

THE PRESIDENT'S PERSPECTIVE

By Betsy Williams, PhD, MPH

President, Society for Academic Continuing Medical Education



This issue of Intercom is the first of 2022 and my last as President of SACME. It has been such a joy, honor, and privilege to serve in that role. As we all know, these past two years have been difficult, impacting our personal and professional lives. Many of us have lost family and friends. Our SACME community has lost valued friends, colleagues, and luminaries in the field who made significant contributions to our society and our CPD community more broadly.

During my tenure as President, I have been incredibly fortunate to have been surrounded by amazing, kind, compassionate, and dedicated people who have given so much of their time and energy. I can't begin to thank them enough for all that they have contributed. We have accomplished an enormous amount despite the many obstacles we have faced. We have completed major initiatives including the creation of an EDI task force, development of a technology work group, completion of the Academy of Fellows Task Force project, and review and updating of our strategic plan.

Following a competitive process, we were awarded a grant over the summer from the Accreditation Council for Continuing Medical Education (ACCME) to develop a CME/CPD educational toolkit. The members of the project team demonstrated incredible passion and dedication. Despite a short timeline the project was successfully completed on time. The ACCME will formally launch the toolkit in April at their Annual Meeting and are in discussions with us about ways to promote and disseminate it.

Our Finance Committee reviewed SACME's prior investment strategy, investment portfolio, and market trends and assisted the Board in the selection of a new financial planner.

The Membership Committee continues to work hard to streamline the application process and increase the diversity of our membership. Despite the financial hardships that many of our organizations are facing, we continue to see an uptick in new members who represent a range of professions, geographic locations, and career stages. We have continued to support our members through our ongoing regional Coffee Chats and the updating of resources on our SACME website

The Scholarship Committee was very busy during this time with many projects including the adjudication and

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awarding of the Manning Award, a COVID and CPD rapid review, a study on the 2022 Annual Meeting abstract submissions, Virtual Journal Club sessions, and the Manning summer series. We will be offering a new award in memory of Paul Mazmanian, our dear friend and colleague, to promote scholarship and research for early career professionals.

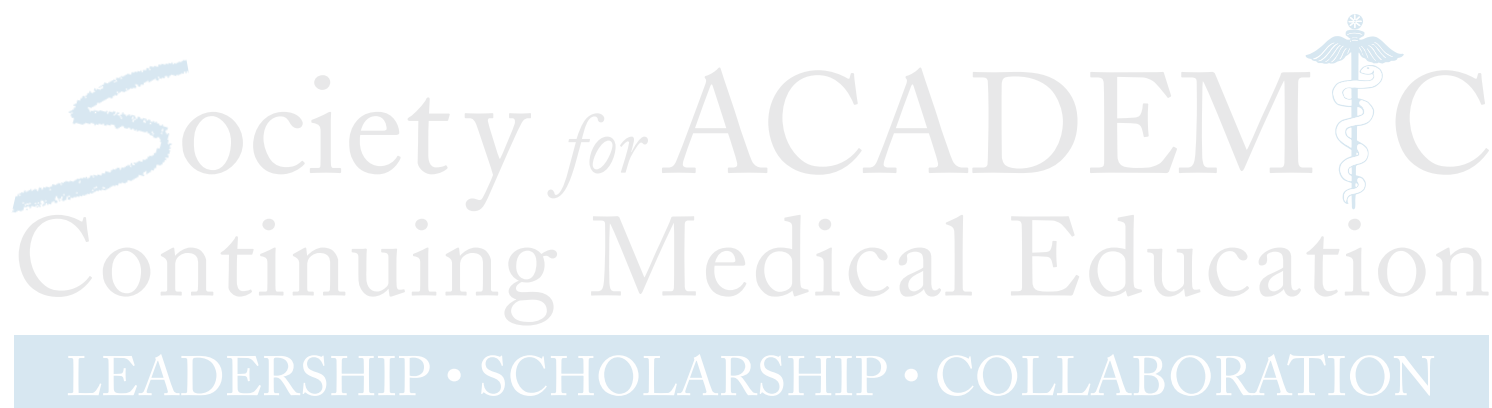
The Communications Committee has also been busy. They have increased our social media presence, updated the format of Pulse Points and CE News, and published the newly created CE News Annual Proceedings Report.

The Academy of Fellows formed a mentorship subcommittee task force and has re-initiated SACME's mentorship program. Fellows have continued to participate in a wide range of projects.

Our strategic partnerships have increased in strength. We worked closely with our Tri Group partners, discussing ways to continue to grow and improve the Journal of Continuing Education in the Health Professions. As a member of the Alliance Partner's Council SACME offered a session on scholarship at the Alliance Annual Meeting, thanks to David Price who saved the day and facilitated the live session in Denver.

Finally, our Program Committee did amazing work in planning our 2021 and 2022 conferences and also providing ongoing engagement with our community. This last summer we offered the series "Art and Science of CPD: Brief Virtual Presentations Brought to Life" to showcase poster presentations from the 2021 annual conference. Presenters updated us on their findings and engaged in question-and-answer sessions with participants. The theme of the upcoming 2022 Annual Meeting (February 21-23) is Work, Life, Learning: Navigating Through Uncertain Times. We will discuss the context of well-being in our personal and professional lives. Our keynote speakers will help us discover the keys to maintaining well-being and provide actionable pearls to stop "surviving" and start "thriving" in our new normal. The Program Committee has worked hard to incorporate social and networking activities that will allow us to connect, mingle, and have fun together.

I hope to see you at our Annual Meeting. There is still time to register, make new friends, reconnect with old friends, celebrate our retirees and awardees, and learn together.



UPDATES FROM THE ACADEMY OF FELLOWS

By William F. Rayburn, MD, MBA, FACME, Chair, SACME Academy of Fellow



This issue of the INTERCOM marks the final time in which I provide an update. These times of rapid information generation and exchange are present in a more virtual environment. A repositioning of continuing education and professional development remains essential to assure improved care at the bedside, in the clinic and hospital, and throughout the community. It calls for physicians and other providers to engage in a stepwise process of reflecting on their performance, identifying means to reduce practice gaps, engaging in formal and informal learning activities, and making changes in practice to eliminate those gaps in performance. Opportunities in continuing education leadership will continue as topics that apply to all fields of medicine and health care unfold.

