PLC).*** Jack will continue in this role until his retirement later this year. We welcome anyone interested in moderating this webinar series.

Please contact the SACME Office if you are interested in either of these roles (phone: 205-978-7990; email: [info@sacme.org](mailto:info@sacme.org)).

# Thank You



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# ACCME PROPOSES NEW COMMENDATION CRITERIA AND ANNOUNCES NEW COLLABORATIONS

By Graham T. McMahon, MD, MMSc, *President and CEO, Accreditation Council for Continuing Medical Education (ACCME®)*

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Just as our learners are evolving, so are we. The ACCME is continuing to develop several initiatives to advance CME's role in our changing healthcare environment and to respond to the needs of our CME and learner communities.

## New Commendation Criteria

In January, we issued a call for public comment about our proposed menu of new criteria for Accreditation with Commendation. The goal of the [proposed new criteria](#) is to encourage and reward accredited CME providers for implementing best practices in pedagogy, engagement, evaluation, and change management, and for focusing on generating meaningful outcomes. The proposal reflects the recommendations we gathered from a diverse range of stakeholders about how to leverage the power of education to improve healthcare.

The proposed commendation criteria are designed to serve as a guidepost for the future of CME. We want to recognize the achievements of organizations that advance interprofessional collaborative practice, address public health priorities, create behavioral change, show leadership, leverage educational technology, and demonstrate the impact of education on healthcare professionals and patients.

We appreciate the comments we received and thank you for your engagement in our ongoing dialogue about how to evolve our requirements. The ACCME Board of Directors will review the comments at its March 2016 meeting, and we will continue to engage in collaborative discussions during this review process. The current commendation Criteria 16–22 remain in place and accredited CME providers should continue to comply with them, in addition to complying with existing core Accreditation Criteria 1–13, to achieve Accreditation with Commendation.

Once the Board of Directors has finalized the criteria, the ACCME will release a transition plan for the CME community. There will be an extended transition phase, during which accredited providers will have the option of demonstrating compliance with the current criteria **or** use the new commendation criteria.

Comments were accepted through February 16, 2016.

## CME That Counts for ABIM MOC

In response to requests from physicians and accredited CME providers, we formed a collaboration with the American Board of Internal Medicine (ABIM) to simplify the integration of Maintenance of Certification (MOC) and accredited CME.

With this collaboration, ABIM no longer requires CME providers to submit applications for activity approval and peer review to ABIM. Instead, accredited CME providers are able to use one unified shared system to record information about CME and ABIM MOC activities. All accredited CME providers in the ACCME system already use the ACCME Program and Activity Reporting System (PARS) to enter data about each of their CME activities. Now, CME providers are also able to use PARS to register activities for ABIM MOC and receive immediate approval. As part of this registration process, providers attest to compliance with ABIM-specific requirements for the Medical Knowledge Assessment Recognition Program and submit participant data. The costs for developing and managing this program have been borne by the ACCME and ABIM.

The collaboration has expanded the number (now more than 1,000; there's a list posted on our [website](#)) of currently-available accredited CME activities that offer ABIM MOC points, and facilitate the engagement of new providers in ABIM's MOC program. A much wider range of live and online activity types are now eligible for ABIM MOC including enduring materials,

journal CME, Internet searching and learning (Internet point-of-care learning), test item writing, committee learning, courses, and regularly scheduled series (such as grand rounds and division conference series). For more information, updates, and links to educational resources, visit our [CME that Counts for ABIM MOC](#) webpage.

### **Continuing Collaborative Efforts**

We are continuing our collaborative efforts with our colleague regulators to facilitate alignment among our systems.

The ACCME is a partner in the initiative launched by the Accreditation Council for Graduate Medical Education, “Pursuing Excellence in Clinical Learning Environments.” We are exploring more opportunities for CME to further engage across the medical education continuum. For example, CME providers can use the information identified in CLER visits to support rapid progress improvement initiatives, longitudinal engagement with individual physicians throughout their careers, data sharing, and faculty development.

We are working with the American Medical Association to align the credit and accreditation systems to better support CME providers and physician learners. You can email your comments on how you’d like to see the credit and accreditation systems optimally align to facilitate innovation and the evolution of our systems to [info@accme.org](mailto:info@accme.org).

