

## FROM THE PRESIDENT

By Ajit K. Sachdeva, MD, FRCSC, FACS

President, Society for Academic CME

Director, Division of Education, American College of Surgeons



The Society for Academic Continuing Medical Education (SACME) continues to make monumental strides in the current milieu of transformational changes in health care. Major efforts are underway to address the five-point agenda I had proposed to the SACME Board and articulated in my previous message in the June 2016 issue of INTERCOM. As you know, the five areas are Leadership; Innovation; Scholarship; Member Engagement; and Operational Excellence.

We remain heavily engaged in efforts to advance the critical national and international leadership role of SACME in the field of continuing medical education/continuing professional development (CME/CPD). Over the past three months, we have established new lines of communication with the leadership of the Association for Medical Education in Europe (AMEE), and have strengthened our relationships with the Association of American Medical Colleges (AAMC) and the Accreditation Council for Continuing Medical Education (ACCME). The Annual Meeting of AMEE was held in Barcelona at the end of August 2016. Several SACME members participated in important sessions of this meeting and delivered excellent presentations. I had the privilege of chairing a Scientific Paper Presentation Session that focused on CPD. I was also invited to participate in a special brainstorming session to discuss the establishment of an AMEE CPD Special Interest Group (SIG), which may subsequently lead to the appointment of an AMEE CPD Committee. With strong support from key international representatives, an exciting proposal was developed for presentation to the AMEE Executive Committee. The Executive Committee approved the proposal to establish an AMEE CPD SIG. This is a significant step for AMEE and opens new doors for meaningful collaboration between SACME and AMEE.

On the domestic front, there was a productive Meeting of the Joint Working Group that included representatives from SACME and the AAMC Continuing Education and Improvement (CEI) Section, at the AAMC Headquarters in Washington, DC. In follow-up to this meeting, a Self-Assessment Survey was mailed recently by the AAMC on behalf of Dr. David Price, Chair of the AAMC CEI Section and me. This survey will be refined further as

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a result of the beta testing, and should yield valuable information. In addition, discussions with leadership of the ACCME have focused on collaborative research opportunities and pursuit of joint scholarship involving the two organizations. The regular exchange of ideas with the ACCME leadership has been both invigorating and productive.

The Annual Strategic Planning Retreat of the SACME Leadership was held in June 2016, and a variety of major and timely issues were discussed. The Standing Committee Chairs were invited to the retreat for the first time, which was a welcome addition. The Regional Representatives will be included in future Strategic Planning Retreats, starting in 2018. The Strategic Affairs Committee under the leadership of Drs. Moss Blachman and Barbara Barnes has continued to play an important role in addressing the following domains: Leadership Development; Scholarship; Strategic Collaboration; and “House in Order.”

A critical anchor of innovation, scholarship, and member engagement is our Annual Meeting. Preparations for the 40<sup>th</sup> Anniversary SACME Annual Meeting, to be held in Scottsdale, Arizona, on May 17-20, 2017, are progressing extremely well. Under the leadership of Dr. Annette Donawa, the Program Committee has planned a very exciting Program which will make this Annual Meeting a landmark event and a true milestone in the history of SACME!

Many new features have been added to the Program of the 2017 Annual Meeting and preeminent national and international leaders from a variety of different backgrounds have been invited to deliver formal presentations and participate in open discussions. I have had the privilege of inviting several of these individuals. The Barbara Barnes Plenary Address will be delivered by Dr. George Thibault, President of the Josiah Macy Jr. Foundation, and the Opening Keynote Address will be delivered by Dr. James Bagian, Professor of Engineering Practice, Industrial and Operations Engineering, Center for Healthcare Engineering and Patient Safety, at the University of Michigan. The Presidential Panel will focus on the role of key stakeholders in CME/CPD, and will include Dr. John Combes, Immediate Past Chief Medical Officer and Senior Vice President, Center of Healthcare Governance, at the American Hospital Association; Dr. Julie Freischlag, Vice Chancellor for Human Health Services and Dean of the School of Medicine at

University of California Davis Health System; Dr. Lewis Sandy, Senior Vice President for Clinical Advancement at the United Healthcare Group; and Dr. Luke Sato, Senior Vice President and Chief Medical Officer of CRICO (the liability insurer for the Harvard hospitals). Dr. Craig Campbell, Director of Continuing Professional Development at the Royal College of Physicians and Surgeons of Canada, will deliver a Special Presentation on the Top 5 Advances in CME/CPD. There will also be a formal Presidential Address.

Dr. Donawa has organized a Panel on Bridging CME/CPD through National and International Health Education that will include Dr. Todd Dorman, Past President of SACME, President of the Society for Critical Care Medicine, Senior Associate Dean for Education Coordination, and Associate Dean for Continuing Medical Education at Johns Hopkins University School of Medicine; Dr. David Davis, Past President of SACME and Senior Consultant to the Association of American Medical Colleges; Dr. Don Moore, Director of the Division of Continuing Medical Education and Director of Evaluation and Education at Vanderbilt University; and Dr. Mary Turco, Immediate Past President of SACME and Consultant, Learning and Professional Development at the Geisel School of Medicine at Dartmouth. In addition, Dr. Graham McMahon, President and CEO of ACCME and Dr. Craig Campbell will present updates from ACCME and Canadian Accreditors. Dr. Mira Irons, Senior Vice President for Academic Affairs, American Board of Medical Specialties (ABMS) and Dr. David Price, Senior Vice President, ABMS Research and Education Foundation will deliver presentations on the essential elements of Maintenance of Certification.

The Research Committee under the leadership of Dr. Betsy Williams has reviewed and selected outstanding Research Papers from the record number of submissions received this year. The Board of SACME has approved a number of new Awards based on the recommendation of the Research Committee. Valuable updates on SACME projects will include presentation on the SACME Book Project by Dr. William Rayburn, President-Elect of SACME and Associate Dean, Continuing Medical Education and Professional Development, Distinguished Professor and Emeritus Chair, Obstetrics and Gynecology at University of New Mexico; on the *Journal of Continuing Education in the Health Professions (JCEHP)* by Dr. Curtis Olson, Editor-in-Chief of *JCEHP*; and on the Virtual Journal Club by Ms.

Mila Kostic, Convener of the SACME Virtual Journal Club and Director of Continuing Medical Education at the Perelman School of Medicine at University of Pennsylvania. Also, a Special Event honoring Past Presidents of SACME will be held during this Annual Meeting.