Next 3-year's Academy Steering Committee Members

According to our new SACME bylaws, the commitment of each member is to serve for one 3-year term. It has been a pleasure to work with all the current steering committee members who provided support to the Committee and Academy during these past three years. Members of the new Steering Committee will be the immediate past SACME president (Betsy Williams), two members who will spin off after this next year (Ajit Sachdiva, Bill Rayburn), two other Academy members (Deborah Samuel, Joyce Fried), and one at-large member (Linda Caples). Terms begin at the February 2022 SACME annual meeting.

New Academy Site on the SACME Website (<https://sacme.org/About>)

The Academy has a listing of all Fellows on the SACME website. Any SACME member wishing to contact a Fellow may do so by using the SACME directory which is also located on the website. The Steering Committee approved a listing of past SACME presidents, whether alive or not, in good standing, to be recognized as Academy Fellows. Examples included Phil Manning and Gordon West.

Review of Research Abstracts

All 116 abstracts submitted to our annual 2022 SACME meeting were reviewed. A special thanks goes to those Fellows who joined members of the Scholarship Committee in serving as reviewers.

Update: SACME Mentorship Program

Jack Kues, PhD, has prepared a report about the program description, guiding principles, procedures, and applications for mentors and mentees. Applications were sent out in December 2021 for your consideration. Mentors and mentees will be chosen and introduced at the annual meeting in February. Pairing of the mentors and mentees will likely occur shortly after the meeting. The program will run during the academic year (July-June). Between February and June 2022, there will be a general orientation about expectations and types of professional development. Presentations of work are tentatively planned for the 2023 annual SACME meeting if approved by the program committee.

Annual SACME Virtual Meeting

Academy Fellows have been well-represented at our meeting, and we look forward to meeting you either at the pre-conference workshops or meeting. Please attend the discussion on Wednesday afternoon by Dr. Kues about the mentorship program. Unfortunately, we will be more limited by the virtual format - socially or at the breakout sessions. As in the past, I will provide an overview at the annual SACME business meeting about accomplishments and plans of the Academy to assist our SACME members.

President Elect Position, New Regional Representative Chairs, and Research/Service Awards

As the Nominations and Awards committee chair, I encouraged all SACME members and Academy Fellows to

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provide any names to me before December 15 of persons to consider for either the Dave Davis Award for Research or Distinguished Service Award. Nominations have been closed for the President-Elect and Regional Representative Chairs positions since the November 30 deadline. Kimberly Northrip, MD, a pediatrician and CME Director at the University of Kentucky, has been nominated as President-Elect and approved by the Committee. Dr. Williams and I will also mention selections of the Canadian and South Regional Representatives. There will not be a Vice President nomination until next year.

Remembering Dr. Paul Mazmanian

Thank you for attending the recent SACME Memorial Service of a well-respected Academy Fellow, Dr. Paul Mazmanian (<https://sacme.org/Remembering-Paul-Mazmanian>). We appreciate Dr. Mazmanian's scholarly contributions by the naming of the *Paul Mazmanian JCEHP Award for Excellence in Research*.

New Harrison Survey Report

Nancy Davis, PhD, has led SACME and the Academy in this year's production of the survey which is now available on the AAMC website. Lisa Howley, PhD, MEd, from AAMC will present the findings on Friday afternoon of our annual SACME meeting. Please plan to at-

tend and imagine how the survey results can help you at your program.

Exciting Collaborative Initiatives

Be on the lookout for two key initiatives: 1) milestone development of clinician educators, and 2) educational tools and implementation strategies to foster best practices. It was mentioned that ACCME, AAMC, and ACGME are supporting presentations pertaining to milestones of clinician educators and their competencies. Several Academy Fellows assisted in the review of the ACCME-SACME collaboration document pertaining to educational tools and implementation strategies to foster best practices and innovation in continuing education of health professionals. You will learn more about this at the SACME annual meeting and this year.

This has been an unusual two years, and it has been an honor for me to serve in various leadership roles. Remember, the SACME Academy of Fellows is not merely an honorific group but also one that engages SACME leaders and members in pursuing innovative programs and lofty goals to advance the field!

UPDATES FROM THE AAMC

By Lisa Howley, MEd, PhD, Senior Director of Strategic Initiatives and Partnerships, lhowley@aamc.org, @LisaDHowley

As our communities continue to face the ongoing and variable challenges of the COVID-19 pandemic, we continue to be grateful to our dedicated academic medicine community. Members of this diverse community include those educators in continuing professional development who have continued to adapt their practice to best serve and support those working the front lines of this pandemic. The 2021 AAMC/SACME Harrison Survey report is now available which highlights the many ways that CME/CPD educators are effecting change during these challenging times. In fact, "COVID-19 care: diagnosis and management" was rated as a major focus area for education by the majority of respondents. Other high priorities for CME/CPD units were diversity and equity

training, distance learning, and wellness programming. Competency based education was another area of increased focus for 2021. I am delighted to have the opportunity to share more details and learn with and from SACME members at the upcoming 2022 virtual meeting. See you soon!

As a reminder, the AAMC (Association of American Medical Colleges) is a not-for-profit association dedicated to transforming health through medical education, health care, medical research, and community collabor-



rations. Its members are all 155 accredited U.S. and 17 accredited Canadian medical schools; more than 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Additional information about the AAMC is available at aamc.org.

Below are updates that are relevant to our colleagues in continuing medical education and continuing professional development. Feel free to reach out with questions or suggestions to cme@aamc.org or howley@aamc.org.

