Route to:
__Dean
__Associate Dean
__Assistant Dean
__Director
__CME Committee Members
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INTERCOM

SOCIETY FOR ACADEMIC CONTINUING MEDICAL EDUCATION

Volume 13, Number 1
July 2000

A CELEBRATION OF SUCCESSES, AWARDS, & ACHIEVEMENTS

Congress 2000 5-Star Success!

With special thanks to Jocelyn Lockyer and Phil Manning .....and their supporting cast!

Incoming Society President, Paul Lambiase, presents SACME gavel to Past President, John Parboosingh, at the Congress 2000 meeting, in Universal City, Los Angeles.

Society for Academic Continuing Medical Education members joined more than 200 "CME'rs" representing the Alliance for Continuing Medical Education, the American Medical Association, the Association for Hospital Medical Education, the Association of Canadian Medical Colleges, the Canadian Medical Association, the Canadian Forum on Continuing Medical Education, and the Standing Committee on CME at the **Congress 2000: A CME Summit—Practices, Opportunities, and Priorities for the New Millennium,** April 12-16, at Universal City, California.

Congress Chair, Jocelyn Lockyer, and Congress Host, Phil Manning, directed an extraordinary cast of educators through themes, from linking CME to the Public's Health, to the effective use of leading edge learning technologies, the CME director as facilitator and coach, and translating CME research to practice. The Congress served as a model of teaching effectiveness in CME. For an encapsule report, see Page 4

INSIDE THIS ISSUE

Message from your President - Leadership Retreat 2000

Dear Colleagues:

There is a challenge facing the entire CME community right now! **We need to establish and clarify our relevancy in what seems like a continually changing atmosphere of health care priorities.** Whether we like it or not, academic medical center CME offices find themselves near the core of many of the issues facing organized CME. What we do (or not do) will help shape what role we can have within an evolving national CME environment.

We have some opportunities to affect this change. By focusing some of our research initiatives to distinguish CME best practices, we can enhance understanding. By using our collective resources to influence the training of new physicians* to become life long learners, using evidence based medicine and other 'best practices'* we can shape the next generation of clinicians. Many major national healthcare organizations are struggling to find ways to improve the quality and efficiency of healthcare, as well as to determine how to assess and maintain physician competence. To be an effective player on this field the Society at all its levels--members, board, leadership-- needs to assess itself, its strengths and its goals.

Summary of SACME Leadership Retreat. On May 16 & 17, the Society leadership met to discuss the range of issues confronting our organization. A predetermined agenda focused the participants, all representatives of the current presidential sequence, including **Barbara Barnes, Jack Kues, John Parboosingh** and **Paul Lambiase.** A lengthy Board Conference Call, at the conclusion of the two-day retreat, informed board members of discussions and sought their input on proposed actions. Most importantly, to inform the membership, this letter describes the Board's actions on members' behalf and the status of various ongoing projects. In the interest of open communication, a number of items will be addressed in this letter that reflect current status. Remember that, with many of these initiatives, our objectives are moving targets. And, given the number of different organizations and personalities involved, there is frequent movement on any given issue.

The **first major item covered** was **the status of the Bylaws Committee efforts,** specifically related to two areas: **Society Mission & Goals; and Membership**. Reviewing and clarifying the Society's Goals, particularly, was very helpful as an initial exercise. The current work of the Bylaws Committee is covered in a separate article in this issue of ***INTERCOM***.

The **second agenda item** related to **the Tri Group**. This group is composed of the leadership of the **Alliance for CME, the Association for Hospital medical Education and the Society,** and has been meeting regularly since 1995. One major common interest for these three organizations, in addition to CME, is the successful operation of the Journal of Continuing Education in the Health Professions. While the Journal's Administrative Committee is directly responsible for its operation, the Tri Group leadership has a vested interest and stays closely informed of activities.

There has been active discussion within the Tri Group over several issues.

1) Should the Group be more formally structured; including, for example, membership from other national organizations with interests in CME?

2) To what extent should the Group be more actively involved in the management of JCEHP?

3) How should we govern the Group's involvement in collaboratively sponsored projects?

4) To what extent should the Society consider collaborative use of the SACME Research Endowment?

5) Management and development of a business plan for the CME Congresses. Your President will continue to play the primary role with the Tri Group.

The **third agenda item** was the **coordination of Society communications vehicles.** There was an acknowledged need to integrate member efforts on the **Society's webpage, listserv, *INTERCOM***; and to provide coordinated access to ***the Journal*, the RDRB**; as well as to make membership lists, meeting schedules, minutes and other information, readily available to interested members. **Jack Kues** has agreed to organize a small committee to develop a communications plan for the Society. Issues of resources, security, maintenance, the role of the Executive Secretariat, etc. will be addressed. The goal of this group will be to examine the information needs of the Society and to use the available technology to facilitate better communication among our members and the vehicles available to us.

The fourth item was **the structure of Fall and Spring Society meetings.** The Board carefully reviewed and reaffirmed the direction for the Fall meeting* to continue to integrate our activities within the AAMC, in particular with the efforts of the CME Section of the GEA. This direction was determined several years ago. It remains valuable as the roles of academic medical centers, and of CME, continue to evolve. With the very diverse and busy AAMC schedule, making time for Society activities continues to be challenging. **Rynda Gibbs** and the Program Committee are developing a template to help with this process.