The 2017 Annual SACME Meeting will be memorable and is not to be missed!!

The *JCEHP* Supplement with key articles from the 2016 CPD World Congress was recently published. This is a phenomenal publication and is a great contribution to the rapidly evolving field of CME/CPD. Dr. Curt Olson skillfully shepherded this important Supplement, for which we are most grateful. SACME assumed total responsibility for funding this *JCEHP* Supplement and should be very proud of this stellar publication!

SACME has recently assumed responsibility for publication of *CE News* that was previously published by AAMC. The new publication will be produced under the aegis of the SACME Communications Committee, headed by Ms. Stacey Samuels. It should be a very useful resource to all SACME Members. INTERCOM remains a valuable communication vehicle among SACME Members, and continues to be refined under the editorial leadership of Ms. Sharrie Cranford. The Communications Committee has also undertaken the task to review and further enhance the SACME Website. Membership in SACME continues to grow. The Membership Committee under the leadership of Ms. Linda Caples continues to reach out to professionals who have the expertise to make unique contributions to SACME, to encourage them to join SACME. Attempts are also being made to promote member engagement in various new and existing programs of SACME. An outreach effort was recently undertaken by Dr. Rayburn and me to encourage CME/CPD Deans and Medical Directors of CME/CPD offices at medical schools across the country to join SACME and contribute to its innovative endeavors. The finances of SACME remain strong under the stewardship of Ms. Joyce Fried, SACME's Treasurer.

In the domain of operational excellence, communication systems and processes involving the President and the Secretariat, the President and the Board of Directors, and the President and the Committee Chairs have all been streamlined to improve efficiencies and enhance productivity. The structure of the monthly SACME Board of Directors calls has been changed dramatically,

to allow the Board to focus principally on strategic matters relating to governance, leaving most operational issues to be addressed on conference calls that are convened between the appropriate parties. The terms of office for the Standing Committee Chairs have been made consistent across committees and steps have been taken to amend the Bylaws to include Committee Chairs as full voting Members of the SACME Board. Efforts have also been initiated to define the specific roles of Regional Representatives and to harness the immense potential of the Regional Representatives to contribute to the new strategic directions of SACME.

Prime Management expressed the desire to conclude their contract with SACME effective June 2017. A contract has been signed with Prime Management through the end of this period, during which all operations of SACME will proceed smoothly, myriad activities relating to the 2017 Annual SACME Meeting will be addressed, and the site for the 2018 Annual SACME Meeting will be selected. Mr. Jim Ranieri and Prime Management have provided excellent support to SACME for over 16 years, for which we are all very grateful. Jim's dedication and loyalty to SACME are legendary, and his involvement with SACME will be sorely missed! Prime Management will work closely with me, the SACME Board, and the new management company to ensure a smooth transition. I have appointed Dr. Rayburn to Chair a Special Committee that includes several Standing Committee Chairs, to undertake the RFP process and recommend a suitable company to assume the management responsibilities for SACME starting July 2017. Background work has been conducted and the process of developing the RFP has commenced. We are envisioning that a new management company will be identified by Spring 2017 so that there is sufficient time for smooth transition from Prime Management to the new company.

As you can tell, there has been a lot of activity and excellent progress continues to be made on various fronts. I remain deeply indebted to the SACME Board and individual SACME members who continue to volunteer significant amounts of their time to take SACME to newer heights. They remain a great source of inspiration and guidance for me! As always, I welcome your ideas, suggestions, and feedback. My e-mail address is [asachdeva@facs.org](mailto:asachdeva@facs.org) and phone number is (312) 202-5405.



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# MEMBER BOARDS EXPLORE INNOVATIVE ASSESSMENT ALTERNATIVES

By David W. Price, MD, FAAFP, FACEHP, Senior Vice President  
ABMS Research and Education Foundation

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Consumers, patients, hospitals, and other users of the Board Certification credential expect Board Certified physicians to have up-to-date knowledge, judgment, and skills within their specialties not only as part of initial certification, but throughout their careers. They also expect that physicians' knowledge, judgment, and skills will be objectively verified through a credible external assessment. Because of these expectations, the assessment of knowledge, judgment, and skills is, and will remain, a core part of the American Board of Medical Specialties' (ABMS) continuing certification process.

The current recertifying examination is a time-tested and psychometrically valid approach to achieving the goal of appropriate and meaningful assessment. Recertifying exams are used to evaluate Board Certified physicians against an objective, national standard for each specialty. Moreover, external assessment can drive learning for physicians during the process of preparing for the exam, as well as through engagement with targeted learning in response to exam results. Incorporating an external objective assessment is a critical component of the medical profession's commitment to self-regulation and public trust.

ABMS has increasingly heard concerns from physicians about the relevance of the recertifying exam, which may not be sufficiently tailored to the practices of physicians whose careers narrow or focus over time. They believe that being tested on general specialty knowledge becomes less valuable over time as their core practice evolves. However, there remains a fundamental need to balance the customization of exam content to reflect the focusing of practice over time with the need to assess a core level of general knowledge necessary to be certified as a specialist in a field.

Another concern expressed by physicians questions the value of cramming for an exam every 10 years. Rather, they have expressed a desire for more convenient testing options

and note that in practice, they have access to resources that allow them to look up things they don't know.

In response to these concerns, many ABMS Member Boards are currently exploring various alternatives to traditional testing to evaluate physician knowledge, judgment, and skills. Some, for example, are incorporating more physician input into exam blueprints. Others are experimenting with the use of modular exams that allow physicians to emphasize specific areas of assessment based on their actual areas of practice. Yet others have adopted or are exploring the adoption of remote proctoring of exams, which is both convenient for the physician and minimizes time spent away from work. Some Member Boards are exploring allowing access to resources for all or part of the exam in recognition of the information-seeking behaviors of physicians in real-life clinical situations.

In addition to all these approaches to innovation in assessment, 13 of the Member Boards are participating in an ABMS-led Maintenance of Certification Assessment Initiative (Initiative). These pilot projects present an opportunity for the Boards to incorporate emerging adult learning theories and technologies into their frameworks for maintaining certification and allow them to explore how more frequent, smaller-bite, longitudinal formative assessments can be used by the Boards to make summative decisions regarding specialty certification. Several of these Boards are utilizing CertLink™, an ABMS web-based platform that leverages smart mobile technology to support the design, delivery, and evaluation of associated pilot projects, some of which will launch as early as 2017. Many pilot projects will resemble the American Board of Anesthesiology's MOCA Minute™ which encourages anesthesiologists to frequently assess and improve their specialty knowledge by answering a series of weekly questions related to clinical practice. Yet other pilot projects will incorporate article-based

assessments in addition to, or in lieu of, more traditional test questions.