We support any and all efforts to integrate accredited CME and MOC and we are working to identify additional opportunities to provide solutions that will meet the needs of certifying bodies, educators, and learners.

### **Advancing the Role of Educators**

The staff at ACCME will continue to be strong advocates for CME and your allies in your efforts to communicate the value of your work to your leadership and other stakeholders. Our teachers and mentors must be celebrated, promoted, and given the resources and support for the value they bring to our systems: advancing care quality, improving efficiency, nurturing teams, preventing burnout, and reducing turnover amongst others benefits — these outcomes provide institutions with a quantifiable return on investment.

### **Promoting the Development of Chief Learning Officers**

We have been discussing CME’s representation in the executive suite in academic healthcare systems with our colleagues at SACME, AAMC, and the American Hospital Association. Together we may be able to model a job description for a Chief Learning Officer and promote a curriculum and program to support these leaders. These executives would strategically manage resources, align QI with education, leverage educational strategies to achieve shared system goals, and expand the opportunities for innovative education. Together, we can encourage the creation of these positions and support executives who fulfill the roles.

It’s been terrific to meet so many of you at activities all across the country, and I invite you to continue to share your ideas for how we can work together to drive quality in our profession and improve care for the patients we serve.

### **SACME Joins Discussions at ACCME Board of Directors**

At its December 2015 meeting, the ACCME Board of Directors convened the leadership of several CME organizations, including SACME, and ACCME member organization liaisons to discuss promoting the value of accredited CME and interprofessional continuing education (IPCE), the challenges facing the CE community, and how the ACCME can contribute to addressing those challenges. In addition to SACME leadership, participants included representatives from the Alliance for Continuing Education in the Health Professions, the Association for Hospital Medical Education, the Council of Medical Specialty Societies CPD Component Group, and the National Association of Medical Education Companies. We appreciate the thoughtful, high level perspectives that were shared by participants, and look forward to our ongoing collaborations.

# TOP TEN THINGS I LEARNED FROM DR. DAVE DAVIS

By Ginny Jacobs

After 40+ years in the field of continuing medical education, Dr. Dave Davis, our beloved colleague, announced his plans to retire at the end of 2015. Dave's impressive career as a family physician and medical educator spans leadership roles at McMaster University, the University of Toronto, and most recently, the Association of American Medical Colleges (AAMC) where he served as Senior Director of the Continuing Education and Improvement (CEI) section.

Dave is a long-time member, past President, and strong advocate of the Society for Academic Continuing Medical Education (SACME). In an effort for SACME to begin to pay tribute to his many contributions to the field, a special dedication was built into the Fall meeting in Baltimore. During that time, Dave was asked to share his reflections on his CME journey.

This article is my reflection on what I have learned from Dave. I personally owe him a debt of gratitude for the insights and expertise he has shared. I know many others join me in thanking him for his commitment to the field as we honor his esteemed career.

## # 10 – Remember the basics

For starters, I have literally learned the ABC's of CME.

Through his life's work, Dave has modeled the following concept –

### Effective healthcare education must be:

Aligned with the institution's strategic priorities;

Based upon evidence of what works in educational design and delivery (and strategically built to engage learners with measureable impact); and

Centered on improvements in the quality of patient care.



## # 9 – Find a mentor and/or Be a mentor

The power of a mentor can be incredible. As Mary Turco articulately described during SACME's tribute, Dave embodies the very essence of what it means to be a good mentor. He is someone who guides others to greater success.

Just as Jack Sibley (plus Bob Fox, Paul Mazmanian, and Nancy Bennett) played critical roles in Dave's professional development and growth, ***Dave has positively influenced countless individuals.....shepherding them and scaffolding their careers.***

Dave reminds us all of the impact we can have by helping others examine the field, shape their thinking, and develop their career path.

## # 8 – Be scholarly in your approach to your work (and find time to share your progress / results / findings)

A master teacher makes their objectives clear, engages learners, and strives to increase knowledge/skills driving improvement in decision-making. A master in the field takes the learning community to a higher level by systematically addressing issues and reporting their findings. With dozens of peer-reviewed journal articles, abstracts, book chapters, and two major books on CME practices to his name, Dave has achieved this mastery level through an extensive portfolio of published work. That portfolio includes....the 1998 article which asked, "Does CME Work?"; the JAMA article which set out to review, collate, and interpret the effect of formal CME interventions on physician performance and health care outcomes; and, most recently, the forward-thinking piece

*Top Ten Things (cont. on page 7)*



in the current issue of Academic Medicine (co-authored with Bill Rayburn) entitled, “Integrating Continuing Professional Development with Health System Reform: Building Pillars of Support”. This article envisions a better functioning system, with improved metrics and value to enhance patient care and population health.