After several Board discussions, and especially with the integration of our permanent Executive Secretariat into SACME operations, we will be moving towards having the Spring meeting organized each year by the Secretariat. Issues around the role of a Host school, a regional rotation plan, solicitation of support, etc. have yet to be worked out.

The **fifth agenda item** was comprised of a number of **ACCME related issues**. The report of the Task Force on Accreditation and Credit was released at the Congress 2000. A copy was sent to each member following that meeting. As you may recall, the Task Force was organized in November 1998 to "review the new ACCME Accreditation Essentials" and report to the Board. The Board has carefully reviewed the report and taken the following actions. The Task Force has completed its charge and the members of the Task Force, in particular Paul Mazmanian and Seymour Cohen, were thanked for their substantial efforts over the past 18 months. The report provides us with good data with which to improve our relationships with a number of organizations. The increased dialogues with AMA, AAMC and ACCME through this process have been particularly instructive. Maintaining and enhancing this communication through the targeted efforts of the Board, on specific initiatives, is one of my objectives this year.

You will also have received information on the **ACCME proposed "Firewall" policy**. A formal response was requested from the Society, and member input was solicited. The Board's comments are being finalized at this writing, but revolve around two suggestions: 1) ACCME should provide a clear definition of commercial bias; 2) This definition of bias should be linked to whether the content of an approved activity presents a balanced, best evidence-based perspective.

On a related topic, we reviewed a pilot project now in development by the American Academy of Family Physicians to provide working definitions for Evidence-Based Medicine, Customary and Generally Accepted Medical Practice, and Dangerous Medical Practice. This was linked to the AAFP project on Maintenance of Certification, and used the six general competencies approved by the American Board of Medical Specialties (ABMS).

The **sixth item** covered **SACME representation with other organizations** . There was acknowledgment that the Society needs to continue to develop its relationships with other national organizations whose missions closely relate to academic CME. A draft list of some of these was reviewed and will be updated, along with identifying and clarifying liaison roles.

The **seventh item** related to the **Past President's Council**. This Council will be reconvened this Fall during AAMC. This group will be asked to help structure the Society's inter-organizational roles.

The **eighth and final item** covered a spectrum of **the Society's CME research activities**. The Endowment Council has continued to reflect on the research agenda. A number of venues have been developed including the collaborative, large and small grants, RICME, fall workshops, summer institute, and fellowships. Although all of these activities have been successful, there is a need to provide coordination among them and to support members at all stages of research pursuits. While the focus of the Endowment Council has largely been on basic and theoretical work, it is important to now move into the arenas of applied and translational research, in order to make our efforts relevant to the dilemmas confronting the discipline. The Endowment Council willl also be developing a brochure that describes the endowment and it's work including the Research Institute, Fellowships, Manning Award, and other grant programs. The brochure will be used in solicitation of funds for the Endowment.

While the role of funding research continues to be important to SACME, our organization must also explore other opportunities such as administrating and coordinating research projects and developing collaborative relationships with other CME organizations when appropriate. Additional funding for research will more likely be realized through development of specific projects rather than blanket solicitation for the endowment. A strategic plan for research funding must be a major priority.

The structure and function of SACME's research activities should be continually examined and strengthened. The Endowment Council currently has several delineated positions (based on SACME leadership roles) with the remainder being at-large representatives appointed by the board. Recommendations will be given to the board regarding terms of office and appointment criteria. More explicit processes for proposal solicitation and review will be developed.

There are certainly a lot of issues raised here. Many will be covered in greater detail in upcoming Intercom issues, at Society meetings or in other venues. I encourage each of you to contact me, or any Board member, with questions and to raise your concerns on the listserv as appropriate. Your Board and leadership can act as a better informed body with your feedback and involvement.

I look forward to this year, to your support and participation, to keeping our Society a strong and positive influence in this changing environment.

Best Regards,

Paul J. Lambiase
President

CONGRESS 2000 A GREAT SUCCESS!

- Phil Manning, M.D.

Congress 2000: A Continuing Medical Education Summit on the Practices, Opportunities and Priorities for the New Millennium was held April 12-16, 2000 at the Sheraton Universal Hotel, Universal City California. The Congress was hosted by the University of Southern California. The 237 attendees were primarily for North America.

The program was arranged around five themes:

Physician Education in the Workplace
Robert Greenes, M.D., Ph.D.
Harvard Medical School

Continuing Education for Continuous Improvement: Linking CME and the Health of the Public
John Eisenberg, M.D., MBA
Administrator, Agency for Health Care Policy and Research
Health and Human Services

Shifting the Culture of CME: What Need to Happen and Why Is It So Difficult?
Angela Towle, Ph.D.
Director, MD Undergraduate Program
Faculty of Medicine
University of British Columbia

Preventing "Information Overdose": Creating Information Literate Practitioners
Professor Philip C. Candy
Academic Vice President
University of Ballarat
Victoria, Australia

Using Theory and Research to Shape the Practice of Continuing Professional Development
Robert D. Fox, Ed.D.
Professor of Adult / Higher Education
Kellogg Research Center for Continuing Professional Education
University of Oklahoma

In addition to the plenary presentations, there were multiple simultaneous workshops and presentations that covered a wide spectrum of advances and problems facing individuals in continuing medical education.