All of these pilot project formats highlight retesting of key content through spaced repetition. Such an approach is known to promote retention of information. In addition, these pilot projects will provide physicians with immediate feedback about their performance and offer a dashboard that displays areas of strength and weakness. In some cases, physicians will have the option of tailoring the assessment content based on the nature of their actual practices.

The Initiative offers the potential for ABMS Member Boards to provide continuing medical education (CME) providers with information regarding aggregate longitudinal assessment performance; CME providers could then use this information to develop activities for physicians to address their knowledge gaps. A Research and Evaluation Collaborative within the Initiative will be studying different aspects of longitudinal assessments to determine their effect, drive future development efforts, and inform Member Board decisions on how to incorporate these types of assessments into their summative Maintenance of Certification (MOC) decisions.

ABMS and its Member Boards are hoping to learn a lot from these pilot programs to inform how assessment of knowledge, judgment, and skills will evolve in the future. All of these innovations in assessment have the same goal: to make MOC more relevant to individual practice and more meaningful and valuable to diplomates, while continuing to provide ABMS Member Boards with the means to objectively assess physicians' knowledge, judgment, and skills in a specialty.

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## RESULTS OF THE AAMC/SACME HARRISON SURVEY PUBLISHED - AAMC UPDATE

By Carol Goddard, AAMC, Strategic  
Initiatives in Medical Education

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In partnership with SACME, the Association of American Medical Colleges (AAMC) has published results of the Harrison Survey, which highlights the evolution of continuing medical education/continuing professional development (CME/CPD) functions within academic medical centers. Key insights from the 2015 report found that more than half of respondents believe that CME/CPD is moderately or highly valued by their organization, and nearly 90% of academic CME/CPD units have a relatively high degree of interaction with residency education, faculty development, and allied health professional programs.

The seventh biennial report outlines consistent evidence of the **integration** of CME/CPD into the function and mission of academic medical centers/academic health systems; a clear movement to develop **innovation** and scholarship in educational design and methods of delivery of continuing education and professional development to the health professional population; and highlights efforts measuring the **impact** of actions, programs, and activities on learner competence, performance, and healthcare outcomes.

The report provides benchmarking and comparisons of the influence and effect of CME/CPD unit activities and interaction with academic institutions and groups, designed to be shared with academic leaders, policymakers, regulators, and others, to assist in decision making at local, state, national, and international levels to illustrate these relationships and promote the needs and goals of the CME/CPD unit. The report also allows for comparison and reflection on individual institutional goals, directions, methods, and standards in CME/CPD.

For a high-level view of the results, an Executive Summary was also developed. Both the full report and executive summary are available for download through the AAMC Continuing Education and Improvement (CEI) webpage: <https://www.aamc.org/initiatives/cei/>.

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# ACCREDITATION COUNCIL FOR CME ANNOUNCES ELECTION OF 2017 CHAIR, VICE CHAIR, AND TREASURER OF BOARD OF DIRECTORS – ALL SACME MEMBERS

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The Accreditation Council for Continuing Medical Education (ACCME®) announced that Todd Dorman, MD, was elected Chair; William Rayburn, MD, MBA, was elected Vice Chair; and David Pieper, PhD, was elected Treasurer of the ACCME at the annual meeting of its Board of Directors, held July 21 and 22, in Chicago.

Dr. Dorman is Board Certified in Internal Medicine and Anesthesiology and holds a Certificate of Special Qualifications in Critical Care Medicine. He is the Senior Associate Dean for Education Coordination and the Associate Dean for Continuing Medical Education for the Johns Hopkins School of Medicine. He is a Professor and Vice Chair for Critical Care in the Department of Anesthesiology and Critical Care Medicine and has joint appointments in Internal Medicine, Surgery, and The School of Nursing. He has an extensive background in association leadership and has served as the President of the American Society for Critical Care Anesthesiologists (ASCCA) and President of the Society for Academic CME (SACME) and is currently the President of the Society of Critical Care Medicine (SCCM). Dr. Dorman has lectured extensively on the value of CME. He has also delivered keynote and plenary lectures on leadership and helped establish the inaugural Summer Leadership Institute for SACME. Dr. Dorman was co-principal investigator on the grant that led to the seminal work on the effectiveness of CME, and he won the Fox Award from SACME for his research.

Dr. Rayburn is a Distinguished Professor, Associate Dean of CME and Professional Development, and Emeritus Chair of Obstetrics and Gynecology at the University of New Mexico. As a maternal-fetal medicine specialist, he is clinically active with patients having complicated pregnancies. Dr. Rayburn is the recipient of several teaching awards and has been continuously funded for

his research. His more than 650 peer-reviewed journal articles and abstracts presented at national scientific meetings address high risk pregnancy topics, physician workforce issues, and evaluative education trials. His most recent project involves editing a forthcoming professional reference book, *Continuing Professional Development in Medicine and Health Care: Better Education, Improved Care, Best Outcomes*.

Dr. Pieper graduated from Wayne State University School of Medicine with a Doctorate in Medical Physiology and was the Assistant Dean for CME at the Wayne State University School of Medicine from 2000 to 2015. He is currently the Executive Director of the Southeast Michigan Center for Medical Education which organizes medical education activities for all of the residency programs and faculty in the Detroit area. Dr. Pieper is a past president of the Association for Hospital Medical Education (AHME) and is currently Chair of the AHME CME Council. He is a former member of Board of Directors of SACME and previously served as Editor-in-Chief of *INTERCOM*, SACME's newsletter. He also served as Editor-In-Chief of the *Almanac*, the newsletter of the Alliance for Continuing Education in the Health Professions. Dr. Pieper served six years on the ACCME's Accreditation Review Committee before being elected to the ACCME Board of Directors.