Dave continues to make us think critically about our unique mission and purpose within the larger context of our institution and the healthcare system as a whole.

### **# 7 – Learners must remain awake in order to be engaged**

Dave avoids the use of traditional (aka boring) powerpoint slides. Rather, he typically displays images designed to tell a story and/or spur discussion. One of Dave’s coveted slides portrays an image of Ronald McDonald, the infamous McDonald’s spokesperson, being taken into custody from the scene of a riot. I believe Dave includes this slide to intentionally remind us of our need to **ensure CME is taken seriously AND to remember to make learning fun.**

By the way, even as the iconic clown is being cuffed and hauled away (probably for introducing some innovative method of instruction), we should not be discouraged. We must remain confident Ronald will simply rethink his methods, reframe his approach, sharpen his teaching and facilitation skills, and come back more strategic, more effective (from a teaching/learning perspective), **and - bottom line – more engaging than ever.**

### **# 6 – I may actually be the one with a funny accent**

Dave can be attributed with helping me vastly improve my knowledge of North American geography. Not only am I able to readily locate Toronto, Ontario (and Washington D.C., for that matter) on the map, I am proud to note that I can also recite the Canadian provinces in order from West to East. This was accomplished by a **pro-cess** of expanding my lens on the field and learning **a-boat** how much we have in common with our colleagues across the globe.

**Through his work at the AAMC, it would be fair to say that Dave has also put Continuing Medical Education (CME) / Continuing Education and Improvement (CEI) on the AAMC map.**

### **# 5 – Location, location, location (may not be all that critical)**

No matter our vantage point, we can still accomplish much to raise the bar on the quality of teaching and education and build and strengthen CME’s linkage to the big picture. While it is ideal to be situated in the epi-center of the academic medical center, it is not necessary to be able to contribute to the enhancements being made across the education continuum. Progress can be made even from the remote basement office or (as Dave Davis’ described) the concrete-lined Temporary Office # 6 situated in an old oil refinery. In the case of a remote location, greater effort must be made to establish consistent lines of communication, promote meaningful ‘public relations’, spotlight connections, and highlight contributions to the overall institutional goals.

### **# 4 – Remain humble – Keep context in perspective**

Here is a pearl of wisdom from Dave which I gathered from a story that was shared at the Baltimore SACME meeting...

Before you admire your loose-fitting clothes and brag about the weight you have lost, make sure you confirm you are not simply wearing someone else’s pants. ☺

### **# 3 – Collaborations can help accelerate the pace of change**

The number of acronyms used in the field of CME/CPD is daunting. A veritable ‘alphabet soup’ exists when referencing the governance and committee structure of the AAMC alone. Dave has helped many of us navigate those organizational structures while working to highlight key linkages and help form strategic collaborations.

With Dave’s leadership and support, the Continuing Education and Improvement (CEI) initiative of the AAMC (with a vision of promoting lifelong learning) is directed by the Joint Working Group (JWG), a group comprised of leaders from SACME and the AAMC’s Group on Education Affairs (GEA). The envisioned CEI model is designed to be responsive to current initiatives and needs of the health care system.

The AAMC-CEI’s goal is to facilitate the development of a more effective, patient and population-centered, and

*Top Ten Things (cont. on page 8)*

integrated model of CE/CPD based in academic medical centers, with strong bi-directional connections to the community. The bridges that are in place (and are being built) would likely not exist had it not been for Dave's vision and determination to enhance the viability of the medical education continuum.

## # 2 – Retirement only means it is time for a new adventure

The migratory patterns of Canadian snow geese mirror the habits of special Canadian-American CME professionals. The gales of November spur many to travel to the sunny beaches of Florida for the winter months. In Dave's case, he has chosen to seek shelter and solace in what he has described as a 'slice of paradise', known as Fort Myers Beach. However, that may only be a place to periodically stop in when he is not traveling to/from the United Arab Emirates or other exotic destinations.