Results of the 2021 AAMC-SACME Harrison Survey published

The AAMC and the Society for Academic Continuing Medical Education (SACME) have published a report of findings from the ninth joint survey about the structure and function of continuing medical education and continuing professional development (CME/CPD) units at U.S. and Canadian medical schools and specialty societies. Many factors are affecting CME/CPD units and their educators, including the ongoing global COVID-19 pandemic, systemic and institutional racism, changes in health care delivery and practice, and worsening clinician well-being. Designed for academic medical center leaders, staff, and leadership interested in CME/CPD, the report offers a descriptive analysis of the current work and future priorities of academic CME/CPD units in medical schools and medical specialty societies. [Read More](#)

Select AAMC Announcements

AAMC virtual educational seminar to commemorate Holocaust Remembrance Day

On Holocaust Remembrance Day, January 27, 2022, a virtual seminar was held titled, “**Legacy of Medicine During the Holocaust and its Contemporary Relevance.**” Hedy S. Wald, PhD and Sabine Hildebrandt, MD, both commissioners of the Lancet Commission on Medicine and the Holocaust, were keynote speakers and shared details about the relevance of the Holocaust for contemporary medicine. This seminar, which is now available for online viewing, was designed to help health care trainees and professionals reflect on their core values in the service of humanistic and ethically responsible patient care. Please consider viewing the recorded session and integrating into your continuing education efforts. We have prepared a [slide deck with three options for critical reflection activities \(PDF\)](#), along with a [fac-](#)

[ulty guide \(PDF\)](#) that we hope will help you facilitate meaningful discussion. [View Video](#)

Select AAMC Resources

Stay updated on news and events related to [AAMC’s Fundamental Role of Arts and Humanities in Medical Education \(FRAHME\) initiative](#). To learn more about integrating the arts and humanities into continuing education and professional development, [sign up here](#).

AAMC Center for Health Justice, AMA publish first-ever guide to language, narratives, and concepts on health equity in medicine

The AAMC Center for Health Justice has partnered with the American Medical Association (AMA) to develop a comprehensive health equity communication guide. [Advancing Health Equity: A Guide to Language, Narrative and Concepts](#), is intended to support physicians, health care providers, and all of us to change how we speak with and about patients and communities. [Read More](#)

AAMC report on wellness initiatives in health care and recommendations for promoting a culture of well-being

The AAMC has published a new report, *The Rise of Wellness Initiatives in Health Care: Using National Survey Data to Support Effective Well-Being Champions and Wellness Programs*, which presents data from two recent surveys that highlight common elements of wellness programming and describe the roles of the well-being champions who lead and support wellness efforts. The report also presents 10 recommendations for how medical schools and teaching hospitals can promote a culture of well-being and develop as well as support wellness leaders and initiatives. [Read More](#)

Research examines what moves physicians to work in rural areas

A new study by AAMC [Workforce Studies](#) researchers, published in *Economic Development Quarterly*, presents findings that contribute to the understanding of what drives physicians to practice in rural areas. Using survey data of 6000 practicing physicians, the study shows that rural origin is a powerful and reliable predictor for rural practice, and that new and experienced physicians have different priorities regarding location choice. The results will help decrypt the difficulties rural areas face in attracting and retaining medical and other professionals and inform policy development. [Read More](#)

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AAMC report on health equity in academic medicine

In July 2020, the AAMC convened representatives from academic medicine, public health, and community-based organizations in the Washington, D.C. area to discuss how to address health and health care inequities in the region. A new AAMC report, *Health Equity in Academic Medicine: Recommendations From an AAMC Community Roundtable in Washington, D.C.*, details several promising practices, critical challenges, and points for future collaboration among the academic medicine community and organizations addressing health inequities. Synthesizing the findings across all sessions resulted in four recommendations that medical schools, teaching hospitals, and residency programs can implement to deepen and integrate their health equity work. [Read More](#)

AAMC data snapshot examines diversity among Hispanic/Latinx U.S. physicians

According to a new AAMC data snapshot, 6% of U.S. physicians and 11% of medical students identify as Hispanic/Latinx. Although typically aggregated into a single group, new data illustrates that these physicians and students represent a broad array of ethnicities, cultures, and experiences. [Read More](#)

AAMC publishes data on faculty salary equity by gender and race/ethnicity

As part of its efforts to address gender equity in academic medicine, the AAMC published *Exploring Faculty Salary Equity at U.S. Medical Schools by Gender and Race/Ethnicity*, which offers national compensation data by both gender and race/ethnicity to support institutions in successfully implementing salary equity initiatives. The publication explores salary equity as one of many institutional efforts that make up an overall strategy to promote an equitable culture and climate. It is the first large analysis of its kind to assess this data. [Read More](#)

Select AAMC Initiatives and Opportunities

AAMC Center for Health Justice to host Maternal Health Incubator in May 2022

As one of its primary focus areas, the AAMC Center for Health Justice is committed to developing resources, convening experts, and strengthening efforts to eliminate inequities in maternal mortality and morbidity. On May 24-25, 2022, the Center for Health Justice will host a Maternal Health Incubator – a two-day virtual event to generate a common understanding of the data needed to effectively address maternal health inequities. Participants will identify and share evidence-based strategies to

decrease racial and ethnic maternal health gaps and begin developing a plan to eliminate inequities through local, state, and federal policies and collaborations. [Subscribe](#) to the center's newsletter to receive information when registration is available.

AAMC awards grants to build COVID-19 vaccine trust and confidence

The AAMC Center for Health Justice's "Building Trust and Confidence Through Partnerships" grant has been awarded to five teams of collaborating partners, each led by an AAMC-member institution. The grants support the use of effective partnerships—often including public health departments, social services agencies, and faith-based and community-based organizations—to build vaccine confidence and trust within local communities, with the goal of increasing the number of people who receive a COVID-19 vaccine. The grant program is supported through an AAMC cooperative agreement with U.S. Centers for Disease Control and Prevention. [Read More](#)



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UPDATES FROM THE ACCME

Graham McMahon, MD, MMSc

President and CEO, ACCME



With the start of a new year, it's great to be able to share several updates on our work in the CME community. To build our vision of the future, the ACCME Board of Directors and executive leadership, together with our entire staff, engaged in a strategic planning process throughout the past year, resulting in the ACCME Strategic Plan 2022-2026, *Thriving Together: Accelerate Learning, Change, and Growth in Healthcare*. Our strategic plan and vision call for healthcare professionals and the continuing education community to join in collaboration, learning, and change—and we look forward to working together with our colleagues at SACME to achieve these goals together. As always, visit our [website](#) for additional information, and please do not hesitate to reach out and let us know how we can better support you and your work.