Participants had the opportunity for one-to-one discussions of CME activities during a visit to the Getty Center and at the closing dinner dance where a surprisingly large number of excellent dancers assured a lively evening.

Congress participants networking at the Getty Museum

April Report from John Parboosingh

John Parboosingh, in his April President's Report to the Society, recommended that the work of the Task Force on Accreditation and Credit and other activities of the Society be aligned to meet a common goal, namely to provide leadership towards the evolution of CME into a format that physicians and other stakeholders will value.

John committed to actions that would find answers to
a. What kind of CME is the **Joint Committee of ABMS/CMSS** working towards?
b. What kind of CME is the **American Health Quality Association** working towards?
c. What kind of CME is the **AAMC** working towards?
d. What kind of CME is **SACME** working towards?
e. Whatt kind of CME is the **Tri-Group (SACME, ACME and AHME)** working towards?

John recommended to the Society the development of a research project, a Tri-Group Initiative, to identify measurable indicators of lifelong learning among physicians. This encompasses the development of questions or hypotheses for testing in the first phase of a research project designed to identify indicators of lifelong learning in the careers of physicians. The second phase of the proposed project will be devoted to developing valid and reliable measures for the indicators of lifelong learning. The third phase of the project will determine whether or not the learning behaviors exhibited by the physicians are influenced by variable such as s pecialty type, age and stage of career.

John welcomes input from SACME members.

Message from your Past President - the Fall Meeting 1999, Washington

Dear Colleagues,

We had a most interesting fall meeting in Washington. The highlight to me of the Board meeting was the generous offer by **Rosalie Lammle** to undertake the task of Editor of the Intercom. Many thanks to **Mark Gelula** for the new style for the Intercom and for encouraging Rosalie to be his successor. Your incoming President, **Paul Lambiase**, working with a team of volunteers, has kindly agreed to review the Bylaws of the Society and report back at the spring meeting in Los Angeles.

The plenaries held on Saturday and Sunday, lead by **Carole Malone, Barb Barnes, Nancy Bennett, Dave Davis** and **Ruth Glotzer**, set the stage for further visioning into the future of CME. What forms will it take, which organizations will value it, which will provide it, and so on? Drs Cullen and Dauphinee, our representatives on the Council of Academic Societies, reporting to the business meeting provided further evidence of the need for changes in CME and encouraged the Society to take the leadership role in creating new models. So what has your Board done about this?

First, the Task Force on Accreditation and Credit, led by **Paul Mazmanian** and **Sy Cohen**, has developed a survey to determine the membership's opinions of the AAMC document on the Future of CME and is holding discussions with selected medical societies to determine their take on CME in the next decade. Second, your Board is exploring the suggestion put forward by **Dr Phil Bashook** that a small group of CME researchers create a research proposal around 3 questions:

1) What is the life cycle of clinical practice and how does it differ by specialty?
2) What lifelong learning occurs or is likely to occur at each stage in the life cycle?
3) What evidence of lifelong learning could be obtained at each stage for such purposes as licensure, maintenance of certification and hospital privileges?

I have shared the proposition with Drs **Mel Freedman** and **Don Moore**, President and President-Elect of the Alliance for CME, respectively. They are excited at the prospect of collaborating with the Society on such a project. Further discussions will take place at the upcoming meeting of the Tri-Group in New Orleans.
Paralleling these initiatives, our working group, lead by **Carole Malone**, will move forward with its plans to create a position paper outlining the basic principles behind a curriculum to teach medical students and residents the skills of lifelong learning.

You will be hearing more about these initiatives in the coming months, but in the meantime, please feel free to contact me or members of the Board should you feel you are able to help. Concluding, I wish to thank **Jim** and **Bill Ranieri** and **Lisa Risico** for the most efficient way in which Prime Management Services are handling the business of the Society. I look forward to seeing your participation in the Society activities!

John Parboosingh

With special recognition to...

Webmaster, **Bob Bollinger** who was recognized at the Society Spring Meeting for his work in developing the Society's web site. See for yourself! **http://www.sacme.org**

Jim Leist is leading an aggressive search to obtain 1.5 million dollars for the Society's Research Endowment Council. Jim recommends that a vice-chair be appointed to assist with these responsibilities.

Barbara Barnes who completed her term as chair of the Society's Research Endowment Council and Research Committee. **Nancy Davis** assumes the chair of the Committee and **Jan Temple** has agreed to be vice-chair. **Jack Kues** is the new chair of the Endowment Council.

Van Harrison whose summary of the annual survey of Society members is available on the web. Van directed attention to one major shift in funding: an increase in industry support for CME.

Arnold Bigbee of Mayo Foundation who was thanked for his service as Society Treasurer. **John Boothby** was elected Treasurer by acclamation.

Bob Cullen who completed his term as representative to the Council of Academic Societies. **Barbara Barnes** was appointed new representative to the CAS.