**And # 1...***The most important thing I have learned from Dr. Dave Davis' 40+ years in CME/CPD is.....*

**Even within a complex field such as healthcare, I know that an exceptionally wise (yet incredibly humble) man with a wonderful sense of humor and wit can make a huge difference in the world.**

I know I speak for many when I say ***“Thank you, Dave, for all you have done to advance the field of medical education!”***

**More specifically, thank you for –**

- raising the bar on the quality (and connectedness) of CME/CPD's work across a complex healthcare system structure;
- increasing our visibility and enhancing our potential value as a profession across the education continuum; and,
- guiding professionals across the healthcare system to strategically view CME/CPD's role through a new (relevant practice-improvement and patient-centered care) lens.

You have skillfully advanced the critical message about CME's unique position to serve as a strategic asset within our institutions. In so doing, you helped spur a culture that calls for active learning with critical assessment / reflection, continuous quality improvement, and meaningful evaluation with measurable results.

You remind us of the unifying purpose we all share in the field of healthcare education – we must support efforts that keep our patients safe and improve the quality of the care they receive.

You have contributed greatly to the complex field of CME/CPD through critical reflection and persistent scholarly pursuit of evidence to guide our work. Your work lives on and will continue to serve as a springboard for further advancements.

Thank you!

*NOTE: We will be paying further tribute to Dave at the upcoming World Congress on Continuing Professional Development March 2016. We hope you will be able to join us in San Diego for a special send-off to a special person!*

Society for ACADEMIC  
Continuing Medical Education



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# ABMS MOC DIRECTORY RECEIVES HIGH MARKS FROM DIPLOMATES

By Ruth Carol

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Four months after launching the [MOC Directory Powered by MedEdPORTAL's CE Directory \(https://www.mededportal.org/abmsmoc/continuingeducation/\)](https://www.mededportal.org/abmsmoc/continuingeducation/) in partnership with the Association of American Medical Colleges (AAMC), the American Board of Medical Specialties (ABMS) has received positive feedback from diplomates.

While 94 percent of diplomates rated the activities in the MOC Directory as “good, very good or excellent,” 97 percent would recommend the activities to a peer. Moreover, 98 percent indicated that the content learned will improve their practice. This according to a survey of nearly 500 diplomates certified by various Member Boards who have completed an activity on the MOC Directory to meet requirements for the ABMS Program for Maintenance of Certification (ABMS MOC®).

The MOC Directory, which was introduced in October 2015, offers Member Board diplomates easy access to a comprehensive, centralized web-based repository of approved MOC activities across medical specialties and subspecialties. “The MOC Directory was created in response to a need identified by our Member Boards and their diplomates for a system that would improve access to relevant, accredited MOC activities,” explained Mira Irons, MD, ABMS Senior Vice President of Academic Affairs. “Working with the team from AAMC, we created a directory that not only increases the overall inventory of relevant MOC activities, but reduces the administrative burden for physicians participating in MOC by identifying activities approved by multiple ABMS Member Boards in one central location.”

To date, nearly 300 activities are housed in the online MOC Directory, helping diplomates meet MOC requirements for *Lifelong Learning and Self-Assessment* (Part II) and *Improvement in Medical Practice* (Part IV). There are more than 1,500 unique approvals, which basically means that many of the activities have been approved by multiple Member Boards for their diplomates’ use.

The MOC Directory’s common submission form offers continuing medical education (CME) providers a single pathway to submit and receive MOC approvals from multiple Member Boards. Among those submitting CME activities are academic medical centers, ABMS Associate Members, and specialty societies. In fact, ABMS staff are working closely with a number of academic medical centers interested in submitting activities.

As part of this collaboration, ABMS will continue to identify CME activities that integrate the six core competencies developed by ABMS and the Accreditation Council for Graduate Medical Education through a rolling (ongoing) submission process. To submit activities for the MOC Directory, visit <http://www.abms.org/news-events/abmsaamc-call-for-moc-activities/> or contact Susie Flynn, Director of Academic Services, at [sflynn@abms.org](mailto:sflynn@abms.org) or (312)-436-2563.