# FOX AWARD

By Betsy Williams, PhD, MPH  
Clinical Program Director  
Professional Renewal Center

Dr. Sanjeev Sockalingam, Assistant Professor, University of Toronto School of Medicine is the recipient of the 2016 Fox Award for his outstanding presentation at the 2016 World Congress on Continuing Professional Development titled “The Relationship between Academic Motivation and Lifelong Learning During Residency”. Co-authors on the presentation included Dr. David Wiljer (University of Toronto), Shira Yufe (University Health Network), Dr. Ivan Silver (University of Toronto), and Dr. Ara Tekian (University of Illinois Chicago).

## Synopsis

Given the increased focus on competency-based education, motivation to learn has been recognized as a key component fostering lifelong learning skills in learners across the training continuum. Our results are the first to suggest that postgraduate curricula aimed at enhancing intrinsic motivation, for example through support for learning autonomously, can be beneficial to cultivating lifelong learning in learners.

## Background

Lifelong learning (LLL) is a core training competency across the learning and practice continuum and motivation to learn is factor influencing the development of lifelong learners. Self-determination theory offers a framework for conceptualizing how trainees can develop intrinsic motivation for self-directed learning to become “master learners.”

## Research Question

The purpose of this study is to elucidate the relationship between LLL and academic motivation during postgraduate training specifically in psychiatry residency training. We also studied trainee factors that influence LLL.

## Methods

One hundred and five (105) of 173 psychiatry residents (response rate = 61%) from the University of Toronto participated in cross-sectional study examining orientation to LLL and academic motivation, specifically



intrinsic motivation (IM), extrinsic motivation (EM) and amotivation. Residents completed questionnaires characterizing their self-directed learning practices, the Jefferson Scale on Lifelong Learning, and academic motivation through the Academic Motivation Scale.

## Results

Participants' orientation to LLL was correlated positively with academic motivation total scores and with IM scores. There was significant correlation between LLL and either EM or amotivation sub-scales. There was no significant difference in LLL or academic motivation scores based on respondents' training year, gender, or age; however, residents participating in the research training stream had significantly higher orientations to LLL than non-research stream residents.

## Conclusions

This study reinforces the association between IM and LLL during residency training. Incorporation of teaching and curricula that support autonomous motivation in postgraduate medical education may be beneficial for development of LLL skills for practice engagement in competency-based training environments.

Congratulations to Dr. Sockalingam and colleagues.

*The Fox Award is given to the presenting author of a research project at the Spring SACME meeting. A panel of judges assesses the merits of each research presentation and bases its decision on the project's originality, link to theory, methodological rigor, and importance of its contribution to the literature. Established in 2001, the Fox Award honors the research of Dr. Robert D. Fox, University of Oklahoma, who has contributed greatly to the literature in the field of professional continuing education.*



# ABMS MULTI-SPECIALTY PORTFOLIO PROGRAM LAUNCHES PILOT TO ENGAGE CME PROVIDERS

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

Continuing medical education (CME) organizations can now explore participation in the American Board of Medical Specialties (ABMS) Multi-Specialty Portfolio Program™ (Portfolio Program) as part of a new “Pre-sponsor” pilot. The pilot allows these organizations to offer their physicians one-year access to Portfolio Program benefits without committing to becoming full participating sponsors.

“The Pre-sponsor Pilot is designed to enable CME providers that may not yet be prepared or able to become full Portfolio Program sponsors to ‘test the waters’ and experience the benefits that Portfolio Program sponsorship offers their physicians and their organization,” explained David W. Price, MD, FAAFP, FACEHP, Executive Director of the Portfolio Program. This enables physicians from sponsor hospitals, health systems, and health care organizations who are Board Certified by one of the 21 (of 24) participating ABMS Member Boards to receive Maintenance of Certification (MOC) *Improvement in Medical Practice* (Part IV) credit for their engagement in quality improvement (QI) work.

Continuing medical education providers with either Accreditation Council for Continuing Medical Education “Accreditation with Commendation” or “Accreditation” status that are not current applicants or Portfolio Program sponsors are eligible to participate in the pilot. “Pre-

sponsors” will be able to submit individual QI activities to the Portfolio Program for review during a 12-month period on a discounted per-project fee basis. Up to three activities may be approved during the pre-sponsor period. Physicians in pre-sponsor organizations who submit attestations of meaningful participation in those QI activities, which are approved as meeting Portfolio Program standards, can earn MOC Part IV credit. The Portfolio Program will provide templates to pre-sponsors to assist them with submission of their QI activities and physician attestations.

To date, more than 9,000 physicians have engaged in practice improvement initiatives at their hospitals and health systems across the country, and have been recognized with MOC-eligible credit as part of the Portfolio Program, according to Dr. Price. Moreover, many of these initiatives have shown improvement in care outcomes. “We hope that organizations participating in the pilot choose to become full Portfolio Program sponsors at the end of their pilot year once they experience the benefits firsthand,” he added.

For more information about the pilot, please contact Teena Nelson, Portfolio Program Manager ([tnelson@abms.org](mailto:tnelson@abms.org)), or visit the program website at <http://mocportfolioprogam.org/>.





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# HIGHLIGHTS OF THE 2016 WORLD CONGRESS ON CONTINUING PROFESSIONAL DEVELOPMENT: ADVANCING LEARNING AND CARE IN THE HEALTH PROFESSIONS

By Mary G. Turco, EdD

Director, Center for Learning and Professional Development

Geisel School of Medicine at Dartmouth

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Where to begin? There were many, many highlights and all-stars during and since the *2016 World Congress on Continuing Professional Development: Advancing Learning and Care in the Health Professions* that took place on March 17- 19, 2016 in San Diego. Here are a few notes regarding the World Congress team, audience, program, and outcomes.

**Team:** Bobby Baron, MD (UCSF) and I (Dartmouth) are proud to have served as the co-chairs of the hardworking **team** that delivered the ninth Congress (since 1988). The 2016 Steering Committee\* was made up of appointees from the Association for Hospital Medical Education (AHME), the Alliance for Continuing Education in the Health Professions (ACEhp), and the Society for Academic Continuing Medical Education (SACME). We worked with a distinguished, international Advisory Board\* and terrific Consortium of University of California CME Programs at the five UC Medical Schools who served as organizers: Davis, Irvine, UCLA, San Diego, and UCSF.

**Audience:** The Congress attracted 488 registrants (463 attendees) from 18 countries. In addition to Canada and the United States, the countries included Australia, Denmark, India, Ireland, Italy, Mexico, Netherlands, Qatar, Saudi Arabia, United Arab Emirates, Uruguay, France, Germany, Switzerland and the United Kingdom.