Jocelyn Lockyer who added to her long list of accomplishments in continuing medical education, by accepting the position of chair of the administrative board of *JCEHP, The Journal of Continuing Education in the Health Professions.* Jocelyn teams with **Paul Mazmanian**, *JCEPH*'s new editor.

Robert Fox Award

During the announcement of a special Research Award named in his honor, **Bob Fox** received a long-standing ovation from Congress attendees. He was thanked for his significant service to the Society.

Past Editor of *JCEHP*, tireless researcher and collegial nurturer of research in others, Bob encouraged the membership to use theory and research in shaping the practice of continuing professional development.

A note from Marge Adey on retirement...

Dear Friends

Thanks for all of your nice note regarding my retirement party. I'm sorry you all were not able to make it--the party was wonderful. We had over 150 people, including ***Dick & Elaine Reimer (Duke)***, ***Bob Moutrie***, ***Sal Sanzo, Dennis Wentz*** *and* ***Gail and PD Bank*** *(former Director CME, Univ. of Missouri and Wayne State, now retired at Columbia, MO.).*

I received over 75 cards and notes from Society members. "Thank You" I will certainly miss working at the Center for Continuing Education at University of Nebraska Medical Center and my colleagues at the Society.

The opportunity to work with such incredible people has been rewarding, motivating and stimulating. I wish each and every Society member personal and professional success. This is a tough business and it takes a lot of hard work and enthusiasm to be successful. I'll miss being at the Congress with all of my friends. I'm not far way with email; you can always contact me at <madey@unmc.edu>

-Marge Adey

Nancy Davis and Rosalind Lewy reviewing the Congress Agenda.

Research Committee Update
by Nancy Davis, Ph.D.

The Congress was a busy time for the SACME Research Committee. I was introduced as in-coming Chair and Jan Temple as my very able Vice Chair. Other highlights included:

- **Van Harrison, Ph.D.** reported on the bi-annual member survey. The response rate was down this year, but Society membership is down a bit. Major results were
  1) CME offices have more work with same resources;
  2) increased research activity;
  3) increased pharmaceutical support in past 2 years.
  Please take time to read the entire survey report which is a wonderful reflection of our constituency;

- Thanks to **Jocelyn Lockyer** and her committee 30 attended the 1999 Summer Research Institute which was a resounding success. She has agreed to lead and host the next Research Insitutute be held again in Calgary during the summer of 2001. Watch for further information;

- The SACME Research Collaborative which consists of **Jack Kues**, University of Cincinnati, **Mark Cheran**, Case Western Reserve, **Nancy Davis,** University of Kansas School of Medicine-Wichita, **Mark Gelula,** University of Illinois-Chicago, **Rynda Gibbs**, University of California-San Diego and **Sheila Walsh**, Wayne State University is well underway with a study of the value of CME to physicians. They gave presentations on the study as well as their experiences in group dynamics at the Congress;

- **John Parboosingh** reported that a joint committee has been formed with the American Board of Medical Specialties and the Council of Medical Specialty Societies. Working groups have been created to study the maintenance of board certification;

- **Jan Temple** reported a successful meeting with the American Health Quality Association in Orlando last Fall. Several SACME representatives attended. Jan's survey of SACME members to assess their experience with their local PROs will be published.

The SACME Research Endowment Council has been split away from the Research Committee and is under the leadership of **Jack Kues**. The Committee will focus on research education and support of Society researchers while the Endowment Council continues to award grants to support research projects. This is an exciting time in academic CME research with much activity.

SACME Leadership Program — Second Session

October 22, 1999
Linda Gunzberger, Ph.D.

Conflict can be managed!

On Friday, October 22, 1999, the SACME Leadership Program successfully held the second leadership session. This session was focused on Conflict Management. Conflict can be managed, and the steps for positive results were presented, demonstrated and taken home. Dr. Page Morahan guided core curriculum with Carol A. Aschenbrener, MD, and Cathie T. Siders, Ph.D., serving as faculty.

Dr. Aschenbrener and Dr. Siders used an interactive format to examine common misperceptions that limit effectiveness, anger management during conflict conversations, and different approaches to be taken in situations involving peers, supervisors, and authority figures. The workshop content emphasized the notion of dealing with conflict early while the level of intensity and number of people involved are manageable. Using the Conflict Management Checklist, participants learned to systematically assess the conflicts they encounter day to day in medical education settings.

Carol A. Aschenbrener has extensive executive experience, including 9 years in various Deans' Office positions at The University of Iowa College of Medicine and 4 years as Chancellor of the University of Nebraska Medical Center. As Chancellor, she was responsible for four health colleges, School of Allied Health, Graduate Program, University Hospital, Eppley Cancer Institute and Meyer Rehabilitation Institute. She has considerable experience in strategic and capital planning, faculty recruiting, conflict management, leadership development and general administration.

In 1997, Dr. Aschenbrener spent 8 months as Senior Scholar in Residence at the Association of Academic Health Centers, thinking and writing about leadership and organizational change. After two years as Senior Vice President of the Kaludis Consulting Group, she has formed her own consulting practice, specializing in the design of strategy and development of people. She is also Clinical Professor of Pathology at George Washington University Medical School.