USE CME PASSPORT TO SIMPLIFY CREDIT MANAGEMENT FOR YOU AND YOUR LEARNERS

Since the launch of the new, improved [Program and Activity Reporting System \(PARS\)](#) in November 2021, more than 1,000 providers have logged in, and over 2,000 physicians have created a profile in CME Passport—an all-in-one, free, centralized web application that enables physicians to find, track, and manage their CME. You can support your learners by prospectively entering your activities in PARS, so that learners can easily find them in CME Passport, and by reporting credits they have earned, so that the information will appear in their CME Passport transcript and be automatically made available to their certifying and licensing boards. You can also use the system as your transcript of record, eliminating many inquiries and requests for duplicate certificates. Learn more about CME Passport [here](#).

We are committed to helping you get the most out of new PARS and continue to publish new resources, including a [year-end reporting checklist](#), and offer [webinars](#) to answer your questions. Explore these new resources and more on our [New PARS webpage](#).

NORTH DAKOTA JOINS ACCME AND STATE MEDICAL BOARDS COLLABORATION

The North Dakota Board of Medicine has joined our collaboration with state medical licensing boards, a collaboration that also includes the boards in California, Maine, Maryland, North Carolina, and Oregon, with others expected to join soon. Accredited providers currently have the opportunity to report data in PARS about physicians licensed in North Dakota, as well as any other state, who have completed their CME activities. This program was created with the goal of reducing burdens on accredited providers and physicians while simplifying the audit process for boards. Learn more [here](#).

ACCME RELEASES NEW STRATEGIC PLAN 2022-2026

The ACCME's vision is a world where our community of educators supports healthcare professionals in delivering optimal healthcare for all. The ACCME Strategic Plan 2022–2026, *Thriving Together: Accelerate Learning, Change, and Growth in Healthcare*, addresses these interconnected opportunities and challenges, and aims to promote an even more vibrant and thriving accredited continuing education enterprise. The strategic plan comprises five priority areas:

- Strategic Goal 1: Act with Integrity
- Strategic Goal 2: Advance Excellence in Accredited Continuing Education
- Strategic Goal 3: Provide Exemplary Service
- Strategic Goal 4: Promote Diversity and Inclusion
- Strategic Goal 5: Demonstrate the Power of Collaboration

Learn more about our goals and view the plan [here](#).

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ADDRESSING DIVERSITY, EQUITY, AND INCLUSION IN ACCREDITED CE

One of our strategic goals in the new ACCME Strategic Plan 2022-2026 is to promote diversity and inclusion in all aspects of accredited education. In 2021, our Board of Directors convened a special Task Force on Diversity, Equity, and Inclusion (DEI) to explore how the ACCME can facilitate meaningful change and advance the ideals of DEI in continuing education for health professionals. The following recommendations were developed by the ACCME DEI Task Force and adopted by the ACCME Board of Directors:

The ACCME should:

- use its established mechanisms to incentivize and reward behaviors related to DEI and health equity;
- curate and manage a database/repository of appropriate DEI resources that would meet ACCME's expectations for accredited CE; and
- promote self-assessment and awareness of DEI issues, especially faculty diversity, in the accredited CE community.

We are committed to fostering learning environments that promote health equity, inclusiveness, pluralism, diversity, equality of opportunity, and social justice. Accredited education has the opportunity and responsibility to be part of the solution, helping to navigate a path from empathy to understanding to action. Watch our website for resources and updates to support our community's work in advancing DEI.

REGISTER FOR THE ACCME 2022 MEETING: LEARN TO THRIVE

We are delighted to welcome you back to Chicago for the ACCME 2022 Meeting on April 26-28, 2022, to celebrate our exceptional community of educational leaders. Together, we will work to address the challenges and opportunities that surround us and ascend through action, reflection, and continuous growth. Our theme, "Learn to Thrive," recognizes your vital role in elevating healthcare by helping learners to reach new heights in their educational journey.

- Engage with healthcare education thought leaders during our **three keynote sessions** focused on navigating challenges for the post-pandemic workforce, human-centered educational design, and promoting well-being for healthcare professionals and educators.
- Collaborate with ACCME staff to dig deep into essential topics including implementing the Standards for Integrity and Independence, getting the most out of the new PARS, using ACCME Academy as a CPD tool, and more during our **ACCME mini-plenary sessions**.
- Explore critical questions about improving CME with your colleagues through the **Research Exchange**.
- Participate in **Inspire & Teach! breakout sessions** led by your peers to share effective practices and develop new approaches to plan and deliver educational activities.
- Learn more about Healthy People 2030, an initiative from the US Department of Health and Human Services, and how it can inform the public health priorities of your educational program during our **Public Health Forum** and discussion groups.
- Join a **Working Group** and help develop new resources for the accredited continuing education community.
- Reconnect with colleagues during homerooms (both in-person and virtually) and through the **ACCME 2022 Community**.
- Newcomers to CME have the option to join a **Starting Point** pre-conference session to help get you up to speed on ACCME requirements.

Learn more and be sure to register at www.accmemeeeting.org.

ELECTION OF 2022 OFFICERS

We are pleased to share the election of the 2022 officers to our Board of Directors: Marilane Bond, EdD, Med, MBA, was elected Chair; Steve Craig, MD, was elected Vice Chair; and Thomas M. McLoughlin, Jr., MD, was elected Treasurer of the ACCME at a meeting of its Board of Directors. Read more [here](#).

We'd also like to extend a warm welcome to the new members of the ACCME Board of Directors:

- Annette Donawa, PhD, MSED
- Marci Fjelstad, MPH, MBA
- Lee Fleisher, MD
- Eric Friedberg, MD
- Shannon Kilgore, MD
- Jon Thomas, MD, MBA
- Jacqueline Watson, DO, MBA

NOW AVAILABLE: 2020-2021 ACCME HIGHLIGHTS REPORT

Explore the ACCME's 2020-2021 Highlights Report, [*Learning to Thrive Together*](#), which outlines the key initiatives we've taken to respond to the CME community's recommendations, fulfill our strategic goals, and support our shared mission to improve care for patients and communities. Learn more about our key takeaways [here](#).