**Program:** The program had five topics: 1) CME works—now what?; 2) What is CME/CPD in the 21<sup>st</sup> Century?; 3) How can CME/CPD participate as a full partner in the rapidly changing healthcare system?; 4) Continuing Inter-professional Education; and, 5) Global and local CME/CPD. Patient voice was the under-pinning theme for all presentations including those of the five keynote speakers. Founder of the Alliance for Safety Awareness for Patients Alicia Cole opened the Congress with her remarks, “Why What We Do Matters: The Patient’s Story.” Cole focused on her personal story of preventable

medical errors resulting from hospital acquired infections including necrotizing fasciitis. She experienced a near death experience and long recovery (10 years). Cole advised that patients are central and want to be safe, heard, and healed. She said quality is non-negotiable; health professionals must aspire to evidence-based best practice, shared decision-making, and team-based care where patients are part of the team.

Constance (Connie) LeBlanc, MD (Dalhousie) followed with a moving video she produced by interviewing patients around the world about qualities they would like to see in their health care provider.

Rhetorician Lorelei Lingard, PhD (University of Western Ontario) spoke about the “Truths and Myths about Healthcare Teamwork and their Implications for How We Understand Competence.” Lingard emphasized that healthcare as a team sport and suggested that we change the way we think about competence in training and practice. “Collective competence” emerges through social interaction, shared experience, and tacit knowledge; it is always evolving, unstable, tied to context, and influenced by varying resources and limitations.

Philosopher and Public Advocate Alex Jadad, MD, DPhil (University of Toronto) asked “What Do We Need to Protect at All Costs in the 21<sup>st</sup> Century?” He argued that we need to think about the “human” side of medicine and pose philosophical questions such as: What does it mean to be healthy? How do we include patients in the co-production of their health? How do we measure the meaningful outcomes of that approach? Jadad interacted with the audience via Word Clouds to co-create an interactive, emotional session.

Medical Ethicist Zeke Emanuel, MD, PhD (University of Pennsylvania) advised the audience to “Learn to Change: Teaching Toward a Shifting Healthcare Horizon;” Emanuel predicted six megatrends including: 1) the diffusion

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of VIP care for the chronically and mentally ill; 2) the emergence of digital medicine and closure of hospitals; 3) the end of insurance companies as we know them; 4) the disappearance of employer-sponsored health insurance; 5) the end of health care inflation; and, 6) the evolution of Academic Health Centers.

Finally, Stephen Downes, PhD, a specialist in online learning technology and new media, discussed moving “From Individual to Community: The Learning Is in the Doing.” Downes said that while learning is “personal,” we create learning via links and networks/communities. Stephen said that research should move beyond a narrow focus on the ‘know-do gap’ to cover a “richer agenda” including situation-specific practical wisdom (phronesis), tacit knowledge shared among practitioners (‘mind lines’), complex links between power and knowledge; and macro-level knowledge partnerships.

In addition to these keynote speakers, nine invited presentations were complemented by 29 research orals, 28 best practice orals, 22 workshops, 30 innovation labs, 102 posters, and three clinics. A main program highlight was a tribute to Dave Davis, MD (University of Toronto) by Bob Fox (University of Oklahoma emeritus), Karen Mann (Dalhousie), Michael Fordis, MD (Baylor), with help from Paul Mazmanian (Virginia Commonwealth), Don Moore (Vanderbilt), Connie LeBlanc and other colleagues. Michael Fordis and Cynthia Parker announced their gift to establish the inaugural *Dave Davis Distinguished Award for Excellence in Mentorship in Continuing Professional Development* and presented the first award at the 2017 SACME Annual Meeting.

### Outcomes:

*Fox Award:* The 2016 Fox Award for the best original research project at the 2016 World Congress was awarded to Sanjeev Sockalingam, MD and coauthors David Wiljer PhD, Shira Yufe, MA, and Ivan Silver, MD (University of Toronto) and Ara Tekian, PhD (University of Illinois at Chicago) for the presentation: *The Relationship between Academic Motivation and Lifelong Learning During Residency*.

*Enduring Materials:* The live webcast of the Congress generated approximately 12 hours of content (collected by BeaconLive) which is the property of World Congress sponsors, the Tri-Group. Selected presentations will be available in the future as on-demand Enduring Material.

On-demand sessions can be viewed via PC, MAC, Android, iPhone, iPad, and tablet devices. These and other archived material will be repurposed until the next World Congress (in 2020).

*Webinar:* On June 7, 2016 Joyce Fried and I presented the AHME and SACME Webinar on the World Congress.

*JCEHP Supplement:* In September 2016, JCEHP editor Curt Olson, PhD (Dartmouth), co-editors Joan Sargeant, PhD (Dalhousie) and Tanya Horsley, PhD (Royal College), and many contributors produced an excellent JCEHP World Congress Supplement containing selected proceedings and invited commentary. The Supplement is a true highlight as there has never been a JCEHP Congress supplement for the past nine congresses. I hope future congresses will also produce a supplement to advance the field by sharing important research and presentations. AHME, ACEhp and SACME members received a copy of the Supplement in their September 2016 JCEHP mailing.

*Donations:* On behalf of Bobby and the entire Steering Committee, I would like to thank the many generous donors who contributed grants, exhibits or advertising to support the 2016 World Congress or the JCEHP Congress Supplement. We are extremely grateful to all of you!

In closing, special thanks to everyone on the 2016 World Congress team - including members of Steering Committee and its sub-committees, the San Diego site hosts, and all others who worked hard to produce a great event. Our shared goals were to: “develop a program of interest and impact for international community working to improve medical (CME), nursing (CNE), pharmacy (CPE) and inter-professional education (IPE); advance global medical and inter-professional education research and teaching methods; utilize learning to address health disparities and cultural humility; advance inter-professional collaborative practice; promote international cooperation; succeed academically and financially; and, have fun!” We succeeded on all fronts. You are all Congress highlights and team all-stars!

\*Please see the JCEHP Congress Supplement for excellent in-depth summaries of several key presentations.

## **WORLD CONGRESS ADVISORY BOARD**

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# SACME VIRTUAL JOURNAL CLUB

By Mila Kostic, CHCP, FACEHP

Director of CME, Perelman SOM at the University of Pennsylvania and Co-Director of CIPE at Penn Medicine

Since its launch in April of 2014, *SACME's Virtual Journal Club* (VJC) has met on a, somewhat, regular schedule for two and a half years – making this a good time to reflect on the journey, share some observations and outcomes, and take a look ahead.