The participants applied:

- the concepts of the Conflict Management Checklist to a current conflict
- principles of sound conflict management to three types of situations: with peers, with supervisees, and with authority figures

The learning methods included brief tutorials; interactive practice in assessment of conflict situations and small group discussion.

Cathie Siders is a psychologist specializing in organizational consulting and executive coaching. Her professional experience reflects strong interest in the resolution of workplace conflict, the issues affecting the private and professional lives of women and the study of organizational dynamics. With twelve years of experience at The University of Iowa College of Medicine and thirteen years of participation in the Association of American Medical Colleges' Professional Development Seminar for Women in Academic Medicine, she understands the culture of academic medicine.

At the end of the workshop, participants responded to questions in the following topical areas:

(1) conflict management approaches used most frequently,

(2) any changes in confidence to manage conflict as a result of their participation,

(3) behaviors or situations that trigger anger,

(4) self-management ideas or techniques learned from the workshop,

(5) actions to be taken in the next two weeks to expand their repertoire of conflict management skills.

Conflict was defined as a situation in which two or more people cannot agree on the actions that one person takes or that he/she doesn't want the other to take. Conflict is not inherently negative and always offers the opportunity for growth.

The ineffective styles of anger management produce silent submission; ineffective fighting/blaming and or emotional distancing.

Conflict with peers requires:

- _ dealing with conflict early
- _ focusing on shared interests and goals
- _ emphasizing non-competitive strategies
- _ not involving other parties unless an impasse occurs
- _ cultivating the relationship all the time

Any conflict with supervisees necessitates:

- _ being congruent in your words and actions
- _ assuming they know more about you
- _ giving feedback privately, using OREO model
- _ being explicit about expectations and consequences
- _ dealing with low performance early
- _ focusing on results and values, not "my way"

Conflict with authority figures requires:

- _ telling them what you want them to know about you
- _ bringing ideas for resolution
- _ being explicit about what you want
- _ not expecting approval or appreciation
- _ linking your goal to something they value
- _ not causing them to lose face in public

The take-home message was *the conflict management checklist* by Dr. Siders.

IDENTIFY THE CRITICAL INFORMATION:

A. Define the conflict situation
   1. Pertinent issues
   2. History of the conflict
   3. Primary players
   4. Other stakeholders in the conflict

B. Organization factors
   1. Current policies/objectives
   2. Environmental influences
   3. Relevant working conditions

C. Personal factors
   1. Personal issues
   2. Usual method of anger management
   3. Beliefs about behaviors of others that trigger intense feelings

ASK YOURSELF THESE QUESTIONS:

A. Whose problem is this?
B. How does my behavior contribute to the dynamics of the conflict?
C. What elements of the situation am I able and willing to change?
D. What are the time and resource constraints?
E. What matters most to me/to the other party in this situation?
F. What is at stake for me/for the other party in this situation?

STEPS TO FACILITATE YOUR PERSONAL EFFECTIVENESS IN A DIRECT APPROACH TO THE CONFLICT SITUATION:

A. Focus on issues relevant to the situation.
B. Define the situation in terms of a problem that calls for a solution, not as a threat that calls for attack. (Fisher & Ury: Getting to Yes)
C. Acknowledge feelings.
D. Ask for specific behavior changes.
E. Identify what you are willing to do in the situation.

The post evaluation was outstanding with 100% of the participants indicating learned knowledge, skills and new behaviors. Each participant indicated enhanced skills to positively manage conflict.

Anyone seeking information may communicate with Dr. Linda Gunzburger, email <gunzburger@att.net>

RECOMMENDED READING

To Err is Human: Building A Safer Health System

At one of the interactive sessions during a discussion at Congress 2000, a member of the audience raised a concern that fractionation of care is leading to the vital loss of the "captain at the helm." In response, the facilitator raised the question, "How many of you have read the Institute of Medicine's recent report on medical errors? If you have, how have you incorporated what you have learned into the planning of your next CME activity? For example, have you considered asking the following question during your needs assessment—**Can some of the sessions incorporate strategies that address preventable adverse events?"** It is a worthy question that begs follow-up.

Look to resources on the web. The Institute of Medicine of the National Academy of Sciences, published a recent report, **To Err is Human: Building a Safer Health System** by Linda T. Kohn, Janet M. Corrigan, and Molla S. Donaldson,Editors, Committee on Quality of Health Care in America.

You can view chapter by chapter or the entire document via Openbook Linked Table of contents on http://www4.nap.edu/books/ 030906837/html. Chapter 2 outlines Errors in Health Care: A Leading Cause of Death and Injury with its sobering statement that "perhaps as many as 98,000 Americans die in hospitals each year as a result of medical errors. Even when using the lower estimate, deaths in hospitals due to preventable adverse events exceed the number attributable to the 8th-leading cause of death." The text deals with human error, the expected and unexpected ways that errors occur, and the authors are careful to qualify that this is not the same as assigning blame. Several chapters deal with Safety Systems in Health Care Organizations and strategies for change. This report is a must for CME providers. Add it to your reading list, and should you have comments for the authors, they have considerately included an online response mechanism.