LEADING CHANGE, TOGETHER

The collaborative and resilient spirit of the CME community has rarely been more evident than in 2021. You have continued to support healthcare professionals and teams to provide excellent care for patients despite the ongoing public health crisis. We at the ACCME are confident that the hard work of the healthcare and education communities will continue to improve patient care in 2022 and beyond—we sincerely thank you for your dedication to making the world a better, healthier place.

LEARN WITH US IN ACCME ACADEMY

Accreditation Tips

Elevate your learning experience and explore these courses in ACCME Academy:

Building Learning through Curriculum Design: This course shares strategies for curriculum design to help deliver effective education that will engage your learners as partners in solving complex healthcare challenges.

Connecting Health Equity and Continuing Education: Building on conversations with ACCME President and CEO, Graham McMahon, MD, MMSc, and healthcare leaders at the American Medical Association and Rush University Medical Center, this course aims to provide resources and guidance for building and supporting health equity initiatives at your organization.

Engaging Learners by Evolving Teaching: This course explores ways to facilitate effective learning experiences, including ideas on how to evolve teaching from knowledge transfer to sparking investment with active learning experiences.

WORKING WITH SACME TO OFFER NEW RESOURCE FOR CE COMMUNITY

Last year, the ACCME awarded a research grant to SACME to create educational tools and implementation strategies aimed at fostering best practices and innovations in continuing education for healthcare professionals. With the grant, SACME identified best practices in educational design and development of an educational toolkit to facilitate the use of these methods in continuing education. We look forward to working with our SACME colleagues to promote and disseminate this educational toolkit in the coming months.

UPDATES FROM THE ABMS

By Greg Ogrinc, MD, MS

Senior Vice President, Certification Standards and Programs



As the leading organization for physician board certification, the American Board of Medical Specialties (ABMS) provides the expertise, insights, and support to elevate the discipline of specialty medicine. Given that much of our work intersects with continuing medical education and continuing professional development, we are providing the following relevant updates.

ABMS Invites Applications for 2022-2023 Visiting Scholars Program in February

ABMS will begin accepting applications for the 2022-2023 [ABMS Visiting Scholars Program](#)™ later this month. This one-year, part-time program facilitates the development of early-career physicians, medical and surgical specialists, and research professionals by supporting their research and encouraging their engagement with the ABMS community, which includes the 24 Member Boards that comprise ABMS as well as its [Associate Members](#), and the broader certification community.

Research is the key to advancing some of the most pressing issues in health care and certification. We are seeking research projects that demonstrate the impact certification programs have on public health, and national quality and safety priorities; accelerate the adoption of certification assessments relevant to the emerging health care environment; and advance collaborative solutions for certification within and across specialties. The aim is to deepen our understanding of how to best help physicians develop their skills and gain experience, which will positively impact the quality, safety, and value of patient care.

Current research priorities are:

- Diagnostic excellence within and across specialties
- Competency-based medical education and assessment across the medical education continuum
- Racial equity and diversity across the health care continuum
- Physician engagement in quality improvement and patient safety initiatives

- Research priorities of the American Board of Orthopaedic Surgery and the American Board of Otolaryngology – Head and Neck Surgery

To date, 43 Visiting Scholars have participated in the program. During the year-long program, the Visiting Scholars remain at their home institutions, work with self-selected mentors, and participate in monthly interactive webinars that engage current scholars with research project updates to their peers and a select panel of subject matter experts and scholar alumni who collectively provide guidance, support, and solutions to barriers they may be experiencing in their respective research projects. They traditionally attend three in-person leadership meetings and present their research findings before a national audience at the annual [ABMS Conference](#). [Learn which outstanding individuals were recently selected to participate in the 2021-2022 Visiting Scholars Program and how the Program is enriching and equipping the next generation of health care specialists both professionally and personally.](#)

Early-career physicians, junior faculty, fellows, and residents are eligible, as well as individuals holding master or doctorate degrees in public health, health services research, educational evaluation and statistics, public health policy and administration, or other relevant disciplines. Visiting Scholars will receive an award of up to \$12,500 to support the direct costs of research and travel expenses associated with program participation. [Visit the ABMS Visiting Scholars Program webpage for updates](#) on the application announcement, and the free, hour-long informational webinar scheduled for 5 pm CT on April 19, 2022. Applications for this year's program must be received by 12 am CT on June 12, 2022.

ABMS Releases 2020-2021 Board Certification Report

More than 940,000 physicians in the United States are board certified, according to the latest [ABMS Board Certification](#)

[tion Report](#). This record number represents an increase of more than 25,000 physicians over the previous year and an overall 10.3 percent increase since 2016. The 2020-2021 edition offers a variety of information about the 40 specialty and 88 subspecialty certification programs administered by the 24 Member Boards that comprise ABMS. This 63-page report also includes a snapshot of the active certificates held by ABMS Member Board certified physicians. Colorful charts and infographics break down important data, such as the distribution of board certified diplomates by ABMS Member Board, state, age, and gender. [Read more about the report](#).

Updated ABMS Guide to Medical Specialties Now Available

The newly redesigned [ABMS Guide to Medical Specialties](#) is now available on the ABMS website. The cover design has been refreshed to coincide with an expanded section in the opening pages that highlights the importance and value of board certification. The guide provides a comprehensive listing of the specialty certifications offered by the Member Boards and descriptions of their specialties and subspecialties. It includes content updates related to changes in the specialty and subspecialty offerings or in the scope of the specialty or subspecialty itself. While this publication is an important public

service for patients, individuals considering entering the medical profession, for whom it was originally created, as well as credentialers, lawyers and attorneys, and others who seek an understanding of medical specialties for their work are frequent users.

New ABMS Standards for Continuing Certification Reflect Foundational Changes

This past November, ABMS released new [Standards for Continuing Certification](#) (Standards) representing the culmination of three years of consultation with physicians, professional and state medical societies, consumers, and other public stakeholders from across the health care spectrum to reconceive the way specialty physician recertification is conducted. In the [winter issue of ABMS Insights](#), ABMS President and Chief Executive Officer Richard E. Hawkins, MD, explains [how the new Standards represent foundational changes](#) that bring increased value to both board certified physicians and the public. Another article focuses on how ABMS Member Boards are moving toward alignment with the new Standards. Other articles highlight presentations from ABMS Conference 2021, including [how ABMS Member Boards can align quality measures with public reporting](#), [address health care disparities](#), and [reduce physician burnout](#).