Several principled intentions guided the development of the VJC from the very beginning:

- Design an ongoing CPD opportunity for our community to help build capacity and support scholarly focus of the Society
- Engage members and provide ongoing and less-formal framework for learning from each other
- Articulate questions and needs for further programmatic and research development
- Continue to deepen the discussions on topics of interest that arise from other programing and research endeavors of the Society
- Cultivate a translational approach to research and literature review towards relevance to the continuum of medical education and in particular, improvements in CME/CPD
- Make this a **free** SACME member benefit.

With thirteen sessions completed, my sense is that we successfully held on to these principles in the selection of topics, articles for discussion and presenters. I give a lot of credit to my friends and colleagues and VJC co-facilitators Dr. Curtis Olson and Dr. Barbara Barnes who embraced my original idea and made it better with their contributions. We were also fortunate to have an enthusiastic group of expert presenters who have all, without exception, readily volunteered their time and expertise in accepting the invitation to lead a session; several of them, more than once.

Many of **you** have participated and helped set the tone by responding to the needs-survey we developed a couple of years ago. With your help and my indulging pleasure of always keeping a pulse on the

discussions we have in person, on the list serve, in the social media, at the SACME, AAMC, AMEE meetings, and in the literature -- What would resonate well as a VJC article or a topic for discussion? -- we have addressed some relevant and interesting topics.



## Here is a quick listing of topics and presenters from 2014-2016

### *Assessment of Outcomes of Simulation Education/training Associated with Team Training and Competencies Beyond Clinical Skills Training*

Presenter: Barbara Barnes, MD, MS

### *Self-Other Agreement in Multisource Feedback: Are Physicians Really So Bad at Self-Assessment (and Does it Matter?)*

Presenter: Curtis Olson, PhD



***Basics of Evaluation Science as Applied to Health Professions Education***

Presenter: Thomas Van Hoof, MD, EdD

***“Flipping” the Classroom Approach in Medical Education***

Presenter: William Rayburn, MD, MBA,  
Gary Smith, PhD

***What Determines How We Practice? Insights from the Asch Study***

Presenter: Robert Englander, MD

***Effectiveness of CME***

Presenter: Don Moore, PhD

***Critical Thinking Strategies***

Presenter: Annette Donawa, PhD

***Active Engagement in Professional Improvement***

Presenter: Alan Knox, PhD

***Implications of Implementation Science for Medical Education***

Presenters: David Price, MD and Barbara Barnes, MD, R. Van Harrison, PhD Janine Shapiro, MD

***Inquiry – Terms – Learning – Performance***

Presenter: Alan Knox, EdD

***Preparation for Future Learning: A Missing Competency in Health Professions Education?***

Presenter: Don Moore, PhD

***Learning from Each Other, Building Collective Minds and Other Behaviors Exhibited by Highly Effective Clinical Teams: Implications for CPD***

Presenter: John Parboosingh, MB, FRCSC

***Professional Identity Formation – Implications for CPD***

Presenters: Frederic W. Hafferty, PhD, Barbara Barnes, MD, MS, Mila Kostic, CHCP, FACEHP

The full description of each session as well as archived audio and slide recording of sessions and listing of articles we reviewed may be accessed on the SACME website under the Events Tab. A quick review of the articles will reveal that most frequently represented ones came from *JCEHP*, *Academic Medicine*, *Medical Education*, *JAMA*, *Medical Teacher*.

Almost 180 unique participants joined at least one of the VJC sessions and while most are comfortable as “listen only” observers, a very active group of 25-30 regular contributors emerged.

Evaluations collected after each session are reviewed regularly and uniformly show very high satisfaction rates with the quality of facilitators, presenters and topics covered, high relevance to professional practice of the participants, high value placed on perspectives of other participants in enhancing one’s interest in and understanding of the subject, and high satisfaction with the balance between formal presentations and discussion.

After taking some time off this summer, please stay tuned for the upcoming fall and winter schedule. I invite you all to view some of the sessions you may have missed and contribute freely to the discussion forum on the website that is so far underutilized, but is there waiting for you! I also look forward to receiving nominations for additional topics, articles and presenters and in general, your thoughts and contributions on how we can continue to grow and improve our ***Virtual Journal Club***.



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# LESSONS FROM ACROSS THE CONTINUUM: REFLECTIONS ON THE 2016 AHME INSTITUTE

By Ginny Jacobs, M.Ed, MLS, CHCP

Director, Strategic Initiatives

University of Minnesota

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*I often find myself in discussions within the field of medical education which highlight our general need as educators to find connections with colleagues across the continuum. In that spirit, I thought it would be helpful to broaden my view of the field by attending the 2016 AHME (Association of Hospital Medical Education) Institute which was held this past May celebrating their 60 year anniversary. This three-day educational conference provided me with an opportunity to learn more about hospital-based medical education. The following are my personal reflections on several highlights I brought back from the meeting.*

*Here is an outline of what I hope to convey through this article:*

- 1) I will share my perspective related to the message we often hear encouraging us to think (or, better yet, work) 'across the continuum'; and*
- 2) I will focus on a handful of key topics on the AHME Institute program agenda. Obviously, I will not be able to do justice to each topic in this article, however, I will at least call attention to their significance and attempt to introduce or advance the conversation related to its connection to CPD.*

*For those unfamiliar with AHME, here is some background information.....*

*The Association for Hospital Medical Education (AHME) is a national, non-profit professional organization involved in the continuum of hospital-based medical education. Founded in 1956, AHME's members represent several hundred teaching hospitals, academic medical centers, and consortia which are involved in the delivery of undergraduate, graduate, and continuing medical education.*

*The mission of AHME is to: promote improvement in medical education to meet health care needs; serve as a forum and resource for medical education information; develop professionals in the field of medical education; and advocate the value of medical education in health care.*

*There are clear overlaps in several aspects of the strategic initiatives being advanced by SACME and AHME. Most notably, we (along with the Alliance for Continuing Education in the Health Professions), make up the Tri-Group and are co-owners of the Journal for Continuing Education in the Health Professions (JCEHP).*

*JCEHP is a peer-reviewed journal which serves to help advance the field of healthcare education. The purpose of the Journal aligns well with SACME's mission which is ...." to promote the highest value in patient care and health of the public through the scholarship of continuing medical and interprofessional education."*