312 pages, ISBN 0-309-06837-1, list price $34.95

For those who are asking about the status of the 1998 Vision Statement Draft, *Continuing Medical Education, A vision for action for the future*, know that it is a work in progress. The AAMC will soon release a one-page vision statement for CME, with emphasis on the role of CME in defining competencies and ensuring that competencies of a physician are maintained throughout her / his professional career.

– Barbara Barnes recommends:

Subject: Standardized patients as indicators of quality of care.

There is an interesting article in December's *JAMA* (Peabody, et al, p. 1715, vol 283, no 13, 4/5/00) that compares standardized patients, clincal vignettes and abstracted chart information as indicators of practitioners' quality of care. It was very interesting that the physicians' responses to the clinical vignettes (cases) seemed to be relatively good predictors of the quality of care that they deliver. This offers a lot of hope to us in CME as to the value of case discussions and senarios. There is room for a lot more study in terms of the relationship between many of our educational venues and physician performance.

Subject: Recognizing educational accomplishments

See December Academic Medicine (vol 74, no 12, pp. 1278 to 1287) for a report by the AAMC Task Force for Surgical Education that lays out potential criteria for identifying and evaluating educators and master educators. This is a very interesting model that could be adapted for CME professionals. It is also a useful tool for those who are planning a career path.

A Review of the Society's Bylaws

Dear SACME Colleague:

The Society's Board of Directors has instructed that a formal review of our Bylaws be accomplished. While we originally hoped that proposed changes would be ready to disseminate to the membership in a timely fashion to allow a vote at the Spring 2000 Congress, there may be a need for further dialogue before such a vote. **While this review will look at all Bylaws Articles, the following items were indicated as priorities:**

* **Purposes and Functions**
* **Membership Categories**

The last revisions to Society Bylaws were approved in February 1994. The Society's Bylaws are complemented by its Policies, Procedures and Information Handbook, also prepared in 1994, under the leadership of **Van Harrison**. The Bylaws provide general guidance and a sense of the Society's reasons for being. The Handbook, by comparison, provides specific operational detail for managing the Society's activities.

Since 1994 a variety of changes have influenced the organization and structure of CME, as well as that of our Society. A part of this exercise is to consider how we match our Society's formal mission and purpose to the evolving role of CME. An organization's Bylaws need to be clear enough to provide for general direction, and yet flexible enough to allow it to function. **It is valuable to consider some of these influences as we think about what our Mission should reflect.**

While a number of our members have traditionally been involved in research, this focus is one that is increasingly used to differentiate academic CME offices within the growing number of CME providers. The development of the Society's Research Endowment and its governing Council are examples of this emphasis. **Should the impor tance of CME Research be more strongly reflected within our formal Mission Statement? How might we accomplish this without alienating schools that do not have the resources to do research?**

How should the ACCME's new Essential Areas, Elements and Decision-Making Criteria, which govern all accredited CME, influence the Society's Purpose or Functions?

Should the Society redefine its membership categories to broaden the depth and scope of members?

Two versions of the Bylaws are now accessible through the Society Website. The first is the 1994 version. The second is a 12/99-draft revision. These are setup for "Side-By-Side (Article by Article)"
comparison. The draft / revision version will continue to evolve, based on suggestions and feedback from the membership, as well as the deliberations of the Bylaws Committee. The final draft/revision version will be sent to the full membership prior to formal voting.

You may access the Bylaws review materials through the Society Website at
http://www.samce.org/member.org/member.html
<http://www.samce.org/member.org/member.html> , which links the host site at the University of Rochester.

While comments or suggestions can be directed to any member of the Bylaws Committee, you encouraged to send your comments to me at the University of Rochester. A single point of reference will make it easier to be sure all comments are collated and distributed to the full committee.

Please take the time to review the website and send in your comments. The Board encourages all members of the Society to participate in this process. This is your organization. It needs your attention to continue to develop positively.

My apologies if you see this announcement more than once, or in more than one format. Thank you for your continuing involvement.

Paul J. Lambiase
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Awards in Continuing Education

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Medical College of Virginia Campus
Virginia Commonwealth University

The VCU School of Medicine implemented a new Teaching Excellence Awards Program this past year, with the first ceremony held on October 4, 1999. We believe it is a useful model for other CME offices and that the membership would like to hear about it. The Awards Program is managed by my office of Faculty and Instructional Development with help from the SOM Curriculum Office (see info below) and the Office of Continuing Medical Education. As OCME manages the New Faculty Orientation in collaboration with my office, we found an opportune time during the noontime of the new faculty orientation to conduct the awards ceremony.

Look for a detailed description for the teaching awards program on the SOM website at http://www.medschool.vcu.edu/intranet/facdev/ann_teach_awrds.htm There's a paragraph about the background (with purpose/leadership by our Dean), a summary of the 3 categories of awards, and a description of each category.

Not only did we incorporate the program into our New Faculty Orientation but we made it "stand alone" as well. Our awards represented several categories, each with a selection process. I think you'll be most interested in 'Category I', (Teaching Excellence Awards) and the "big four" awards in this category:

1) the Faculty Teaching Excellence Award,
2) the Whitby Award in Clinical Teaching,
3) the Educational Innovation/Educational Research Award, and
4) the Distinguished Mentor Award.