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# ABMS PORTFOLIO PROGRAM TO LAUNCH PILOT LINKING PART II, IV MOC ACTIVITIES

By Ruth Carol

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On April 1<sup>st</sup>, the American Board of Medical Specialties' (ABMS') Multi-Specialty Portfolio Approval Program™ (Portfolio Program) will kick off a two-year pilot program that links *Lifelong Learning and Self-Assessment* (Part II) activities to an *Improvement in Medical Practice* (Part IV) activity for diplomates seeking credit for the ABMS Program for Maintenance of Certification (ABMS MOC®).

Specifically, the pilot will allow physicians in Portfolio Program sponsor-organizations who are certified by 20 participating ABMS Member Boards to receive MOC credit for participating in live, continuing medical education (CME) accredited *Lifelong Learning and Self-Assessment* activities that are specifically and proactively linked to an *Improvement in Medical Practice* activity.

“This pilot is grounded in evidence that sequenced, multimodal, longitudinal educational efforts are more effective in changing practice than isolated, one-time educational activities,” said David Price, MD, Executive Director of the Portfolio Program. “While the pilot will begin with live CME activities, we anticipate adding other formats at a later time, based on the experience and feedback from the initial pilot. We also are encouraging the development of, and engagement in, activities that include patient communication, patient safety, and professionalism due to their importance in medical practice.”

Portfolio Program Sponsors that are Accredited with Commendation by the Accreditation Council for Continuing Medical Education (ACCME), or jointly accred-

ited by the ACCME, Accreditation Council for Pharmacy, and American Nurses Credentialing Center are eligible to develop *Lifelong Learning and Self-Assessment* qualifying activities for the pilot. However, they must meet specific requirements in order for the activity to qualify. Physicians will be required to complete both the *Lifelong Learning and Self-Assessment* activity and the linked *Improvement in Medical Practice* activity before receiving MOC credit for the Part II activity.

“The linking of lifelong learning and self-assessment with medical practice improvement activities will allow physicians to more effectively and efficiently address the clinical issues that they identify as important and receive MOC credit through active program engagement,” said ABMS President and Chief Executive Officer Lois Margaret Nora, MD, JD, MBA. “It is further evidence of the Portfolio Program’s ability to offer a seamless MOC process that is both relevant and of value to physicians as well as their patients and families.”

To date, the Portfolio Program has engaged more than 8,000 physicians in practice improvement initiatives at hospitals and health systems across the country (many showing improvement in care outcomes) and has recognized their participation with MOC-eligible credit. Since its inception, more than 10,000 quality improvement efforts have been completed by Portfolio Program participants.

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# ABMS VISITING SCHOLARS PROGRAM ACCEPTING APPLICATIONS IN MARCH

By Ruth Carol

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The ABMS Research and Education Foundation (REF) will begin accepting applications for the 2016-17 Visiting Scholars Program March 9, 2016.

The ABMS Visiting Scholars Program is a one-year, part-time program that facilitates research projects designed to improve patient care. The program also exposes the scholars to the fields of professional assessment and education, health policy, and quality improvement.

Scholars will refine their research skills and scholarship, in collaboration with their institutional mentors and ABMS leadership, by engaging in a research project related to Board Certification and the ABMS Program for Maintenance of Certification (ABMS MOC®). They will become familiar with health policy and the external environment in which continuous certification occurs. Scholars will engage with the Member Boards Community through participation in committee meetings, video and in-person conferences and forums, and discussions

with leadership. They will continue ties with the Boards Community through an alumni network.

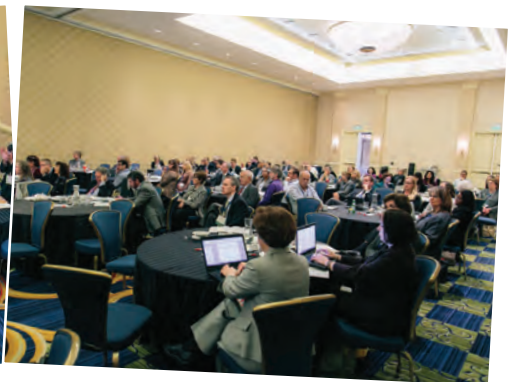
The Visiting Scholars Program is open to junior faculty including assistant professors and instructors, fellows, residents, medical students, public health students, and graduate students and PhDs in health services research and other relevant disciplines. Scholars will be selected and awarded \$12,500 each to support their research and travel for this program. The application deadline is May 31, 2016.