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## **Across the Continuum - COMMON GOAL**

*In the field of medical education, we often talk about our need to better coordinate our communication efforts across the entire continuum. The transitions from Medical School student to resident and, ultimately, to physicians in practice should reflect a seamless progression. We must establish and reinforce consistent messages related to life-long learning with all educational efforts focused on our shared overarching goal - **to produce well-qualified, compassionate, skilled medical professionals capable of effectively participating as a member of the healthcare team to consistently deliver quality patient care.***

*To accomplish this shared goal, it makes sense that colleagues in admissions, undergraduate education, graduate education, and continuing professional development routinely share information and insights*

with each other as a means to help ensure consistency in our messaging and alignment of our efforts to enhance the learner's pathway. Individuals start as Medical Students; they become residents and (ultimately) they go into their own practice. We should think of the learner's progression through those chapters of their educational experience and avoid the tendency to think of each stage as its own silo.

The selection process should hone in on candidates who appropriately demonstrate the predictive complement of knowledge, skills, and attitudes required of future doctors. The curriculum must reflect alignment with the evolving set of skills and competencies necessary for success. Our teaching must engage learners to develop clinical knowledge, enhance their diagnostic and medical management skills, and apply critical thinking skills in a resourceful manner to improve outcomes. Our evaluations and assessments must be timely and relevant - delivering honest and constructive feedback in a manner that enables learners to reflect upon their knowledge gaps and skills deficiency and efficiently address their own professional development.

In reality, education faculty and staff are busy and typically intensely focused on their 'portion' of the continuum. We cannot rely upon the cross-continuum work to simply be organically generated. The opportunities for cross-continuum connections - be they related to data, curriculum, evaluation, faculty development, etc. - are not always immediately apparent. **To be successful, collaborative strategies across the continuum must be explicitly stated, supported by institutional leadership, leverage dedicated resources, and be deliberately pursued.**

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With a focus on the GME (residency) portion of the continuum, the AHME Institute highlighted several important topics over the span of its densely-packed agenda. Here are a handful of topics or themes which were interwoven in the agenda. These topics presented opportunities to learn from one another and to explore possible connections to our collective work bridging the continuum:

- Accreditation: The Accreditation Council for Graduate Medical Education (ACGME), the accrediting organization for GME sets standards for US graduate medical education (residency and fellowship) programs and the institutions

that sponsors them. Through an audit system, they render accreditation decisions based on compliance with these standards.

- o Did you know that in the academic year 2015-2016, there were approximately 800 ACGME-accredited institutions sponsoring approximately 10,000 residency and fellowship programs in 150 specialties and subspecialties?
- It is worthy of note to mention the ACGME, the American Osteopathic Association (AOA), and American Association of Colleges of Osteopathic Medicine (AACOM) announced an agreement in February of 2014 to a Memorandum of Understanding outlining a single graduate medical education accreditation system in the United States. That means this system allows graduates of allopathic and osteopathic medical schools to complete their residency and/or fellowship education in ACGME-accredited programs and demonstrate achievement of common Milestones and competencies.
- Criteria / Standards: Residency accreditation is achieved through a voluntary process of evaluation and review based on published accreditation standards. ACGME accreditation provides assurance that a Sponsoring Institution or program meets the quality standards (Institutional and Program Requirements) of the specialty or subspecialty practice(s) for which it prepares its graduates. The common program requirements are listed on the ACGME website ([www.acgme.org](http://www.acgme.org))
- Staff roles & responsibilities: The Designated Institutional Officer (DIO) is a key player in GME operations. Initially important as the individual identified within the organization to receive all GME-related correspondence. Twenty years later, there are now numerous pages outlining the requirements associated with this oversight role. Program Directors and Program Coordinators play important roles as well. AHME's program provided an important forum for these groups to convene to participate in a healthy exchange of best practices within the GME community.
- Milestones: When the ACGME moved to continuous accreditation, specialty groups worked to develop outcomes-based Milestones as a framework for assessing resident/fellow performance. For

*continued on page 16*



accreditation purposes, the Milestones are competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents and fellows from the beginning of their education through graduation to the unsupervised practice of their specialties.

In order to ensure development of a ‘well-rounded’ physician, milestones are aligned with the following six core competency areas: Patient Care; Medical Knowledge; Practice-based Learning and Improvement; Interpersonal and Communication skills; Professionalism; and Systems-based Practice. Each competency is made up of different milestones residents are required to master at key stages of their medical training.

***QUESTION FOR CPD: What are we doing in our programming to ensure all competency areas are evenly addressed in our CPD activities? Are we including content that effectively deals with systems issues, ethical concerns, and the ‘softer’ communication skills?***

- **Physician Well-being:** Timothy Brigham, M.Div, PhD, SVP of Education at the ACGME, shared an update from the Physician Well-Being Symposium held in 2015. The rate of depression, burn-out, and suicide within the physician community has reached an alarming rate and calls for a concentrated national movement. The efforts underway will engage a broad array of stakeholders on multiple levels, as this movement calls for a large-scale culture/system change. Dr. Brigham put out a compelling call for everyone, to include ‘leaders from the middle’, to acknowledge their critical role identifying and helping to promote the transformation that is desperately needed in the field.

***QUESTION FOR CPD: What can be done within the CPD portfolio to raise awareness of this serious issue and to create a shared accountability for creating and maintaining healthy, supportive, balanced work environments?***

- **Contextual Framework:** Noting the correlation between the clinical setting and the quality of training residents and fellows receive, the ACGME

established the Clinical Learning Environment Review (CLER) Program in 2012. The CLER Program provides clinical settings affiliated with ACGME-accredited institutions with periodic (formative) feedback addressing six focus areas: patient safety; health care quality; care transitions; supervision; duty hours and fatigue management and mitigation; and professionalism. Built upon a continuous quality improvement model, the CLER program conducts site visits to gather evidence to address five key questions related to the clinical learning environment. In June of this year, the much-anticipated summary report has been generated which reflects findings from the CLER visits conducted from September 2012 through March 2015 of the initial 297 ACGME-accredited Sponsoring Institutions of residency and fellowship programs. The Executive Summary is posted on the ACGME website.