We asked for nominations from faculty, students, residents for these four awards and appointed a selection committee. I chair the Committee and manage this category of awards in faculty development.

Karen Purcell, a part time faculty development assistant professor, did the research with me and proposed these four awards. A bibliography with a list of other schools who were contacted in development are included in the web description. We are greatly indebted to Karen for all her work–we couldn't have done it without her. (Keep in mind that you will need someone like her at your school if you take on this project.)

Category II recognized the Outstanding Teachers in medical student education, including the best teacher in each course in M1 (about 12 courses), M2 (12 courses), and M3 clerkships (7 clerkships). These awards were selected based on course reviews, student evaluations, and synthesized by a committee for each year. You may recognize Category II relating to the more usual type of award for the best teacher in each course...but again, take a look at the criteria as listed on the web program. This award is managed by the SOM Curriculum Office, Dr. Jim Messmer, Associate Dean for Medical Education.

Then, because we didn't want to leave out graduate school teaching and other teaching by our basic sciences departments (representing dental, allied health, nursing, other schools and courses in addition to medical students), we set up a category called Outstanding Teacher Awards in Health Sciences Education. Participation is voluntary and the selection process is set by each department. Four of our 8 basic science depts participated.

We had a wonderful event, with buffet luncheon under the tent and a great turnout. We have a budget, presented the plan to chairs for their sage advice, developed teaching excellence pins, money for the "big four" award winners with their photos on the wall on the curriculum hall, and new plaques in main lobby, and balloons and ribbons - a very fun celebration of teaching!!! Yes, we like to have a party! And we now have endowment possibilities! And, one of the big four awards can be in educational innovation or educational research - right up your alley!

A professional photographer took individual color photos of the big 4 award winners. These photos are all framed with the award indicated and hanging on the SOM "curriculum corridor" outside my office. We will have plaques for each of the big 4 categories in Sanger Hall (main medical Education Building).

All winners receive a certificate, most a pin (one for outstanding teacher, another for teaching excellence) - and cash, faculty development money, or money in the VCU bookstore. All these award details are in the program description on the web. We had a lovely printed program listing all award winners and categories and I hired a writer to prepare a one-page summary of each of the "big four" award winners.

We have an evaluation in process and hope to report the program somewhere at AAMC. We have evaluated this and made a presentation at the Southern GEA. We evaluated by 1) sending a followup survey to every 5th person who entered the door of the ceremony 2) sending a survey to all award winners 6 months after the event to learn about the impact of the awards to each personally and professionally, and 3) survey from selection committee members. We plan to prepare a paper after one more year evaluation.

Next year's ceremony is on our calendar. Try it at your school!

At April Congress, Paul Mazmanian in discussion with Deborah Holmes and Rosalind Lewy

Phil Manning leads the way for Congress participants' visit to the Getty Museum.

AMERICAN BOARD OF MEDICAL SPECIALTIES TASK FORCE ON COMPETENCE MAKES ADDITIONAL RECOMMENDATIONS TO MAINTENANCE OF COMPETENCE

In March 2000, the American Board of Medical Specialties (ABMS) approved four basic components of Maintenance of Certification:

- Evidence of professional standing
- Evidence of commitment to lifelong learning and involvement in periodic self assessment
- Evidence of cognitive expertise
- Evidence of evaluation of performance in practice

Additionally, the ABMS approved a Statement on Maintenance of Certification, emphasizing that the Member Boards of the ABMS are committed to evolve their current or planned programs of recertification into programs of maintenance of certification as defined by the ABMS. More information describing the example components of the six general competencies can be found in the Spring 2000 ABMS Record. (Call the newsletter office at 847-491-9091.)

ANNOUNCEMENTS

NIH REQUIRES EDUCATION IN THE BASICS CONCERNING THE PROTECTION OF HUMAN RESEARCH PARTICIPANTS

Medical school researchers will be looking for opportunities within their medical schools to complete a basic education requirement. This action may represent a great opportunity for collaboration between the Offices of CME, clinical investigators and Institutional Review Boards. The following is exerpted from http://grants nih.gov./grants/guide/notice-files/NOT-OD-00-039.html

A June 5, 2000 release announces that "beginning October 1, 2000, the NIH will require education on the protection of human research participants for all investigators submitting NIH applications for grants or proposals for contracts or receiving new or non-competing awards for research involving human subjects."

This requirement comes in response to a Federal commitment to the protection of human research participants.

Before funds are awarded, investigators must provide a description of education completed in the protection of human subjects for each individual identified as "key personnel" in the proposed research.