TOP TEN LESSONS LEARNED (SO FAR) DURING A PANDEMIC

By Ginny Jacobs, PhD, CHCP, FSACME

Director, Strategy and Performance, AXDEV Global



In February of 2020, Dave Davis and I presented a Virtual Journal Club (VJC) focused on the topic of Continuing Professional Development (CPD) planning. It was the first in what was to be a two-part series. Our session was designed to prompt reminders and discussion related to what we hoped would be the impetus to promote 20/20 vision for the new year ahead. The central question we posed was: **What's your plan to make that same-old every-year program more attractive, more effective, and more patient-centered?**

The idea was to deliberately establish an overarching strategy to drive improvements in our educational portfolios, instructional designs, and performance goals for the year. We acknowledged during our VJC discussion how often well-intentioned New Year's resolutions fade away by March. Ultimately, even when we do make plans, we run the risk that those efforts may be thwarted by a necessary shift in direction or a call to address more pressing priorities. (Or, perhaps, it is simply a matter of being unintentionally distracted by 'something shiny').

Soon after that session, we were all witness to a shift as word of the COVID-19 pandemic and its disruptions became part of our daily conversation. With that new setting, the world changed dramatically as we mourned the loss of freedom, normalcy and routine. More specifically, the public health crisis we have been enduring has left CPD providers reeling from lockdowns, travel bans, canceled live programs, a dependence on online education, and a shift to remote work arrangements. But the story must not end there.

*"When written in Chinese, the word **crisis** is composed of two characters – one represents danger; and the other represents opportunity."*

-- John F. Kennedy

In the spirit of choosing to focus on the opportunity this crisis presents, here are a couple handfuls of my reflections on the top lessons learned (so far) during the pandemic:

10. Necessity is, indeed, the mother of invention.

That famous proverb springs to life when you consider the advancements that have been made in terms of a general acceptance of alternate approaches to patient-provider telehealth visits, live streaming of medical education, and Zoom / Teams business meetings. Interestingly, much of the technology that is currently being used to connect patients with clinicians, staff with their peers, and family members with their loved ones is not new. Yet, it took a pandemic for us to consider it a necessity to readily adopt its use. While not a complete substitute for in-person meetings, we are wise to continue to find ways to harness technology for health, work and socializing.

Just think how technology can provide a vital link to connect family members when miles separate them and one is in a healthcare facility. While far from ideal to have to connect with an ailing patient over an i-Pad, it does make me wonder why we do not more routinely offer that option for family members who wish to 'see' one another – and not just when it is a matter of being unable to join them at their bedside as their health is failing.

9. We know there is no turning back

I believe it is fair to say that we will not be returning to the same world of traditional medical education as we have previously known. As the door to online education has swung open more widely and the available technology has been more readily embraced by learners, it would only seem natural that hybrid models and more interactive online learning tools are here to stay. There will still be a place for live meetings, but I imagine it will no longer be the default position for many organizations. Instead, the question will need to be raised – Can we create an impactful journey for learners in a technology-enabled environment that enhances (and not distracts) from their experience? Can the social and educational goals be accomplished from a distance? Is there a way

for connections to be built into that learning experience to make it even more meaningful while landing on a suitable economic model that ensures a return on the investment (i.e., for the learner and for the host)?

8. We must practice what we preach

It is imperative that we, as educational planners, apply the same principles in our design of health care education that we expect from our healthcare providers in their delivery of services.

Healthcare providers are required to apply evidence-based medicine with a patient-centered focus and reliance on applied research. Similarly, educational planners must utilize evidence-based education with a learner-centered focus and design that facilitates a process of reflective learning. In both cases, the focus should be on setting clear expectations, and obtaining relevant data sets to accurately assess the impact of educational advancements and/or clinical decisions. The ultimate goal is to help ensure delivery of relevant and timely education and/or care.

7. We cannot afford to lose ground in terms of our pursuit of higher level educational outcomes

The CPD community has worked hard to steadily raise the bar on the level of outcomes that we are able to achieve for our learners. There was a time in our past when the measure of success for live and online programming was at a basic level (merely consisting of a tally of the number of participants and their level of satisfaction with the educational activity). As we have now become more reliant on online education, it would be a travesty for us to slide back down on the outcomes scale. Even with the shift to digital education, we must still strive for meaningful assessment of the impact of the education that is being delivered. We need to continue to develop evaluations that garner constructive insights in terms of course design and innovative assessments related to the learner's experience and their application of the learning post-activity.

6. We can actually trust remote workers to be productive

Prior to the pandemic, some managers/companies were reluctant to embrace remote work, as there was a concern that employees would not be productive when they

are not physically present under one roof. I believe the world of remote work during the pandemic has proven this remote option can actually foster a win-win situation – one that makes for a more efficient (and, yes, productive) work arrangement.

Obviously, not all jobs lend themselves to remote work, but there are many roles that do and technology has proven it can help promote effective collaboration across work teams and/or partners. Many workers still speak with glee when describing how they now save time and money which had previously been spent commuting to work, battling traffic and parking challenges. I am sure there are some individuals who require more structure or direction and, for them, working from home could be problematic without additional connections and/or guidance. I firmly believe individuals can be trusted and this arrangement merely serves to highlight what should be in place for all employees: clear expectations; the necessary tools and resources to do the work; consistent, productive coaching and feedback; and a collaborative problem-solving environment that seeks to remove any barriers to the individual's and/or team's success.

5. It can be difficult to separate work and home life when the office lines are blurred

There used to be a clear delineation between one's work life/space and their personal life. While few individuals will mourn the loss of a painful commute or congested highway, some individuals report how their transition between work and home actually served to provide time to decompress and reflect after a hard day at work. Those transitions are not as prominent when it is a matter of walking from your home office down the hall to the living room. There is less time for reflection and shifts are more abrupt than ever. We should find ways to take time to establish meaningful boundaries between work and home life, and seek to identify some type of transition between different aspects of our life. While basket weaving may not be for everyone, there must be some hobby or outside interest that can help create a space between the two worlds.