***QUESTION FOR CPD: How would CPD benefit from a more-frequent, non-punitive review of its program? Has your institution’s GME group participated in a CLER visit? If so, has your CPD function been involved in the visit or reviewed the findings that were shared? What opportunities do you see for alignment of the CPD initiatives to address the issues that were identified?***

- **Program Improvements:** Through the accreditation review process, there is a definite emphasis on continuous quality improvement. In the GME world, feedback is gathered and program improvements are promoted through the Annual Program Evaluation (APE).

***QUESTION FOR CPD: Do we have a clear scorecard to track our progress towards established programs goals? Do we connect the dots (i.e. Are we following a formal continuous review process to steadily build upon the conclusions presented in our self study?)***

- **Value to the institution:** With the hectic pace of the GME environment, it is easy to overlook the need to formally document the value the GME program brings to one’s institution. As highlighted in a presentation by Susan Greenwood-Clark from St. Mary Mercy Hospital in Michigan and Art Boll CEO of a consulting firm, GME programs are increasingly being required to demonstrate



accountability and show value to their sponsoring institution, their trainees and the public. They noted there should be an on-going focus on building long-term sustainability in the GME Program by better aligning training activities with operational and strategic direction of the institution.

***QUESTION FOR CPD: Does the issue of documenting value to the institution resonate with the CPD community? What are we doing within our CPD work groups to deliberately demonstrate the value we bring to the institution? Would our ability to participate in a 'return on investment' discussion improve our financial position and enhance our efforts to secure funding for CPD to pursue its institutional goals.***

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*This is a time of incredible change within our healthcare system and it calls for a critical review of our educational system's existing infrastructure, purpose, policies, and operational practices. Now, more than ever, we can benefit from expanding our lens to consider the 'big picture' view of the learner's pathway. Through this conference, which highlighted the impressive efforts being made to ensure high quality resident training, I am once again reminded there is strength in numbers. As healthcare educators, we benefit from continuing to put our heads together to reinforce the bridges that exist across the continuum (and, in some cases, to build bridges that need to exist at critical junctures). Through collaborative efforts which need to be deliberately planned and pursued, we can accelerate our collective response to the call for change in healthcare. This will enable us to better meet our obligations to our learners, their patients and, in the process, enhance public trust in the capabilities of our educational system.*



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# ALCHEMY AND THE REFORM OF HEALTHCARE

By Dave Davis MD, FCFP; Professor Emeritus, University of Toronto

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Years ago, my father showed me a picture of an ancient alchemist, his face bent over an experiment involving base metals, lead perhaps. It wasn't difficult to imagine a Bunsen burner or small flame, smoke filling the room, acidic gases burning the alchemist's nostrils. Hope filling the room also: he would have been, after all, in the business of creating gold, perhaps a panacea, possibly opening a doorway to immortality.

Years later, it's also not difficult to imagine the hospital or health system actor. In this case, it's a more collective human enterprise — in the hospital, the so-called C-Suite or the leadership; in the academic health system, the deanery or the faculty. Easy to picture them orchestrating conversations in boardrooms the size of many homes, dealing with massive financial spreadsheets, competing in the marketplace, fashioning the information technology needed for decision support or patient safety reporting systems, training the health professionals of tomorrow. In the language of Donabedian, they're attending to the structure, process and outcomes of healthcare systems. They're also at working *reforming* healthcare, a movement with many architects and planners, perhaps best articulated by the Institute for Healthcare Improvement as the Triple Aim — improving the patient experience, addressing the health of populations, reducing costs.

Worthy goals.

Despite the sixty-plus year gap that separates the two images, the actors and processes of alchemy and healthcare reform are surprisingly alike. Both efforts possess a transformational goal, taking one set of circumstances, the 'was', transmuting it to some improved future, a more perfect state, the 'to be'. Both share disease cure as a common goal; immortality is apparently off the table, at least for the present. Both share the desire for a measurable and finite further outcome — gold in ancient days, a different form of gold today, margins perhaps. Both efforts share a confidence in the mutation of the material world, the 'other', to achieve their goal — the alchemist's belief in base metals is truly not unlike health system actors' trust in the vaguely megalithic 'system'.

It is in the last effort that they both fail, although in fairness the process of healthcare restructuring is ongoing. It is

the belief in the material or the 'what' of the change — the metal, the disease, the system or the structure — at the expense of the 'who' that allows us to examine the cause of that failure. This belief presents the solution as external, as though it resides outside our visualized actors. A small but telling example: in Medicine, calls for educating for reform generally focus on residents and medical students — rarely if ever on the faculty. While somewhat helpful, these calls ignore the fact that the pipeline to actual practice for early-career medical students is a long one. Better care cannot, should not, wait.

This over-riding emphasis on the 'what' at the expense of the 'who' manifests itself widely. We often focus on the disease, not people with the disease. We think of caregivers as simple actors in a previously written play — the process of healthcare reform — like workers on an assembly line. We pay scant attention to each of them, patients and providers alike, as humans; we place even less emphasis on the humane. Health care is, if nothing else, a human enterprise: hence the difficulty in changing it. There is opportunity here, hard as it may be, to fix it, using the tools of sensitive, thoughtful teaching, learning and feedback — tools our alchemist would have been familiar with. Today we call these tools effective professional and organizational development.

Another quick story about my father. At 96, channelling others before him, he said something like, "You know at this age there's nowhere I really want to travel to, or can, for that matter. But the big journey? That's inside. It's hard too, you know, but important." As I inch closer to his age it's one of the great lessons of my life.

As expensive and disruptive as the lesson might be, let's apply it to the reform of healthcare; we've pretty much tried everything else. Perhaps this newer form of alchemy — changing ourselves, intensely applying the well-developed, tested modes of effective education to transform leaders, staff, faculty, the actors in health systems — will accomplish the healthcare system we want. It's worth recognizing the fact. It's clearly worth the effort.

# UPCOMING EVENTS

**AAMC: Learn, Serve, Lead**  
**November 11-15, 2016**  
*Seattle, Washington*

**Alliance Annual Conference**  
**January 26-29, 2017**  
*San Francisco, California*

**SACME Annual Meeting**  
**May 16-20, 2017**  
*Scottsdale, Arizona*

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



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INTERCOM is published three times a year by the Society for Academic Continuing Medical Education, Executive Secretariat Office, 3416 Primm Lane, Birmingham, AL 35216; Telephone: (205) 978-7990; Fax: (205) 823-2760, Email: [info@sacme.org](mailto:info@sacme.org).

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