For more information about the Visiting Scholars Program, visit <http://www.abms.org/about-abms/research-and-education-foundation/visiting-scholars-program/> or contact Marty Daiga, MBA, REF's Manager of Foundation Operations, at [VisitingScholars@abms.org](mailto:VisitingScholars@abms.org).





# SACME FALL MEETING









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# INTERVIEW WITH CURT OLSON

## *Editor-in-Chief of The Journal for Continuing Education in the Health Professions (JCEHP)*

By Seth R. Anderson, MS

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After 10 plus years with Wiley as JCEHP's publisher, the 35-year-old publication is now being produced in print and electronic form by Lippincott Williams & Wilkins. The Editor-in-Chief Curt Olson has guided the 2000-plus subscriber journal for the last four years. To mark the transition to a new publisher in Intercom, I interviewed Dr. Olson to discuss the publication change and the journal's progress in general.

The Journal is unique in that it is one of only four health care journals that focus solely on the topic of Continuing Education, only three of which publish in print. It is the only journal in print focused on the topic of continuing health professions education. Olson stated, "The fact that JCEHP has survived for going on 36 years says a great deal about the need people feel to have a source of information specifically about CE."

Like many journals, the editorial process contains several layers of review. He estimates that, once an article is accepted for review, it takes about six months from submission to publication in the journal. The competition is stiff; roughly 10-20% of article submissions are accepted. Those that are go through a rigorous peer-review and editing process before they are published. It is with this procedure that Lippincott appears to be better able to assist the journal reviewers, using their industry standard manuscript management system, Editorial Manager. This system allows for better collaboration tools among the reviewers and primary author of each piece. In addition, it gives deputy editors more opportunities to contribute to the editorial review process.

Streamlined workflows are not the only reason for the switch. Lippincott has a global presence and is embedded in many markets outside North America. They own the Ovid system, to which many institutions subscribe. Olson anticipates that with Lippincott, full text JCEHP articles will enjoy wider distribution. For those looking for back issues of the Journal, those are available on [jcehp.org](http://jcehp.org) under the label, Previous Issues.

Lastly, a major advantage of the publisher change for both readers and contributors is the increase in the amount of space available for articles. Lippincott's redesign of JCEHP not only improves its aesthetics, but also uses space more efficiently, making room for an average of two to three additional articles in each issue. Lippincott also makes up to 10 electronic pages available for each issue. This allows JCEHP's editorial board more flexibility in accepting pieces for the journal.

JCEHP and Lippincott will work in concert on the social media front. Look for Alex Djuricich's tweets on the Twitter handle, @jcehp, and at the blog address, [jcehp.wordpress.com](http://jcehp.wordpress.com). Lippincott is also planning to release an application for both iOS and Android in the second quarter of 2016.

For SACME members, this journal represents a tremendous opportunity to contribute to the body of research in CE and stay informed about new developments. SACME proudly partners with AHME and ACEHP to underwrite the journal and this publisher change represents an exciting evolution in the scholarship of our field.

Resources: Journal access: [jcehp.org](http://jcehp.org) | Blog: [jcehp.wordpress.com](http://jcehp.wordpress.com) | Twitter @jcehp

### About Curt Olson

Curtis Olson, PhD, is the Director of Research and Evaluation in the Center for Continuing Education in the Health Sciences and Assistant Professor in the Department of Medicine at Geisel School of Medicine at Dartmouth. He earned his doctorate in adult and continuing education from the University of Wisconsin-Madison. He has more than 20 years experience designing, implementing, and evaluating medical education. Dr. Olson is also Editor-in-Chief of the Journal of Continuing Education in the Health Professions, and in that capacity, has a leadership role in shaping standards for evaluation research in the field of continuing education.



# UPCOMING EVENTS

## World Congress on CPD

March 17-19, 2016

*San Diego, California*

## California Macy's Regional Conference on Innovations in GME: Building a Better Workforce for Better Health

March 30, 2016

*San Francisco, California*

## Principles of Medical Education: Maximizing Your Teaching Skills

April 13-15, 2016

*Boston, Massachusetts*

## Canadian Conference on Medical Education

April 16-19, 2016

*Montreal, Canada*

## American Board of Medical Specialties Quality Improvement Forum

May 11-12, 2016

*Rosemont, Illinois*

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



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## INTERCOM

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