4. Telehealth visits can potentially provide an efficient delivery method for some healthcare services

According to a July, 2021 Consumer Report article, more than 80 percent of clinicians who responded to a COVID-19 Health Coalition (HC) survey said telehealth

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improved the timeliness of care. A subsequent HC survey found that patients were similarly satisfied with their telehealth experience.

Continuity of care is an element to ensure important health screenings are performed, potential health issues are caught early, and chronic conditions are well-managed. Some services will require in-person encounters, however, the telehealth option can be an important alternative approach to maintain a connection with health providers. The goal is to actively monitor patients' health conditions and identify those situations that would benefit from an in-person visit.

As we develop educational content, we should continue to critically consider our delivery options and be willing to consistently find ways to raise the bar and introduce new and interesting methods to engage learners. Many CPD groups have had to ramp up on their technical instructional design skills or others have chosen to partner with groups who have already made that investment. Some educational experiences will benefit from live, small group engagement, while others can be efficiently delivered through creative hybrid models.

3. We need to employ a sense of urgency, even though we are aiming for a moving target

These past two years have demonstrated our pressing need to accelerate the pace of change and adoption of new technology. It is easy to be critical of the delays that occur in healthcare with respect to providers adopting best practices. Evidence-based practice is held as the gold standard in patient care, yet research suggests it reportedly takes hospitals and clinics roughly 17 years to adopt a practice or treatment after the first systematic evidence shows it helps patients. The CPD community must be willing to learn from each other and adopt new practices related to instructional design, hybrid models, educational platforms, assessment tools. We cannot afford a multi-year delay in adoption of new ideas.

2. We need to revisit our disaster recovery and contingency plans

How many of you recall participating in an internal activity designed to create (or possibly update) a disaster recovery handbook for your work group? For those who did, was its significance truly highlighted? Did it ever seem like a frivolous exercise or lack-luster drill? I wonder if the resulting document served to map out a

reasonable course of action for a possible pandemic. Or, did the resulting product merely generate an updated call list of employees to be notified in the event of a weather-related emergency perhaps? There is incredible value generated through discussions related to scenario planning. Through the pandemic, we have experienced situations we would not have typically dreamed possible, so we need to be sure to use a wide angle lens. Referring back to the planning question that was intended to prompt discussion in the earlier VJC, it is important to note the planning step is critical, yet it should take into account a wide range of possible scenarios. It is best to be prepared and know anything is possible and that line of thinking can only be implemented if we broadly consider potential realities and learn to be comfortable with the uncomfortable.

1. We need strategies to remain resilient

Topics related to well-being and resilience have been common in many of our educational portfolios. For the past several years, we have been painfully aware of the incredible demands placed on our healthcare providers and the disruption that creates. I have found it is much easier to 'talk the talk' (i.e., coach others) on how to be resilient and remain hopeful than it is to 'walk the walk', which involves adopting my own personal training regimen to keep my spirits up.

I got an important reminder when recently listening to a podcast on the topic of 'stoicism' presented by William Irvine, the author of [The Stoic Challenge: A Philosopher's Guide to Becoming Tougher, Calmer, and More Resilient](#).

Irvine suggests that much of our unhappiness is self-inflicted. I appreciated his statement that indicated the reported level of happiness we are experiencing has a lot to do with our state of mind. In essence, it could be suggested that our happiness is basically a matter of how we choose to frame things. For a brief moment, that took me back to a simpler time where I recall reading a children's book to my young daughter. The point of the story involving an elderly man was to remind us that things could be worse and the tale was written in such a way to highlight that perspective. In order to be hopeful, we may have to deliberately think of what makes us grateful. It may call for us to seek out sources of joy. The easiest way to do that is to maintain the right perspective.

I would be the first to admit that the term ‘paradigm shift’ has been overused, however, I cannot think of a better term to describe what our current situation requires. We cannot take things for granted. As the past two years have shown us, it would be foolish to be so naïve (or become so comfortable) that we think that what we see is what will always be. There are very few guarantees in life.

One thing of which we can be assured is this: We have a wonderful community of CPD professionals (friends and business colleagues) who are open to sharing their ideas and insights regarding how to best navigate these turbulent waters. We should not feel isolated or alone. While

we may not all be in exactly the same boat, we certainly are all in the same storm. Let’s see what we can do to share and apply what we have learned over these past two years to better position us for whatever twists and turns the future holds. ***Instead of thinking of the danger that this crisis has presented to our routine operation, let’s focus on the opportunity that it presents to us as a profession.*** Education is a powerful tool and we have the ability to ensure that it is crafted and delivered in a manner that has a positive, lasting impact on our learners and in the improved quality of the lives of the patients for whom they care.

UPDATES FROM JOINT ACCREDITATION FOR INTERPROFESSIONAL CONTINUING EDUCATION™

Kathy Chappell, PhD, RN, FNAP, FAAN

Kate Regnier, MA, MBA, Dimitra Travlos, PharmD

Cofounders, Joint Accreditation for Interprofessional Continuing Education

We are delighted to share updates and achievements from Joint Accreditation for Interprofessional Continuing Education. As we look ahead to 2022 and beyond, there is much to be proud of in the interprofessional continuing education (IPCE) community. In the past two years, the IPCE community has risen to the challenge brought on by the COVID-19 **pandemic**—you have adapted nimbly, redesigning learning environments and delivering urgently needed education and support to teams across the health professions. We look forward to continuing to work together to provide accredited education by the team, for the team.

CELEBRATING CONTINUED GROWTH IN JOINT ACCREDITATION

Since its inception in 2010, Joint Accreditation for Interprofessional Continuing Education has seen tremendous growth and expansion across health professions. By achieving joint accreditation, providers are automatically entitled to offer single profession or IPCE credit to nurses, pharmacists, and physicians. During the last several years, we have expanded our collaborations with colleague accreditors in the health professions to give jointly accredited organizations the option to offer single profession, multi-profession, and IPCE activities for athletic trainers, dentists, dietitians, optometrists, physician

associates (PAs), psychologists, and/or social workers, without needing to attain separate accreditations.