Many institutions have already developed educational programs on the protection of research participants, and have made participation in such programs a requirement for their investigators. The NIH does not plan to issue a list of "endorsed" programs. Rather, the NIH points out that a number of curricula are readily available to investigators and institutions. See the online tutorial (developed for NIH staff) "Protection of Human Reserch Subjects: Computer-based Training for Researchers ".
Http://helix.nih.gov:8001/ohsr/newcbt/
Check out thse other sites:
Bioethics:
Http:www.nih.gov/sigs/bioethics/
University of Rochester Training Program for Individual Investigators:
http://www.centerwatch.com

Question of the month:

A physician recently called the CME office, "I've just read the most recent publication of the AMA Physician's Recognition Award Handbook on the web and noted new addition regarding teaching. **As I will be instructing a medical school class of freshmen, I will be teaching in a formal structure. How might I get AMA Category 1 credit for this teaching experience? "**

Arthur Osteen, Director of the AMA Division on Continuing Professional Development, responded, "The physician can report category 2 credit for teaching medical students, but not AMA PRA category 1 credit. The new rules allow physicians to report category 1 credit for teaching in activities *designated* for AMA credit." Dr. Osteen went on to say, "Note that the physician who claims category 1 credit should do so on a regular PRA application form and should attach a copy of the page from the program listing him or her as a faculty member. Two category 1 credits can be claimed for each hour of teaching to a maximum of ten per year. For a three-year certificate, a physician can claim only for new and original material; that is, they should not claim credit for teaching the same material more than once."

This material is presented under the heading "New Activities Approved for Credit " in the new booklet (see page 3 of the printed copy.) The PRA Booklet is available for online viewing or printing. http://www.ama-assn.org/med-sci/pra2/pra.pdf

Changes to the AMA PRA for the Year 2000

At its December 1999 meeting the AMA Council on Medical Education took several actions regarding Category 1 credits for the AMA Physician's Recognition Award.

The following activities will be accepted on an application form for the PRA.

1. Articles published in peer-reviewed journals (journals included in the Index Medicus): 10 category 1 credits for each article, 1 article per year.

2. Poster preparation for an exhibit at a medical meeting designed for AMA PRA category 1 credit, with a published abstract: 5 category 1 credits per poster, 1 presentation per year.
(For credit, attach a page from the program with the abstract and identification of the presenter.)

3. Teaching, e.g., presentation, in activities designated for AMA PRA category 1 credit: 2 category 1 credits for each hour to a maximum of 10 credts per year. (2 AMA PRA category 1 credit hours for preparation and presentation of each hour of new and original material designated for category 1 credit by an an accredited sponsor, to a maximum of 10 credits per year. A program or announcement of an activity will be acceptable as proof of the teaching activity.

4. Specialty board certification and maintenance of board certification (specialty board recertification): 25 AMA PRA category 1 credits. (For credit, attach a copy of the certificate or the notification letter from the Board.)

5. Medically related degrees, such as the Master's in Public Health: 25 AMA PRA category 1 credits following award of the advanced degree. (For credit, attach a copy of the diploma or transcript to the application.)

Additionally, the AMA emphasizes that physicians should choose their CME activities guided by the measure that the CME activity "contain information on subjects relevant to the physician's needs".

For information regarding the AMA PRA information booklet and/or application form, contact 312-464-4664; fax 312-464-5830. For general CME issues, call 312-464-4670.

A letter from the editors

Dear Friends in CME,

Your newsletter, INTERCOM, is designed with you in mind, with 10 megabytes of photos and information from the extraordinary Congress staged at Universal City in Los Angeles as well as the Fall Meeting of the Society held at the AAMC! You all are the writers of the script for this newsletter. We invite your continued enthusiasm and participation!

We ask you to pay compliment to Jocelyn, Phil, and their cadre of presenters, developers and facilitators of April's intensely interactive Congress by contributing to Society publications. Your voice is needed on the Web page, in INTERCOM and in JCEHP through articles that describe issues, concerns and enabling strategies relating to educational activities—ones that not only make a difference in our lives as facilitators of education but that ultimately improve patient care.

Let's hear from you! You all have evidence of best practices in CME that your colleagues need to hear about! We believe that you know inherently what indicators make those best practices. Think about them. Explore the possibilities. Write them up for INTERCOM. Email, fax, or post mail to us. There is a column just waiting for you!

-Rosalie Lammle
and Linda Gunzberger

Visit the Society Website
http://www.sacme.org

Susan Duncan, Rosalie Lammle, Rosalind Lewy, and Nancy Davis in a discussion of articles and issues for INTERCOM

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INTERCOM is published on a quarterly basis by the Society for Academic Continuing Medical Education.

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Coming Events/Educational Opportunities

Understanding ACCME Accreditation 2000 Workshops
July 30-31, 2000
and
December 8-9, 2000
Hotel Inter-Continental
Chicago, Illinois
www.accme.org

6th Annual Conference on Residency Education
September 21-23, 2000
and
2nd Conference on Maintenance of Certification
September 23, 2000
Shaw Conference Centre
Edmonton, Alberta
Call the Royal College at 617-730-8194

The 11th Annual Conference of the National Task Force on CME Provider/Industry Collaboration
September 26-28, 2000
Sheraton Inner Harbor Hotel
Baltimore, Maryland
<Regina_Littleton@ama-assn.org>

RIME 2000
39th Annual Conference on Research in Medical Education
AAMC Annual Conference and Society Fall Meeting
Oct. 28-Nov. 2, 2000
Chicago, Illinois
<rimecom@aamc.org>

UIC Online Educational Leadership Program for the Health Professions

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