Joint Accreditation by the Numbers

- The IPCE community has grown to include 10 professions across the healthcare community.
- The number of jointly accredited providers grew approximately 19% between 2020 and 2021, with 113 providers in 2020 increasing to 135 providers in 2021.
- In 2021, our community of jointly accredited providers represented a wide variety of organizations, including hospital/healthcare delivery systems (24%), publishing/education companies (24%), schools of health sciences/medicine (20%), nonprofit member organizations (12%), other organizations such as patient safety and quality organizations (9%), other nonprofit organizations (7%), and government or military organizations (4%).
- Seven jointly accredited providers have achieved Joint Accreditation with Commendation under the recently implemented Menu of Criteria for Joint Accreditation with Commendation.

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- Outside of physicians, nurses, and pharmacists, jointly accredited providers offered the most single profession, multi-profession, or IPCE activities to physician associates (PAs), social workers, and psychologists.
- There are approximately 57,000 educational activities each year, resulting in more than 23 million interactions with healthcare professionals yearly

CONGRATULATIONS TO PROVIDERS THAT RECEIVED JOINT ACCREDITATION WITH COMMENDATION!

We are delighted to acknowledge seven jointly accredited providers that became the first to achieve commendation, including:

- [Cleveland Clinic Center for Continuing Education](#)
- [Dignity Health](#)
- [Medical Learning Institute, Inc.](#)
- [National Center for Interprofessional Practice and Education](#)
- [North American Center for Continuing Medical Education](#)
- [PRIME Education](#)
- [University of Arkansas for Medical Sciences Office of Continuing Education](#)

Congratulations on your achievement!

EMBRACING VIRTUAL LEARNING ENVIRONMENTS

As our healthcare system struggled to respond to the COVID-19 pandemic, the IPCE community tackled this challenge head on by rapidly deploying virtual learning environments for healthcare professionals and teams. In the months since the pandemic began, we have connected virtually with our colleagues through our annual Joint Accreditation Leadership Summit to share best practices, case studies, and successes and challenges to grow and improve together. Several of the lessons learned include:

- Virtual learning has prompted an increase in both attendance and engagement from learners, likely due to an increase in accessibility.
- Virtual learning environments also engaged a broader diversity of faculty and learners from remote locations, introducing an even greater variety of perspectives and backgrounds.
- The pandemic has prompted a necessary innovation in the development and delivery of continuing education; providers are redefining what learning environments and activities can and will look like based on the evolving needs of health professionals and teams.
- Constant innovation and change also creates increased stress for planners, faculty, and learners; it is essential to address individual wellness to facilitate learning.



- Educators and learners are expecting a transformed post-pandemic world, with greater emphasis on virtual learning.

For more key takeaways, explore our previous Joint Accreditation Leadership Summit Reports [here](#).

GETTING STARTED WITH JOINT ACCREDITATION WORKSHOP

New to interprofessional continuing education? Joint Accreditation for Interprofessional Continuing Education team will be hosting a virtual workshop on March 29, 2022, which will provide an overview of the Joint Accreditation process and criteria. The workshop will also include opportunities for participants to ask questions and discuss the benefits of Joint Accreditation. Watch the Joint Accreditation [events page](#) for more details.

SAVE THE DATE: JOINT ACCREDITATION LEADERSHIP SUMMIT

Mark your calendars for the annual Joint Accreditation Leadership Summit on September 29-30, 2022. Every year, the Joint Accreditation Leadership Summit brings together continuing education leaders from around the country to share best practices in interprofessional continuing education and discuss innovative strategies for the future. If you're a jointly accredited provider or an organization with an approved pre-application and in the process of applying for Joint Accreditation, you will receive an invitation via email in the fall. Explore previous leadership summit reports on the Joint Accreditation website [here](#).

MOVING FORWARD, TOGETHER

The past two years have taught us that the tenets of interprofessional collaborative practice, such as mutual respect and trust, are never more important than during a crisis. We sincerely thank you, our continuing education community, for your dedication to supporting clinicians and teams in delivering quality care during the pandemic and beyond. We are excited to continue working together, learning from one another, and innovating through collaboration to propel the future of accredited continuing education forward.

JOINT ACCREDITATION COLLABORATING ACCREDITORS

Joint Accreditation for Interprofessional Continuing Education is a collaboration of the following organizations:

- Accreditation Council for Continuing Medical Education (ACCME): Cofounder
- Accreditation Council for Pharmacy Education (ACPE): Cofounder
- American Nurses Credentialing Center (ANCC): Cofounder
- American Academy of PAs (AAPA)
- American Dental Association's Continuing Education Recognition Program (ADA CERP)
- American Psychological Association (APA)
- Association of Regulatory Boards of Optometry's Council on Optometric Practitioner Education (ARBO/COPE)
- Association of Social Work Boards (ASWB)
- Board of Certification for the Athletic Trainer (BOC)
- Commission on Dietetic Registration (CDR)

JOIN JOINT ACCREDITATION ON SOCIAL MEDIA

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For more information on Joint Accreditation and the latest updates from our team, visit our website and subscribe to our newsletters here. Please do not hesitate to contact us at info@jointaccreditation.org. We are happy to help.



Register Now

The Society for Academic Continuing Medical Education (SACME) invites you to join us for our 2022 Annual Meeting which will be presented in a virtual live format.

The theme for this year's conference is **"Work, Life, Learning: Navigating Through Uncertain Times."** Sessions will address the context of well-being in our personal and professional lives, help to discover the keys to maintaining well-being, and provide actionable pearls to stop "surviving" and start "thriving" in our new normal.

The conference will showcase evidence-based strategies for:

- building personal and professional resilience for clinicians, CPD providers, learners and patients;
- increasing capacity for CME/CPD practitioners and educators to make a difference;
- decreasing burdens on our clinician-learners;
- using innovative approaches through the use of technology in continuing professional development programming; and
- increasing a culture of belonging and inclusion in our organizations and in our activities.

The interactive virtual platform will feature:

- Keynote speakers and panels
- Hands-on workshops
- Smaller-group discussions
- Short research and best practices presentations and posters
- Networking opportunities
- Social engagement

Longitudinal programming will occur in the weeks leading up to the three days of concentrated events in February and in the months following the Annual Meeting.

INTERCOM

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